TEXAS STATE UNIVERSITY

ST DAVID’S SCHOOL OF NURSING

**NURS 5350 Integrated Family Primary Care—SUMMATIVE CLINICAL FACULTY EVALUATION**

Student: Site: Term:

Date: Faculty Evaluator:

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| --- | --- |
|  | **Clinical Behaviors and Performance Quality** |
| 1 – Deficient | Practices in an unsafe manner and is unable to identify components for safe care. |
| 2 – Beginner | Practices in a questionably safe manner, requiring repeated prompting and direction from preceptor. |
| 3 – Advanced Beginner | Practices in a safe manner but may require frequent prompting and minimal direction from preceptor. |
| 4 – Competent | Practices in a safe, accurate and competent manner with minimal prompting and reinforcement from preceptor. |
| 5 – Proficient | Practices in a safe, accurate, proficient and self-directed manner, while independently seeking preceptor validation. |

**Instructions:**

* Using the descriptions above, please evaluate your student’s performance from 1-5 in each of the areas below.
* Utilize the comments box to highlight areas of strengths and weaknesses.
* To score, add up the number of points received and divide by the total number of possible points.
  + Students must achieve an average of “competent” (80%) to earn credit on this evaluation.

For grading purposes, the total points achieved will be entered into the gradebook.

* For this summative evaluation, any student not receiving a 3 or above on an item with an “ \* ” is required to meet with faculty. These items are designated safety objectives, failure to pass these criteria at an “advanced beginner” (3) level can result in course failure.

**Scoring: Total Points Achieved/Total Points Possible**

Total­­­­: \_\_\_\_\_ /­­­\_\_300\_\_\_ = \_\_\_\_\_%

|  |  |  |
| --- | --- | --- |
| I. Assessment | | |
| Subjective Data-History |  | Comments |
| 1. Obtains accurate, complete, and timely history for comprehensive, episodic, or acute visits for patients across the lifespan for this course. | 1 2 3 4 5 |  |
| 1. Demonstrates therapeutic interviewing skills. | 1 2 3 4 5 |  |
| 1. Utilizes pertinent positives and negatives in history to arrive at priority differential diagnoses. | 1 2 3 4 5 |  |
| 1. Elicits physiologic, psychological, and socio-economic factors in history. | 1 2 3 4 5 |  |
| Objective Data-Physical Exam |  |  |
| 1. Performs and modifies comprehensive or focused physical examination of patients in an organized and timely manner. | 1 2 3 4 5 |  |
| 1. Conducts appropriate developmental, behavioral, and/or mental health screenings according to evidence-based guidelines. | 1 2 3 4 5 |  |
| 1. Correctly uses assessment techniques and equipment for physical exam. | 1 2 3 4 5 |  |
| Health Promotion & Risk |  |  |
| 1. Addresses health and psychosocial risks when implementing treatment plan. | 1 2 3 4 5 |  |
| 1. Promotes self-care, including for those with disabilities. | 1 2 3 4 5 |  |
| 1. Articulates the impact of acute or chronic illness/injury on the patient/family as a whole. | 1 2 3 4 5 |  |
| 1. Practices minimizing risk to patients and providers at the individual and systems levels. | 1 2 3 4 5 |  |
| Differential Diagnosis |  |  |
| 1. Prioritizes differential based on history and physical exam. | 1 2 3 4 5 |  |
| ASSESSMENT SCORE TOTAL: |  |  |
| II. Management | | |
| Clinical Reasoning |  | Comments |
| 1. Appraises data from evidence and best available resources to assist clinical decisions. | 1 2 3 4 5 |  |
| 1. Executes clinical decisions promoting functionality and quality of life while minimizing complications and risks. | 1 2 3 4 5 |  |
| 1. Synthesizes pathophysiological or psychosocial connections to support diagnoses formulated. | 1 2 3 4 5 |  |
| Diagnostic Strategies & Interpretation |  |  |
| 1. Selects and prioritizes accurate diagnoses. | 1 2 3 4 5 |  |
| 1. Orders appropriate tests, procedures, or screenings while maintaining fiscal responsibility. | 1 2 3 4 5 |  |
| 1. Interprets tests, procedures, or screenings accurately. | 1 2 3 4 5 |  |
| Patient Care Management |  |  |
| 1. Manages health and illness including acute and chronic physical and/or mental illnesses, exacerbations, and common injuries in assigned populations. | 1 2 3 4 5 |  |
| 1. Safely prescribes medications using understanding of pharmacodynamics and pharmacokinetics for patients across the lifespan.\* | 1 2 3 4 5 |  |
| 1. Participates in prescribing or making appropriate recommendations for non-pharmacological therapies including CAM therapies.\* | 1 2 3 4 5 |  |
| 1. Performs primary care skills or procedures accurately and safely.\* | 1 2 3 4 5 |  |
| 1. Adapts interventions to meet the complex needs of a diverse patient population. | 1 2 3 4 5 |  |
| 1. Designates follow up, consults, referrals in a timely manner. | 1 2 3 4 5 |  |
| Documentation & Presentation |  |  |
| 1. Documents or dictates timely and accurately using SOAP or designated format for practice setting; develops and/or updates patient problem list and plan. Uses accurate billing/coding procedures. | 1 2 3 4 5 |  |
| 1. Oral presentation is organized, succinct, and accurate. | 1 2 3 4 5 |  |
| Patient & Family Relationship | 1 2 3 4 5 |  |
| 1. Integrates patient preferences such as spirituality, cultural, and ethical beliefs into the healthcare plan. | 1 2 3 4 5 |  |
| 1. Establishes a relationship with the patient/family characterized by mutual respect, empathy, and cultural considerations. | 1 2 3 4 5 |  |
| 1. Collaborates with patient/family as a full partner in decision making for patient centered care. | 1 2 3 4 5 |  |
| 1. Assesses patient’s decision-making abilities and consults/refers when appropriate. | 1 2 3 4 5 |  |
| Evaluation |  |  |
| 1. Evaluates impact of life transitions and health status of patient outcomes. | 1 2 3 4 5 |  |
| 1. Uses informatics to capture data for evaluation of patient outcomes and nursing practice. | 1 2 3 4 5 |  |
| Patient Education | 1 2 3 4 5 |  |
| 1. Effectively provides relevant and accurate health education to patients across the lifespan. | 1 2 3 4 5 |  |
| 1. Utilizes appropriate patient education materials to address language and cultural considerations of patients. | 1 2 3 4 5 |  |
| 1. Analyzes patients’ health literacy and readiness to learn to guide appropriate education. Evaluates patient and/or family comprehension of the education provided. | 1 2 3 4 5 |  |
| MANAGEMENT SCORE TOTAL: |  |  |
| III. Leadership & Role | | |
| Accountability & Professionalism |  | Comments |
| 1. Demonstrates accountability for learning and professional behaviors | 1 2 3 4 5 |  |
| 1. Seeks out learning opportunities. | 1 2 3 4 5 |  |
| 1. Arrives prepared and in appropriate clinical attire. | 1 2 3 4 5 |  |
| 1. Models behaviors of self-efficacy, ethics, and advocacy—i.e. punctuality, confidentiality, respect, and communication. | 1 2 3 4 5 |  |
| 1. Integrates ethical principles in decision making.\* | 1 2 3 4 5 |  |
| 1. Accepts feedback from faculty/preceptor(s) and knows own limitations.\* | 1 2 3 4 5 |  |
| Role & Healthcare Systems |  |  |
| 1. Communicates NP Role and practice knowledge effectively and accurately. | 1 2 3 4 5 |  |
| 1. Discusses roles of interprofessional healthcare members in delivery of specialty services to provide a continuum of patient care. | 1 2 3 4 5 |  |
| 1. Uses knowledge of family theories to individualize care. | 1 2 3 4 5 |  |
| 1. Promotes patient centered care that includes confidentiality, privacy, comfort, support, and dignity. | 1 2 3 4 5 |  |
| 1. Integrates informatics for knowledge management to improve health outcomes. | 1 2 3 4 5 |  |
| 1. Advocates for improved access, quality, and/or cost-effective care. | 1 2 3 4 5 |  |
| 1. Translates research and knowledge to improve practice, policies, and outcomes. | 1 2 3 4 5 |  |
| 1. Collaborates with interprofessional healthcare members to optimize healthcare and practice outcomes and continuity of care for patients. | 1 2 3 4 5 |  |
| 1. Generates knowledge from clinical practice to improve practice and patient outcomes. | 1 2 3 4 5 |  |
| LEADERSHIP & ROLE SCORE TOTAL: |  |  |

Comments/Recommendations:

# Student Signature Date

**Faculty Signature** Date