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STUDENT SELF-EVALUATION FOR NUR680: PRIMARY CARE OF ADULTS, NUR682: PRIMARY CARE OF CHILDREN, NUR 684: PRIMARY CARE OF WOMEN AND NUR672: PRACTICUM OF ROLE EXPECTATIONS

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The clinical evaluation tools for the Primary Care courses of the Adult/Family Nurse Practitioner program reflect the Ball State University School of Nursing Organizational Framework and the National Organization of Nurse Practitioner Faculty's Domains and Competencies of Nurse Practitioner Practice (NONPF, 2000).

The Ball State University School of Nursing Organizational Framework is based on the American Association of Colleges of Nursing Essentials (AACN, 1998). These essentials include:

1. **Professional Values** (altruism, autonomy, human dignity, integrity, social justice)
2. **Core Knowledge**
  - a. health promotion, risk reduction, and disease prevention
  - b. illness and disease management
  - c. information and health care technologies
  - d. ethics
  - e. global health care
  - f. health care systems and policy
  - g. research
  - h. human diversity
  - i. theory
3. **Core Concepts**
  - a. critical thinking
  - b. communication
  - c. assessment
  - d. technical skills
4. **Role Development** (provider of care, member of profession, designer/manager/coordinator of care, competent practitioner)

The student is required to complete a self-evaluation form (form # 9) with examples of her/his application of these essentials. This form is to be reviewed with the clinical faculty at both the midterm and final on site clinical evaluations. Adequate documentation must be presented to the clinical faculty or student will receive an unsatisfactory evaluation. The student is required to mail a copy of his/her time sheet and technical skills checklist (both signed by the preceptor) to the course faculty at the completion of clinical hours.

The **clinical preceptor** is required to complete a preceptor clinical evaluation form (form #8) at the completion of clinical hours. The clinical preceptor should mail to the course faculty a copy of the completed preceptor clinical evaluation form within one week after completion of clinical hours. *This form should be sent directly from the preceptor to the course faculty in the provided return envelope and not through the student.* If there are any concerns with the student's clinical progress the preceptor must notify the course faculty immediately so appropriate

action can be initiated.

The **clinical faculty** is required to complete a faculty clinical evaluation form (form # 10) at both the midterm and final on site clinical evaluations.

The midterm and final on site clinical evaluation visits must include:

1. direct observation of client care – minimum of 3 clients at each on site visit
2. review of the student self-evaluation form, clinical logs and time sheet
3. review of charts (per chart audit form)– minimum of 5 charts at each on site visit
4. interview with the student’s preceptor (per faculty guidelines for preceptor interview)
5. conference with student during each on site visit

The clinical faculty should mail to the course faculty a copy of the completed student self-evaluation form (form #9) and faculty clinical evaluation form (form #10) within one week after the midterm evaluation and within one week after the final evaluation.

*These forms should be sent directly from the clinical faculty to the course faculty in the provided return envelopes and not through the student.* If there are any concerns with the student’s progress, the clinical faculty must notify the course faculty immediately so appropriate action can be initiated.

Student Self-Evaluation Form for NUR 680, 682, 684, and 672

Student Name \_\_\_\_\_ Course Title and #: \_\_\_\_\_

Preceptor Name \_\_\_\_\_ Semester/year: \_\_\_\_\_

Please provide the self-evaluation information related to application of the following essentials from the Ball State School of Nursing Organizing Framework. This form should be reviewed with your clinical faculty at both the midterm and final clinical on site evaluations. The clinical faculty should mail a copy of this completed form to the course faculty within one week after the midterm evaluation and the final evaluation. This form should be sent directly from the clinical faculty to the course faculty in the provided return envelopes and not through the student.

Provide 2 client care examples each for midterm and final clinical on site evaluations in which you demonstrated professional values.

**Professional Values** (altruism, autonomy, human dignity, integrity, social justice):

Midterm:

Final:

Provide client care examples for the midterm and final clinical on site evaluations in which you demonstrated knowledge / utilization in relation to each of the Core Knowledge essentials.

