MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

NURSING CARE PLAN EVALUATION FORM (FIRST YEAR)

NAME OF THE INSTITITUTE:

NAME OF THE STUDENT:

PERIOD OF POSTING CLINICAL AREA:

Rating scale

Sr. No	Content	Standards met	Standard almost met	Standard Partially met	Standard not met
		3	2	1	0
A.	**ASSESSMENT (9)**				
1.	Collects complete data about patient				
2.	Identifies basic needs / problems				
3.	Formulates complete Nursing diagnosis				
B.	**PLANNING (12)**				
1.	Considers the patients problems priority wise				
2.	States the objective				
3.	Plans suitable Nursing actions for the stated problems				
4.	States rationale for Nursing care plan				
C.	**IMPLEMEMNTATION (18)**				
1.	Implements nursing care competently, safely and accurately within a given time				
2.	Maintains safe and comfortable environment for the patient				
3.	Applies scientific principles				
4.	Meets the nutritional needs of patient as planned.				
5.	Gives health instructions to patient and family as planned.				
6.	Accurate in recording and reporting patients information to the appropriate personnel				
D.	**EVALUATION (6)**				
1.	Evaluates the patients response to nursing care				
2.	Re-examines and modifies patients care plan				
E.	**OVERALL PERFORAMANCE (5)**				

Remarks:

_____

_____

Mark obtained: _____ Out of 50

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

PROFORMA OF CLINICAL EVALUATION - (FIRST YEAR)

(CLINICAL / FIELD PROCEDURE)

NAME OF THE INSTITITUTE :

NAME OF THE STUDENT :

CLINICAL AREA :

NAME OF THE CLIENT :

:

AGE/SEX :

DIAGNOSIS

:

IPD/OPD NO.

NAME OF THE SUPERVISOR :

Sr No		Content	Mark	Excellent	Very good	Good	Satisfa -ctory	Poor
				5	4	3	2	1
1.		**NURSING PROCESS**						
A		**ASSESSMENT**	**15**					
	i)	Assesses health needs						
	ii)	Confirms written order						
	iii)	Assesses condusive environment						
B		**PLANNING AND ORGANIZATION**	**15**					
	i)	Selection & organization of articles						
	ii)	Patient Preparation						
	iii)	Preparation of Unit						
C		**IMPLEMENTATION**	**25**					
	i)	Implements nursing care safely, competently, accurately and in given time						
	ii)	Maintains safe, condusive environment						
	iii)	Applies scientific principles						
	iv)	Meets health needs of client as planned						
	v)	Gives health teaching						
D		**EVALUATION**	**10**					
	i)	Evaluates client response to given care						
	ii)	Re-examines and modifies care plan						
E		**PROFESSIONAL CONDUCT**	**25**					
	i)	Personal appearance						
	ii)	Approach to client and concerns						
	iii)	Accepts constructive comments						
	iv)	Shows initiatives for self-learning						
	v)	Shows leadership ability						
F		**REPORTING AND RECORDING**	**10**					
	i)	Does she report accurately						
	ii)	Does she record precisely, promptly						

Strong Points: _____

_____

Points to be improved: _____

_____

Mark obtained: _____ Out of 100

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION
EVALUATION FORMAT for

HEALTH ASSESSEMENT IN COMMUNITY HEALTH NURSING

NAME OF THE STUDENT NURSE: _____

DATE OF HEALTH ASSESSEMENT: _____

YEAR OF GNM COURSE: _____

Sr.No	Content	Out of	Obtained	
			I	II
1.	Health Information	01		
2.	Past and present history	02		
3.	Anthropometric assessment & vital signs	02		
4.	Head to foot assessment, Systemic examination, and chemical examination	05		
5.	Need identification	05		
6.	List of nursing diagnosis	05		
7.	Summary and conclusion	02		
8.	Overall performance	02		
9.	Bibliography	01		
	TOTAL	**25**		

Strong Points: _____
_____

Points to be improved: _____
_____

Mark obtained: _____ **Out of 25**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION.

