
PRECEPTOR CLINICAL EVALUATION FORM FOR NUR 303:
HEALTH ASSESSMENT

The clinical evaluation tool for the Health Assessment course in the RN-BS program reflects the Ball State University School of Nursing Organizational Framework.

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, professional role development)

The Professional Values, Core Knowledge, and Role Development essentials are applied in relation to developing health assessment skills.

The clinical preceptor is required to complete a preceptor clinical evaluation form (form #28) at the completion of clinical hours. The clinical preceptor should mail to the course faculty a copy of the completed preceptor clinical evaluation form by the designated due date. *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.

PRECEPTOR CLINICAL EVALUATION

NUR 303

Student's Name: _____

Preceptor's Name: _____ Course title & #: _____

| | Considerable guidance needed | Moderate guidance needed | Self directed, Minimal guidance needed |
|--|------------------------------|--------------------------|--|
| <u>A. Health Promotion, Risk reduction, Disease Prevention, Illness and Disease Management</u> | | | |
| 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. Demonstrates knowledge of the pathophysiology of acute and chronic conditions commonly seen in practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Assesses the client's needs for teaching based on growth and development stage, care management that requires specific information or skills, and the client's understanding of his/her health condition. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recognizes environmental health problems affecting clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Evaluates the impact of life transitions on health/illness status of clients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Considerable guidance needed | Moderate guidance needed | Consistent & self directed in meeting competency goals |
|---|------------------------------|--------------------------|--|
| 8. 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"/> |
| 9. Communicates the client's health status using appropriate terminology, format and technology. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Ethics</u> | | | |
| 1. Acts ethically to meet the needs of clients. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Human Diversity</u> | | | |
| 1. Respects the inherent dignity of every human being, whatever their age, gender, religion, socioeconomic class, ethnic or cultural group. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Recognizes cultural issues and interacts with clients in culturally sensitive ways. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Elicits information about the client's interpretation of health status as a part of the routine health assessment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Research</u> | | | |
| 1. Applies research findings pertinent to client care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Theory</u> | | | |
| 1. Applies nursing and other theories to guide practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Role Development</u> | | | |
| 1. Interprets own professional strengths, role and scope of ability to peers, clients and colleagues. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Considerable guidance needed | Moderate guidance needed | Consistent & self directed in meeting competency goals |
|---|-----------------------------------|--------------------------|--|
| 2. Assumes accountability for practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Incorporates professional/legal standards into practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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 for development/improvement | | |
| | | | |

Clinical Preceptor's Signature: _____

Date: ___ / ___ / _____

Student Signature: _____

Date: ___ / ___ / _____