



When the following criteria have been consistently met, the student should be functioning as a safe beginning level practitioner. Review each item carefully to ensure that the student is consistently meeting these expectations. When all requirements have been met by the student, the preceptor may sign the Declaration of Safety (DOS). If the program requirements for numbers have not been satisfied, the student must continue in clinical using the Daily DATs. If all program **course requirements** have not been completed, the student must remain in clinical until s(he) has done so.

CRITERIA	CLINICAL COMPETENCIES	UNMET	MET (date met)
1. ASSESSMENT SKILLS	a. Collects all necessary data independently	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Is able to synthesize pertinent information and focus data collection (follows a data trail)	<input type="checkbox"/>	<input type="checkbox"/> _____
2. IDENTIFICATION OF PROBLEMS AND NEEDS	a. Readily lists potential and actual problems and needs in context of client and community	<input type="checkbox"/>	<input type="checkbox"/> _____
3. ESTABLISHMENT OF PLANS AND PRIORITIES FOR ACTION	a. Independently and accurately implements a plan of care in anticipation of real and potential problems	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Designs a complete plan for follow-up and management appropriate for client, family and setting which includes self care goals.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	c. Consistently demonstrates ability to professionally delegate needs to staff	<input type="checkbox"/>	<input type="checkbox"/> _____
	d. Efficiently demonstrates command of environment in all settings	<input type="checkbox"/>	<input type="checkbox"/> _____
	e. Demonstrates efficient management of time and environment in all settings	<input type="checkbox"/>	<input type="checkbox"/> _____
4. VERBAL INTERACTION SKILLS	a. Rapidly and consistently develops rapport with clients and family in all clinical settings	<input type="checkbox"/>	<input type="checkbox"/> _____
5. PSYCHOMOTOR SKILLS	a. Demonstrates safe, efficient performance of manual skills in a variety of common and emergency situations.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Accurately and independently interprets clinical findings.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	c. Combines verbal explanations to client with performance of skills in all settings with common or emergent situations	<input type="checkbox"/>	<input type="checkbox"/> _____
6. KNOWLEDGE BASE	a. Expands broad knowledge base through inquiry using multiple resources and shares with family, staff, and providers	<input type="checkbox"/>	<input type="checkbox"/> _____
7. DOCUMENTS	a. Demonstrates application of principles of risk management on client records	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Ensures that all records are accurate and complete	<input type="checkbox"/>	<input type="checkbox"/> _____
8. SAFETY OF STUDENT PERFORMANCE	a. Demonstrates knowledge of own boundaries of safe management.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	b. Consults with other healthcare providers appropriately	<input type="checkbox"/>	<input type="checkbox"/> _____
	c. Is consistently able to anticipate MD consultant's probable management plan and facilitate its implementation.....	<input type="checkbox"/>	<input type="checkbox"/> _____
	d. Supports client and provides continuity of care when co-managing with MD.....	<input type="checkbox"/>	<input type="checkbox"/> _____



CRITERIA	CLINICAL COMPETENCIES	UNMET	MET (date met)
9. PROFESSIONAL ROLE	a. Considers the needs of the practice setting in providing care b. Functions independently and professionally in the role of NP c. Integrates all necessary components in order to assume primary responsibility for complete and appropriate management of the client in all settings	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Primary Preceptor Signature: _____ Date _____

Student Signature: _____ Date _____