At points in this form, a signature/initials will be required. You may do so with a manual signature/initials or an electronic signature/initials. By typing your name or initials, you are signing this form electronically. You agree your electronic signature/initials is the legal equivalent of your manual signature on this form.

Student Name: Student D#: Date:

Designated Faculty Names:

Course Number and Name: Choose an item.

Session: Choose an item. Year: Campus Location: Choose an item. If other, please list:

Total Hours Completed: Date(s) Tardy: Date(s) Absent:

Clinical Site Name and Location:

[ ]  Student Completed All Clinical Facility Orientation Requirements

[ ]  Student Completed All Required Simulation-Based Experiences (SBEs), including: [ ]  Pre-briefing [ ]  Simulation Participation [ ]  De-briefing

**Final Evaluation:** [ ]  **SATISFACTORY** [ ]  **UNSATISFACTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| * Student Learner (SL): Place self-assessment in the “SL” column
* Designated Faculty (DF): Place assessment of the student’s performance in the “DF” column
* If the student learner does not have a satisfactory rating, complete the Formative Comments section with specific recommendations for improvement to meet the expectation. Additional comments are encouraged even when expectations are met
 | Performance Rating Criteria: Evaluate Using One of These Four Options | * **S**=Satisfactory (Meets or Exceeds)
* **U**=Unsatisfactory (Fails to Meet)
 | * **NI**=Needs Improvement to Meet
* **NA**=No Opportunity for Evaluation
 |

***Nursing Skills Record of Return Demonstrations Faculty Signature and Initials for Return Demonstrations***

|  |  |  |
| --- | --- | --- |
| **Skill** | Return Demonstration(1st Attempt) | Return Demonstration (2nd Attempt) |
| S(Date/ Faculty Initials) | U(Date/ Faculty Initials) | S(Date/ Faculty Initials) | U(Date/ Faculty Initials) |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |

|  |  |
| --- | --- |
| Faculty Signature | Initials |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |

Student Name: Student D#:

|  |  |  |
| --- | --- | --- |
| Clinical Learning Competencies (CLCs) & Performance Descriptors | Performance Rating Criteria: Evaluate Using One of These Four Options | Performance Rating (S/U/NI/NA) |
| * **S**=Satisfactory (Meets or Exceeds)
* **U**=Unsatisfactory (Fails to Meet)
 | * **NI**=Needs Improvement to Meet
* **NA**=No Opportunity for Evaluation
 | Week  | Week  | Week  | Week  | Week  | Week  | Week  | Week  |
| Date  | Date  | Date  | Date  | Date  | Date  | Date  | Date  |
| Hours  | Hours  | Hours  | Hours  | Hours  | Hours  | Hours  | Hours  |
| SL | DF | SL | DF | SL | DF | SL | DF | SL | DF | SL | DF | SL | DF | SL | DF |
| Prioritize appropriate nursing care based on theories and principles of nursing. (PO 1) |
| * Demonstrate appropriate knowledge, skills and attitudes required for performing basic nursing skills while maintaining a safe environment
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Identifies data and nursing interventions to provide individualized and comprehensive nursing care
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Demonstrates effective assessment skills in obtaining subjective and objective data
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Examines patient preferences and values when providing basic nursing care
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Evaluate a plan in collaboration with the patient, family and interdisciplinary healthcare team, using the nursing process and leadership skills for adequate health promotion, maintenance and restoration. (PO 2) |
| * Constructs a plan of care based on assessment findings and nursing diagnosis
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Identifies risk factors that influence the health of the patient with regard to health maintenance and health restoration
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Identifies spiritually and culturally with appropriate health promotion, health maintenance and illness prevention interventions
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Interprets patient outcomes to determine effectiveness of nursing interventions
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Model *Chamberlain Care*® when communicating with patients, families and other healthcare providers. (PO 3) |
| * Builds therapeutic relationships with patient and family
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Identifies changes in patient care or condition within an appropriate time frame
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Reports changes within appropriate time frame to instructor and healthcare team
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Combine clinical reasoning skills, current evidence, clinical expertise, patient and family preferences/values in the implementation of the nursing process. (PO 4) |
| * Demonstrates problem-solving and decision-making skills when providing patient care
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Utilizes clinical reasoning skills when prioritizing and providing quality safe patient care
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Implements appropriate nursing interventions based on patient data, as it relates to the nursing process
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Student Name: Student D#:

|  |  |  |
| --- | --- | --- |
| Clinical Learning Competencies (CLCs) & Performance Descriptors | Performance Rating Criteria: Evaluate Using One of These Four Options | Performance Rating (S/U/NI/NA) |
| * **S**=Satisfactory (Meets or Exceeds)
* **U**=Unsatisfactory (Fails to Meet)
 | * **NI**=Needs Improvement to Meet
* **NA**=No Opportunity for Evaluation
 | Week  | Week  | Week  | Week  | Week  | Week  | Week  | Week  |
| Date  | Date  | Date  | Date  | Date  | Date  | Date  | Date  |
| Hours  | Hours  | Hours  | Hours  | Hours  | Hours  | Hours  | Hours  |
| SL | DF | SL | DF | SL | DF | SL | DF | SL | DF | SL | DF | SL | DF | SL | DF |
| Completes all clinical learning experiences and requirements successfully. (PO 5) |
| * Completes opportunities to expand personal learning and development through patient care
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Documents patient care appropriately according to the clinical learning setting
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Completes all assignments related to the clinical learning experience within established guidelines
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Apply principles of legal, ethical and professional standards in planning for and delivering patient care. (PO 6) |
| * Functions within the guidelines of Chamberlain and the clinical learning setting, regarding legal, ethical and professional standards
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Evaluates ethical care based on ***Chamberlain Care®***, advocacy, confidentiality and respect for patients and their support groups
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Incorporate professional standards to transition to the novice nurse role through clinical learning focused on safety both through individual performance and system effectiveness. (PO 7) |
| * Organizes basic nursing skills while performing patient care
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Applies basic strategies for cost-effective quality healthcare while delivering patient care (supplies, resources, etc.)
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Models personal responsibility for own actions in the nursing role
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Implement nursing research literature while providing patient and family care. (PO 8) |
| * Utlizes evidence-based information to support selected nursing interventions when delivering patient care (Braden Scale, etc.)
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Implements current research to address identified teaching/learning needs of patient
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| * Chooses evidence-based references to support delivery of patient care
 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Student Name: Student D#:

# FORMATIVE COMMENTS

**Students:** Are required to provide reflective comments on their performance, care provided (including primary medical diagnosis), and activities completed for each clinical learning experience. Examples of activities include but are not limited to simulations, concept/skill-based, etc. Describe all simulations where appropriate.

**Faculty:** Weekly faculty comments are not required for courses with clinical credit hours unless desired opportunities for improvements (performance evaluation of NI or U) have
been identified, then they are required. Faculty assigned student performance evaluation of NI or U requires substantive faculty feedback suggestions for performance improvement
and professional development that will assist the student learner to meet expectations. Initials below indicate acknowledgment of comments for each week. Students with NI or U
should be continually evaluated for improvement.

|  |  |  |  |
| --- | --- | --- | --- |
| Week Number | Comments (Student Learner and/or Designated Faculty) | Student Learner Initials | Designated Faculty Initials |
| **Week:** Date: Hours:  |   |   |   |
| **Week:** Date: Hours:  |   |   |   |
| **Week:** Date: Hours:  |   |   |   |
| **Week:** Date: Hours:  |   |   |   |

Student Name: Student D#:

|  |  |  |  |
| --- | --- | --- | --- |
| Week Number | Comments (Student Learner and/or Designated Faculty) | Student Learner Initials | Designated Faculty Initials |
| **Week:** Date: Hours:  |   |   |   |
| **Week:** Date: Hours:  |   |   |   |
| **Week:** Date: Hours:  |   |   |   |
| **Week:** Date: Hours:  |   |   |   |

Student Name: Student D#:

|  |
| --- |
| Midterm Summative Evaluation |
| [ ]  **SATISFACTORY** [ ]  **UNSATISFACTORY** |
| Student Learner Comments:  |
| Goals for Remainder of the Session: 1. Area(s) Progressed in:
2. Area(s) to Focus on:
 |
| Designated Faculty Comments:  |
| Student Learner Signature:  | My signature indicates my acknowledgment of faculty evaluation, my current performance rating and that I have reviewed the weekly feedback. | Date:  | Student D#:  |
| Designated Faculty Signature:  | My signature indicates the information documented is accurate and reflects the student’s performance as of this date. | Date:  |

Student Name: Student D#:

|  |
| --- |
| Final Summative Evaluation |
| [ ]  **SATISFACTORY** [ ]  **UNSATISFACTORY** |
| Student Learner Comments:  |
| Goals for Providing Future Patient Care:  |
| Designated Faculty Comments:  |
| Student Learner Signature:  | My signature indicates my acknowledgment of faculty evaluation, my current performance rating and that I have reviewed the weekly feedback. | Date:  | Student D#:  |
| Designated Faculty Signature:  | My signature indicates the information documented is accurate and reflects the student’s performance as of this date. | Date:  |

Student Name: Student D#:

# SKILLS PERFORMED DURING CLINICAL LEARNING

**Directions:** Skills performed during the clinical learning experience are captured below, as well as within the formative comments section above. Faculty, place a check in the box next
to the skill(s) performed. Any additional skills performed which are not listed, place in the “Additional Skills Performed” section.

