## **Preceptor Final Evaluation of Student: Psychiatric Mental Health NP Student**

| Student:       | Dates of Rotation: |  |
|----------------|--------------------|--|
| Course Number: | Preceptor:         |  |
| Clinical Site  | Preceptor          |  |
| Name:          | Phone:             |  |

Approximately how much time did you spend with the student during this rotation? \_\_\_\_\_ (hours / week / day)

West Coast University Faculty review this form to learn about the level of student performance in clinical rotations, to monitor the standards of performance and to ensure that every student who graduates from WCU's PMHNP track will be prepared to perform as an entry level Psychiatric Nurse Practitioner.

**Evaluation Scale:** (On each item, please indicate your choice by circling one of the following). Students must have 80% of competencies "NI or Meets" by final evaluation in the course and 100% of competencies "Meets" by completion of the program in the summative evaluation. All "Does Not Meet" or "Needs Improvement" will be discussed with the student by the faculty member.

- (0) Does Not Meet
- (1) Needs Improvement
- (2) Meets

| Assessment and Physical Examination Ability   |   |   |   |  |  |  |
|---|---|---|---|--|--|--|
| Demonstrates ability to recognize signs and symptoms of psychiatric illness.  |   | 1 | 2 |  |  |  |
| Demonstrates ability to perform a comprehensive psychiatric assessment.   |   | 1 | 2 |  |  |  |
| Differentiates between pathophysiologic and psychopathological conditions.  |   | 1 | 2 |  |  |  |
| Performs and interprets psychosocial assessments.   |   | 1 | 2 |  |  |  |
| Performs and interprets functional assessments (activities of daily living, occupational, social, educational, and coping skills).                  |   | 1 | 2 |  |  |  |
| Completes risk assessments (e.g., violence, abuse, neglect, suicide, trauma).   | 0 | 1 | 2 |  |  |  |
| Orders appropriate labs and other diagnostic studies. Able to integrate the results into the plan of care.  | 0 | 1 | 2 |  |  |  |
| Recognizes and correctly interprets abnormal clinical findings.   |   | 1 | 2 |  |  |  |
| Able to generate and prioritize a differential diagnosis list.  |   | 1 | 2 |  |  |  |
| Demonstrates ability to formulate diagnoses according to DSM-V based on clinical presentation and available assessment data.                        |   | 1 | 2 |  |  |  |
| Clinical Problem Solving  |   |   |   |  |  |  |
| Develops Follows an appropriate method for confirming the psychiatric diagnosis(es) and/or the identification of barriers to therapeutic treatment. |   | 1 | 2 |  |  |  |
| Formulates a treatment plans and progress notes that are appropriate for the diagnosis.   |   | 1 | 2 |  |  |  |
| Follows standards of care and integrates evidence-based practices.  | 0 | 1 | 2 |  |  |  |

| Therapeutic Communication and Rapport   |  |     |    |
|---|--|-----|----|
| Appropriately initiates a therapeutic relationship with patient and family/support system (e.g., assessing literacy, health literacy, spiritual/cultural needs, and barriers to communication).         | 0  | 1   | 2  |
| Appropriately maintains a therapeutic relationship with patient and family /support systems (e.g., encouraging adherence and clinical engagement, maintaining therapeutic boundaries).                  | 0  | 1   | 2  |
| Appropriately terminates a therapeutic relationship with patient and family/ support system (e.g., evaluating the effectiveness of a therapeutic relationship, appropriate closure, and transitioning). |  | 1   | 2  |
| Provides diagnosis-specific information and/or prevention education to patients as appropriate.   | 0  | 1   | 2  |
| Exhibits empathy toward the patient and the patient's perspective.  | 0  | 1   | 2  |
| Communicates in a way that shows sensitivity to cultural and ethnic differences.  | 0  | 1   | 2  |
| Plan of Care Management   |  |     |    |
| Presents an appropriate therapeutic plan (age appropriate, risk/benefit, patient preferences, developmental considerations, financial concerns, the process of informed consent).                       | 0  | 1   | 2  |
| Demonstrates ability to select appropriate medication plan (risk/benefit, patient preferences, developmental considerations, financial, the process of informed consent including patient teaching).    | 0  | 1   | 2  |
| Implements appropriate therapeutic treatment plan based on psychosocial theories, evidence-based standards, and practice guidelines.  | 0  | 1   | 2  |
| Demonstrates ability to evaluate patient responses and modifies plan as necessary.  | 0  | 1   | 2  |
| Documentation   |  |     |    |
| Accurately records information in an organized and logical fashion and in a way that is appropriate to the clinical situation (SOAP notes, progress notes, complete H&P, etc.).                         | 0  | 1   | 2  |
| Thoroughly documents any adverse medication reaction, patient response, change in treatment plan, including clinical formulation.   | 0  | 1   | 2  |
| Professionalism/Ethics/Role Development   |  |     |    |
| Displays a motivation to learn (teachable).   | Yes  |     | No |
| s a reliable, responsible, punctual, and well-prepared team member.   |  | Yes |    |
| Displays professional public demeanor and deportment.   | Yes  |     | No |
| onest, trustworthy, and adheres to legal standards.  Yes  |  | 'es | No |
| Manages patient and healthcare team member relationships appropriately.   | althcare team member relationships appropriately.  Yes |     | No |
| Respects patients' rights to privacy and confidentiality.   |  | 'es | No |
| aware of own strengths, weaknesses, and biases. Uses self-evaluation and Yes flection for improving performance.  |  | 'es | No |
| Demonstrates integration of PMHNP role expectations and demonstrates growth in development of autonomous practice.  | Υ  | 'es | No |

| Overall Summary of the Student's Performance (Please discuss with student comment about strengths and provide   |               |    |  |  |  |
|---|---------------|----|--|--|--|
| opportunities for growth and improvement).  |               |    |  |  |  |
| Comments:   |               |    |  |  |  |
|   |               |    |  |  |  |
|   |               |    |  |  |  |
| Do you have any reservations about the suitability of this student for the practice advanced nursing and medicine?  If yes, please describe below using specific examples to illustrate your concerns.  Comments: | Yes           | No |  |  |  |
| Preceptor Information   |               |    |  |  |  |
| Print Name:   | Title/Degree: |    |  |  |  |
| Signature:  | Date:         |    |  |  |  |