LEHMAN COLLEGE DEPARTMENT OF NURSING CLINICAL EVALUATION FORM – GRADUATE PROGRAM

| | Student's Name: | | | | _ | | | | | | | | | |
|----|--|----------------------------|-----------------|-----|-----------------|-------|------|-------|-----------------|-----------------|-------|----------|----|--|
| | EMPLY ID #: | PLY ID #: S = Satisfactory | | | | | | | | | | | | |
| | | | | | | | | | Impro actory | | nent | | | |
| | Semester/Year: | | | | | | | | serve | | | | | |
| | Course Number | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Final Grade: Students must | st pa | ss e | ach | clinic | al in | orde | er to | pass | the | cour | se. | | |
| | | | | | | | | | | | | | | |
| | | | 1 st | | 2 nd | | | | | 3 rd | | | | |
| 1. | Communication: Uses therapeutic | | _ | _ | luatio | | | and | _ | | tions |) | _ | |
| | communication in the interaction with patients across the lifespan and in a variety of primary | S | NI | U | NO | S | NI | U | NO | S | NI | U | NO | |
| | health care settings. | | | | | | | | | | | | | |
| • | Establishes therapeutic relationships with clients, | | | | | | | | | | | | | |
| | family members and significant others | | | | | | | | | | | | | |
| • | Utilizes non-verbal communication appropriately to | | | | | | | | | | | | | |
| | convey meaning | ! | | | | | | | | | | | | |
| • | Focuses communication on patient-centered goals and concerns | | | | | | | | | | | | | |
| | Communication is age and gender appropriate and | 1 | | | | | | | | | | | | |
| | consistent with the patient's level of understanding | | | | | | | | | | | | | |
| • | Demonstrates cultural competence | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| • | Provides health teaching consistent with patient's level of understanding | | | | | | | | | | | | | |
| • | Records data in a concise, accurate, organized manner | | | | | | | | | | | | | |
| • | Collaborates appropriately with members of the interdisciplinary team | | | | | | | | | | | | | |
| 2. | Analysis of Chart Data and Health Records | | | | | | | | | | | | | |
| | (using EHR when available) | Ī | | | | | | | | | | | | |
| 3. | Analyzes presenting symptoms and concerns | | | | | | | | | | | | | |
| 4. | Elicits Complete History | | | | | | | | | | | | | |
| 5. | Performs a systematic age appropriate | | | | | | | | | | | | | |
| | Physical examination - recognizes | | | | | | | | | | | | | |
| | abnormal findings | | | | | | | | | | | | | |
| 6. | Utilizes appropriate screening tests and | | | | | | | | | | | - | | |
| | current research findings to form database | | | | | | | | | | | | | |
| 7. | Applies concepts of pathophysiology to | | | | | | | | | | | H | | |
| | cases | Ī | | | | | | | | | | | | |
| 8. | Assesses health care maintenance needs | 1 | | | | | | | | | | \vdash | | |
| | | | | | | | | | | | | | | |

9. Prioritizes health problems

| Criteria | | | | valuation (1 st , 2 nd and 3 rd Rotation | | | | | | | | | | | |
|---|---|----|---|---|---|------|---|----|---|----|---|----|--|--|--|
| 10. Prescribes appropriate pharmacotherapies | S | NI | U | NO | S | NI | U | NO | S | NI | U | NO | | | |
| 11. Selects appropriate non-pharmacologic strategies of management plan | | | | | | | | | | | | | | | |
| 12. Provides appropriate client education for health promotion, counseling and anticipatory guidance | | | | | | | | | | | | | | | |
| 13. Designs a logical plan of care for each problem | | | | | | | | | | | | | | | |
| 14. Discriminates between relevant and unnecessary diagnostic tests | | | | | | | | | | | | | | | |
| Presents complex cases to preceptor in a complete and organized manner Overall clinical competence | | | | | | | | | | | | | | | |
| 17. Self-evaluation is reflective and insightful, and includes plans for modification and improvement. | | | | | | | | | | | | | | | |
| Consistently seeks and assumes responsibility for learning States of the second seeks and assumes responsibility for learning | | | | | | | | | | | | | | | |
| including patient advocacy | | | | | | | | | | | | | | | |
| First Rotation: Pass Fail | | | | | | | | | | | | | | | |
| Clinical Agency: Comments: | | | | | | | | | | | _ | | | | |
| Preceptor's Signature/Title: | | | | | ı | Date | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | |
| Faculty's Signature | | | | | 1 | Date | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | |
| Student Signature | | | | | | Date | | | | | | | | | |

| Second Rotation: Pass Fail | |
|------------------------------|------|
| Clinical Agency: | |
| Comments: | |
| | |
| | |
| Preceptor's Signature/Title: | Date |
| Comments: | |
| | |
| | |
| Faculty's Signature | Date |
| Comments: | |
| | |
| Student Signature | Date |
| | |
| | |
| Third Rotation: Pass Fail | |
| | |
| Clinical Agency: | |
| Comments: | |
| | |
| | |
| Preceptor's Signature/Title: | Date |
| Comments: | |
| | |
| | |
| Faculty's Signature | Date |
| Comments: | |
| | |
| Student Signature | Date |