|  |
| --- |
| Fundamental Skills |
| [ ]  Assist with Ambulation[ ]  Assist with Bed Pan[ ]  Assist with Urinal[ ]  Bathing[ ]  Assistive Devices [ ]  Crutches[ ]  Wheelchair[ ]  Walker[ ]  Cane[ ]  Bed Making[ ]  Catheter Care[ ]  Change IV Bag[ ]  Clean Urine Catch [ ]  Conflict Resolution [ ]  Confidentiality/Information Security [ ]  Culture Swab [ ]  Care of Drains [ ]  Empty/Irrigate[ ]  JP/Penrose/Hemovac[ ]  End-of-Life Care [ ]  End-of-Shift Report[ ]  Enema  | [ ]  Evidence-based Practice[ ]  Finger Stick Blood Glucose[ ]  Hand Hygiene [ ]  Hoyer Lift[ ]  Incident Report[ ]  Indwelling Catheter Insertion [ ]  Indwelling Catheter Removal[ ]  Intake & Output [ ]  Interdisciplinary Communication[ ]  Irrigating Colostomy[ ]  Incentive Spirometer[ ]  Medication Administration[ ]  PO[ ]  Sub Q[ ]  IM [ ]  ID[ ]  Ophthalmic[ ]  Inhalant[ ]  Topical[ ]  Medication Calculation [ ]  Moist/Dry Heat  | [ ]  NG Tube Insertion[ ]  NG Tube Removal[ ]  Oral Care[ ]  Oral Suctioning[ ]  Orthostatic[ ]  Pain Assessment [ ]  Patient-Family Teaching/Communication[ ]  Perineal Care[ ]  Physical Assessment[ ]  PPE/Isolation Precautions[ ]  Pressure Ulcer Prevention[ ]  Problem Solving[ ]  Resource Management (Equipment, Supplies)[ ]  Restraints[ ]  ROM[ ]  Safety Checks [ ]  Bed Locked[ ]  Lowest Position[ ]  Call Light within Reach[ ]  IV Pump or Pole on Same Side as IV[ ]  Seizure Precautions | [ ]  Sequential Compression Device[ ]  Skin Care[ ]  Sterile Gloving[ ]  Straight Catheterization[ ]  Stoma Care[ ]  Swallowing Precautions[ ]  TED Hose[ ]  Therapeutic Communication[ ]  Time Management[ ]  Tracheostomy Care[ ]  Tracheostomy Suctioning [ ]  Transfer from [ ]  Bed[ ]  Chair[ ]  Cart [ ]  Translation Services [ ]  Turning & Repositioning[ ]  Vital Signs[ ]  Wound Care [ ]  Dry Dressing[ ]  Wet-to-Dry Dressing Change[ ]  Cleaning |

Student Name: Student D#:

|  |
| --- |
| Advanced Skills |
| [ ]  Advanced Directives[ ]  Antepartum[ ]  Post-partum Care [ ]  Delegation[ ]  Care of Adolescent[ ]  Care of Child[ ]  Care of Neonate[ ]  Care of Infant[ ]  Care of Preschool[ ]  Care of School Age[ ]  Care of Toddler[ ]  Chest Tube Care[ ]  Collaboration with Interdisciplinary Team[ ]  Disaster Planning[ ]  ECG/EKG [ ]  Application[ ]  Rhythm Recognition or Interpretation[ ]  Alarm Values[ ]  Fetal Assessment[ ]  Labor/Delivery Care | [ ]  Medication Administration (Weight Dosed)[ ]  Newborn Assessment[ ]  Phlebotomy: [ ]  Adult [ ]  Pediatric[ ]  Newborn[ ]  Problem-Solving[ ]  Quality Improvement [ ]  IV: [ ]  Medication Administration[ ]  Start[ ]  Discontinue[ ]  Change IV Bag[ ]  Prepare IV Bag or Tubing[ ]  Recognizing Phlebitis[ ]  Infiltration[ ]  Titration of IV Fluids[ ]  Staffing Assignments[ ]  Vaccinations: Newborn |

|  |
| --- |
| Additional Skills Performed |
|   |

Chamberlain University is accredited by the Higher Learning Commission ([www.hlcommission.org](http://www.hlcommission.org/)), an institutional accreditation agency recognized by the U.S. Department of Education. Accreditation provides assurance to the public and to prospective students that standards of quality have been met The baccalaureate degree in nursing program, master's degree in nursing program, Doctor of Nursing Practice program, and post graduate APRN certificate program at Chamberlain University are accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington DC 20001, 202-887-6791.

Certified to Operate by SCHEV.

Chamberlain University's Tysons Corner, VA campus is approved to operate by the Virginia Board of Nursing Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, VA 23233-1463, 804.367.4515.

Unresolved complaints may be reported to the Illinois Board of Higher Education through the online complaint system <http://complaints.ibhe.org/> or by mail to 1N. Old State Capitol Plaza, Suite 333, Springfield, IL 62701-13774.