**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.

**Preceptor 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 preceptor (include student strengths and areas for growth): Click here to enter text.

Completed by Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Reviewed by Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

**Submit Completed form to Course Faculty**