UTA School of Nursing
Nurse Practitioner Clinical Evaluation

Student Name: _______________________  Site: ________________________________________    Date:  __________________

Course: N5425 □ N5431 □ N5434 □ N5436 □ N5444 □ N5546  .  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:
N/A no opportunity to perform
0 omitted required item (omitted a critical element)
1 required extensive prompting
2 required much prompting
3 required moderate prompting
4 required minimal prompting

I. ASSESSMENT

A. Subjective Data (History)

1. Obtains appropriate history for comprehensive, interval, or acute episodic visits. N/A 0 1 2 3 4
2. Focuses on priority areas in data collection. N/A 0 1 2 3 4
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
4. Identifies factors influencing health and/or disease management N/A 0 1 2 3 4

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 4
2. Uses assessment techniques and equipment correctly. N/A 0 1 2 3 4
3. Differentiates normal from abnormal findings (obvious and subtle). N/A 0 1 2 3 4
4. Modifies the exam to reflect chief complaint, presenting symptoms, exam findings, and differential diagnoses. N/A 0 1 2 3 4
5. Conducts and/or reviews previous physical, developmental, and screening procedures or labs. N/A 0 1 2 3 4

Comments: _______________________________________________________________________________________________
__________________________________________________________________________________________________________

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

Comments

III. MANAGEMENT

A. Therapeutics/Diagnostics

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

Comments

B. Education/Counseling

1. Provides appropriate education based on client learning needs. N/A 0 1 2 3 4
2. Provides mental health counseling based on client needs. N/A 0 1 2 3 4
3. Provides anticipatory guidance and counseling for growth and developmental needs throughout the life cycle. N/A 0 1 2 3 4

Comments

C. Follow-Up and Referral

1. Orders consults and referrals as indicated N/A 0 1 2 3 4
2. Designates follow-up as appropriate. N/A 0 1 2 3 4

Comments
IV. PRESENTATION/DOCUMENTATION

1. Oral presentation is succinct, complete, and accurate.     N/A     0      1      2     3      4
2. Written documentation is succinct, complete, and accurate     N/A     0      1      2     3      4

Comments: _________________________________________________________________________________________________
___________________________________________________________________________________________________________

V. ROLE IMPLEMENTATION

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

Comments: _________________________________________________________________________________________________
___________________________________________________________________________________________________________

VI. SUMMARY COMMENTS

I. Assessment (Subjective & Objective Data) = 30% ___________
II. Diagnosis = 20%     ___________
III. Management = 30%     ___________
IV. Presentation/Documentation = 10%   ___________
V. Role = 10%      ___________

Total Points: ___________   = Final Grade __________

_________________________________________________  __________________________________________________
Student Signature      Faculty Signature

_________________________________________________  __________________________________________________
Preceptor Signature (as applicable)    Faculty Signature (as applicable)