Student Self-Evaluation Form for NUR 680, 682, 684, and 672

Student Name _____   Course Title and #: _____

Preceptor Name _____   Semester/year: _____

Please provide the self-evaluation information related to application of the following essentials from the Ball State School of Nursing Organizing Framework. This form should be reviewed with your clinical faculty at both the midterm and final clinical on site evaluations. The clinical faculty should mail a copy of this completed form to the course faculty within one week after the midterm evaluation and the final evaluation. This form should be sent directly from the clinical faculty to the course faculty in the provided return envelopes and not through the student.

Provide 2 client care examples each for midterm and final clinical on site evaluations in which you demonstrated professional values.
Professional Values (altruism, autonomy, human dignity, integrity, social justice):
Midterm:

Final:

Provide client care examples for the midterm and final clinical on site evaluations in which you demonstrated knowledge / utilization in relation to each of the Core Knowledge essentials.
Core Knowledge
Health promotion, risk reduction, disease prevention
Midterm (2 examples):

Final (2 examples):

Illness and disease management
Midterm (2 examples):

Final (2 examples):

Information and health care technology use
Midterm (1 example):

Final (1 example):

Ethics
Midterm (1 example):

Final (1 example):

Health care systems and policy
Midterm (1 example):

Final (1 example):

Research
Midterm (1 example):

Final (1 example):

Human diversity
Midterm (1 example):

Final (1 example):

Theory
Midterm (1 example):

Final (1 example):

Rate your skill level for the Core Concepts of critical thinking, communication, assessment, and technical skills on a rating scale of 1 – 5 with 1 indicating a beginning level of skill and 5

indicating proficiency in this skill at the advanced practice level. Give rationale for your rating and plan for self improvement.

Core Concepts

<u>Critical Thinking</u> (midterm)
(process of reasoning, synthesizing, analyzing, interpreting,
and evaluating subjective and objective information)
(Rationale for rating and plan for self improvement)

1 2 3 4 5
◎ ◎ ◎ ◎ ◎

<u>Critical Thinking</u> (final)
(Rationale for rating and plan for self improvement)

1 2 3 4 5
◎ ◎ ◎ ◎ ◎

<u>Communication</u> (midterm)
(written, oral, nonverbal, technological)
(Rationale for rating and plan for self improvement)

1 2 3 4 5
◎ ◎ ◎ ◎ ◎

<u>Communication</u> (final)
(Rationale for rating and plan for self improvement)

1 2 3 4 5
○ ○ ○ ○ ○

<u>Assessment</u> (midterm)
(Rationale for rating and plan for self improvement)

1 2 3 4 5
◎ ◎ ◎ ◎ ◎

<u>Assessment</u> (final)
(Rationale for rating and plan for self improvement)

1 2 3 4 5
◎ ◎ ◎ ◎ ◎

Technical skills (midterm)   1 2 3 4 5
Refer to NP Clinical Skills and Procedures Checklist   ◎ ◎ ◎ ◎ ◎
(Rationale for rating and plan for self improvement)

Technical skills (final)   1 2 3 4 5
Refer to NP Clinical Skills and Procedures Checklist   ◎ ◎ ◎ ◎ ◎
(Rationale for rating and plan for self improvement)

Using the competencies listed under Competency Domain 4: Professional Role on the
Preceptor or Clinical Faculty Evaluation Form rate yourself on a scale of 1-5 with 1 indicating
beginning level and 5 indicating proficiency at the level of an advanced practice nurse. Give
rationale for your rating and specific plans for continuing role development.

Role Development (midterm)   1 2 3 4 5
(Rationale for rating and plan for continuing role development)
                                                                  ◎ ◎ ◎ ◎ ◎

Role Development (final)   1 2 3 4 5
(Rationale for rating and plan for continuing role development)
                                                                  ◎ ◎ ◎ ◎ ◎

Midterm evaluation:

Student signature _____Date_____

Clinical Faculty signature_____ Date_____

Clinical Faculty comments:

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Final Evaluation

Student signature_____   Date_____

Clinical Faculty signature _____Date_____

Clinical Faculty comments:

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NP CLINICAL SKILLS & PROCEDURES CHECKLIST*

NAME:

#	PROCEDURE (e.g. suturing)	SKILL LEVEL					PRECEPTOR' SIGNATURE & DATE (PROCEDURE AND SKILL LEVEL TO BE SIGNED OFF BY PRECEPTOR WHEN COMPLETED)
		CONFIDENT & INDEPENDENT	FAIRLY CONFIDENT *MINIMAL* SUPERVISION NEEDED	MODERATE SUPERVISION NEEDED	PERFORMED *ONCE* & WITH SUPERVISION	NEVER PERFORMED OR NOT APPLICABLE	
1.		◎	◎	◎	◎	◎	
2.		◎	◎	◎	◎	◎	
3.		◎	◎	◎	◎	◎	
4.		◎	◎	◎	◎	◎	
5.		◎	◎	◎	◎	◎	
6.		◎	◎	◎	◎	◎	
7.		◎	◎	◎	◎	◎	
8.		◎	◎	◎	◎	◎	
9.		◎	◎	◎	◎	◎	
10.		◎	◎	◎	◎	◎	
11.		◎	◎	◎	◎	◎	
12.		◎	◎	◎	◎	◎	
13.		◎	◎	◎	◎	◎	
14.		◎	◎	◎	◎	◎	
15.		◎	◎	◎	◎	◎	

*Checklist should be customized by each NP program and can be continued after the student enters advanced practice to document newly acquired expertise.

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NAME:

#	PROCEDURE	SKILL LEVEL					PRECEPTOR' SIGNATURE & DATE (PROCEDURE AND SKILL LEVEL TO BE SIGNED OFF BY PRECEPTOR WHEN COMPLETED)
		CONFIDENT & INDEPENDENT	FAIRLY CONFIDENT *MINIMAL* SUPERVISION NEEDED	MODERATE SUPERVISION NEEDED	PERFORMED *ONCE* & WITH SUPERVISION	NEVER PERFORMED OR NOT APPLICABLE	
16.		◎	◎	◎	◎	◎	
17.		◎	◎	◎	◎	◎	
18.		◎	◎	◎	◎	◎	
19.		◎	◎	◎	◎	◎	
20.		◎	◎	◎	◎	◎	
21.		◎	◎	◎	◎	◎	
22.		◎	◎	◎	◎	◎	
23.		◎	◎	◎	◎	◎	
24.		◎	◎	◎	◎	◎	
25.		◎	◎	◎	◎	◎	
26.		◎	◎	◎	◎	◎	
27.		◎	◎	◎	◎	◎	
28.		◎	◎	◎	◎	◎	
29.		◎	◎	◎	◎	◎	
30.		◎	◎	◎	◎	◎	
*Checklist should be customized by each NP program and can be continued after the student enters advanced practice to document newly acquired expertise.							

Student Self Evaluation   **www.bsu.edu/nursing**

Print Form