

LAST NAME/FIRST NAME:	CLINICAL SITE:
CLINICAL DATES:	STUDENT PHONE #:

GRADING CODE: S – Satisfactory N – Needs Improvement U – UNSATISFACTORY NA – NOT APPLICABLE NO – NO OPPORTUNITY

GRADING POLICIES:

Students will receive a final grade of (P) for passing clinical or an (F) for failing clinical.	Prior to the Formative Evaluation students who receive any <i>Unsatisfactory</i> in any category will be counseled to improve their performance.
Prior to the Formative Evaluation: TWO (2) or more unsatisfactory (U) grades in any category will result in failure for the clinical day.	After the Formative Evaluation: ONE (1) unsatisfactory (U) grade in any category will result in failure for the clinical day.
Any 2 failed days will result in clinical failure and course failure.	Students must meet with the clinical faculty member to be counseled regarding any failed clinical day.

ATTENDANCE: X – Excused Absence UX – Unexcused Absence (Failure for Day) OR – Out Rotation

PUNCTUALITY: S – Satisfactory (Student on Time)

U – Unsatisfactory (Student Tardy 1st occasion and thereafter)

DRESS CODE: S – Satisfactory (Student dressed according to school policy)

U – Unsatisfactory (Student out of uniform 2nd occasion and thereafter)

HIPAA: S – Satisfactory (Student adheres to HIPAA regulations)

U – Unsatisfactory (Student needs reminder to adhere to HIPAA – (1st occasion and thereafter)

RECORD OF ATTENDANCE

DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade												

PUNCTUALITY

DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade												

ADHERENCE TO DRESS CODE

DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade												

ADHERENCE TO HIPAA REGULATIONS

DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade												

Preceptor	Initials	Preceptor	Initials
Preceptor	Initials	Preceptor	Initials

PREPARED FOR CLINICAL ACTIVITY

S							U					
Student will demonstrate preparation for the clinical experience by: Ability to discuss pertinent assessment findings related to plan of care. Ability to demonstrate knowledge of procedures and medications related to the care of assigned client.							Student is unable to demonstrate preparation for the clinical experience as evidenced by: Unable to discuss pertinent assessment findings related to plan of care. Unable to demonstrate knowledge of procedures or medications related to the care of the assigned client.					
DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade (S-U)												

PROFESSIONALISM/PERSONAL DEVELOPMENT

S							U					
Without prompting, demonstrates teamwork with colleagues. Displays respect of all clients, colleagues, cultures and belief systems. Engages in behaviors that promote a culture of caring. Assumes accountability and responsibility for own actions. Regularly takes advantage of learning opportunities. Appropriately seeks and welcomes feedback from facilitator. Displays positive attitude toward learning environment. Adheres to principles of professional standards.							Engages in behaviors that are detrimental to promotion of teamwork. Shows disrespect for clients, colleagues, cultures or belief systems. Demonstrates non-caring behaviors. Denies accountability or responsibility for own actions. Refuses or hesitates to take advantage of learning opportunities. Resistant to feedback from facilitator. Displays negativity toward learning environment. Violates principles of professional standards.					
DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade (S-U)												

SAFETY

S						U						
Without prompting, identifies clients according to hospital policy using 2 identifiers. Observes universal precautions at all times. Keeps care environment free of potential hazards. Completes environmental safety survey with minimal prompting.						Fails to identify client according to hospital policy using 2 identifiers (any occurrence) Fails to observe universal precautions. Fails to keep care environment free of potential hazards. (1st occasion and thereafter) Needs a reminder to complete environment safety survey. (1st occasion and thereafter)						
DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade (S-U)												

COMMUNICATION/DOCUMENTATION

S						U						
Demonstrates therapeutic communication in the nurse-client relationship. Participates in inter/intraprofessional communication regarding care of the client with minimal prompting (participates in rounds, collaboration with pharmacist, OT/PT, US, etc...). Documents appropriate client data in a timely and accurate manner according to hospital policy. Utilizes technology where appropriate and available. Demonstrates accurate reporting of pertinent client data to the facilitator or staff.						Unable to effectively communicate with clients, peers, faculty and other health care providers. Needs any level of prompting or refuses to participate in inter/intraprofessional communication regarding care of the client. Fails to document client progression and assessment correctly, in a timely manner; or documentation contains faulty, inaccurate or missing data Fails to report relevant client data to facilitator or staff.						
DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade (S-U)												

ASSESSMENT

S						U						
Performs a general survey of the patient without prompting as appropriate. Performs appropriate head to toe assessment according to facility policy with minimal assistance as appropriate.						Needs reminder to perform a general survey of the patient at beginning of shift. (1 st occasion and thereafter) Unable to perform appropriate head to toe assessment according to facility policy OR Requires any level of assistance.						
DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade (S-U)												

PLANNING

S						U						
Formulates a prioritized plan of client care based on patient need with minimal assistance. Interprets assessment findings with minimal assistance. Interprets lab and diagnostic test findings with minimal assistance as appropriate.						Unable to formulate a prioritized plan of client care. (1 st occasion and thereafter) Unable to interpret assessment findings. (1 st occasion and thereafter) Unable to interpret lab and diagnostic test findings. (1 st occasion and thereafter)						
DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade (S-U)												

THERAPEUTIC NURSING INTERVENTIONS

S						U						
Performs previously learned skills in a timely and safe manner with minimal cues. Collects all equipment and supplies, implements proper nursing interventions prior to performing skills.						Unable to perform previously learned skills accurately. Poor organization when performing skill. Unsafe skills or procedures. (1 st occasion and thereafter)						
DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade (S-U)												

CLIENT TEACHING

S						U						
Identifies client learning needs. Formulates and delivers client teaching plan. Implements correctly and documents on education form without prompting.						Unable to identify basic client learning needs. Unable to formulate basic plan. Unprepared to teach or avoids opportunities when available. (1st occasion and thereafter)						
DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade (S-U)												

EVALUATION/PROBLEM SOLVING

S						U						
Evaluates effectiveness of therapeutic interventions in a timely manner. Evaluates effectiveness of medication administration in a timely manner.						Fails to evaluate effectiveness of therapeutic interventions (1 st occasion and thereafter). Fails to evaluate effectiveness of medication administration (1 st occasion and thereafter).						
DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade (S-U)												

TEAMWORK

S						U						
Works effectively with other members of clinical group Prepares assignments within the allotted timeframe. Quality of work is acceptable to team members and faculty						Fails to be a team player (1 st occasion and thereafter). Fails to submit assignments on time to team members/faculty (1 st occasion and thereafter). Fails to submit quality work (1 st occasion and thereafter)						
DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade (S-U)												

OVERALL DAILY GRADE (P = Pass F = Failure) Two failures during clinical rotation results in failure in Clinical. A failure in Clinical results in an overall failure of the course.

DAY	1	2	3	4	5	6	7	8	9	10	11	12
Grade												

INTERIM EVALUATION – If Needed						FINAL EVALUATION					
PERFORMANCE: (S-N-U)						PERFORMANCE: (S-N-U)					
Student Signature/Date:						Student Signature/Date:					
Faculty Signature/Date:						Faculty Signature/Date:					
Preceptor Name:											
Comments: (Please date/ initial comments)											

If student "Needs Improvement" or has "Unsatisfactory" clinical performance during the rotation the Improvement Plan below should be completed and included with Clinical Performance Record:

Student will:
The above improvements will be re-evaluated on:
Additional comments:

Student Name

Faculty/Facilitator Name

Student Signature and Date

Faculty/Facilitator Signature and Date