## Rush University College of Nursing Doctor of Nursing Practice (DNP) / NSG 606/607 EVALUATION OF STUDENT PERFORMANCE

Student:		Advisor:										
□ □ NSG 606 □ NSG 607	Term: □ Fall □ Spring	□ Summer Year: 20	□ Midterm □ Final									
Clinical Practicum Preceptor:												

Please circle the indicator that best documents the student's performance for the bolded objectives using the following rating scale.

Not applicable (NA): Student action was not evaluated.

- 1: Does not meet objective
- 2: Routinely needs continual guidance to meet objective
- 3: Demonstrates progress towards meeting the objective
- 4: Meets specific objective frequently
- 5: Meets specific objective consistently

Expectations are that students score at least 2-3 for each validating competency in 1st term of NSG 606, 3-4 in last term, and 4-5 in NSG 607 (Residency) unless a score of NA is appropriate for the clinical practicum setting.

Students must score a 5 for each of the \*competencies every term unless a score of NA is appropriate for the clinical practicum setting.

Students who do not meet the scoring criteria for a given term by the midterm evaluation require an Academic Improvement Plan. Students who do not meet the scoring criteria by the final evaluation may not pass.

DNP ESSENTIALS & STUDE VALIDATING COMPETENCIES SELF-				PRECEPTOR -EVALUATION EVALUATION									
I.	9												
1.	Provides patient/family centered care that acknowled their strengths, barriers, and functional ability to pron- self-care and preserve their control over decision-mal	mote NA	1	2	3	4	5	NA	1	2	3	4	5
2.	Obtains, performs, and documents an accurate and complete health history and physical exam.	NA	1	2	3	4	5	NA	1	2	3	4	5
3.	Distinguishes between normal and abnormal developmental and age-related physiological changes	s NA	1	2	3	4	5	NA	1	2	3	4	5
4.	Employs and interprets appropriate screening and diagnostic studies accurately.	NA	1	2	3	4	5	NA	1	2	3	4	5
5.	Identifies an accurate problem list, develops pertinen differential diagnoses, and formulates an evidence-ba interprofessional plan for the patient/family to consid	ased, NA	1	2	3	4	5	NA	1	2	3	4	5
6.	Demonstrates critical thinking and diagnostic reasoni skills in clinical decision-making.	ing NA	1	2	3	4	5	NA	1	2	3	4	5
7.	Prescribes medications and therapeutic devices approfor age and health status.	opriate NA	1	2	3	4	5	NA	1	2	3	4	5
8.	Plans and orders palliative and end of life care as appropriate.	NA	1	2	3	4	5	NA	1	2	3	4	5
9.	Incorporates the impact of aging, cultural and spiritual preferences, and values and beliefs into interventions	I NIA	1	2	3	4	5	NA	1	2	3	4	5
10	Utilizes population outreach, care coordination to enlipatient care.	hance NA	1	2	3	4	5	NA	1	2	3	4	5
11	Engages in self-directed learning*	NA	1	2	3	4	5	NA	1	2	3	4	5
12	Demonstrates professional behaviors including appearance, reliability, punctuality, accountability, availability, and self-reflection*	NA	1	2	3	4	5	NA	1	2	3	4	5
13	Practices within the scope of practice and applicable and ethical parameters*	legal NA	1	2	3	4	5	NA	1	2	3	4	5
14	Maintains confidentiality and privacy*	NA	1	2	3	4	5	NA	1	2	3	4	5
15	Provides safe care*	NA	1	2	3	4	5	NA	1	2	3	4	5

DNF VAL	STU	PRECEPTOR EVALUATION											
II. Scientific Underpinnings for Practice													
1	Uses practice approaches based on scientific findings and theories from relevant disciplines.	NA	1	2	3	4	5	NA	1	2	3	4	5
III.	III. Organizational and Systems Leadership for Quality Improvement and Systems Thinking												
1.	Plans cost-effective care.	NA	1	2	3	4	5	NA	1	2	3	4	5
2.	Facilitates the development and use of health practices that address the needs of culturally diverse populations, providers, and other stakeholders.	NA	1	2	3	4	5	NA	1	2	3	4	5
3.	Mitigates risk factors to improve patient quality and safety.	NA	1	2	3	4	5	NA	1	2	3	4	5
IV.	IV. Clinical Scholarship and Analytical Methods for Evidence-Based Practice												
1	Evaluates and integrates evidence-based interventions for practice.	NA	1	2	3	4	5	NA	1	2	3	4	5
V.	Health Care Policy for Advocacy in Health	Care											
1.	Practices as a patient advocate	NA	1	2	3	4	5	NA	1	2	3	4	5
VI.	Interprofessional Collaboration for Improv	ing Patie	nt and	Popul	ation ]	Health	Outco	omes					
1.	Employs effective and respectful verbal, nonverbal, and written communication and collaboration skills with interprofessional team members.	NA	1	2	3	4	5	NA	1	2	3	4	5
VII.	Clinical Prevention and Population Health	for Impro	oving t	the Na	tion's	Health	l	•	•		•	•	•
1.	Uses knowledge of economic, environmental, cultural, and psychosocial determinants of health and illness affecting care when developing, implementing, and evaluating health promotion and disease prevention interventions.	NA	1	2	3	4	5	NA	1	2	3	4	5
1: Doe	Not applicable (NA): Student action was not evaluated.  1: Does not meet objective  2: Routinely needs continual guidance to meet objective  3: Demonstrates progress towards meeting the objective  4: Meets specific objective frequently  5: Meets specific objective consistently												
	ent Comments (optional): eptor Comments (optional):												
Tota	# of clinical hours completed during term:												
Stud	ent Signature:		_ Pre	ceptor	Signat	ure:							

Revised 10-16-18

Advisor Signature: