

**STUDENT SELF-EVALUATION FORM FOR NUR 634:
ADVANCED HEALTH ASSESSMENT**

The clinical evaluation tools for the Advanced Health Assessment course reflect the School of Nursing Organizational Framework and the National Organization of Nursing Practitioner Faculty Domains and Competencies of Nurse Practitioner Practice (NONPF, 2000).

The 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)

Advanced Health Assessment is the first clinical course in the Nurse Practitioner and Clinical Nurse Specialist core courses. The major focus of this course relates to the *Core Concepts: critical thinking, communication, assessment, and technical skills*. The *Professional Values, Core Knowledge, and Role Development* essentials are applied in relation to developing advanced health assessment skills.

The *student* is required to complete the self-evaluation form both at midterm and at the completion of clinical hours with examples of application of the Core Concepts. The student should review the evaluation with the *clinical faculty* and both should sign the midterm and final evaluation. The *student* is required to mail a time sheet and technical skills checklist (both signed by the *preceptor*) and the completed student self-evaluation to the *course faculty* at designated due dates.

BSU School of Nursing
Student Self-Evaluation Form: NUR 634

Student Name _____ Semester _____

This form should be completed and reviewed with your *clinical faculty* when you have completed ½ of your clinical hours and again at completion of your clinical hours for the course. Submit the completed self-evaluation with *clinical faculty* and *student* signatures to the *course faculty* at the designated due dates (midterm and final).

- Rate your skill level for each of the Core Concepts: critical thinking, communication, assessment, and technical skills.
- Use the rating scale of 1 – 5 with 1 indicating a beginning level of skill for *advanced practice* and 5 indicating proficiency of this skill at an *advanced practice* level.
- Give rationale for your ratings and a specific plan for self improvement.

Core Concepts

CRITICAL THINKING - *Process of reasoning, synthesizing, analyzing, interpreting, and evaluating subjective and objective information*

Midterm Evaluation 1 2 3 4 5

Provide rationale for rating and specific plan of self improvement

Final Evaluation 1 2 3 4 5

Provide rationale for rating and specific plan of self improvement

COMMUNICATION - *Written, oral, non-verbal, technological*

Midterm Evaluation 1 2 3 4 5

Provide rationale for rating and specific plan of self improvement

Final Evaluation 1 2 3 4 5

Provide rationale for rating and specific plan of self improvement

ASSESSMENT

Midterm Evaluation 1 2 3 4 5

Provide rationale for rating and specific plan of self improvement

Final Evaluation 1 2 3 4 5

Provide rationale for rating and specific plan of self improvement

TECHNICAL SKILLS - Refer to NP Clinical Skills and Procedures Checklist

Midterm Evaluation 1 2 3 4 5

Provide rationale for rating and specific plan of self improvement

Final Evaluation 1 2 3 4 5

Provide rationale for rating and specific plan of self improvement

MIDTERM EVALUATION

Student Signature _____ Date _____

Clinical Faculty Signature _____ Date _____

Clinical Faculty Comments:

FINAL EVALUATION

Student Signature _____ Date _____

Clinical Faculty Signature _____ Date _____

Clinical Faculty Comments: