Clinical Documentation

Thank you so very much for the opportunity that you provide our students for learning. For verification of his/her involvement, please complete the below form.

Student NAME: _____Student's Clinical Site: _____

Site Clinical Instructor Name: _____ Title _____

Student Time IN: _____ Student TIME OUT:_____Email:_____

Consider questions, to provide a reflection of your experience.

Tell us about your Clinical Instructor: How did they become a professional? Where did they go to school? If they were to do things over again, how would they do it differently?

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Tell us a skill you learned: What did you see, smell, hear, touch, taste? Why was it performed? What does the process mean to a clinician? What supplies were used? ** Remember, looking up more information is encouraged.

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Tell us about professionalism witnessed: How were they dressed? How did they carry themselves? How did their verbal skills stand out? Did they sit, stand, walk a lot?

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Profession review: What other professionals do they work with? What is those people's job? What did you learn unique about that career? Did you learn about other environments that the professional can work in? Did you learn a unique perspective to this job (ie does the nurse need to know how to read x-rays too?)

Overall view: What did you gain? Did you like the profession, why and why not in detail? How has this impacted/ changed you? What would you tell your classmates about his profession?

Final thoughts for your instructors: