

**Leading Education and Advancing Professional
 Professional Student NP**

Applicant Name: _____

Date: _____

The above named applicant has applied to Houston Methodist Hospital to be a part of the Student Professional Nurse Practitioner Program (LEAP). In order for the Houston Methodist to consider this applicant, please complete all parts of this evaluation form and return it at your earliest convenience.

I. Time period in which you are familiar with the applicant's clinical practice:

From: _____ to: _____ (Present) _____

II. Capacity in which you are familiar with the applicant (select one):

_____ Preceptor/Mentor _____ Faculty _____ Manager

III. The following assessment/evaluation must be based on demonstrated performance compared to that reasonably expected of a practitioner with a similar level of training, experience, and background.

Required Assessment	Poor	Average	Good	Outstanding	Unknown	Comments
Patient Care: The applicant provides patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life.						
Medical/Clinical Knowledge: The applicant demonstrates knowledge of established and evolving biomedical, clinical, and social sciences, and the application of their knowledge to patients care and education of others.						
Technical/Clinical Skills and Clinical Judgment: The applicant demonstrates appropriateness of clinical decision-making that will increase the likelihood of desired health outcomes and are consistent with current professional knowledge (for example, medication use, infection control, patient assessment, etc).						
Practice-Based Learning and Improvement: The applicant is able to use scientific evidence and methods to investigate, evaluate, and improve patient care practices (for example, appropriate request for consult, etc).						
Interpersonal and Communication Skills: The applicant demonstrates interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.						
Professionalism: The applicant demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity (including race, culture, gender, religion, ethnic background, sexual preference, language, mental capacity and physical disability) and a responsible attitude toward their patients, their profession, and society.						
Systems-Based Practice: The applicant demonstrates both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care (for example, LOS, appropriate use of resources, adherence to Bylaws, etc).						



IV: Impressions:

Does this applicant work well with others? Yes No
Would you refer your patients to this applicant? Yes No
Would you let this applicant treat a member of your family? Yes No

If you answered "no" to any question in Section IV, please provide details: _____

V. Conduct and Health Status:

Has this applicant ever constituted a real and present danger to the health of patients? Yes No
Has this applicant ever been unable to practice medicine with reasonable skill or safety? Yes No

If you answered "yes" to either question in Section V, please provide details, if known: _____

VI. Actions Taken:

To your knowledge, has this applicant ever been subject to disciplinary action, such as imposition of consultation requirements, suspension, probation, or termination, or are any such actions pending? Yes No
To your knowledge, has this applicant ever been involved in any malpractice action? Yes No

If you answered "yes" to either question in Section VI please provide details, if known: _____

VII. Clinical Competence:

In your opinion, is this applicant clinically competent to provide safe and quality care for our patients at Houston Methodist? Yes No

Additional Comments: _____

VIII. Recommendations:

_____ Recommend without reservation because this applicant is qualified and competent
_____ Recommend **WITH** the following Reservation: _____
_____ Do not Recommend

IX. General Impressions: Please use the below space for any additional comments, information or recommendations you believe would be relevant to the decision in granting staff appointment and clinical privileges as the applicant requested.

If you have any questions regarding this assessment/evaluation, or you are unable to complete such, please contact _____

Email completed Evaluation to LEAPStudentMail@houstonmethodist.org

Signature: _____ Date: _____

Area of Specialty: _____

