## Preceptor Evaluation of Student Form

## (N455AC AND N455BC ONLY) (form L)

PRECEPTOR EVALUATION OF STUDENT

## Student Name:

## Preceptor Name:

Summary: The following criteria are designed to assist the preceptor and student in progression towards successful transition to practice from academia. Criteria are designed to be validated by direct observation in the clinical practice setting. Once a criteria is achieved, the student nurse continues to maintain competent performance of that criteria and begins to demonstrate ability towards competence in the additional criteria.

## Rating Scale:

EE: Exceeds Expectations: Clinical performance exceeds expectations of learning as annotated in the clinical evaluation tool based on course outcomes.
S: Satisfactory: Clinical performance meets expectations of learning as annotated in the clinical evaluation tool based on course outcomes.
NI: Needs Improvement: Clinical performance meets some, but not all, course outcomes as annotated in the clinical evaluation tool.
U: Unsatisfactory: Clinical performance does not meet expectations of learning as annotated in the clinical evaluation tool.
N/A: Not applicable
Instruction to the Preceptor: Complete this evaluation as a formative measure at the midpoint of the experience (Week 7). Meet with the student and the faculty to discuss areas of strengths and opportunities for improvement. In Week 14, conduct a summative evaluation of the student. Your scores, in conjunction with those of the faculty evaluation of the student, will be provide information on student's readiness for practice. Pleases ensure that both you and the student sign below.

|  | Mid-term Score |  |  |  |  | Comments | Final Score Date: |  |  |  | Comments |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Date: |  |  |  |  |  |  |  |  |  |  |
|  | N/A | EE | S | NI | U |  | N/A | EE | S | U |  |
| Assessment and Documentation |  |  |  |  |  |  |  |  |  |  |  |
| Uses at least two patient identifiers when providing care, treatment, and services | $\square$ |  |  |  |  |  | $\square$ |  |  |  |  |
| Conducts and documents accurate full patient assessments on entire patient assignment | $-$ |  |  |  |  |  | $\square$ |  |  |  |  |
| Documents focused reassessments |  |  |  |  |  |  |  |  |  |  |  |
| Demonstrates respect for the patient and engages patient in plan of care and treatment decisions | $\square$ |  |  |  |  |  | $\pm$ |  |  |  |  |
| Updates plan of care for entire patient assignment | $\pm$ |  |  |  |  |  | $\square$ |  |  |  |  |


|  | $\square$ | $\square \square$ | $\square \square$ |  | $\square \square$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |
| patient regarding medication | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
| and |  |  |  |  |  |  |
|  | $\square$ | - | $\square$ | $\square$ | - |  |
|  | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
|  |  |  |  |  |  |  |
|  | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square$ |  |
| medications, medication containers including syringes, | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
| Unememe |  |  |  |  |  |  |
|  | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
|  | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
|  |  |  |  |  |  |  |
| Anden | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
| Somen | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
| Condel | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
|  |  |  |  |  |  |  |
| comen | $\square \square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
| Reports critical results of tests and diagnostic procedures on a | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
| Coordinates consults as necessary for patients (e.g. OT/PT/RT/Dietary/etc.) | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |
| Demonstrates ability to resolve conflict within the healthcare | $\square$ | $\square \square$ | $\square \square$ | $\square$ | $\square \square$ |  |


| Delegation and Collaboration |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Delegates appropriate tasks to on-coming shift team |  |  |  |  |  |  | $\square$ |  |  |  |
| Collaborates with on-coming shift during handoff shift reports regarding the patients' plans of care | $\square$ |  |  |  | $ـ ـ ـ$ |  | $\square$ | $\square$ | $\square$ |  |
| Demonstrates appropriate levels of delegation to healthcare team (escalate, lateral, and subordinate) | $\square$ |  |  |  |  |  |  | $\square$ | $\square$ |  |
| Manages provider orders in a timely manner |  |  |  |  |  |  |  |  |  |  |
| Handles phone communication effectively for referrals, critical lab values, order clarification | $\square$ |  |  |  |  |  | $\square$ |  | $T$ |  |
| Collaborates among the entire interdisciplinary healthcare team |  |  |  |  |  |  | $\pm$ |  |  |  |
| Prioritization |  |  |  |  |  |  |  |  |  |  |
| Demonstrates prioritization of patient care based on acuity, patient specific needs, and available resources | $\square$ |  |  |  |  |  | $\square$ |  |  |  |
| Identifies changes in patient's clinical condition and acts on this knowledge independently or by asking for assistance |  |  | $\square$ |  |  |  | $\square$ |  | $1$ |  |
| Completes patient care within time frame of designated shift |  |  |  |  |  |  |  |  |  |  |
| Documents priority problems on the plan of care including education needs and discharge planning | $\square$ |  |  |  |  |  | $\square$ |  |  |  |
| Admissions, Discharges and Transfers |  |  |  |  |  |  |  |  |  |  |
| Demonstrates competence in performing admissions and associated tasks (e.g. orders, equipment, assignments) |  |  |  |  | $\square$ |  | $\square$ | $\square$ | $\square$ |  |
| Signatures |  |  |  |  |  |  |  |  |  |  |
| Student: |  |  |  |  |  |  |  |  |  |  |
| Preceptor: |  |  |  |  |  |  |  |  |  |  |

*If this form is completed electronically, signatures typed in will be accepted as originals.
Add additional comments/action plan as needed:
Student: Once completed and signed, submit to Project Concert.

