

Clinical Skills Assessment for STD Enhanced Role Registered Nurse (ERRN): Female Exam
N.C. Division of Public Health – Epidemiology – Communicable Disease Branch – Technical Assistance & Training Program

STD ERRN Name: _____ **Agency/County:** _____ **Date:** _____

Evaluator: _____ **Observation #** _____ **of** _____

Rating Points Scale	0 = Unsatisfactory	Unable to demonstrate necessary skills to perform essential element
	1 = Needs Improvement	Demonstrates skills to perform some essential elements, but lacks skill(s) to adequately perform all essential elements
	2 = Satisfactory	Demonstrates adequate skills to perform all essential elements but could benefit from coaching to enhance skills
	3 = Excellent	Demonstrates mastery of all essential elements and above average ability to critically think through assessment
	N/A = Non-applicable	Evaluation of element is non-applicable

Indicate client's reason for visit / chief complaint:	Medical Record # _____
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ESSENTIAL ELEMENTS					
1	History and Risk Assessment	Yes	No	Rating	COMMENTS
	a. ERRN introduces self to client			Circle one: 0 1 2 3	(note any excellent skills or areas for improvement) <i>Look for ERRN to make eye contact, maintain open body language, appropriate tone of voice, etc.</i>
	b. ERRN verifies patient identity				
	c. Elicits reason for visit				
	d. Obtains essential history				
	e. Uses client-centered interviewing skills				
	f. Uses nonjudgmental approach				
	g. If indicated, obtains pregnancy test before exam*				
2	Physical Examination	Yes	No	Rating	COMMENTS
	a. Inspects hair (for nits, patchy hair loss), eyes (asks about visual changes), skin (rashes, lesions, check palms and soles of feet), and oropharynx (looks for lesions and discharge)			0 1 2 3	<i>Look for ERRN to have systematic approach to assessment, consideration for patient comfort and privacy, appropriate infection prevention practices</i>
	b. Inspects and palpates lymph nodes (head/neck, groin)				
	c. Palpates abdomen for pain				
	d. Inspects female genitalia, palpates Skene's and Bartholin's glands				
	e. Uses speculum to visualize cervix				
	f. Collects specimens (at all sites of exposure)				
	g. Performs bimanual exam (assess CMT, palpates for uterus and adnexae)				
	h. Inspects anal/perianal region				
	i. Assesses other regions, as indicated				
	j. Obtains vital signs, as indicated				

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3	Laboratory Specimen Collection	Yes	No	Rating	COMMENTS
a.	Washes hands and dons gloves appropriately			0 1 2 3	
b.	Anticipates routine supplies needed to collect specimens based on history, signs/symptoms and standing orders				
c.	Describes testing in a manner that meets client needs, based on history, signs/symptoms, and standing orders				
d.	Maintains clean technique, prevents cross-contamination				
e.	Correct labeling and timely transport of specimens to lab				
4	Assessment and Treatment	Yes	No	Rating	COMMENTS
a.	Records impression of physical exam (PE) using appropriate terminology (non-diagnostic language)			0 1 2 3	
b.	Records on-site lab test results				
c.	Uses subjective and objective findings to make assessment per standing orders				
d.	Selects appropriate treatment per standing orders				
5	Medical Consultation and Referral	Yes	No	Rating	COMMENTS
a.	Consults with physician/APP, as needed during visit			0 1 2 3	
b.	Provided referrals after consultation with physician/APP				
c.	If consult is not indicated, can correctly verbalize when to obtain consult (lesions, CMT, suspect PID, etc.)				
d.	Referrals for service integration (FP, Immunization, Primary Care, Mental Health, etc.) based on client risks or needs				
6	Education and Counseling	Yes	No	Rating	COMMENTS
a.	Provides STD/STI and treatment education			0 1 2 3	
b.	Provides written information				
c.	Assists client in identifying personal STD/STI risk factors				
d.	Counsels client about realistic risk reduction plan				
e.	Advises client about follow-up (results notification, timeframe for results, scheduling treatment if indicated, etc.)				
7	Documentation	Yes	No	Rating	COMMENTS
a.	Completes documentation in the electronic health record (EHR).			0 1 2 3	ERRNs should record time and units for all visits (not just Medicaid) EHR Vendor:
b.	Signs medical record appropriately				
c.	ERRN time documented in time and units				
d.	Uses correct visit code, 99211 or T1002 appropriately				
e.	Uses correct CPT code(s) for procedures				
f.	Uses correct ICD-10 code for diagnoses determined by standing orders				

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FOR REVIEWER: If ERRN demonstrates exemplary skills and is rated a 3, document specific actions that prompted the rating. Also, if ERRN does not have necessary skills and is rated a 1 or 0, document specific findings that prompted the rating.

PASS = score ≥ 2 on all elements (total score range of 14-21)

RECHECK = a) any score of 1 on elements 1, 2, and 4 with score ≥ 2 on all other elements
OR
b) any score < 2 on elements 3, 5, 6, and 7 with score ≥ 2 on elements 1,2, and 4

- *Recheck would require a LHD preceptor to coach ERRN in low-scoring areas and have TATP Evaluator complete another check-off of ERRN. If ERRN scores the same or worse on re-check, it would be considered a FAIL.*

FAIL = a) any score of 0 on elements 1, 2, and 4
OR
b) any score < 2 on elements 3, 5, and 6 AND any score of 1 on elements 1, 2, and 4

- *Fail would require immediate cessation of practice as ERRN and discussion with TATP consultant about remediation.*

Overall score of STD ERRN: _____ of 21 total points

Check one only

- PASS - successfully completed the Clinical Skills Assessment to maintain ERRN certification.
- RECHECK - needs further coaching from a clinical preceptor and another observation check-off within the next two calendar months.
- FAIL – did not display adequate skills to conduct physical assessment and history/interview. Immediately cease ERRN practice and consult with TATP consultant about remediation options.

Signature of Evaluator

Date

Misc. Notes: