**Illinois State University**

**Mennonite College of Nursing**

**DNP Clinical Residency Evaluation**

Student Name: Click here to enter text. Semester/Year: Click here to enter text. Course number: Click here to enter text.

Preceptor name, position, and organization: Click here to enter text.

**Faculty Evaluation of Student in Clinical Residency**

**Learning Objectives and Competencies Not Slightly Moderately Substancially Fully met met met met met**

Essential I: Recognizes scientific and philosophical underpinnings, and

utilizes these in advanced clinical practice and leadership.

Essential II: Demonstrates systems thinking and advanced leadership

skills with a focus on quality, safety, and ethical patient care.

Essential III: Appraises internal and external information (evidence-based)

to design, implement, and evaluate health care practices

Essential IV: Evaluates and manages health information systems to

improve quality of care, and consumer use of health information.

Essential V: Shows leadership in advocating, developing, and

implementing health policy focused on improving patient outcomes.

Essential VI: Employs effective communication and collaborative skills

in leading intra- and inter-professional teams.

Essential VII: Applies a prevention and population health focus in the

design, implementation, and evaluation of health care delivery systems.

Essential VIII: Demonstrates in-depth knowledge and skills supportive of the practice of nursing and/or nursing leadership at the highest level. **Specific Objectives for this experience:**

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.

Comments by faculty (include student strengths and areas for growth): Click here to enter text.

Completed by Faculty: Click or tap here to enter text. Date: Click here to enter a date.

Reviewed by Student: Click or tap here to enter text. Date: Click here to enter a date.

***Electronic Signature***

*If you are under the age of 18 or have not elected to participate in electronic signature at the University, please call 309-438-7400 to request a hard copy of the form be emailed to you for submission. If you are under the age of 18, a parent must sign the hard copy .pdf version of the form.*

*By typing my name in the indicated fields, I hereby acknowledge that I consent to sign Faculty Evaluation of Student in Clinical Residency form. I also acknowledge that I have had sufficient time to review and seek explanation of the terms and conditions contained above, have carefully read them, understand them fully, and agree to be legally bound by them. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.*