MOLLOY UNIVERSITY
THE BARBARA H. HAGAN SCHOOL OF NURSING and HEALTH SCIENCES
GRADUATE PROGRAM
NUR 5450: NURSING INFORMATICS III
Evaluation of Student in the Nursing Administration with Informatics Practicum

Student Name: _____ **Semester:** _____

Faculty Member'sName: _____

Preceptor # of Hours: _____

Practicum Site: _____

Preceptor Name: _____

Objective	Pass	Fail	Needs Improvement	No Opportunity To Observe
A. Informaticist Role **1. Participates in the functioning of the information technology system of an institution.** **2. Supports and facilitates the organization's /unit's implementation of computerized information systems.** **3. Assists administration in coordinating, implementing, and evaluating software/information technology systems/program.** **4. Participates in appropriate meetings and/or conferences.** **5. Seeks input from administrator regarding professional development.** **6. Applies critical thinking analysis to decisions regarding technological resources for management issues of budgeting, planning, staffing, quality control, etc.** **7. Selects and utilizes appropriate software for information and database management.** **8. Applies standards of ethics and laws pertaining to information management.**				

Objective	Pass	Fail	Needs Improvement	No Opportunity to Observe
B. Research Role **1. Utilizes research to support decisions in informaticist role.** **2. Identifies potential research related** **to information technology and its** **application in health care.** **3. Utilizes advanced software programs to support/evaluate research.** **4. Utilizes/develops database to monitor patient outcomes.** **5. Acts as a resource to other nurses.**				
C. Professionalism **1. Assumes responsibility for maintaining current knowledge and competency in field.** **2. Develops a plan for professional development.** **3. Collaborates with others in the field.** **4. Promotes a positive image of nursing.** **5. Participated in Practicum Seminars**				

COMMENTS: (Please address overall performance and any area marked Fail, Needs Improvement, or No Opportunity to Observe)
PRECEPTOR OR FACULTY:

_____
_____
_____
_____
_____
_____

STUDENT:

_____
_____
_____
_____
_____
_____

Preceptor's Signature_____
Date_____

Faculty's Signature_____
Date_____

Student's Signature_____
Date_____