

Preceptor Evaluation Form
The George Washington University
Nurse Practitioner Program

Name of Student: _____ **Date** _____

Name of Evaluator: _____

Name of Clinical Site: _____

Evaluation For: (Semester) _____ **(Year)** _____

Type of Clinical: (Circle One) Adult Pediatric OB/GYN Family Geriatrics Acute Care

Directions: Please evaluate this student's abilities in each of the following categories. Specific objective guidelines for rating students are stated for each category. Comments using specific examples about the strengths and weaknesses you have noted are very helpful. Please put the appropriate numbered rating in the box next to the question or circle the most appropriate rating.

	Poor	Needs Improvement	Satisfactory	Excellent	Not Observed
I. Historical/Subjective Data Collection:					
1. Comprehensively identifies and prioritizes patient problems or concerns					
2. Collects data to further delineate problem/concern with attention to physical, developmental, psychosocial and cultural factors:					
3. Describes signs or symptoms of problem/concern using the following parameters:					
a. Seven Dimensions:					
b. Pertinent Positives and Negatives:					
c. Patient's Past Experience					
4. Identifies real or potential illness risk factors to provide health promotion/disease prevention:					

	Poor	Needs Improvement	Satisfactory	Excellent	Not Observed
5. Approaches uncomplicated problems in an organized manner:					
II. Observed/Objective Data Collection:					
1. Accurately performs complete physical examination with attention to:					
a. Organization					
b. Content					
c. Technique					
2. Performs pertinent examination for presenting problem					
3. Selects and orders appropriate laboratory tests					
III. Assessment:					
1. Integrates knowledge of health and illness with subjective and objective data to:					
a. Differentiates normal from abnormal findings					
b. Ascertains the clinical significance of findings					
c. Develops appropriate list of differential diagnoses					
d. Accurately formulates a final diagnoses					
IV. Planning & Intervention:					
1. Proposes plan(s) of action tailored to meet patient's problem or concern					
a. Develops plan with patient that is mutually acceptable:					
b. Plan incorporates the following (when indicated):					
i. Diagnostic studies					

	Poor	Needs Improvement	Satisfactory	Excellent	Not Observed
ii. Treatment (Pharmacological and Non-Pharmacological)					
iii. Patient Education/Anticipatory Guidance					
iv. Health Promotion/Disease Prevention					
v. Follow-up:					
vi. Appropriate Consultation or Referral:					
V. Presentation of Data:					
1. Presents written and oral data in manner that demonstrates:					
a. Logic					
b. Conciseness					
c. Relevance					
d. Completeness					
e. H & P Format					
f. SOAP Format					
VI. Psychosocial Care					
1. Assesses the psychological components/ impact of illness					
2. Incorporates family into care of the patient					
3. Puts patient at ease					
4. Expresses empathy					
5. Develops a rapport with patients and families					
6. Answers patient questions in a clear and reassuring way					
7. Evaluates patient situation for psychosocial risk factors					
8. Detects hidden agendas for a visit					

	Poor	Needs Improvement	Satisfactory	Excellent	Not Observed
VII. Professional Development:					
1. Meets own learning needs:					
a. Independently identifies own learning needs; plans with preceptor ways of meeting them:					
b. Seeks preceptor assistance to solve new or unfamiliar problems:					
c. Demonstrates steady growth in meeting all objectives throughout the semester:					
2. Assumes responsibility and accountability appropriate for NP:					
a. Interacts effectively with other health care providers and initiates activities that promote teamwork:					
b. Considerate of preceptor time constraints and staff pressure:					
c. Completes the tasks to which he/she commits to:					
d. Seeks out new learning opportunities:					
e. Demonstrates appropriate professional conduct (Dress, punctuality, demeanor and time management):					

Hours Completed _____

COMMENTS:

Please comment on the overall quality of the student's performance. Include information regarding professional growth potential, strengths, weaknesses and openness to constructive criticism.

PRECEPTOR SIGNATURE

DATE

STUDENT SIGNATURE

DATE

Please return this form to:

**The George Washington University
Nurse Practitioner Program
900 23rd St., NW
Suite 6166
Washington, DC 20037**

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