EVALUATION FORMAT for HEALTH TALK IN COMMUNITY HEALTH NURSING

NAME OF THE INSTITITUTE :

NAME OF THE STUDENT :

LANGUAGE :

TOPIC - :
Alloted by the Supervisor/Teacher :
Selected by the student :
AUDIENCE . :
WARD /FIELD :
NAME OF THE SUPERVISOR :
YEAR OF GNM COURSE: :

Rating scale

Sr No			Excellent	Very good	Good	Satisfa -ctory	Poor
			5	4	3	2	1
1.		**PLANNING**					
	1	Has he/she submitted plan in time					
	2	Has he/she shown initiative and interest					
B		**SUBJECT**					
	1	Does he/ she select proper topic / subtopics					
	2	Is he/she matter relevant to the group					
	3	Is the knowledge up-to-date					
	4	Is the matter reliable					
C.		**PRESENTATION**					
	1	Is the introduction of the health talk interesting					
	2	Is the method adopted by the student appropriate					
	3	Does the communicate the idea correctly					
	4	Is the language used appropriate					
	5	Is his/her speech and manners satisfactory					
	6	Is he/ she effective as health educator					
	7	Is the conclusion of the health talk adequate					
D.		**PARTICIPATION AND RESPONSE**					
	1	Is the response of the participants positive					
	2	Does he/she involve participants					
	3	Does he/she listen appropriately					
	4	Does he/ she ability to control group / participants					
E		**VISUAL AIDS**					
	1	Are they effectively prepared (planning, simplicity, clarity)					
	2	Has he/she used visual aids correctly (placement , handling, explanation					
	3	Has he/she used visual aids right time					

Strong Points :

Points to be improved:

Mark obtained: _____ Out of 100
Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION.

FAMILY CARE PLAN EVALUATION FORM IN COMMUNITY HEALTH NURSING

NAME OF THE STUDENT :

YEAR OF GNM COURSE :

AREA OF EXPERIENCE :

PERIOD OF EXPERIENCE :

NAME OF THE SUPERVISOR :

Sr No				Excellent	Very good	Good	Satisfa -ctory	Poor
				5	4	3	2	1
A		**APPROACH TO FAMILY**	**05**					
	1.	Develop rapport with family & collects information about family						
B		**ASSESSEMEN**	**15**					
	2.	Understanding the health needs of each family members						
	3.	Assessment of Physical, Mental & Social status of family members						
	4.	Identification of health needs and problems of the family Preparation of Unit						
C		**PLANNING OF FAMILY CARE**	**10**					
	5.	Setting of objectives according to priority of health needs						
	6.	Planning care according to health needs						
D		**IMPLEMENTATION OF CARE**	**15**					
	7.	Approaches family with greetings and explains the purpose of visit						
	8.	Provides home care and performs simple procedure at home						
	9.	Gives appropriate health education						
E		**EVALUATION**	**05**					
	10.	Follow up of care, recording and reporting						

Strong Points :

Points to be improved:

Mark obtained: _____ Out of 50

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION.

COMMUNITY PROFILE EVALUATION FORM IN COMMUNITY HEALTH NURSING

Name of the student: - _____

Year of GNM Course : _____-

Area of experience: - _____ _____

Period of experience: -_____

Name of the Supervisor: - _____

S.N.	Criteria	Assigned marks	Obtained marks
1.	PLANNING & ORGANIZATION	05	
2.	CONTENT	10	
3.	COMPLETENESS & NEATNESS	03	
4.	NURSING RESPONSIBILITIES	05	
5.	BIBLIOGRAPHY & REFERENCE	02	
	TOTAL	**25**	

Strong Points :

Points to be improved:

Mark obtained: _____ Out of 25

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

MEDICAL / SURGICAL NURSING CARE PLAN EVALUATION FORM (SECOND YEAR)

NAME OF THE INSTITITUTE:_____

NAME OF THE STUDENT:_____

DATE OF STARTING CARE PLAN: _____

DATE OF COMPLETTION OF CARE PLAN: _____

DIAGNOSIS OF CLIENT: _____

Rating scale

Sr. No	Content	Standards met	Standard almost met	Standard Partially met	Standard not met
		3	2	1	0
A.	**ASSESSMENT (9)**				
1.	Collects complete data about patient				
2.	Identifies basic needs / problems				
3.	Formulates complete Nursing diagnosis				
B.	**PLANNING (12)**				
1.	Considers the patients problems priority wise				
2.	States the objective				
3.	Plans suitable Nursing actions for the stated problems				
4.	States rationale for Nursing care plan				
C.	**IMPLEMEMNTATION (18)**				
1.	Implements nursing care competently, safely and accurately within a given time				
2.	Maintains safe and comfortable environment for the patient				
3.	Applies scientific principles				
4.	Meets the nutritional needs of patient as planned.				
5.	Gives health instructions to patient and family as planned.				
6.	Accurate in recording and reporting patients information to the appropriate personnel				
D.	**EVALUATION (6)**				
1.	Evaluates the patients response to nursing care				
2.	Re-examines and modifies patients care plan				
E.	**OVERALL PERFORAMANCE (5)**				

Remarks:

_____

_____

Mark obtained: _____ **Out of 50**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT For

MEDICAL / SURGICAL NURSING CASE PRESENTATION (SECOND YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF STARTING CASE PRESENTATION: _____

CLINICAL AREA: _____

DIAGNOSIS OF CLIENT: _____

Sr.No.	Content	Out of	Obtained	
			I	II
1.	Patient's Information	02		
2.	Past medical history of the patient	02		
3.	Present Medical history of the patient	04		
4.	Family history	02		
5.	Pathophysiology	05		
6.	Signs & Symptoms	05		
7.	Investigation	05		
8.	Treatment – Medical, Surgical, Pharmacological & Diet	08		
9.	Nursing care plan	10		
10.	A. V. aids	02		
11.	Reference / Bibliography	02		
12.	Group discussion	04		
	TOTAL	**50**		

Remarks:

_____

_____

Mark obtained: _____ **Out of 50**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT For

MEDICAL / SURGICAL NURSING CASE STUDY (SECOND YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF STARTING CASE STUDY: _____

DATE OF COMPLETTION OF CASE STUDY: _____

DIAGNOSIS OF CLIENT: _____

Sr.No.	Content	Out of	Obtained	
			I	II
1.	Patient's Bio-data	02		
2.	Understanding the patient and his /her family	07		
3.	Medical &Health background of the patient	08		
4.	Understanding the disease	05		
5.	Disease Condition	5		
6.	Signs & Symptoms	05		
7.	Investigation	05		
8.	Pathophysiology	05		
9.	Medical treatment & any specific therapy or Surgical treatment pre-post and operation notes, diagram, type of anaesthesia	05		
10.	Complications	01		
11.	Drug Study	20		
12.	Nursing care plan	25		
13.	Health teaching	05		
14.	Bibliography	02		
	TOTAL	**100**		

Remarks:

_____

_____

Mark obtained: _____ **Out of 100**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for DRUG STUDY

NAME OF THE STUDENT: - _____

SUBJECT : _____

S.N.	Criteria	Assigned marks	Obtained marks
1.	PLANNING & ORGANIZATION	10	
2.	CONTENT	20	
3.	COMPLETENESS & NEATNESS	06	
4.	NURSING RESPONSIBILITIES	10	
5.	BIBLIOGRAPHY & REFERENCE	04	
	TOTAL	**50**	

Strong Points :

Points to be improved:

Mark obtained: _____ Out of 50

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

CHILD HEALTH NURSING CARE PLAN EVALUATION FORM (SECOND YEAR)

NAME OF THE INSTITITUTE:_____

NAME OF THE STUDENT:_____

DATE OF STARTING CARE PLAN: _____

DATE OF COMPLETTION OF CARE PLAN: _____

DIAGNOSIS OF CLIENT: _____

Rating scale

Sr. No	Content	Standards met	Standard almost met	Standard Partially met	Standard not met
		3	2	1	0
A.	**ASSESSMENT (9)**				
1.	Collects complete data about patient				
2.	Identifies basic needs / problems				
3.	Formulates complete Nursing diagnosis				
B.	**PLANNING (12)**				
1.	Considers the patients problems priority wise				
2.	States the objective				
3.	Plans suitable Nursing actions for the stated problems				
4.	States rationale for Nursing care plan				
C.	**IMPLEMEMNTATION (18)**				
1.	Implements nursing care competently, safely and accurately within a given time				
2.	Maintains safe and comfortable environment for the patient				
3.	Applies scientific principles				
4.	Meets the nutritional needs of patient as planned.				
5.	Gives health instructions to patient and family as planned.				
6.	Accurate in recording and reporting patients information to the appropriate personnel				
D.	**EVALUATION (6)**				
1.	Evaluates the patients response to nursing care				
2.	Re-examines and modifies patients care plan				
E.	**OVERALL PERFORAMANCE (5)**				

Remarks:

_____

_____

Mark obtained: _____ **Out of 50**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

CHILD HEALTH NURSING CASE STUDY (SECOND YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF STARTING CASE STUDY: _____

