

**The University of Texas at Arlington School of Nursing
Graduate Program
Preceptor Evaluation of Nurse Practitioner Student**

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

Course _____ **Preceptor** _____

Please use the following scale to indicate the student's performance during this clinical.

N/A

0 = omits required items

1 = requires extensive help

2 = requires much help

3 = requires moderate help

4 = requires minimal help

5 = performs independently

ASSESSMENT

- | | | | | | | | | |
|----|--|-----|---|---|---|---|---|---|
| 1. | Obtains appropriate history for comprehensive, interval, or acute episodic visits. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. | Performs the indicated exam in an organized, timely manner (i.e., physical, developmental and/or mental status). | N/A | 0 | 1 | 2 | 3 | 4 | 5 |

DIAGNOSIS

- | | | | | | | | | |
|----|---|-----|---|---|---|---|---|---|
| 3. | Formulates appropriate diagnoses, including differentials and rule-outs. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. | Provides rationale for diagnoses. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. | Interprets tests, procedures, and/or screening findings. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. | Includes health maintenance, disease prevention, and/or health restoration. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |

MANAGEMENT

- | | | | | | | | | |
|-----|--|-----|---|---|---|---|---|---|
| 7. | Prescribes appropriate pharmacological therapies. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. | Orders indicated diagnostic tests/procedures as appropriate. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. | Performs clinical procedures as indicated. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. | Provides health maintenance, disease prevention and/or disease management, education and counseling. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. | Orders consults and/or referrals as indicated. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. | Designates follow up as appropriate. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. | Includes client in decision-making. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. | Works collaboratively with health care personnel. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |

PRESENTATION/DOCUMENTATION

- | | | | | | | | | |
|-----|--|-----|---|---|---|---|---|---|
| 15. | Oral presentation is succinct and accurate. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. | Written documentation is succinct, complete, and accurate. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |

ROLE

| | | | | | | | | |
|-----|--|-----|---|---|---|---|---|---|
| 17. | Seeks and accepts constructive criticism. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. | Uses effective communication skills. | N/A | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. | Presents a professional demeanor appropriate for clinical setting (i.e., appearance, dress, behavior, and language). | N/A | 0 | 1 | 2 | 3 | 4 | 5 |

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!