CLINICAL READINESS/SELF ASSESSMENT FORM

Student: _____ Clinical Dates: _____
Course: _____ Clinical Agency: Craig Hospital

What degrees or educational experiences besides nursing do you have?

What previous healthcare work or personal/family health experiences have you had?

What previous clinical rotations have you had? (What agency and/or type of unit?)

Med/Surg I _____ OB _____
Med/Surg II _____ Pediatrics _____
Community _____ Psych _____
Management _____ Other _____

What strengths have you developed from clinical experiences?

What areas of needed improvement are you aware of?

During this clinical rotation, I want to focus on/accomplish:

If you are currently working, describe briefly the type of work: (optional)

What other responsibilities do you have that may impact your time? (children, etc.) (Optional)

Are you experiencing a life situation during this clinical rotation which may affect your performance that your Clinical Scholar and/or preceptor need to know about? Explain or discuss with Clinical Scholar.

When I graduate, I plan to:

Learning Style:
Do you learn best by: (please circle all that apply)

- Reading
- Listening
- Observing and then demonstration
- Demonstration with someone observing the first time

Comments:

Would you like your Clinical Scholar/Preceptor to: (please circle all that apply)

- Be with you most of the time until you are comfortable
- Be a resource you can find for questions, etc.
- Show you once, then watch you, then let you be on your own except for questions, etc.

Comments:

Are there any special needs clinically/educationally your Clinical Scholar/Preceptor should know about to enhance your clinical experience?

How can the Clinical Scholar/Preceptor help you to obtain the optimal clinical experience?

What level of competence/confidence do you have in the following areas?

5 = Very
4 = Moderately
3 = Somewhat
2 = Need Improvement
1 = Not at all

Please indicate with an asterisk (*) if you have not previously performed a skill.

___ a. Verbal communication – asking for information, giving report
___ b. Written communication – nursing note's documentation
___ c. Organization of patient care assignments
___ d. Time management in completing assignments
___ e. Patient physical/emotional assessment
___f. Admission assessment – interviewing, history taking
___ g. Medication administration – oral, IM
___ h. Skill proficiency – NG or Gtubes, insertion, maintenance, suctioning
___ i. Oxygen set up
___ j. Isolation techniques
___ k. IV Therapy – set up, regulating, buff caps, discontinuing
___ l. Blood glucose monitoring
___ m. Insulin administration
___ n. Dressings or wound care
___ o. Tracheostomy care, suctioning
___ p. Ventilator care, suctioning

Performing the following activities under direct supervision:

___ q. Administering routine IV fluids/continuous medication infusion/IVPB medication
___ r. Administer IV push medications
___ s. Discontinue IV catheters
___ t. Draw blood from central lines
___ u. Administer narcotics
___ v. Perform venipuncture for blood drawing/IV line
___ w. Administer blood and/or blood products
___ x. Overall, general competence/comfort in the clinical area

Personal Learning Objectives

Student Name: _____

Date: _____

Clinical Site: _____

Personal learning objectives for this rotation include:

1.

2.

3.

Reviewed by:

Clinical Scholar/Instructor:_____

Preceptor: _____