

## NUR 303: HEALTH ASSESSMENT

### STUDENT SELF-EVALUATION FORM

The clinical evaluation tools for the Health Assessment course in the RN-BS program reflect the Ball State University School of Nursing Organizational Framework based on the American Association of Colleges of Nursing Essentials. These essentials include:

1. **Professional Values** (altruism, autonomy, human dignity, integrity, social justice)
2. **Core Knowledge**
  - a. health promotion, risk reduction, and disease prevention
  - b. illness and disease management
  - c. information and health care technologies
  - d. ethics
  - e. global health care
  - f. health care systems and policy
  - g. research
  - h. human diversity
  - i. theory
3. **Core Concepts** (critical thinking, communication, assessment, technical skills)
4. **Role Development** (provider of care, member of profession, designer/manager/coordinator of care, competent practitioner)

The major focus of this course relates to the *Core Concepts*: critical thinking, communication, assessment, and technical skills. The *Professional Values, Core Knowledge, and Role Development* essentials are applied in relation to expanding health assessment skills.

The *student* is required to complete the **Self-Evaluation Form** at the beginning and completion of clinical hours with examples of application of the Core Concepts. The student is expected to review the **Self-Evaluation** with the preceptor and both sign and date both the initial and final evaluation. The Initial Self-Evaluation is submitted to instructor by the second week of classes. (Form may be scanned and submitted into assignment box in Module 1)

The *clinical preceptor* is required to evaluate the student toward the end of the clinical hours performing a comprehensive physical examination (see Preceptor Evaluation Form) and to complete the **Preceptor Evaluation Form**. The student and preceptor review the **Preceptor Evaluation Form** at the beginning of the semester to help in planning the clinical experience. The student and preceptor review the completed **Preceptor Evaluation Form** at the end of the clinical hours and both sign and date the evaluation.

The *student* is required to mail a copy the completed **Student Self-Evaluations**, and the completed **Preceptor Evaluation** all signed by the preceptor to the course instructor by the designated due date. The *student* is also required to complete and submit an **Agency Evaluation**. It is important for the student to maintain a copy of all of these documents for his/her own records. Forms are also to be submitted into the assignment box in Module 10; items are scanned for this purpose.

**BSU School of Nursing**  
**Student Self-Evaluation Form: NUR 303**

Student Name \_\_\_\_\_ Semester \_\_\_\_\_

This form is to be completed and reviewed with your preceptor at the beginning and the end of your clinical experience. **Submit initial Self-Evaluation with-in the first two weeks of the semester.**

The final self-evaluation **that includes the information from the initial self-evaluation** is to be sent by **the student to the course instructor by the designated due date with other end of course paperwork and submitted into assignment box.**

Rate your skill level for each of the Core Concepts: critical thinking, communication, assessment, and technical skills.

- Use the rating scale of 1 – 5 with 1 indicating a beginning level of skill and 5 indicating proficiency in this skill.
- Give rationale for your ratings and a specific plan for self-improvement.

**CRITICAL THINKING** - *Process of reasoning, synthesizing, analyzing, interpreting, and evaluating subjective and objective information*

(Examples: Determining what health history and physical exam components are appropriate for a problem focused patient visit; using a variety of assessment skills (developmental, cultural, mental status, functional, nutritional, pain, domestic violence) in planning the best approach to the patient during a history and physical exam; using assessment findings to determine nursing diagnosis, patient goals, and nursing interventions).

**Initial Self-Evaluation**            1        2        3        4        5

Provide rationale for rating and specific plan for self-improvement

**Final Self-Evaluation**            1        2        3        4        5

Provide rationale for rating and specific plan for self-improvement

**COMMUNICATION** - *Verbal, written, electronic*

(Examples: Explaining assessment procedures and findings to patients in consideration of health literacy level, developmental level, mental status, and cultural background; presenting findings to preceptor; effective use of interpreters; documentation of assessment findings with appropriate format, terminology, organization, and succinctness)

**Initial Self-Evaluation**            1        2        3        4        5

Provide rationale for rating and specific plan for self-improvement

**Final Self-Evaluation**            1        2        3        4        5

Provide rationale for rating and specific plan for self-improvement

**ASSESSMENT** – *Health history, physical examination, nursing diagnosis*

(Examples: Ability to conduct organized, complete, efficient comprehensive and problem focused health history and physical exam; specific assessments to include developmental, cultural, mental status, nutritional, pain, domestic violence. Ability to determine appropriate nursing diagnosis.)

**Initial Self-Evaluation**            1            2            3            4            5

Provide rationale for rating and specific plan for self-improvement

**Final Self-Evaluation**            1            2            3            4            5

Provide rationale for rating and specific plan for self-improvement

**TECHNICAL SKILLS** – (Examples: percussion, palpation, use of otoscope, specimen collection)

**Initial Self-Evaluation**            1            2            3            4            5

Provide rationale for rating and specific plan for self-improvement

**Final Self-Evaluation**            1            2            3            4            5

Provide rationale for rating and specific plan for self-improvement

**INITIAL SELF-EVALUATION**

Preceptor Comments:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINAL SELF-EVALUATION**

Preceptor Comments:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_