

**HAWLER MEDICAL UNIVERSITY  
COLLEGE OF NURSING  
LABORATORY AND CLINICAL EDUCATION**

**Procedure Evaluation Document (PED)**

<b>PROCEDURE:</b>		<b>Code</b>	<b>28-01</b>
<b>No.</b>	<b>Skill steps</b>	<b>Not achieved</b>	<b>Achieved</b>
1	Prepared the procedure equipment: <input type="checkbox"/> Patient medical record <input type="checkbox"/> Hand rub gel		
2	Identified the patient using two identifiers (name, date of birth, address).		
3	Performed greeting, introduction and permission procedure (G.I.P).		
4	Provided privacy.		
5	Explained the procedure to the patient and answered any questions.		
6	Performed hand hygiene using correct technique.		
<b>History</b>			
7	Asked the patient about the medical history.		
8	Asked the patient about the surgical history.		
9	Asked the patient about the allergic history.		
10	Asked the patient about the family history (including genetic disorders) glaucoma, cataract, blindness		
11	Asked the patient about the social history (accommodation, occupation, roles and relationships).		
12	Asked the patient about the drug history (current and previous, self-treatment).		
13	Asked the patient about the lifestyle (diet, smoking, alcohol, physical activity).		
14	Asked the patient about the activities of daily living in relation to the current problem.		
<b>Physical examination</b>			
15	Position of eyelids (drooping eyelid (ptosis) or lid retraction (too much of eye exposed)		
16	Oedema		
17	Erythema		
18	Lesions		
19	Discharge		
20	Tearing		
21	Blinking		
22	Pupillary response		
23	Nystagmus		
24	Extra-ocular movements		
25	Visual acuity (verbal report)		
<b>Signs and symptoms</b> (SOCRATES assessment: S–site, O-onset, C-character, R-radiation, A-associations, T-time, E- exacerbating and relieving factors, S-severity)			
26	Impaired vision (blurred, double, distorted)		
27	Pain		
28	Itching		
29	Burning sensation		
30	Foreign body sensation		
31	Photophobia		
32	Discharge		
33	Redness		
34	Swelling		
35	Difficulty moving lids		

Investigations														
36	<input type="checkbox"/> Direct ophthalmoscopy <input type="checkbox"/> Indirect ophthalmoscopy <input type="checkbox"/> Slit lamp examination <input type="checkbox"/> Colour vision testing <input type="checkbox"/> Amsler Grid <input type="checkbox"/> Ultrasonography <input type="checkbox"/> Tonometry <input type="checkbox"/> Perimetry testing													
37	Performed hand hygiene using correct technique.													
38	Documented the result in the patient's record.													
39	Returned equipment to the dedicated area.													
40	Reported abnormal findings to the appropriate health care provider (student reported this action verbally).													
1. SKILL EVALUATION 60%														
Steps	0	1-4	5-8	9-13	14-18	19-20	21-25	26-30	31-34	35-38	39-40	Skill steps achieved		
Points	0	6	12	18	24	30	36	42	48	54	60	Skill points achieved		
Level	F					U		N	S	C	I	Skill level achieved		
2. PROCEDURE ASPECTS EVALUATION 40%														
Rationale 10%			Patient Focus 10%			Professional Manner 10%			Time 10%					
Failed	5		Failed	5		Failed	5		Failed	+10	5			
Unsatisfactory	6		Unsatisfactory	6		Unsatisfactory	6		Unsatisfactory	+8	6			
Novice	7		Novice	7		Novice	7		Novice	+6	7			
Supervised	8		Supervised	8		Supervised	8		Supervised	+4	8			
Competent	9		Competent	9		Competent	9		Competent	+2	9			
Independent	10		Independent	10		Independent	10		Independent	TA	10			
<b>Notes:</b>											Time allowed (TA)			
											Time achieved			
											Aspects points achieved			
3. COMPLETE PROCEDURE EVALUATION 100%														
≤50	51-60		61-70		71-80		81-90		91-100		Total points achieved			
Failed	Unsatisfactory		Novice		Supervised		Competent		Independent		Total level achieved			
Student					Signature				Actual Mark/Out of					
Teacher					Signature									
Clinical Area					Date									