**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.

**Student Self Evaluation**

**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.

Reflections by student (include examples of high achievement “fully met” and areas for growth “not, slightly or moderately met”):

 Click here to enter text.

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

**Submit Completed form to Course Faculty**