**Core Knowledge**

Health promotion, risk reduction, disease prevention

Midterm (2 examples):

Final (2 examples):

Illness and disease management

Midterm (2 examples):

Final (2 examples):

Information and health care technology use

Midterm (1 example):

Final (1 example):

Ethics

Midterm (1 example):

Final (1 example):

Health care systems and policy

Midterm (1 example):

Final (1 example):

Research

Midterm (1 example):

Final (1 example):

Human diversity

Midterm (1 example):

Final (1 example):

Theory

Midterm (1 example):

Final (1 example):

Rate your skill level for the Core Concepts of critical thinking, communication, assessment, and technical skills on a rating scale of 1 – 5 with 1 indicating a beginning level of skill and 5

indicating proficiency in this skill at the advanced practice level. Give rationale for your rating and plan for self improvement.

**Core Concepts**

Critical Thinking (midterm) 1 2 3 4 5  
(process of reasoning, synthesizing, analyzing, interpreting,  
and evaluating subjective and objective information)  
(Rationale for rating and plan for self improvement)

Critical Thinking (final) 1 2 3 4 5  
(Rationale for rating and plan for self improvement)

Communication (midterm) 1 2 3 4 5  
(written, oral, nonverbal, technological)  
(Rationale for rating and plan for self improvement)

Communication (final) 1 2 3 4 5  
(Rationale for rating and plan for self improvement)

Assessment (midterm) 1 2 3 4 5  
(Rationale for rating and plan for self improvement)

Assessment (final) 1 2 3 4 5  
(Rationale for rating and plan for self improvement)

Technical skills (midterm) 1 2 3 4 5  
Refer to NP Clinical Skills and Procedures Checklist  
(Rationale for rating and plan for self improvement)

Technical skills (final) 1 2 3 4 5  
Refer to NP Clinical Skills and Procedures Checklist  
(Rationale for rating and plan for self improvement)

Using the competencies listed under Competency Domain 4: Professional Role on the Preceptor of Faculty Clinical Evaluation Form (forms # 8 or # 10) rate yourself on a scale of 1-5 with 1 indicating beginning level and 5 indicating proficiency at the level of an advanced practice nurse. Give rationale for your rating and specific plans for continuing role development.

**Role Development** (midterm) 1 2 3 4 5  
(Rationale for rating and plan for continuing role development)

**Role Development** (final) 1 2 3 4 5  
(Rationale for rating and plan for continuing role development)

Midterm evaluation:

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical Faculty signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical Faculty comments:

Final Evaluation

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical Faculty signature \_\_\_\_\_ Date \_\_\_\_\_

Clinical Faculty comments:

## NP CLINICAL SKILLS & PROCEDURES CHECKLIST\*

NAME: \_\_\_\_\_

#	PROCEDURE (e.g. suturing)	SKILL LEVEL					PRECEPTOR' SIGNATURE & DATE <small>(PROCEDURE AND SKILL LEVEL TO BE SIGNED OFF BY PRECEPTOR WHEN COMPLETED)</small>
		CONFIDENT & INDEPENDENT	FAIRLY CONFIDENT <i>MINIMAL</i> SUPERVISION NEEDED	MODERATE SUPERVISION NEEDED	PERFORMED <i>ONCE</i> & WITH SUPERVISION	NEVER PERFORMED OR NOT APPLICABLE	
1.							
2.							
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14.							
15.							

\*Checklist should be customized by each NP program and can be continued after the student enters advanced practice to document newly acquired expertise.

NAME:

#	PROCEDURE	SKILL LEVEL					PRECEPTOR' SIGNATURE & DATE (PROCEDURE AND SKILL LEVEL TO BE SIGNED OFF BY PRECEPTOR WHEN COMPLETED)
		CONFIDENT & INDEPENDENT	FAIRLY CONFIDENT <i>MINIMAL</i> SUPERVISION NEEDED	MODERATE SUPERVISION NEEDED	PERFORMED <i>ONCE</i> & WITH SUPERVISION	NEVER PERFORMED OR NOT APPLICABLE	
16.							
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\*Checklist should be customized by each NP program and can be continued after the student enters advanced practice to document newly acquired expertise.