



## NURS 1679 Clinical Decision-Making Preceptor Feedback

**Student Name:** \_\_\_\_\_

**Preceptor Name:** \_\_\_\_\_

**Directions:** Please check the appropriate box for each expectation listed. Where considerable guidance is required, comments are required.

Midterm Evaluation <input type="checkbox"/>	Final Evaluation <input type="checkbox"/>			
	Considerable Guidance Required	Moderate Guidance Required	Minor Guidance Required	Guidance Not Required
Adheres to ethical standards	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to policies	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health history and physical examination appropriate to patient presentation. Presentations consistent with CDT Immediate Consultation referred.	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops differential diagnoses appropriate to patient history and physical exam findings.	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs procedural skills as per best practice.	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orders appropriate screening and/or diagnostic testing.	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selects appropriate treatment regimen from CDTs.	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Effectively communicates with patients and family and interprofessional team	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborates with patients and family and interprofessional team	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practices in a culturally safe manner	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrates principles of motivational interviewing to facilitate positive change among patients and families	<input type="checkbox"/> Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The student has completed \_\_\_\_\_ hours in the clinical setting.

**Preceptor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ +