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| **HAWLER MEDICAL UNIVERSITY**  **COLLEGE OF NURSING**  **LABORATORY AND CLINICAL EDUCATION**  **Procedure Evaluation Document (PED)** | | | | | | | | | | | | | | |
| PROCEDURE: **Vaginal examination- PV exam(per vagina)** | | | | | | | | | | | | | Code | **M-04** |
| **No.** | **Skill steps** | | | | | | | | | | | | **Not**  **achieved** | **Achieved** |
| 1 | Prepared procedure equipment:   * Patient medical record * Sterile gloves * Antiseptic solution * Hand rub gel * Sterile cottonballs to give perineal care * Cream or oil for lubrication | | | | | | | | | | | |  |  |
| 2 | Identified the patient using two identifiers. | | | | | | | | | | | |  |  |
| 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 | Positioned the woman on lithotomy position. | | | | | | | | | | | |  |  |
| 7 | Performed hand hygiene using correct technique. | | | | | | | | | | | |  |  |
| 8 | Put on gloves. | | | | | | | | | | | |  |  |
| 9 | Prepared the area with an antiseptic solution (give perineal care as verbal report). | | | | | | | | | | | | “ |  |
| 10 | Used thumb & the forefinger of the non-dominant hand to spread the labia. | | | | | | | | | | | |  |  |
| 11 | Inserted the well lubricated index & middle fingers ofdominant hand into the vagina. | | | | | | | | | | | |  |  |
| 12 | Assessed the cervix for cervical effacement. | | | | | | | | | | | |  |  |
| 13 | Assessed the cervix for cervical dilatation. | | | | | | | | | | | |  |  |
| 14 | Assessed the cervix for station of presenting part. | | | | | | | | | | | |  |  |
| 15 | Assessed the cervix for determine status of the membrane. | | | | | | | | | | | |  |  |
| 16 | Assessed the cervix for determine the position of presenting part. | | | | | | | | | | | |  |  |
| 17 | Assessed the cervix for determine the presentation. | | | | | | | | | | | |  |  |
| 18 | Assessed the cervix for determine the colour of amniotic fluid, if membrane is ruptured. | | | | | | | | | | | |  |  |
| 19 | Removed gloves. | | | | | | | | | | | |  |  |
| 20 | Assisted the mother to a comfortable position. | | | | | | | | | | | |  |  |
| 21 | Performed hand hygiene using correct technique. | | | | | | | | | | | |  |  |
| 22 | Returned equipment to the dedicated area. | | | | | | | | | | | |  |  |
| 23 | Recorded the results in the patient’s chart and report any abnormalities to the physician. | | | | | | | | | | | |  |  |
| 1. **SKILL EVALUATION** 60% | | | | | | | | | | | | | | |
| **Steps** | 0 | 1-2 | 3-4 | 5-6 | 7-9 | 10-11 | 12-14 | 15-17 | 18-19 | 20-21 | 22-23 | 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 | |  |
| 1. **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 |
| **Notes:** | | | | | | | | | | | | Time allowed (TA) | |  |
| Time achieved | |  |
| Aspects points achieved | |  |
| 1. **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 | |  | | | |