SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
DOCTOR SHAIR MUHAMMAD ROAD QUETTA
✉ **Email: sinahsquetta75@gmail.com**
✆ **PHONE: 081-4122593 - 0311-8013611**

Post-Conference (Clinical Presentation Assessment)

Student Information

Student Name: _____ Father Name: _____ Roll No: _____

Batch/Semester: _____ Clinical Area/Ward: _____

Hospital: _____

Date of Post Conference: _____Clinical Instructor: _____

Assessment Criteria

S. No.	Assessment Criteria	Marks
01	Punctuality and Professional Appearance	
02	Introduction of Clinical Area and Patient	
03	History Taking and Communication Skills	
04	Patient Assessment (Head-to-Toe/System Assessment)	
05	Identification of Patient's Problems/Nursing Diagnosis	
06	Knowledge of Disease Process	
07	Knowledge of Diagnostic Investigations	
08	Knowledge of Medications (Name, Dose, Action, Side Effects, Nursing Responsibilities)	
09	Nursing Care Provided During Clinical Rotation	
10	Infection Prevention and Patient Safety Measures	
11	Health Education Given to the Patient	
12	Clinical Skills Performed (IV Cannulation, Medication Administration, Catheter Care, Wound Dressing, etc.)	
13	Critical Thinking and Clinical Decision-Making	
14	Ability to Answer Questions and Confidence	
15	Total Marks	

Clinical Skills Performed (✓)

☐ Vital Signs Assessment

☐ Head-to-Toe Assessment

☐ Medication Administration

☐ IV Cannulation

☐ IV Infusion Management

☐ Wound Dressing

☐ Catheter Care

SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
DOCTOR SHAIR MUHAMMAD ROAD QUETTA
✉ **Email: sinahsquetta75@gmail.com**
✆ **PHONE: 081-4122593 - 0311-8013611**

☐ Oxygen Therapy

☐ Blood Glucose Monitoring

☐ NG Tube Care/Feeding

☐ Suctioning

☐ Miscellaneous: _____

Instructor's Queries

1. _____

_____

2. _____

_____

3. _____

_____

Strengths:

_____

_____

Areas for Improvement:

_____

_____

Instructor's Overall Remarks:

_____

_____

SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
DOCTOR SHAIR MUHAMMAD ROAD QUETTA
✉ Email: sinahsquetta75@gmail.com
✆PHONE: 081-4122593 - 0311-8013611

Result:

_____

_____

Total Marks Obtained: _____/100

Grade: _____

Performance:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Satisfactory
- ☐ Needs Improvement

C-I (Clinical Instructor) Signature: _____

Principal/Clinical Coordinator: _____