Medical University of South Carolina
College of Nursing
GRADUATE CLINICAL EVALUATION TOOL: Residency

Student: ____________________________________________________________

Site: __________________________________________________________________

Evaluator(s): __________________________________________________________________

Semester: Fall ___ Spring ___ Summer ___  Program: Post BSN ________  Post MSN ________

Specialty: ANP____ FNP____ PNP____  Other: ________________________________

Definition of Terms:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Skill level</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Below expected skill level</td>
<td>Consistently requires substantial assistance/supervision to perform task adequately</td>
</tr>
<tr>
<td>2</td>
<td>Basic skill level</td>
<td>Performs tasks with basic skill and with moderate amount of assistance/supervision</td>
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<tr>
<td>3</td>
<td>Intermediate skill level</td>
<td>Performs tasks with skill and able to interpret findings with minimal assistance/supervision.</td>
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<tr>
<td>4</td>
<td>High skill level</td>
<td>Performs with proficiency and skill, interprets with consistently accurate judgment, does not need assistance/supervision.</td>
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1. Arrives at clinical/agency site prepared to participate in client care
2. Displays an interested and positive attitude
3. *Completes appropriate history interview
4. *Demonstrates appropriate physical exam techniques
5. *Establishes general patient acceptance/rapport
6. Actively seeks new learning experiences
7. Develops appropriate working relationships with interdisciplinary health professionals and services
8. *Assumes responsibility and initiative to ensure safe care
9. Demonstrates efficient/appropriate use of time
10. Demonstrates professional responsibility and role development as evidenced by following dress code, arriving on time to clinic/agency and notifying preceptor and faculty in advance if unable to attend clinic/agency
11. Evaluates own performance and accepts constructive criticism
12. Student met identified contract learning objectives

*If clinical hours do not include direct patient care mark as NA

Additional Comments:

I verify that the student, __________________________________________ worked _____ hours in my agency.

Student Signature __________________________________ Date ________

Preceptor Signature __________________________________ Date ________