

OBSERVATION FORM

NURSE OR OTHER HEALTHCARE PROVIDER

Nurse or Other Healthcare Professional Performance: To determine whether the nurse or other healthcare professional shows evidence of mastery of clinical competencies and demonstrates proficiency in public service.

This form is to be used by the Nurse/Healthcare provider's supervisor and/or a faculty evaluator if necessary. See procedures VII.B.

Nurse/Healthcare Professional:

Evaluator: _____

Activity _____ Date: _____ Scheduled Time: _____

Number of student interactions observed: _____

Time Appointment Began: _____

Rating Key: A= Exceeds criteria B= Meets criteria C= Needs improvement D= Not enough information E= Not applicable in this observation

PUBLIC SERVICE SKILLS		
RATED SECTION	A B C D E	COMMENTS OR EXAMPLES OF BEHAVIOR
<p>1. PERSONAL MANNER: The nurse/healthcare professional makes eye contact, greets and welcomes students sincerely; speaks in a friendly manner.</p>		
<p>2. INCLUSIVE SERVICE: The nurse/healthcare professional serves without regard to national origin, religion, age, gender, gender identity, gender expression, race or ethnicity, color, medical condition, genetic information, ancestry, sexual orientation, marital status, physical or mental disability, or pregnancy or because they are perceived to have one or more of the foregoing characteristics, or based on association with a person or group with one or more of these actual or perceived characteristics.</p>		
<p>3. RESPECTFUL SERVICE: The nurse/healthcare professional interacts with students in a respectful, non-judgmental manner; safeguards confidentiality of student interaction.</p>		
<p>4. TIME MANAGEMENT: The nurse/healthcare professional does not spend an undue amount of time or effort with one student if another student is waiting; acknowledges a student's presence immediately, even if occupied.</p>		
<p>5. HEALTHCARE POLICIES: The nurse/healthcare professional demonstrates knowledge of and upholds library policies and procedures.</p>		

CLINICAL COMPETENCIES		
Rated Section	A B C D E	COMMENTS OR EXAMPLES OF BEHAVIOR
6. The nurse/healthcare professional provides accurate and current health information.		
7. The nurse/healthcare professional provides competent, quality clinical services, within their scope of practice		
8. The nurse/healthcare professional provides appropriate assessments, interventions and treatments, within their scope of practice.		
10. The nurse/healthcare professional competently diagnosis and manages acute and chronic conditions.		
11. Maintains current licensures: a. CPR/First Aid b. RN/NP/PA license c. Completes assigned competency testing annually (HIPAA, BBP etc) d. Participates in professional development activities		
12. The nurse/healthcare professional verifies with students that their needs have been satisfactorily and completely met.		

OVERALL PERFORMANCE RATING

- A. Exceeds expectations.
- B. Meets expectations.
- C. Needs improvement. (Improvement plan required. See Improvement Plan form.)
- D. Is unsatisfactory. (Improvement plan required. See Improvement Plan form.)

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the evaluatee's classroom observation.

Signed: _____ Date: _____
Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my classroom observation.

Signed: _____ Date: _____
Evaluatee

STUDENT QUESTIONNAIRE

NURSE OR OTHER HEALTHCARE PROFESSIONAL

Thank you for your participation in this short survey. All of the district's health and mental health care providers are evaluated on a periodic basis, and yours is being evaluated today. We would appreciate your feedback on the care you received. Please respond honestly to the statements below and do NOT sign your name so that your comments remain anonymous.

Date: _____

Healthcare professional's name: _____

1. My healthcare professional listened attentively and understood my health concerns.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

5 4 3 2 1 0

Comments:

2. My health concerns were addressed to my satisfaction.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

5 4 3 2 1 0

Comments:

3. I was given clear instructions on how to care for my health concerns.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

5 4 3 2 1 0

Comments:

4. I was treated in a respectful way.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

5 4 3 2 1 0

Comments:

5. My privacy was maintained.

Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable

5 4 3 2 1 0

Comments:

6. How would you rate the overall treatment that you received from your provider?

Excellent Good Fair Poor Very Poor

Comments:

PORTFOLIO REVIEW FORM

NURSE OR OTHER HEALTHCARE PROFESSIONAL

College: _____ Division: _____
Academic year of evaluation _____ Semester: _____
Name of evaluatee: _____
Name of evaluator: _____

Please note that portfolios may be submitted in hard copy or as a PDF in a well-organized, comprehensible, and succinct manner and should include materials from both onsite and online classes.

The portfolio contains the following items:

- key information handouts.
- representative projects (e.g., workshops, tutorials, health fairs, etc.).
- evidence of professional development activities.
- statement of service delivery philosophy. (Optional)
- other information the evaluatee feels should be included to adequately describe the instructional strategies employed in his or her courses. (Optional)

OVERALL PORTFOLIO RATING

- A. Exceeds expectations.
- B. Meets expectations.
- C. Needs improvement. (Improvement plan required. See Improvement Plan form.)
- D. Is unsatisfactory. (Improvement plan required. See Improvement Plan form.)

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the evaluatee's portfolio.

Signed: _____ Date: _____
Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed my portfolio.

Signed: _____ Date: _____
Evaluatee

MANDATORY SELF-ASSESSMENT FORM

NURSE OR OTHER HEALTHCARE PROFESSIONAL

College: _____ Division: _____
Academic year of evaluation _____ Semester: _____
Name of evaluatee: _____

Provide the requested information since your last evaluation.

1. Describe or list ways you have participated in Department and/or Division activities.

2. Describe or list ways you have participated in College and/or District activities.

3. Describe or list how you have engaged in professional development related to discipline expertise and/or teaching techniques.

4. Identify any publications, presentations, and/or job-related community activities in which you have been engaged.

5. Describe or list ways you have participated in the development and assessment of Student Learning Outcomes (SLOs). SLO assessment may include but is not limited to faculty-faculty dialogue, working in professional organizations or groups, working with an institutional researcher, curriculum mapping as part of a retreat, reviewing curriculum for external organizations, addressing student equity questions, using student input through surveys, exams, exam analysis, and registering changes as a consequence.

6. Identify any awards, honors, and/or external evaluations you have received.

7. Provide information not addressed above.

ADDITIONAL COMMENTS: