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Nursing student evaluation comments

Nursing student final evaluation comments examples. Nursing student evaluation comments examples. Clinical evaluation nursing student evaluation comments examples.



Nursing student evaluation examples. Preceptor nursing student clinical evaluation comments examples. Nursing evaluation comments examples.

Last week I started a series on best practice in the clinical setting by addressing what traits the best clinical educators have in common. Today I take a look at how the best clinical educators effectively provide feedback to students! Transitioning from staff nurse to clinical educator was both a challenge and a process for me. What came easy for me was my comfort level in the clinical setting and using my clinical experience to highlight what was most and least significant to strengthen student learning. I wanted to be that educator that students would value and appreciate. Though I recognized that I could not be their "friend," I wanted to do all that I could to maintain a positive relationship with each student. I quickly realized that clinical education was not going to be all "rainbows and butterflies!" Though I gave my students positive feedback and encouragement when I saw what they were doing well, it also became apparent that sooner or later, each student had problems and struggles to apply knowledge and skills to the clinical setting that needed to be addressed. I found that providing constructive feedback was a potential minefield. Some students graciously received my corrective feedback, while others took it personally and it seemed to blow up into something that was never intended. Talking with educators across the country, I now know that I am not alone! Therefore, I will share valuable insights from the nursing literature that will empower any educator to provide corrective feedback with confidence. How to Provide Feedback Feedback is the cornerstone of effective clinical teaching and improves students' clinical performance (Cantillon & Sargant, 2008). Feedback is defined as providing specific information that compares the student's observed performance against the standard taught. To be effective, feedback must be given with the intent to improve the student's performance and presented in a way that allows the student to comprehend and accept it so that feedback is applied in practice (Cantillon & Sargant, 2008). Make it Ongoing One of the most important responsibilities that an educator has in the clinical setting is to provide honest, ONGOING feedback on students' strengths as well as weaknesses and what they need to do to improve. Do not wait until scheduled times (mid-term, etc.) to provide this feedback, but do so promptly. To create a culture where student feedback will be well received regardless of the content, consistently AFFIRM students and what they are doing well. Nursing students tend to be high-performing achievers and can feel like failures because of the rigors of nursing school when constructive feedback is given. To provide feedback that enhances student learning, the majority of students valued feedback that was both positive and constructive.

- Whenever we need a fresh look at a problem, we know we can turn to Julia for a novel perspective.

Negative review

- Paul's team feels discouraged as he often "shoots down" creative ideas without any explanation. Paul should be more willing to listen to ideas before he rejects them outright.
- Jean does not tap into the creative side of her team and consistently overlooks the innovative employees reporting to her.
- Kevin has a difficult time thinking "outside of the box" and creating new and untested solutions.

3. Performance review phrases for decision making – nursing coordinator

Positive performance review phrases for decision making

A person with good decision-making skills should be a person:

- Be able to make sound fact-based judgments;
- Be able to work out multiple alternative solutions and determined the most suitable one;
- Be objective in considering a fact or situation;
- Be firm to not let the individual emotion and feeling affect on the made decision;

Negative performance review phrases for decision making

- Be hesitant in making decision and too much cautious in making the final decision which often results in wrong decision;
- Apply complex and impractical approaches in solving problems;
- Fail to make a short-list of solutions recommended by direct units;
- Be paralyzed and confused when facing tight deadlines to make decisions;

