## Nursing Practice Evaluation Tool: MidTerm and Final Evaluation Christine E. Lynn College of Nursing

Course	Semester	Student	
Date of Mid Term Evaluation		Date of Final Evaluation	
Faculty		Preceptor	

	Clinical Competency	Criteria used to identify successful accomplishment of the competency		Clinical Performance Rating	
6 C's	Competency			Final	
Becoming Competent	Ethical / Legal	Examines State Laws and Rules within the purvey of policies and procedures in the context of organizational safety			
	Resource Management	Exemplifies efficient management of time and resources			
	Education	Identifies opportunities for evidence informed education to clients and/or peers			
Becoming Compassionate	Professional Values	Demonstrates compassion on and off the unit according to professional standards			
	Caring	Demonstrates commitment to compassionate caring in all interactions with all persons within the organization			
Demonstrating Comportment	Interprofessional Communication	Fosters professional relationships to enhance communication within the organization			
	Therapeutic Communication	Uses verbal and non-verbal communication professionally			

	Technology	Understands the use of technology in organizational decision-making	
Becoming Confident	Role of the BSN Student	Actively seeks opportunities to improve processes to benefit the organization and eventually client care	
	Leadership Competency	Uses leadership principles to assess and respond to organizational needs	
Attending to Conscience	Personal Knowing	Demonstrates self-care in decision-making	
Affirming Commitment	Data Collection	Demonstrates an awareness of facility policies for gathering data to comply with patient safety standards	
	Prioritization	Outlines and proposes plans to meet organization needs	

**Critical Elements:** The following standards are critical to safety in professional nursing practice. Failure to demonstrate safe performance in any of these Critical Elements is failure in the course <u>regardless of proficiency in the performance of other nursing care behaviors or written</u> <u>work.</u> The 6 Cs (confidence, compassion, comportment, competent, conscience, and commitment) are embedded within each critical element.

1.	Engage in reflective practices that engenders professional growth and organizational safety	Yes	No
2.	Collaborate within the interprofessional team to promote a compassionate environment	Yes	No
3.	Maintain open communication and contribute to organization efficiency and effectiveness	Yes	_ No
4.	Demonstrate initiative in the leadership role	Yes	_ No
5.	Practice self-care, including managing conflict between personal and professional values.	Yes	_ No

6.	Compl	ies with	facility	policies.

## **CLINICAL PERFORMANCE EVALUATION RUBRIC**

Scale/ Label	Standard Procedure	Performance Quality	Assistance
MS (minimal supervision)	94-100% Safe/Accurate	Consistently meets evaluation criteria with minimal direction. A satisfactory score of "S" must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program.	Minimal direction required
D (Developing)	84-93% Safe/Accurate	Performance is improving and becoming more consistent; needs moderate level of assistance or supervision, seeks learning experiences. By the final evaluation for the course, all DI's must be S's to pass the course at minimum 74%. A satisfactory score of "S" must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program.	Occasional direction
E (Emerging)	74-83% Mostly Safe/ Accurate	Partial demonstration of skills. Inefficient or uncoordinated. Delayed time expenditure. A developmental plan should be prepared collaboratively for areas of "improvement needed" in formative evaluations. All E's must be Ds or MS by midterm. A satisfactory score of "S" must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program.	Frequent direction
NS (Needs Supervision)	67-73%  Questionably Safe/ Accurate	Performance is inconsistent and/or needs high level of assistance or supervision. Strengths and areas for improvement should be identified in a comprehensive evaluation by the 3rd week of clinical. A developmental plan should be prepared collaboratively for areas of "improvement needed" in formative evaluations. A score of NS requires a faculty narrative along with a formal action plan. A score of NS post midterm requires a formal meeting with the clinical faculty, BSN Clinical Coordinator, and the student. Two NS's after the formal meeting will result in NE and failure of the course.	Continuous direction
NE (Not Evident)	0-66% Unsafe/Inaccurate	Does not meet Expectations even after remediation/developmental plan Unable to demonstrate procedures. Lacks confidence, coordination and efficiency.	Continuous direction

**N/O = Not observed:** No opportunity to observe or perform. A score of N/O prior to midterm needs to be evaluated by the clinical faculty and BSN Clinical Coordinator and an initiation of a formal action plan.

Mid-Term Evaluation	
Student Comments:	
Student Signature and Date:	Date:
Preceptor Comments:	
Preceptor Signature and Date:	Date:
Faculty Comments:	
Faculty Signature and Date:	Date:

Final Evaluation	
Student Comments:	
Student Signature and Date:	Date:
Preceptor Comments:	
Preceptor Signature and Date:	Date:
Faculty Comments:	
Faculty Signature and Date:	_ Date: