

INSTRUCTIONS:

Please submit a copy of your clinical evaluation from your instructor for the relevant rotation area.
Alternatively, please have your clinical instructor complete this form and return, in confidence, to esn@phsa.ca.

APPLICANT DETAILS

Name of ESN Applicant:

Name of Clinical Instructor:

Clinical Rotation:

Name of School:

Instructor's Phone Number:

Instructor's E-mail:

ASSESSMENT OF POTENTIAL ESN

Please rate this applicant's abilities on the following broad competencies using this scale as a guide to your assessment: Circle the number that best represents the student's level.

Assessment Scale

- 1 = Student performs inconsistently and requires development
- 2 = Student performs fairly consistently and may require support from time to time
- 3 = Student performs consistently and with confidence
- 4 = Not Applicable

1 2 3 4

Student recognizes their own limitations and seeks assistance appropriately:

Student applies critical thinking skills appropriately:

Student uses verbal and written communication skills appropriately:

Students uses clinical decision making skills (clinical judgement):

Student is able to prioritize, plan, and implement care, based on actual and potential problems:

Student is able to evaluate nursing interventions and participate in multi-disciplinary team evaluations of care:

Student is motivated and self-directed in their practice:

SKILLS CHECKLIST

List 3 strengths

Please provide additional comments to support the above information (you may copy and paste the student's evaluation here if you wish)

Please indicate whether you would recommend this student as a suitable candidate for the Employed Student Nurse program in pediatric / pediatric mental health / perinatal / oncology nursing with PHSA.

Yes:

No:

Signature:

Date:

On behalf of PHSA, thank you for taking the time to complete the reference for the candidate mentioned above.