

**The University of Texas at Arlington School of Nursing
Masters of Science in Nursing Program
Preceptor Evaluation of Psychotherapy by Nurse Practitioner Student**

Student Name: _____ **Site:** _____ **Date:** _____

Course: _____

Please indicate type of therapy you are evaluating: **Individual** _____ **Group** _____ **Family Therapy** _____

Please use the following scale to indicate the student's performance during this clinical based on course and clinical objectives:

NA = Not Applicable

0 = Unsatisfactory Performance

1 = Meets Expectations

2 = Exceeds Expectations

ASSESSMENT

- | | | | | |
|--|-----|---|---|---|
| 1. Obtains appropriate history/data base of strengths, motivation for change, and problem areas relevant for individual, group, or family therapy. | N/A | 0 | 1 | 2 |
| 2. Obtains history/data base for individual, group, or family therapy in an organized, timely manner. | N/A | 0 | 1 | 2 |

DIAGNOSIS

- | | | | | |
|--|-----|---|---|---|
| 3. Formulates appropriate hypotheses/diagnoses of problems presented by individual, group, or family. | N/A | 0 | 1 | 2 |
| 4. Provides rationale for hypotheses/diagnoses of problems based on biopsychosocial principles and appropriate theoretical models. | N/A | 0 | 1 | 2 |
| 5. Interprets findings of screenings and other measurement instruments/tools correctly in formulating treatment plan. | N/A | 0 | 1 | 2 |

MANAGEMENT

- | | | | | |
|--|-----|---|---|---|
| 6. Counsels or coaches the individual, group or family using appropriate therapy models and age appropriate strategies for meeting treatment plan goals. | N/A | 0 | 1 | 2 |
| 7. Provides safe practice based on legal and ethical principles of psychotherapy. | N/A | 0 | 1 | 2 |
| 8. Evaluates effectiveness of treatment plan based on therapeutic outcomes. | N/A | 0 | 1 | 2 |
| 9. Modifies treatment plan based on ongoing assessment. | N/A | 0 | 1 | 2 |
| 10. Designates follow up appointment as appropriate. | N/A | 0 | 1 | 2 |
| 11. Makes appropriate referrals to other health care professionals and community resources. | N/A | 0 | 1 | 2 |
| 12. Collaborate with individual, family, or group in decision making. | N/A | 0 | 1 | 2 |
| 13. Works collaboratively with others | N/A | 0 | 1 | 2 |

PRESENTATION/DOCUMENTATION

- | | | | | |
|--|-----|---|---|---|
| 14. Oral presentation of individual, group, or family progress is succinct and accurate. | N/A | 0 | 1 | 2 |
|--|-----|---|---|---|

15. Written documentation of therapeutic session is succinct, complete, and accurate.	N/A	0	1	2
---	-----	---	---	---

ROLE

16. Seeks and accepts constructive criticism during debriefing/supervision.	N/A	0	1	2
---	-----	---	---	---

17. Uses effective communication skills.	N/A	0	1	2
--	-----	---	---	---

18. Develops therapeutic alliance with individual, group, or family using effective strategies.	N/A	0	1	2
---	-----	---	---	---

19. Presents a professional demeanor appropriate for clinical setting (i.e., appearance, dress, behavior, and language).	N/A	0	1	2
--	-----	---	---	---

20. Advocates for rights of individuals and families with mental health needs.	N/A	0	1	2
--	-----	---	---	---

Did the student communicate learning needs and objectives to preceptor? Yes _____ No _____

COMMENTS:

STRENGTHS:

AREAS NEEDING IMPROVEMENT:

SUGGESTIONS:

Preceptor Signature: _____

Telephone Number: _____

Preceptor Name (Print): _____

Would you like the student's advisor to contact you to discuss this student? Yes _____ No _____

Thank you for taking the time to complete this Evaluation Form. Please return the completed form to:

UTA NP Program
 Attention: _____ (Clinical Advisor)
 P. O. Box 19407 / 411 S. Nedderman Drive
 UTA School of Nursing
 Arlington, TX 76019-0407
 Office: (817) 272-2043
 FAX: (817) 272-5006

Thank you for your service to the profession and to the UTA School of Nursing!