TEXAS STATE UNIVERSITY

ST DAVID’S SCHOOL OF NURSING

**NURS 5275 Developmental Models Across the LifespanePracticum**

**CLINICAL PRECEPTOR EVALUATION**

Student: Site: Term:

Date: Preceptor 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.

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| I. Assessment |
| Subjective Data-History |  | Comments |
| 1. Participates in obtaining complete, and timely psychiatric and/or pertinent medical history for comprehensive, episodic, or acute visits for patients across the lifespan for this course. *(includes psychiatric evaluations and mental status screenings)*
 | 1 2 3 4 5 |  |
| 1. Demonstrates therapeutic interviewing skills.
 | 1 2 3 4 5 |  |
| 1. Utilizes pertinent factors in history to arrive at differential diagnoses.
 | 1 2 3 4 5 |  |
| 1. Elicits physiologic, psychological, and socio-economic factors in history.
 | 1 2 3 4 5 |  |
| 1. Therapeutically elicits conflict, abuse, sexuality, and other difficult content in history.
 | 1 2 3 4 5 |  |
| Objective Data-Physical Exam |  |  |
| 1. Performs comprehensive or focused examination of patients in an organized and timely manner as applicable to psychiatric mental health settings.
 | 1 2 3 4 5 |  |
| 1. Participates in 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 as applicable to psychiatric-mental health setting.
 | 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 for patient and family as applicable.
 | 1 2 3 4 5 |  |
| 1. Identifies the impact of mental illness/injury on the patient/family as a whole.
 | 1 2 3 4 5 |  |
| Differential Diagnosis |  |  |
| 1. Lists differential based on history, exam, and psychiatric evaluation.
 | 1 2 3 4 5 |  |
| II. Management |
| Clinical Reasoning |  | Comments |
| 1. Uses 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. Identifies pathophysiological or psychosocial connections to support diagnoses formulated.
 | 1 2 3 4 5 |  |
| Diagnostic Strategies & Interpretation |  |  |
| 1. Selects accurate (primary) diagnoses.
 | 1 2 3 4 5 |  |
| 1. Participates in ordering appropriate tests, procedures, or screenings while maintaining fiscal responsibility.
 | 1 2 3 4 5 |  |
| 1. Interprets tests, procedures, or screenings accurately with assistance.
 | 1 2 3 4 5 |  |
| Patient Care Management |  |  |
| 1. Participates in the management of health and illness mental illnesses and exacerbations in across the lifespan using evidence based practices, including applying recovery-oriented principles, and mitigation strategies in areas of opiate/substance abuse (as applicable for setting).
 | 1 2 3 4 5 |  |
| 1. Understands processes of reporting abuse/neglect, involuntary hospitalization, end of life considerations, and residential treatment as applicable in setting.
 | 1 2 3 4 5 |  |
| 1. In crisis or emergent situations, follows practice/facility guidelines to assess risk and intervene appropriately and safely including use of restraints or seclusion if necessary.
 | 1 2 3 4 5 |  |
| 1. Participates in safely prescribing medications demonstrating understanding of psychopharmacologic pharmacodynamics and pharmacokinetics for patients across the lifespan using best practice guidelines.\* (Student cannot submit RX orders or sign)
 | 1 2 3 4 5 |  |
| 1. Makes appropriate recommendations for non-pharmacological therapies including CAM therapies.\*
 | 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 with assistance.
 | 1 2 3 4 5 |  |
| Documentation & Presentation |  |  |
| 1. Participates in accurate documentation using SOAP or designated format for practice setting; develops and/or updates patient problem list and plan. Identifies accurate billing/coding procedures.
 | 1 2 3 4 5 |  |
| 1. Oral presentation is organized 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, support systems, and consults/refers when appropriate.
 | 1 2 3 4 5 |  |
| Evaluation |  |  |
| 1. Evaluates impact of life transitions and mental health status of patient outcomes.
 | 1 2 3 4 5 |  |
| Patient Education | 1 2 3 4 5 |  |
| 1. Effectively provides relevant and accurate psychoeducation, coaching, and/or psychotherapy to patients across the lifespan as applicable to setting.
 | 1 2 3 4 5 |  |
| 1. Utilizes appropriate patient education materials and teaching skills to address language and cultural considerations of patients.
 | 1 2 3 4 5 |  |
| 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 team in delivery of pscychiatric and specialty services to provide a continuum of patient care.
 | 1 2 3 4 5 |  |
| 1. Uses knowledge of family and psychiatric based theories to individualize care.
 | 1 2 3 4 5 |  |
| 1. Promotes patient centered care that includes confidentiality, privacy, comfort, cultural inclusion, support, and dignity.
 | 1 2 3 4 5 |  |
| 1. Advocates for improved access, quality, and/or cost-effective care.
 | 1 2 3 4 5 |  |
| 1. Collaborates with interprofessional healthcare team to optimize healthcare and practice outcomes and continuity of care for patients.
 | 1 2 3 4 5 |  |

Comments/Recommendations:

# Student Signature Date

**Preceptor Signature** Date