

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

Student Name: \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_

Course:  N5331  N5631 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
- 5 performed independently

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**I. ASSESSMENT**

**A. Subjective Data (History)**

1.	Obtains appropriate history for comprehensive, interval, or acute episodic visits.	N/A	0	1	2	3	4	5
2.	Focuses on priority areas in data collection..	N/A	0	1	2	3	4	5
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	5
4.	Identifies factors influencing health and/or disease management	N/A	0	1	2	3	4	5

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

Comments: \_\_\_\_\_

## II. DIAGNOSIS

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

Comments: \_\_\_\_\_

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## III. MANAGEMENT

### A. Therapeutics/Diagnostics

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

Comments: \_\_\_\_\_

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### B. Education/Counseling

1.	Provides appropriate education based on client learning needs.	N/A	0	1	2	3	4	5
2.	Provides mental health counseling based on client needs.	N/A	0	1	2	3	4	5
3.	Provides anticipatory guidance and counseling for growth and developmental needs throughout the life cycle.	N/A	0	1	2	3	4	5

Comments: \_\_\_\_\_

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### C. Follow-Up and Referral

1.	Orders consults and referrals as indicated	N/A	0	1	2	3	4	5
2.	Designates follow-up as appropriate.	N/A	0	1	2	3	4	5

Comments: \_\_\_\_\_

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**IV. PRESENTATION/DOCUMENTATION**

- |    |   |     |   |   |   |   |   |   |
|----|---|-----|---|---|---|---|---|---|
| 1. | Oral presentation is succinct, complete, and accurate.    | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | Written documentation is succinct, complete, and accurate | N/A | 0 | 1 | 2 | 3 | 4 | 5 |

Comments: \_\_\_\_\_

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**V. ROLE IMPLEMENTATION**

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

Comments: \_\_\_\_\_

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**VI. SUMMARY COMMENTS**

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Total Points: \_\_\_\_\_ = Final Grade \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Preceptor Signature (as applicable)

\_\_\_\_\_  
Faculty Signature (as applicable)

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