

Clinical Skills Assessment of Male Patient for STD Enhanced Role Registered Nurse (ERRN) – Male Exam

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 requires remediation to adequately perform all essential elements
	2 = Satisfactory	Demonstrates adequate skills to perform all essential elements
	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						Rating	COMMENTS
1	History and Risk Assessment	Yes	No			Rating	(note any excellent skills or areas for improvement)
	a. ERRN introduces self to client			Circle one:		0 1 2 3	<i>Look for ERRN to make eye contact, maintain open body language, appropriate tone of voice, etc.</i>
	b. ERRN verifies patient identity (following agency policy; preferably using method other than DOB)						
	c. Elicits reason for visit						
	d. Assess current medications and allergies (include allergy severity and type of reaction)						
	e. Obtains essential history						
	f. Uses client-centered interviewing skills						
	g. Uses nonjudgmental approach						
2	Physical Examination	Yes	No			Rating	COMMENTS
	a. Uses light source (penlight or exam light) for examination of oropharyngeal, genital, and perianal areas			Circle one:		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 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)						
	c. Inspects and palpates lymph nodes (head/neck, axilla, groin)						
	d. Palpates abdomen for pain						
	e. Inspects male genitalia for lesions, nits, discharge, etc.(includes retracting foreskin, if applicable)						
	f. Conducts testicular exam						
	g. Collects specimens from all sites of exposure						
	h. Inspects anal/perianal region						
	i. Assesses other regions, as indicated						

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3	Laboratory Specimen Collection	Yes	No	Rating	COMMENTS
a.	Performs hand hygiene 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.	Treats 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 (includes control measures and partner notification, if applicable)			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.	Advise 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 (T1002 for Medicaid)				
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: