**Council for Technical Education and Vocational Training**

**Sanothimi, Bhaktapur**

**Medical and Surgical Nursing II (Clinical)**

**Evaluation Scheme**

**Subject: Medical and Surgical Nursing II**

**Total Mark: 50**

**Course No. 511 Total Hour: 140**

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| SN | Assignments | Marks | No. of Assignment |
| 1. | **Operation Theatre**   * Clinical Performance evaluation * Gadget Report | 20  10 |  |
| 2. | **EYE / ENT**   * Clinical Performance Evaluation * Health Teaching | 15  5 |  |
|  | Total | 50 |  |

**Council for Technical Education and Vocational Training**

**Sanothimi, Bhaktapur**

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| **Course : PCL Nursing** |  |  |  |  | **Students Name:** |
| **Subject: Medical and Surgical Nursing II** | | | |  | **Full Mark: 20** |
| **Year: Second** |  |  |  |  | **Pass Mark: 10** |
| **Area of practice: Operation theatre** | | |  |  | **Students Mark:** |

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| **1. Performance Evaluation in the Operation Theatre (OT)** |

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| **Key of marking:** | |  |  |  |  | |
| **Satisfactory** | |  | **Good** | | **Excellent** | |
| **1** | |  | **1.5** | | **2** | |
| **SN** | **Expected behavior** | | | | | **Marks** | | | |
| **1** | | **1.5** | **2** |
| **1** | Receives the client properly by giving appropriate psychological support. | | | | |  | |  |  |
| **2** | Observes safety precautions for client in OT and protects them from injury and infection. | | | | |  | |  |  |
| **3** | Positions the client on the operation room table safely for the surgery according to the operation. | | | | |  | |  |  |
| **4** | Assists the anesthetist | | | | |  | |  |  |
| **5** | Handles the anaesthetized patient safely throughout the procedure. | | | | |  | |  |  |
| **6** | Demonstrates sterile techniques by maintaining the principle of sterilization(instruments handling of all different types of procedures) | | | | |  | |  |  |
| **7** | Prepares different types of solutions for different purposes accurately(dusting sterilizing instruments, linens, drains, etc. | | | | |  | |  |  |
| **8** | Carries out the scrubbing, gowning and gloving techniques correctly. | | | | |  | |  |  |
| **9** | Prepares the mayo’s table and organize the sterile instrument orderly. | | | | |  | |  |  |
| **10** | Scrubs for minor operation, anticipating the need of the surgeon. | | | | |  | |  |  |
| **11** | Keeps accurate count of instruments, surgical packs, gauzes, while setting up minor and major operations before and after closing the wound (operation) | | | | |  | |  |  |
| **12** | Assist the surgeon according to the need competently. | | | | |  | |  |  |
| **13** | Handles and passes all different types of instruments (sharp, blunt) sutures and supplies properly during the surgery. | | | | |  | |  |  |
| **14** | Cleans all the used instruments thoroughly and replaces them in appropriate place. | | | | |  | |  |  |
| **15** | Transfer the patient safely to recovery room. | | | | |  | |  |  |
|  | **Total** | | | | |  | |  |  |
| **Total Marks is divided by 1.5**  **Strengths:**    **Areas to be improved**  **…………………….…… ……...……**  **Signature of Supervisor Date** | | | | | | | | | | |
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| **COUNCIL FOR TECHNICAL EDUCATION AND VOCATIONAL TRAINING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sanothimi, Bhaktapur** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Course : PCL Nursing** | | | | | | | |  | |  |  | | | **Students Name:** | | | | | | | | | | | | |  | | | | | |
| **Subject: Medical and Surgical Nursing II** | | | | | | | | | | | | | | **Full Mark: 10** | | | | | | | | | | | |  | |  | | | | | |
| **Year : Second** | | | | | | |  |  | |  |  | | | **Pass Mark: 5** | | | | | | | | | | | |  | |  | | | | | |
| **Area of practice: Operation theatre** | | | | | | | | | |  |  | | | **Students Mark:** | | | | | | | | | | | | |  | | | | | |
|  | | | | | | **2. GADGETS USED IN OT** |  |  | |  |  | | |  | |  | | | | | | | | |  | | | | |  | |
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| **Direction:** Each student will prepare a report of gadget used in operation theatre and submit a report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| according to the given format. The key for making is given below. | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |  | | | | | |
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| **Key:** | | **Satisfactory** | | | | | | | | **Good** | | | | | **Excellent** | | | | | | | | | | | | | | | | | |
| **1** | | | | | | | | **1.5** | | | | | **2** | | | | | | | | | | | | | | | | | |
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| **S.N** | | **Criteria** | | | | | | | | | | | | | **Marks** | | | | | | | | | **Remarks** | | | | | |
| **1** | | | **1.5** | **2** | | | | |  | | | | | |
| **1** | | Identifies the gadget used in operation theatre. | | | | | | | | | | | | |  | | |  |  | | | | |  | | | | | |
| **2** | | States the purpose and use of gadgets clearly. | | | | | | | | | | | | |  | | |  |  | | | | |  | | | | | |
| **3** | | States the precaution to be taken while using the particular gadget. | | | | | | | | | | | | |  | | |  |  | | | | |  | | | | | |
| **4** | | Explains the special care method of particular gadget after use. | | | | | | | | | | | | |  | | |  |  | | | | |  | | | | | |
| **5** | | Prepares a list of gadgets and develop report on one of your interest. | | | | | | | | | | | | |  | | |  |  | | | | |  | | | | | |
|  | | **Total** | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
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| **Strengths:**  **Areas to be improved:** | | | | | | |  |  | |  |  | |  | | | | | | | | |  | | | | | | |
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**Signature of Supervisor Date**

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| **S.N** | **Name of Gadget** | **Purpose\ Use** | **Precautions** | **Nurses responsibility** |
| 1 | Instruments major set |  |  |  |
| 2 | Anesthesia |  |  |  |
| 3 | Anesthetic Drugs |  |  |  |
| 4 | Packing |  |  |  |
| 5 | Gloves |  |  |  |
| 6 | Suture |  |  |  |
| 7 | Drain |  |  |  |

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| **Council for Technical Education and vocational Training**  **Sanothimi, Bhaktapur** | | | | | | | | | |  |
| **Course:** PCL Nursing | | | |  | **Student's Name:** |  |  | | |  |
| **Year:** Second | | | |  | **Full Mark:** 15 |  |  | | |  |
| **Subject:** Medical and Surgical Nursing II (Clinical) | | | |  | **Pass Mark:** 7.5 |  |  | | |  |
| **Area of practice:** Eye/ENT Ward | | | |  | **Students Mark:** |  |  | | |  |
|  | 1. **Performance in EYE/ENT** |  | | | | | | | | |
| **Keys:** |  | **Satisfactory** |  | **Good** | **Excellent** | | | | |  |
|  | **1** |  | **1.5** | **2** |  |  | | |  |
|  |  |  |  |  |  |  |  | | |  |
| **S.N** | **Criteria** | | | | | **Marks** | | | | |
| **1** | | **1.5** | **2** | |
| 1 | Arrives in time and complete work assignment timely | | | | |  | |  |  | |
| 2 | Demonstrates ability to cope calmly & rationally in clinical situation. | | | | |  | |  |  | |
| 3 | Works cooperatively with peers and members of the health team in meeting the needs of client and family. | | | | |  | |  |  | |
| 4 | Communicates effectively with client and families in any situation. | | | | |  | |  |  | |
| 5 | Demonstrates the skills in assessing the client’s problem. | | | | |  | |  |  | |
| 6 | Considers cultural economic and religious factor in care of client. | | | | |  | |  |  | |
| 7 | Assesses the clients need and identifies the client’s problem according to the priority (actual and potential problem). | | | | |  | |  |  | |
| 8 | Plans care of client by developing realistic goal & nursing action with client & family whenever possible. | | | | |  | |  |  | |
| 9 | Implements the nursing action plan to resolve the problem and evaluate the care given. | | | | |  | |  |  | |
| 10 | Explains the purposes of any procedure (nursing, diagnostic, operative) to the client and prepares the equipment before starting procedure. | | | | |  | |  |  | |
| 11 | Performs nursing procedure safely and competently using available resources. | | | | |  | |  |  | |
| 12 | Leaves the client clean and comfortable after performing any procedure. | | | | |  | |  |  | |
| 13 | Cleans and replaces equipment properly after use. | | | | |  | |  |  | |
| 14 | Reports and records procedure done including the condition of the client & his reaction to the procedure. | | | | |  | |  |  | |
| 15 | Demonstrates professional behavior by his/her neat & clean appearance / Communication | | | | |  | |  |  | |
| **Total Marks Divide by 2**  **Strengths:**  **Areas to be improved:** | | | | | | | | | | |

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**Signature of Supervisor Date**

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| **Council for Technical Education & Vocational Training Sanothimi, Bhaktapur** | | | | | | | | | | |
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| **Course :** PCL Nursing | | |  | **Student's Name:** | |  |  | | |  |
| **Year :**Second Year | | |  | **Full Mark:** 5 |  |  |  | | |  |
| **Subject:** Medical Surgical Nursing II (Clinical) | | | | **Pass Mark:** 2.5 | | |  | | |  |
| **Area of practice:** Eye/ ENT | | | | **Obtained Mark:** | |  |  | | |  |
|  |  | **4. Health Teaching** |  |  |  |  |  | | |  |
|  | | | | | | | | | |  |
| **Direction:** Each student will give one health teaching during the EYE/ ENT practicum. The following criteria will be used to evaluate health teaching. | | | | | | | | | | |
|  | | | | | | | | | | |
| **Keys:** | | **Satisfactory** |  | **Good** |  |  | **Excellent** | | | |
| **1** |  | **1.5** |  |  | **2** | |  | |
|  |  |  |  |  |  |  |  | |  | |
| **S.N** | **Criteria** | | | | **Marks** | | | | **Remarks** | |
| **1** | **1.5** | | **2** |
| 1 | Identifies specific need for health teaching clinical topic and target group. | | | |  |  | |  |  | |
| 2 | Assesses level of understanding of group being taught. | | | |  |  | |  |  | |
| 3 | Prepares objectives, content and method of evaluation. | | | |  |  | |  |  | |
| 4 | Prepares and uses appropriate visual aids as much as possible from local material. | | | |  |  | |  |  | |
| 5 | Prepares environment and seating arrangement appropriate to group. | | | |  |  | |  |  | |
| 6 | Communicates clearly, audibly and confidently. | | | |  |  | |  |  | |
| 7 | Teaches accurate, current information. | | | |  |  | |  |  | |
| 8 | Stimulates active group participation | | | |  |  | |  |  | |
| 9 | Listens to what the learner has to say | | | |  |  | |  |  | |
| 10 | Summarizes and evaluates own teaching | | | |  |  | |  |  | |
| **Total marks divided total by 4** | | | | | | | | | | |

**Strengths:**

**Areas to be improved:**

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**Signature of Supervisor Date**