

Clinical Faculty Evaluation Form (Midterm/Final)
NUR 680: Primary Care of Adults, NUR 682: Primary Care of Children, NUR 684:
Primary Care of Women, NUR 672: Practicum

The clinical evaluation tools for the Nurse Practitioner track 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 (2006) available at <http://nonpf.org/NONPF2005/corecompsFINAL06.pdf>

The Ball State University School of Nursing Framework is based on the American Association of Colleges of Nursing Essentials (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)

Clinical Evaluation Process

Student:

1. Complete midterm and final self evaluation – review with clinical faculty at onsite evaluation visits.
2. Maintain electronic log of clients and skill competencies.
3. Maintain and submit time sheet (signed by preceptor) to course faculty at designated due dates.
4. Arrange midterm and final onsite evaluations to accommodate preceptor and clinical faculty schedules.
5. Have 10 samples of client visit documentation available for clinical faculty to review at each onsite visit.
6. Plan with preceptor to have a minimum of 3 clients who will allow you to do assessment with clinical faculty observation at each onsite visit.
7. Notify clinical faculty or course faculty immediately if there are concerns about clinical experience so appropriate action can be initiated.
8. Submit Agency Evaluation to course faculty at completion of clinical hours.

Preceptor:

1. Provide ongoing feedback to student on progress and any need for improvement in clinical setting.
2. Meet with clinical faculty at midterm and final onsite evaluations to discuss student's progress and any need for improvement.
3. Complete the preceptor clinical evaluation at completion of clinical hours, review with student, and submit form (signed by preceptor and student) in the provided envelope directly to course faculty by designated due date.
4. Notify clinical faculty immediately if there are concerns about student's clinical performance so appropriate action can be initiated.

Clinical Faculty:

1. Conduct midterm and final onsite evaluations to include:
 - a. Direct observation of student providing client care (minimum 3 clients)
 - b. Review of student documentation (minimum 5 charts- student to have 10 available)
 - c. Review of student's self evaluations (submit with clinical faculty evaluation forms)
 - d. Meet with preceptor using Preceptor Interview Guidelines
 - e. Conference with student to discuss strengths and plans for ongoing development and improvement
2. Complete the clinical faculty evaluation form at midterm and final onsite visits, review with student and submit directly to the course faculty within one week after the visit (signed by faculty and student) in the provided envelope.
3. Notify course faculty immediately if there are concerns about student's clinical performance so appropriate action can be initiated.

Course Faculty:

1. Provide preceptor and clinical faculty with orientation packet that includes evaluation forms and return envelopes.
2. Monitor student's electronic log of clients and skill competencies.
3. Review all submitted evaluation forms and time sheets.
4. Collaborate with student, preceptor, and clinical faculty as needed to assure that student meets course outcomes and clinical requirements.

Form # 10
Revised 3/09

FACULTY CLINICAL EVALUATION

NUR 680, 682, 684, 672NP

Student's Name: _____ # of hours completed: _____ Check One: Midterm Final

Clinical Faculty's Name: _____ Course title & #: _____

	Considerable guidance needed	Moderate guidance needed	Self directed, Minimal guidance needed
Health Promotion, Risk Reduction, Disease Prevention, Illness and Disease Management			
1. Obtains a comprehensive and / or problem focused health history from the client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Performs a comprehensive and/or problem focused physical examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Differentiates between normal and abnormal findings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Analyzes and interprets assessment findings to develop appropriate differential diagnoses and formulate a diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prioritizes health problems and intervenes appropriately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrates knowledge of the pathophysiology of acute and chronic conditions commonly seen in practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Formulates an action plan based on scientific rationale, evidence-based standards of care and practice guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Orders and performs common screening and diagnostic tests as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Considerable guidance needed	Moderate guidance needed	Self directed, Minimal guidance needed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Prescribes medications based on diagnoses, efficacy, safety, and individual client needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Counsels concerning drug regimens, drug side effects and interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Integrates appropriate non-pharmacologic treatment modalities into management plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Provides appropriate education and counseling utilizing health behavior change models, learning theories, and psychosocial principles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Initiates appropriate consultation and/or referral.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Schedules follow-up visits to appropriately monitor clients and evaluate health/illness care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Evaluates outcomes of interventions using accepted outcome criteria and revises management plan accordingly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Communicates the client's health status using appropriate terminology, format and technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Applies principles of epidemiology and demography in clinical practice by recognizing populations at risk, patterns of disease and effectiveness of prevention and intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Provides health promotion and disease prevention services to healthy, acute and chronically ill clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Considers access, cost, efficacy, and quality when making care decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Recognizes cultural issues and interacts with clients in culturally sensitive ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Acts ethically to meet the needs of clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Considerable guidance needed	Moderate guidance needed	Self directed, Minimal guidance needed
Role Development			
1. Interprets own professional strengths, role and scope of ability to peers, clients and colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Assumes accountability for practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Engages in self-evaluation concerning practice and uses evaluative information to improve care and practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Strengths	Areas and plan for development/improvement		

Clinical Faculty's Signature: _____ Date: ___ / ___ / _____

Student Signature: _____ Date: ___ / ___ / _____

Student should make a copy of signed evaluation to keep for own records.

CHART AUDIT FORM

Y=Yes N=No NA=Not Applicable

Type of Client Visit 1=Initial Comprehensive, 2=Initial Limited, 3=Initial brief

4=Established comprehensive, 5=Established limited, 6=Established brief

	1	2	3	4	5	6	7	8	9	10
A minimum of 5 charts should be reviewed at each onsite visit										
Type of client visit (see code at top of page)										
Are subjective and objective data documented separately?										
If lab/diagnostic tests are ordered, is the rationale clear?										
Is the documented diagnosis appropriate?										
Are medication orders written in correct format?										
If medication or other treatment is ordered, is the rationale clear?										
Is client education addressed in the documentation?										
Are consultations and referrals documented appropriately?										
Is there a documented follow-up plan?										
Has the student signed the chart?										
Has the preceptor co-signed the chart?										
Is charting legible and spelling correct?										
Are correct terminology and abbreviations used?										
Is the documentation organized properly?										
Is the documentation complete?										
Is the documentation concise?										

**Clinical faculty must document in Comment Section on any area marked No on the chart audit **

Preceptor Interview by Clinical Faculty

Interview the student's preceptor concerning the student's clinical performance at both the midterm and final clinical onsite visits. Discuss and ask the preceptor to rate the student in each of these areas:

Health Assessment Skills

Skill	Considerable guidance needed	Moderate guidance needed	Self directed, Minimal guidance needed
1. Health history			
2. Physical examination			
3. Differential diagnoses			
4. Lab/diagnostic tests choices			
5. Technical skills (specimen collection, in-office diagnostic procedures)			

Client Health/Illness Management Skills

Skill	Considerable guidance needed	Moderate guidance needed	Self directed, Minimal guidance needed
Health promotion/ disease prevention			
Client education			
Medication selection			
Non-pharmacologic therapies selection			
Follow-up plans			
Consultation, referrals			

Communication skills

Skill	Unsatisfactory	Needs Improvement	Satisfactory	Outstanding
Interacting with health care professionals and staff				
Interacting with clients				
Presenting client findings and plan to preceptor				
Documenting client findings and plan of care				

Student strengths

Areas for improvement

CLINICAL FACULTY EVALUATION

CHECKLIST / COMMENTS

Observe student providing clinical care # of client visits observed
Types of client visits observed: Minimum of 3

Review of charts (per chart audit form) # of charts reviewed
Explain any deficiencies noted: Minimum of 5

Review student self evaluation form. (Make comments on form.)

Interview with student's preceptor (per preceptor interview guidelines)
Explain any concerns noted

Conference with student to review evaluation

Using the following scale check the appropriate box.

1=Strongly Disagree 2=Disagree 3=Unsure 4=Agree 5=Strongly Agree

The preceptor facilitated student learning 1 2 3 4 5

Comments:

The learning environment was satisfactory for meeting course outcomes 1 2 3 4 5

Comments:

This student's clinical performance is: Satisfactory Unsatisfactory

Clinical Faculty signature _____ Date ___ / ___ / _____

Student signature _____ Date ___ / ___ / _____