4. Interpersonal Skills Performance Review Phrases – nursing coordinator

Positive review

Job Performance Evaluation Form

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When students are engaged in learning, feedback will be more effective. When feedback is absent, ambiguous, and inconsistent, this is a barrier to student learning (Giles, Gilbert, McNeill, 2014). To provide feedback well, both students and educators need to be engaged and consistent to strengthen student learning. Best-Practice Principles When feedback needs to be given, use the following principles to provide needed feedback that same clinical day (Herman, Manning, Zager, 2011): Be concrete and specific with your concerns. Guide students so they can improve performance. Continue to observe and assess to determine if improvement has been made and provide feedback (positive or constructive). Be timely. Be sure to address the concern before the student leaves the clinical site. Always give feedback in PRIVATE, never in front of others, including the patient. Using the following principles to enhance teamwork and collaboration in the clinical setting with your students (Motley & Dolansky, 2015). Create a culture of feedback. Educators must communicate to students that feedback is a normal, everyday occurrence in the clinical setting. Use structured communication tools. Use pre-conference and post-conference to ask consistent questions each clinical. Encourage dialogue. In order to develop the higher-level thinking skills of problem-solving, analyzing situations, and applying knowledge, dialogue and questioning with students is required each clinical. Dialogue also teaches the professional skill of collaboration. Acknowledge the human factor. Know each student well enough so that feedback is given that considers the personality and temperament as well as the student's perspective and rationale for clinical judgments. Embrace your leadership role. Embrace the responsibility to be a leader and model this to students. Use your passion for nursing to inspire, motivate, advocate, and support students, and use a variety of learning activities including unfolding case studies to prepare students for practice. Additional Considerations Be aware of any nonverbal messaging and communication when you are under stress that can adversely impact the student-faculty relationship that makes it difficult for students to learn from you. Just as in a personal relationship, the time it took to develop a healthy trust relationship can be destroyed in seconds when any of the following faculty behaviors are evident: Negative body language. Be aware of what your body language, facial expressions communicate to students. Harsh tone of voice. Choose your words carefully when providing feedback or interacting with students. What you say and HOW you communicate and provide feedback will not be quickly forgotten. Put as much effort into determining what you will say as you did in carefully documenting the concern. Judgmental attitude. Be careful not to make negative assumptions or judgments with words that could wound your students. Providing Negative Feedback Sharing negative feedback to students is difficult and challenging, but is essential to help students be successful (McGregor, 2007). This is one of the greatest challenges for clinical educators. To provide negative feedback effectively, the following steps guided faculty to communicate negative feedback that is well received by students (Meyer & Peters, 2010): Faculty's written description of the situation. Before meeting with the student, write a concise, factual account of the situation that is free of judgments or assumptions. Student's verbal explanation of the situation. Have the student read what faculty wrote and encourage the student to share their perception of the event. Student's written summary of the situation. Allowing the student to write out their observations and perception creates an environment where the student feels heard and respected. This reflection can provide valuable insight to the educator. Mutual discussion to understand the issue and review options for addressing the issue.

CLINICAL EVALUATION: Student must pass both the didactic and clinical portions of a clinical course in order to pass the course. In order to pass the clinical portion, the student must receive a passing grade (minimum of 83%) on the faculty evaluation of the student's clinical performance (Nurse Practitioner Clinical Evaluation). Students who fail a faculty evaluation have a one-time option to retake the practicum. A second faculty member will be present during the clinical performance retake. If the student passes the clinical performance retake (minimum of 83%), the maximum grade the student can receive for the exam for purposes of grade calculation is 83%. If the student fails the retake, the student will receive a grade of "F" for the course.

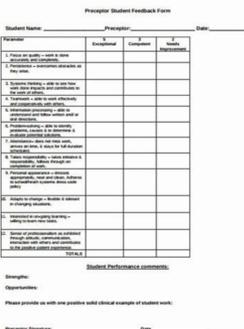
STUDENT REQUIREMENT FOR PRECEPTOR AGREEMENTS/PACKETS:

1. All Preceptor Agreements must be signed by the first day the student attends clinical (may be signed on that day).
2. Student is responsible to ensure that all of his/her preceptor agreements are signed before beginning clinical experience and these agreements are given to Linda Adams by the third week of the semester. (This means that even if a student doesn't start working with a particular preceptor until late in the semester, s/he would contact that preceptor during the first 3 weeks of the semester.
3. Linda Adams or designated support staff will enter the agreement data into *Partner* database. The Agreement Date field in *Partner* is the date that the Preceptor signed the Agreement. (This date must be on or before the student's first clinical day in order for the student to access *E-logs*). If this is the first time a preceptor is precepting a graduate nursing student for The University of Texas at Arlington, please have his/her complete the Preceptor Biographical Data Sheet and submit it with his/her Curriculum Vitae.
4. The signed preceptor agreement is part of the clinical clearance process. Failure to submit it in a timely fashion will result in the inability to access the E-log system.

