

University of the Philippines Manila  
COLLEGE OF NURSING  
Pedro Gil St., Ermita, Manila

NAME \_\_\_\_\_

STUDENT I.D. NO. \_\_\_\_\_

**PERFORMANCE EVALUATION CHECKLIST  
FAMILY HEALTH NURSING PRACTICE**

DIRECTIONS: Check column "Yes" if identified behavior/skill is correctly demonstrated. Check column "No" if identified behavior/skill is not demonstrated or incorrectly demonstrated. Specific remarks may be written in the column provided, especially for answers that are neither "Yes" or "No" columns.

BEHAVIOR/SKILL	YES	NO	SCORE	REMARK
<b>A. The Nursing Care Plan</b>				
<b>1. The Assessment Phase</b>				
<b>1.1 Cues</b>				
1.1.1 Precise assessment data to support the existence of health condition/problem and corresponding family health nursing problems			10	
1.1.2 Categorized and reorganized to reflect explanations/inferences about the family's inability to perform the health task/s and the causes of or the reasons for non performance of the task/s			10	
1.1.3 Include laboratory examination results and entries on health records which are relevant to the problem			5	
1.1.4 Demonstrates honesty in data gathering			10	
<b>1.2 Problems</b>				
1.2.1 Reflect the implications of relationships among presented data/cues			3	
1.2.2 Appropriate to the cues presented			10	
1.2.3 All existing problems identified			10	
1.2.4 Reflect the blocks/barriers to the family's assumption of the health tasks			10	
<b>1.3 Assessment done/shared with the family</b>			10	
<b>1.4 Shows sensitivity to social problems affecting the family's health status</b>			5	
<b>1.5 Displays critical thinking in the analysis of social conditions of the family</b>			5	
<b>2. Developing the Nursing Care Plan</b>				
2.1 Health Conditions/Problems prioritized based on specific criteria			3	
<b>2.2 Objectives</b>				
2.2.1 Stated in behavioral/measurable terms			3	
2.2.2 Realistic or attainable			3	
2.2.3 Stated briefly but explicitly			2	
2.2.4 Formulated with the family			10	

<b>2.3 Interventions</b>			
2.3.1 Appropriate to the identified problem			10
2.3.2 Consider the ethnicity or cultural diversity of the family			5
2.3.3 Realistic/possible/attainable within the obtaining circumstances			5
2.3.4 Reflect maximum utilization of available resources			5
2.3.5 Logical sequence observed			2
2.3.6 All feasible or available intervention options specified			5
<b>2.4 Evaluation Scheme</b>			
2.4.1 Reflects explicit criteria for determining achievement of all objectives			2
2.4.2 Criteria defined are realistic based on available resources and technology			3
2.4.3 Criteria defined are explicit and measurable/quantifiable.			2
2.4.4 Evaluation Methods and Tools appropriate to the objectives and evaluation criteria			3
<b>B. The Implementation Phase</b>			
1. Demonstrates competence in performing nursing actions			
2. Ensures the following in carrying out nursing interventions			10
2.1 Safety			5
2.2 Comfort			3
2.3 Privacy			3
3. Shows commitment to the welfare of the family			10
4. Carries out accurately the planned interventions			5
5. Implements the plan of care jointly with the family			10
<b>C. The Evaluation Phase</b>			
1. Identifies cues and modifies interventions based on family's feelings/reactions.			5
2. Evaluates with the family the care given/done			10
3. Plans with the family the necessary changes/modifications in health actions			3
<b>D. Recording and Reporting</b>			
1. Fills up accurately the required records and reports			3
2. Demonstrates honesty in accomplishing records & reports			5
<b>E. Other Aspects of the Family Health Care Experiences</b>			
1. Demonstrates punctuality in:			
1.1 Reporting for duty			2
1.2 Submission of requirements			2
2. Shows application and integration of knowledge/ theories in discussing problems during conference			5
3. Wears appropriate attire			1
4. Relates effectively with co-workers			2

**SCORE:**

**MNPL = 144**  
**MXPL = 240**

231 - 240 = 1.00  
221 - 238 = 1.25  
210 - 220 = 1.50  
199 - 209 = 1.75  
188 - 198 = 2.00  
177 - 187 = 2.25  
166 - 176 = 2.50  
155 - 165 = 2.75  
144 - 154 = 3.00

\_\_\_\_\_  
**Name and Signature of Student**  
Date of Evaluation \_\_\_\_\_

\_\_\_\_\_  
**Name and Signature of Faculty**  
Date of Evaluation \_\_\_\_\_

