



NURSING INTERVENTIONS 2 (N-107)
 2nd Semester, AY 2023-2024

PERFORMANCE EVALUATION CHECKLIST
for Public Health Nursing Experience
Family Health Nursing

Name of Student: _____ Grade: _____
 Inclusive Dates of Experience: _____ HC/Barangay: _____

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
A. The Nursing Care Plan				
1. The Assessment Phase				
1.1 Cues				
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	
1.2 Problems				
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	
1.3 Assessment done/shared with the family			10	
1.4 Shows sensitivity to social problems affecting the family’s health status			5	
1.5 Displays critical thinking in the analysis of social conditions of the family			5	
2. Developing the Nursing Care Plan				

2.1 Health Conditions/Problems prioritized based on specific criteria			3
2.2 Objectives			
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
2.3 Interventions			
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
2.4 Evaluation Scheme			
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. The Implementation Phase			
1. Demonstrates competence in performing nursing actions			10
2. Ensures the following in carrying out nursing interventions			
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
C. The Evaluation Phase			
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
D. Recording and Reporting			
1. Fills up accurately the required records and reports			3

2. Demonstrates honesty in accomplishing records and reports			5	
E. Other Aspects of the Family Health Care Experiences				
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 _____