DATE OF COMPLETTION OF CASE STUDY: _____

DIAGNOSIS OF THE CLIENT:-_____

Sr.No	Content	Weightage	Obtained
1.	Patient's Identification	02	
2.	Family History	07	
3.	Medical & Health background of the patient	05	
4.	Observation of the Patient	10	
5.	Understanding the disease, Anatomy & Physiology	05	
6.	Definition & Etiology / Predisposing factors	03	
7.	Signs & Symptoms	03	
8.	Investigations	03	
9.	Pathophysiology	04	
10.	Medical treatment & any specific therapy or Surgical treatment pre-post and operation notes, diagram, type of anaesthesia	05	
11.	Nursing Management	05	
12.	Complications	03	
13.	Drug Study	15	
14.	Nursing care plan	20	
15.	Health teaching	08	
16.	Bibliography	02	
	TOTAL	**100**	

Strong Points:

Points to be improved:

Mark obtained: _____ **Out of 100**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

CHILD HEALTH NURSING CASE PRSENTATION (SECOND YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF STARTING CASE PRESENTATION: _____

CLINICAL AREA: _____

DIAGNOSIS: _____

Sr.No	Content	Out of	Obtained	
			I	II
1.	Patient's Information	02		
2.	Past medical history of the patient	02		
3.	Present Medical history of the patient	04		
4.	Family history	02		
5.	Pathophysiology	05		
6.	Signs & Symptoms	05		
7.	Investigation	05		
8.	Treatment – Medical, Surgical, Pharmacological & Diet	08		
9.	Nursing care plan	10		
10.	A. V. aids	02		
11.	Reference / Bibliography	02		
12.	Group discussion	04		
	TOTAL	**50**		

Strong Points:

Points to be improved:

Mark obtained: _____ **Out of 50**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

MENTAL STATUS EXAMINATION (SECOND YEAR)

NAME OF THE STUDENT: _____

DATE OF OBSERVATION: _____ **TIME:** _____

PLACE / WARD OF OBSERVATION: _____

DURATION: _____

Sr.No.	Content	Out of	Obtained	
			I	II
1.	Format	1		
2.	General appearance	2		
3.	Motor disturbances	2		
4.	Speech	2		
5.	Thought disturbances	2		
6.	Perceptual disturbances	2		
7.	Affect and Mood	2		
8.	Memory	1		
9.	Orientation	1		
10.	Judgment and insight	3		
11	Attention and concentration	1		
12	Intelligence and general information	2		
13	Abstract thinking	1		
14	General observation	1		
15	Summary	2		
	TOTAL	**25**		

Strong Points:

Points to be improved:

Mark obtained: _____ **Out of 25**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

PROCESS RECORDING IN MENTAL HEALTH NURSING (SECOND YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF PROCESS RECORDING: _____

PLACE / WARD OF OBSERVATION: _____

DURATION: _____

Sr.No.	Content	Out of	Obtained	
			I	II
1.	Format	10		
2.	Objectives	6		
3.	Settings	4		
4.	Therapeutic techniques	20		
5.	Analysis and Evaluation of interactions by students	10		
	TOTAL	**50**		

Strong Points:

Points to be improved:

Mark obtained: _____ Out of 50

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

MENTAL HEALTH NURSING CASE STUDY (SECOND YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF STARTING CASE STUDY: _____

DATE OF COMPLETTION OF CASE STUDY: _____

DIAGNOSIS: -_____

Sr.No.	Content	Weightage	Obtained
A.	Patient's Bio-data	02	
B.	Family History	05	
C.	History of Patient's	07	
D.	Personal History	05	
E.	General physical observation of patient	05	
F.	Mental Status Examination	07	
G.	Doctor's Notes	03	
H.	Book Study	20	
I.	Nursing Care Plan	20	
J.	Therapies	05	
K.	Psycho Education	06	
L.	Drug Study	07	
M.	Summary	03	
N.	Bibliography	03	
O.	Neatness and Tidiness	02	
	TOTAL	**100**	

Strong Points :

Points to be improved:

Mark obtained: _____ **Out of 100**
Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

MENTAL HEALTH NURSING CASE PRSENTATION (SECOND YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF CASE PRESENTATION: _____

NAME OF THE INSTITUTION: _____

DIAGNOSIS: _____

Sr.No.	Content	Out of	Obtained	
			I	II
1.	Bio-data / Socioeconomic history	02		
2.	Past medical / surgical / Psychiatric history	02		
3.	Present Psychiatric history of the patient	04		
4.	Personal / Family history	02		
5.	Presentation of Psychiatric disorder	02		
6.	Psycho- Pathology	05		
7.	Signs & Symptoms	05		
8.	Investigation	04		
9.	Psychiatric Management	08		
10.	Nursing care plan	10		
11.	A. V. aids	02		
12.	Reference / Bibliography	02		
13.	Overall performance of student	02		
	TOTAL	**50**		

Strong Points:

Points to be improved:

Mark obtained: _____ **Out of 50**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for NEWBORN ASSESSMENT (OBSERVATIONAL REPORT)

NAME OF THE STUDENT NURSE: _____

DATE OF OBSERVATION: _____ TIME: _____

PLACE / WARD OF OBSERVATION: _____

Sr.No.	Content	Weightage	Obtained
1.	Immediate assessment of APGAR-SCORE	10	
2.	Transitional assessment	05	
3.	Periodic assessment	05	
4.	General measurement	10	
5.	Vital signs	05	
6.	New-born Examination	10	
7	Neuromuscular system (Reflexes)	05	
	TOTAL	**50**	

Strong Points:

Points to be improved:

Mark obtained: _____ Out of 50

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

MIDWIFERY NURSING CASE STUDY (THIRD YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF STARTING CASE STUDY: _____

DATE OF COMPLETTION OF CASE STUDY: _____

DIAGNOSIS OF THE PATIENT: -_____

Sr.No	Content	Weightage	Obtained
1.	Patient's Identification	02	
2.	Understanding the patient and family	5	
3.	Past medical, surgical history of the mother	05	
4.	Past obstetric history of the mother	5	
5.	History of children	5	
6.	Present obstetrical status (Physical examination of the patient)	5	
7.	Abdominal examination	15	
8.	Investigations	5	
9.	Line of treatment	5	
10.	Drug Study	15	
11.	Nursing care plan	20	
12.	Health teaching	10	
16.	Bibliography	3	
	TOTAL	**100**	

Strong Points:

Points to be improved:

Mark obtained: _____ **Out of 100**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

GYNAECOLOGY NURSING CASE STUDY (THIRD YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF STARTING CASE STUDY: _____

DATE OF COMPLETTION OF CASE STUDY: _____

DIAGNOSIS OF THE PATIENT: -_____

Sr.No.	Content	Out of	Obtained	
			I	II
1.	Patient's Bio-data	02		
2.	Understanding the patient and her family	07		
3.	Medical &Health background of the patient	08		
4.	Understanding the disease	05		
5.	Disease Condition	05		
6.	Signs & Symptoms	05		
7.	Investigation	05		
8.	Pathophysiology	05		
9.	Medical treatment & any specific therapy or Surgical treatment pre-post and operation notes, diagram, type of anaesthesia	05		
10.	Complications	01		
11.	Drug Study	20		
12.	Nursing care plan	25		
13.	Health teaching	05		
14.	Bibliography	02		
	TOTAL	**100**		

Strong Points:

Points to be improved:

Mark obtained: _____ **Out of 100**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

MIDWIFERY NURSING CASE PRSENTATION (THIRD YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF CASE PRESENTATION: _____

CLINICAL AREA: _____

DIAGNOSIS: _____

Sr.No	Content	Out of	Obtained	
			I	II
1.	Patient's Information	02		
2.	Understanding the client and family	03		
3.	Past medical and surgical history of the patient	03		
4.	Past obstetric history of the patient and history of the child	03		
5.	Present Medical, obstetric history and physical examination of the patient	05		
6.	Pathophysiology	03		
6.	Signs & Symptoms	03		
7.	Investigation	03		
8.	Treatment – Medical, Surgical, obstetric and Pharmacological & Diet	08		
9.	Nursing care plan	10		
10.	A. V. aids	02		
11.	Reference / Bibliography	02		
12.	Group discussion	03		
	TOTAL	**50**		

Strong Points:

Points to be improved:

Mark obtained: _____ **Out of 50**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

GYNAECOLOGY NURSING CASE PRSENTATION (THIRD YEAR)

NAME OF THE STUDENT NURSE: _____

DATE OF CASE PRESENTATION: _____

CLINICAL AREA: _____

DIAGNOSIS: _____

Sr.No	Content	Out of	Obtained	
			I	II
1.	Patient's Information	02		
2.	Understanding the client and family	03		
3.	Past medical and surgical history of the patient	03		
4.	Past obstetric history of the patient and history of the child	03		
5.	Present Medical, obstetric history and physical examination of the patient	05		
6.	Pathophysiology	03		
6.	Signs & Symptoms	03		
7.	Investigation	03		
8.	Treatment – Medical, Surgical, obstetric and Pharmacological & Diet	08		
9.	Nursing care plan	10		
10.	A. V. aids	02		
11.	Reference / Bibliography	02		
12.	Group discussion	03		
	TOTAL	**50**		

Strong Points:

Points to be improved:

Mark obtained: _____ **Out of 50**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

MIDWIFERY / GYNAECOLOGY NURSING CARE PLAN EVALUATION FORM (THIRD YEAR)

NAME OF THE INSTITITUTE: _____

NAME OF THE STUDENT: _____

DATE OF STARTING CARE PLAN: _____

DATE OF COMPLETTION OF CARE PLAN: _____

DIAGNOSIS OF CLIENT: _____

Rating scale

Sr. No	Content	Standards met	Standard almost met	Standard Partially met	Standard not met
		3	2	1	0
A.	**ASSESSMENT (9)**				
1.	Collects complete data about patient				
2.	Identifies basic needs / problems				
3.	Formulates complete Nursing diagnosis				
B.	**PLANNING (12)**				
1.	Considers the patients problems priority wise				
2.	States the objective				
3.	Plans suitable Nursing actions for the stated problems				
4.	States rationale for Nursing care plan				
C.	**IMPLEMEMNTATION (18)**				
1.	Implements nursing care competently, safely and accurately within a given time				
2.	Maintains safe and comfortable environment for the patient				
3.	Applies scientific principles				
4.	Meets the nutritional needs of patient as planned.				
5.	Gives health instructions to patient and family as planned.				
6.	Accurate in recording and reporting patients information to the appropriate personnel				
D.	**EVALUATION (6)**				
1.	Evaluates the patients response to nursing care				
2.	Re-examines and modifies patients care plan				
E.	**OVERALL PERFORAMANCE (5)**				

Remarks:

_____

_____

Mark obtained: _____ **Out of 50**

Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for GROUP PROJECT

NAME OF THE INSTITITUTE: _____

NAME OF THE STUDENT NURSE: _____

DATE OF COMMENCEMENT OF PROJECT: _____

DATE OF COMPLETION OF PROJECT: _____

TYPE OF PROJECT: _____ **FORM OF PROJECT:** _____

NAME OF TEACHER: _____

Sr.No	Content	Out of	Obtained	
			I	II
1.	Title of project	04		
2.	Type of project	02		
3.	Need of project , Planning of project	04		
4.	Pre-plan: Background information of area and Survey	04		
5.	Goals and Objectives	04		
6	Assessment of resources	04		
7.	Fixing a priority	04		
8.	Expected outcome of project	04		
9.	**Implementation**			
a.	Resources available	04		
b.	Manpower required	04		
c.	Equipment's required	04		
d.	Appropriate technology	04		
10.	**Organization**			
a.	Workplace: urban , rural, classroom	04		
b.	Schedule of stages start to finish used properly	06		
11.	**Controlling**			
a.	Allocate responsibility to each member of group	04		
b.	Collection of data or information , monitoring and utilization of data	02		
c.	Appropriate technology	4		
d.	Participation of community	04		
e.	Feasibility of project	02		
f.	Overall project was economical	04		
g.	Benefit to community	02		
h.	Educational value of project	02		
I.	Innovative approach	02		
12.	Group presentation of project	18		
	TOTAL	**100**		

Strong Points:

Points to be improved:

Mark obtained: _____ Out of 50
Signature of Student:

Signature of Tutor:

MAHARASHTRA STATE BOARD OF NURSING AND PARAMEDICAL EDUCATION

EVALUATION FORMAT for

DAILY DIARY IN COMMUNITY HEALTH NURSING

NAME OF THE STUDENT: - _____

S.N.	Criteria	Assigned marks	Obtained marks
1.	PRE-PLAN OF HOME VISIT	05	
2.	ORGANIZATION OF CONTENT	03	
3	APPLICATION OF PRINCIPLES OF HOME VISIT	05	
4.	APLICATION OF NURSING PROCESS	05	
5.	RECORDING AND REPORTING	05	
6.	BIBLIOGRAPHY & REFERENCE	02	
	TOTAL	**25**	

Strong Points:

Points to be improved:

Mark obtained: _____ Out of 25

Signature of Student:

Signature of Tutor: