

Print Student Name: _____ Student # _____

Clinical Instructor Print Name _____

Texas Lutheran University – Department of Nursing

BSN Clinical Evaluation Tool – NURS 342 – Age-Span Behavioral Health/Psychiatric Nursing

SCORING KEY:

- S** = **SATISFACTORY** Uses more complex processes of nursing consistently while demonstrating safe and effective **mental/behavioral health/psychiatric nursing** practice. Initiates consultation/information sharing regularly with faculty.
- NI** = **NEEDS IMPROVEMENT** The student has not met all of the criteria for satisfactory performance of a clinical objective.
- U** = **UNSATISFACTORY** On more than one occasion, the student has not met the criteria for satisfactory performance of a clinical objective although he/she has been confronted with comparable clinical opportunities; or, the student behavior is of such severity as to significantly endanger the safety of the patient.
- A grade of Needs Improvement (NI) or Unsatisfactory (U) must have supporting documentation from faculty member.**
- NA** = **NOT APPLICABLE** The criteria for this objective do not apply to this student at this point in his/her clinical experience.
- NO** = **NOT OBSERVED** The student has not had an opportunity to perform the stated behavior.

**ONLY SCORES OF SATISFACTORY, NOT APPLICABLE, OR NOT OBSERVED
ARE ACCEPTABLE ON THE FINAL CLINICAL EVALUATION OF THE SEMESTER.**

**STUDENTS MUST CONVERT ANY SCORE OF NI OR U EARNED AT THE MIDTERM EVALUATION
TO A SCORE OF SATISFACTORY BY THE FINAL CLINICAL EVALUATION.**

**STUDENTS ARE EXPECTED TO CONTINUE TO APPLY PREVIOUSLY ACQUIRED
KNOWLEDGE AND NURSING INTERVENTIONS.**

****All remediation forms and clinical contracts must be attached to this tool.**

NURS 342 Clinical Evaluation Tool

SECTION 1: Member of the Profession

[illegible]

COMMENT:

SECTION 2: Provider of Patient-Centered Care

[illegible]

[illegible][illegible]

[illegible]

MID-TERM EVALUATION CONFERENCE

MID-TERM STATUS:

SATISFACTORY

UNSATISFACTORY

FACULTY COMMENTS

Areas of Strength:

Areas of Needed Improvement:

STUDENT COMMENTS

Areas of Strength:

Areas of Needed Improvement:

INSTRUCTOR'S SIGNATURE	DATE	STUDENT'S SIGNATURE	DATE

FINAL EVALUATION CONFERENCE

FINAL STATUS:

SATISFACTORY

UNSATISFACTORY

FACULTY COMMENTS

Areas of Strength:

Areas of Needed Improvement:

STUDENT COMMENTS

Areas of Strength:

Areas of Needed Improvement:

INSTRUCTOR'S SIGNATURE	DATE	STUDENT'S SIGNATURE	DATE