### UTA School of Nursing
### Nurse Practitioner Clinical Evaluation

**Student Name:** _______________________  **Site:** ______________________________________  **Date:**  __________________

**Course:**
- □ N5420
- □ N5424
- □ N5430
- □ N5433
- □ N5435
- □ N5441
- □ N5442

**Major:** _____  **Mid Semester:** _____  **Final:** _____

**Faculty Evaluator(s):**  _______________________________________________________________________________________

**Client Profile (age, chief complaint)**  
________________________________________________________________________________________

Circle the number that corresponds to the student’s clinical performance a majority of the time. Use the following key:

<table>
<thead>
<tr>
<th></th>
<th>N/A</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>no opportunity to perform</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>omitted required item (omitted a critical element)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>required extensive prompting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>required much prompting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>required moderate prompting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**I. ASSESSMENT**

**A. Subjective Data (History)**

1. Obtains appropriate history for comprehensive, interval, or acute episodic visits.  
   N/A 0 1 2 3

2. Focuses on priority areas in data collection.  
   N/A 0 1 2 3

3. Demonstrates skillful interviewing techniques sensitive to individual, family, or group client needs including sensitivity to socioeconomic groups.  
   N/A 0 1 2 3

4. Identifies factors influencing health and/or disease management  
   N/A 0 1 2 3

**Comments:**  
________________________________________________________________________________________

**B. Objective Data – Physical Examination**

1. Performs the indicated exam (comprehensive, interval, or acute episodic) in an organized manner.  
   N/A 0 1 2 3

2. Uses assessment techniques and equipment correctly.  
   N/A 0 1 2 3

3. Differentiates normal from abnormal findings (obvious and subtle).  
   N/A 0 1 2 3

4. Modifies the exam to reflect chief complaint, presenting symptoms, exam findings, and differential diagnoses.  
   N/A 0 1 2 3

5. Conducts and/or reviews previous physical, developmental, and screening procedures or labs.  
   N/A 0 1 2 3

**Comments:**  
________________________________________________________________________________________
II. DIAGNOSIS

1. Formulates appropriate differential diagnoses. N/A 0 1 2 3
2. Formulates appropriate nursing and medical diagnoses and/or rule outs N/A 0 1 2 3
3. Prioritizes nursing and medical diagnoses. N/A 0 1 2 3
4. Provides rationale (pathophysiology, psychosocial) for diagnoses formulated. N/A 0 1 2 3
5. Interprets test, procedure, and/or screening findings correctly. N/A 0 1 2 3
6. Identifies risk profile and prevention/counseling/screening needs appropriate to the situation. N/A 0 1 2 3

Comments: ________________________________________________________________

III. MANAGEMENT

A. Therapeutics/Diagnostics

1. Prescribes appropriate pharmacological therapies (including drug and dose). N/A 0 1 2 3
2. Recommends/prescribes non-pharmacological therapies. N/A 0 1 2 3
3. Provides appropriate rationale for therapy N/A 0 1 2 3
4. Demonstrates sound clinical judgment in determining the treatment plan. N/A 0 1 2 3
5. Orders additional diagnostic tests/procedures as appropriate. N/A 0 1 2 3
6. Initiates interventions for health promotion, prevention, maintenance, and/or restoration. N/A 0 1 2 3

Comments: ________________________________________________________________

B. Education/Counseling

1. Provides appropriate education based on client learning needs. N/A 0 1 2 3
2. Provides mental health counseling based on client needs. N/A 0 1 2 3
3. Provides anticipatory guidance and counseling for growth and developmental needs throughout the life cycle. N/A 0 1 2 3

Comments: ________________________________________________________________

C. Follow-Up and Referral

1. Orders consults and referrals as indicated N/A 0 1 2 3
2. Designates follow-up as appropriate. N/A 0 1 2 3

Comments: ________________________________________________________________
IV. PRESENTATION/DOCUMENTATION

1. Oral presentation is succinct, complete, and accurate. N/A 0 1 2 3
2. Written documentation is succinct, complete, and accurate N/A 0 1 2 3

Comments: ___________________________________________________________

V. ROLE IMPLEMENTATION

1. Knows own limitations. N/A 0 1 2 3
2. Seeks and accepts constructive criticism. N/A 0 1 2 3
3. Presents a professional demeanor appropriate for clinical setting ie appearance, dress, behavior, and language. NA 0 1 2 3
4. Completes client encounter within designated time frame. N/A 0 1 2 3
5. Develops therapeutic rapport. NA 0 1 2 3

Comments: ___________________________________________________________

VI. SUMMARY COMMENTS

__________________________________________________________

I. Assessment (Subjective & Objective Data) = 40% __________
II. Diagnosis = 15% __________
III. Management = 30% __________
IV. Presentation/Documentation = 10% __________
V. Role = 5% __________

Total Points: __________ = Final Grade __________

Student Signature ________________________________

Preceptor Signature (as applicable) ________________________________

Faculty Signature ________________________________

Faculty Signature (as applicable) ________________________________