CLINICAL CLEARANCE: All students must have current clinical clearance to legally perform clinical hours each semester. If your clinical clearance is not current, you will be unable to do clinical hours that are required for this course and this would result in course failure.

STATUS OF RN LICENSURE: All graduate nursing students must have an unencumbered license as designated by the Board of Nurse Examiners (BNE) to participate in graduate clinical nursing courses. It is also imperative that any student whose license becomes unencumbered by the BNE must immediately notify the Interim Associate Dean for the MSN Program, Dr. Mary Schies. Failure to do so will result in dismissal from the Graduate Program. The complete policy about unencumbered licenses is 7.

Faculty's written plan of action based. Once all information has been assimilated by faculty, next steps can be determined. ACTION Step...Reflect! To make this content practical, adopt the motto of the Home Depot "Never stop improving" and take a moment to honestly reflect and use the numerous articles from the literature to determine what are you doing well and resolve to make needed adjustments to make any weakness a strength! Remember that every student and even nurse educators are works in progress! Give your students, colleagues, and most importantly yourself the grace to grow in your role. In Closing Though some students may inherently resist any attempt to provide constructive feedback, if you follow these principles, it will help increase both your comfort and confidence when you need to go there. Providing feedback effectively is both an art and science. Use these best-practice recommendations from the nursing literature to strengthen your skill and ability to provide feedback to students. Providing needed feedback will ultimately strengthen your students and help make them be the best nurses possible which will not only benefit the student but the future patients they will care for in practice! Want More Blogs on Clinical Education? Here are some recent blogs that you may have missed to strengthen clinical teaching! References Cantillon, P., & Sargeant, J. (2008). Giving feedback in clinical settings. *BMJ (Clinical Research Education)*, 337. Giles, T.M., Gilbert, S., & McNeill, L. (2014). Nursing students' perceptions regarding the amount and type of written feedback required to enhance their learning. *Journal of Nursing Education*, 53(1), 23-30. Herman, J., Manning, L.S., & Zager, L.R. (2011). The eight-step approach to teaching clinical nursing. Duluth, GA: I CAN Publishing, McGregor, A.




UNIVERSITY OF NORTHERN IOWA
Faculty of Nursing
NURSING CLINICAL EVALUATION FORM

Student Name _____	Student Number _____
Preceptor Name _____	
Class of Year _____	Check of Date _____
<input type="checkbox"/> Feedback	

These performance expectations can be applied to a range of nursing roles and clinical sites and are based on the College of Nursing's Vision of Excellence. (NINSE) Unit's Level 2 competencies for Registered Nurses in Ontario. The program is not to be used for RN's only. This tool is generally for internal use only and is not to be used for RN's only.

Final Evaluation: Please indicate the level of performance by placing a check mark in the space beside the description. **NUMERATIVE COMMENTS ARE REQUIRED.**

- Excellent/Exceeds Expectations:** Indicates meeting requirements of the standards are done with exceptional performance.
- Exceeds Expectations/Meets Expectations:** Student who has skills identified as demonstrating excellent performance in some areas but others require more than minimal attention to meet the program's standards. In some areas, they exceed the standards and in some areas they are just meeting the standards.
- Meets Expectations/Needs Improvement:** Indicates that the student demonstrates competent clinical skills and requires attention from the preceptor to address performance issues. The student's performance is acceptable but not yet at the level of the standards.

Final Evaluation: Please indicate the level of performance by placing a check mark beside either EXCELLENT or MEETS. The level of performance of the evaluation and all performance objectives are the same provided. **NUMERATIVE COMMENTS ARE REQUIRED.**

- EXCEL:** Student demonstrates consistent achievement of all performance objectives. It is either independently or with minimal assistance from teacher/preceptor. Shows a safe and competent practice delivery of care. Student demonstrates consistent growth throughout the clinical placement.
- MEETS:** Student does not demonstrate the achievement of all of the indicators, or requires support or assistance throughout placement to reach the standards. Student is unable to practice safely and competently care. Student shows little or no growth, or has declined to practice performance while completing the clinical placement.

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