**Illinois State University**

**Mennonite College of Nursing**

**DNP Clinical Residency Evaluation**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_ Course number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor name, position title, and organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Student Self-Evaluation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Objectives & Competencies**  | **Not Met****1** | **Slightly Met****2** | **Moderately Met****3** | **Substantially Met****4** | **Fully Met****5** |
| 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) |  |  |  |  |  |
| 2) |  |  |  |  |  |
| 3) |  |  |  |  |  |

**Reflections by student** (include examples of high achievement [“Fully Met”] and areas for growth [“Not, Slightly or Moderately Met”] for applicable ratings):

Completed by Student (signature-typed or written): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Submit completed form to Course Faculty**