 **Frontier Nursing University Daily Developmental Assessment Tool**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***First two tables are to be filled out by the student:***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Hours** | **Patient #** | **Precep**  **Initials** | **Date** | **Hours** | **Patient #** | **Precep Initials** | **Date** | **Hours** | **Patient**  **#** | **Precep**  **Intials** |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| ***Type of Clinical Experience (Check all that apply)*** | |
| [ ] New antepartum (#\_\_\_\_\_\_) | [ ] Return antepartum (#\_\_\_\_\_\_) |
| [ ] Newborn Exams (#\_\_\_\_\_\_) | [ ] Speculum/bi-manual exam (#\_\_\_\_\_\_) |
| [ ] 2 weeks to 5 years well exams (#\_\_\_\_\_\_) | [ ] 2 weeks to 5 yrs episodic exams (#\_\_\_\_\_\_) |
| [ ] 6 to 12 year well exams (#\_\_\_\_\_\_) | [ ] 6 to 12 years episodic exams (#\_\_\_\_\_\_) |
| [ ] 13 to 19 years well exams (#\_\_\_\_\_\_) | [ ] 13 to 19 years episodic exams (#\_\_\_\_\_\_) |
| [ ] Adult episodic or wellness care (#\_\_\_\_\_\_) | [ ] Client visits for chronic illness care (#\_\_\_\_\_) |

***The following is to be filled out by the preceptor:***

|  |  |
| --- | --- |
| ***Interaction Level Legend (identify the level the student functioned at for the week)*** | |
| Level 0 | Observation Only |
| Level 1 | Minimal patient interaction; some history or PE or both; requires significant or constant guidance or interaction |
| Level 2 | Completes H and P with moderate preceptor hands-on validation |
| Level 3 | Completes H and P with minimal preceptor hands-on validation, handles diagnostics and preliminary plans with moderate preceptor verbal coaching |
| Level 4 | Completes assessment and management with minimal to moderate preceptor verbal coaching |
| Level 5 | Patient managed independently with validation |

**Has student met clinical expectations for the week?** [ ] Yes [ ] No

|  |  |  |
| --- | --- | --- |
| ***Student Strengths*** | | |
| [ ] Obtaining history | [ ] Patient teaching/anticipatory guidance | [ ] Documentation |
| [ ] Establishing Differential Diagnoses | [ ] Development of plan | [ ] Communication with patients/staff |
| [ ] Examination skills | [ ] Student is responsive to preceptor cues | [ ] Professional behaviors-promptness, appearance, etc |
| Optional comments: | | |

|  |  |  |
| --- | --- | --- |
| ***Opportunities for Improvement*** | | |
| [ ] Obtaining history | [ ] Patient teaching/anticipatory guidance | [ ] Documentation |
| ] Establishing Differential Diagnoses | [ ] Development of plan | [ ] Communication with patients/staff |
| [ ] Examination skills | [ ] Student is responsive to preceptor cues | [ ] Professional behaviors-promptness, appearance, etc |
| **Have any identified areas been discussed with the student** [ ] Yes [ ] No | | |
| Optional comments: | | |

**Student Identification of Learning Goals for the coming week:**

We stress the need for written comments and strongly suggest that preceptors use the following criteria to direct their comments: 1) Skills (assessment, verbal interaction, psychomotor); 2) Critical thinking (identification of problems and needs, establishing plan, prioritizing action, knowledge base and use of resources); 3) Professional Behavior (safety of performance, documentation, communication with preceptor/staff, role transition). Comments do not need to reflect all of the above each week, but should reflect the primary issues of the week, strengths, and areas for improvement.

**Preceptor Sig: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_ Student Sig:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**