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**

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| * 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) |
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| Faculty Signature | Initials |
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Student Name: Student D#:

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| 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#:

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| 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#:

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| --- | --- | --- | --- |
| 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#:

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| 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#:

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| --- | --- | --- | --- |
| 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#:

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| 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.