# PALM BEACH STATE COLLEGE PRACTICAL NURSING PROGRAM
## CLINICAL OBJECTIVES EVALUATION FORM

**STUDENT NAME** _________________________  
**COURSE/SYSTEM** ________________________  
**HOSPITAL AND FLOOR** ____________________

<table>
<thead>
<tr>
<th>Date: Month/Day/Year</th>
<th>GRADES</th>
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<tbody>
<tr>
<td>1). * Follows dress code</td>
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<td>2). * Arrives to clinical prepared and on time</td>
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<td>3). Works and communicates cooperatively with others</td>
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<td>4). Accepts supervision/follows instructor’s directions</td>
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<td>5). Applies rules of safety when implementing nursing care</td>
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<td>6). Prioritizes patient care, using sound nursing judgment</td>
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<td>7). Collects and submits patient data to instructor at specified time.</td>
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<td>8). Provides patient care, comfort/privacy for basic needs</td>
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<tr>
<td>9). Implements Nursing Care per College and UNIT policies</td>
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<tr>
<td>10). Organizes and completes assignment(s) within specified time.</td>
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<tr>
<td>11). Is fully prepared to administer meds within time frame</td>
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<td>12). Accurately prepares and administers all medications</td>
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<td>13). Demonstrates the ability to provide nursing care/treatments/procedures at program level.</td>
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<tr>
<td>14). Reports patient status to primary nurse and instructor before leaving the unit</td>
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<td>15). Submits nursing care plan to instructor on time and to instructor’s satisfaction.</td>
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<tr>
<td>16). Submits concise and appropriate documentation which reflects program level</td>
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<td>17). Conducts himself/herself in an ethical and professional manner</td>
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Student Initials  
Instructor’s Initials

Student’s Signature __________________  Instructor’s Signature ____________________
**Grading:** **S= Satisfactory**-student performed at program level and followed the College Practical Nursing program standards of care and policies of clinical unit.

**NI = Needs Improvement.** *Can only be used for areas *# 1 and *# 2 Inability to correct NI after 1 additional day is a U.*

**U=Unsatisfactory**-Student’s performance did not demonstrate competency. Student is not functioning at program level (*reviewed same day of occurrence*). Contact report given to student.

More than **three (3) Unsatisfactory grades in any area** will require an instructor conference and the initiation of a Student Performance Improvement Plan.

**Repeated Unsatisfactory grades** in any area may result in clinical failure of a course.

More than **three (3) Unsatisfactory grades** in any area **on the last clinical day of a course** will result in course failure.

**All Unsatisfactory grades MUST be explained under Instructor Comments. Please date and sign all comments.**

**INSTRUCTOR COMMENTS:**

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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____________________________________________________________________________
____________________________________________________________________________

______________________________

**STUDENT COMMENTS:**

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

________________________________________

**ACTION PLAN FOR SUCCESS:** (Instructor check applicable area)

- **Performance Improvement Plan** …..initiated on ____________ (date)
- **Lab remediation:** Explain:
  __________________________________________________________
  __________________________________________________________

- **Other:** Explain
  __________________________________________________________

Rev. 10-13
Policy:
Student will be evaluated by each instructor in the clinical area to ensure care knowledge at program level using the Clinical Objectives Evaluation Form (two pages) Student is responsible to share this form with each clinical instructor DAILY to ensure all skills and/ or knowledge will be achieved in a timely manner.

Purpose:
The purpose of this policy is to ensure that each student is functioning at program level in a particular skill area. This will ensure each patient’s rights are respected and that the patient is receiving care in a safe and appropriate manner.

Procedure:
1). **Student** will be provided with this form via e-mail or instructor website. It is the responsibility of the student to print this form for each clinical rotation AND to return signed clinical objective form to lead instructor at the conclusion of the clinical rotation for each course. When form is not received, student’s clinical grade may be in jeopardy.

2). Utilizing the clinical objectives form, each **Clinical Instructor** will evaluate students on a daily basis in the clinical area to ensure the **student** is demonstrating patient care at program level. Instructor will return this form to the student DAILY.

3). At the completion of each rotation, these objectives are signed by both instructor and student, returned to lead instructor and placed in student’s file. Student may receive a copy upon request.

4). **Student** will also receive **skills sheet** prior to first clinical rotation

5). Student will retain **skill sheet** throughout attendance in the Practical Nursing Program

6). Instructors will “sign off” the student when he/she has performed the clinical skill satisfactorily in the clinical area.

7). Student may not advance without satisfactory completion of the skills needed to meet clinical objectives.

8). Upon the completion of a course, the **Clinical Instructor** will copy the **skills sheet** for the student’s file, and return the original form back to the Student to retain and share with the Clinical Instructor for the next system/course

9). When the **Clinical Instructor** determines that a **Student** is not functioning at program level for a particular skill, the instructor will note on evaluation form and refer student for appropriate remediation per policy.

10). Remediation or review may be in the form of laboratory observation and/or student reports such as care plans if, for example, the challenge is documentation rather than an observable skill

11). If indicated, the **student** will be expected to participate in an performance improvement(PIP) plan which has been developed to ensure safe and appropriate care is administered to each patient. Each PIP plan may indicate a timeline for the student to demonstrate and maintain competency.

REV. 10-13