State University of New York
Upstate Medical University

College of Nursing

Clinical Management in Primary Health Care:
Family Nurse Practitioner

CLINICAL PERFORMANCE EVALUATION
Preceptor Evaluation

NP I _____   **NP II** _____   **NP III** _____

Student: _____

Preceptor: _____

Site: _____

Track: _____

Date: _____

Key: 1 = Unsatisfactory
2 = Performed with extensive guidance
3 = Performed with moderate guidance
4 = Performed with minimal guidance
NA/NO = Not applicable / Not Observed

CLINICAL OUTCOMES

NP I :   **The NP I student should be able to perform a complete History & Physical on a healthy patient and begins to perform a simple focused exam**

NP II: **The NP II student begins to manage more complex cases with moderate guidance**

NP III: **The NP III student demonstrates proficiency and independence while managing patients throughout the lifespan.**

Please rate the student from 1 (unsatisfactory) to 4 (performs with minimal guidance) based on the student's level of learning and performance in the clinical setting:

A.   Reviews medical record to establish data base   _____

B.   Conducts appropriate initial or interim history   _____

D.   Performs age appropriate assessment and physical exam
on age specific patients.   _____

E.   Identifies history, PE, and recognizes abnormal findings in diagnostics as normal or abnormal (Apply diagnostic reasoning approach to clinical decision making to determine appropriate differential diagnoses)   _____

F.   Confirms findings with preceptor   _____

G.   Gives valid rationale for assessment measures   _____

H. Proposes and confirms diagnoses with preceptor
and explains to patient. ____

I. Demonstrates therapeutic communication with client/family using a family-centered and culturally-sensitive approach. ____

J. Completes record accurately, and logically using appropriate medical terminology. Includes only/all relevant information in a timely manner ____

K. Accepts responsibility for own actions and learning ____

L. Determines plan for further tests and treatment. ____

Determines plan to consult/refer/collaborate/ follow-up ____

M. Demonstrates respectfulness, punctuality, timeliness, and Professional demeanor ____

VIII. Please comment on the student's overall clinical performance

Preceptor Signature _____ # Clinical Hours _____

Preceptor Name (Print) _____ Date _____

Student Signature_____Date_____

Faculty Signature _____