

Duke University School of Nursing
PRECEPTOR EVALUATION OF STUDENT CLINICAL PERFORMANCE

Course Number _____ Date _____

Student Name _____ Clinical Site _____

Preceptor Name _____ Circle One Midterm End-of-semester

Directions: Please provide a summative evaluation of the student's clinical performance throughout the rotation/semester by circling the number that most accurately reflects the student's performance in each area:

- 4 Performs competency without guidance
- 3 Performs competency with minimal guidance
- 2 Performs competency with extensive guidance
- 1 Omits critical element(s) in performance of competency
- N-O No opportunity to observe

Subjective Data

- | | | | | | |
|----------------------------------------------------------------------------------------------------|---|---|---|---|-----|
| 1. Obtains relevant, comprehensive, and problem focused health histories using resources as needed | 4 | 3 | 2 | 1 | N-O |
|----------------------------------------------------------------------------------------------------|---|---|---|---|-----|

Comments:

- | | | | | | |
|--------------------------------------------------------------------------------------------------|---|---|---|---|-----|
| 2. Demonstrates skillful and sensitive interviewing techniques adapted to the patient and family | 4 | 3 | 2 | 1 | N-O |
|--------------------------------------------------------------------------------------------------|---|---|---|---|-----|

Comments:

Objective Data

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|--------------------------------------------------------------------------------------|---|---|---|---|-----|
| 3. Performs the indicated examination in an accurate, organized and efficient manner | 4 | 3 | 2 | 1 | N-O |
|--------------------------------------------------------------------------------------|---|---|---|---|-----|

Comments:

- | | | | | | |
|---------------------------------------------------------------|---|---|---|---|-----|
| 4. Identifies indications for diagnostic tests and procedures | 4 | 3 | 2 | 1 | N-O |
|---------------------------------------------------------------|---|---|---|---|-----|

Comments:

5. Interprets results of diagnostic tests and procedures	4	3	2	1	N-O
Comments:					

Assessment

6. Evaluates signs and symptoms, including age appropriate changes, noting pertinent positives and negatives	4	3	2	1	N-O
Comments:					

7. Develops appropriate differential diagnoses with rationale	4	3	2	1	N-O
Comments:					

Plan

8. Orders appropriate diagnostic tests and procedures	4	3	2	1	N-O
Comments:					

9. Prescribes appropriate pharmacologic treatments	4	3	2	1	N-O
Comments:					

10. Prescribes appropriate non-pharmacologic treatments	4	3	2	1	N-O
Comments:					

11. Provides anticipatory guidance and counseling for patients and families based on identified health promotion needs and goals	4	3	2	1	N-O
Comments:					

12. Individualizes the plan of care based on individual and family needs	4	3	2	1	N-O
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Comments:

13. Modifies the plan of care on follow up after evaluating patients' responses to prior interventions	4	3	2	1	N-O
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Comments:

14. Initiates appropriate referrals and consultations	4	3	2	1	N-O
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Comments:

Presentation and Documentation

15. Presents orally history and physical in a structured, accurate, and comprehensive manner	4	3	2	1	N-O
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Comments:

16. Presents differential diagnoses and related management plan	4	3	2	1	N-O
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Comments:

17. Documents patient data using a standardized format	4	3	2	1	N-O
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Comments:

Role

18. Works collaboratively with a variety of health professionals to achieve patient care goals, promote stabilization, and restore health	4	3	2	1	N-O
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Comments:

19. Facilitates the patient's transition within health care settings and across levels of care	4	3	2	1	N-O
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Comments:

20. Demonstrates professional appearance, behavior appropriate for the clinical setting, and preparation for clinical practice	4	3	2	1	N-O
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Comments:

21. Is receptive to feedback and constructive criticism	4	3	2	1	N-O
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Comments:

22. Provides safe and effective care seeking consultation and redirection when indicated	4	3	2	1	N-O
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Comments:

Additional Comments and Recommendations:

Preceptor Signature/Date

Student Signature/Date

Faculty Signature/Date