Covenant School of Nursing
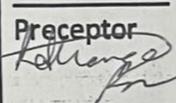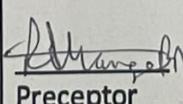
IM8 Clinical Experience- Daily Events Record

Student: **Emanuel Cabrera** UNIT: **MICU** Preceptor: **Randy Strange**

Instructions:	Highlights: Example (written)	Date/Initial =Student = Preceptor
I. Student's responsibility: - This form must be presented to the preceptor on the first day of clinical. - Write the highlights & Skills observed / performed every each clinical time. - Discuss with the preceptor & write the areas to improve before the end of the shift. **2. Preceptor's responsibility:** - Must give feedback on the areas to improve & instruct the student to write on the allotted space. **3. Student & preceptor must sign their initial every each clinical day.**	1. Team work-Rapid response 2. learning opportunities –Staph infection 3. Post op admission **Areas to improve:** 1. Assessment 2. Anticipation of patient needs 3. working on skills on Blood draw **Skills observed & performed:** 1. NGT insertion 2. Orthostatic vital sign 3. Trach suctioning	Date: 10/23/2018 E.Hamilton Student A. Santos Preceptor

Highlights:	Date/Initial	Highlights:	Date/Initial
1. Patient w/a trach 2. Learning opportunity - sepsis 3. Disoriented patient **Areas to improve:** 1. Communication 2. Pt. rounding 3. Assessment **Skills observed & performed:** 1. Blood draw 2. Tube feeding 3. PEG tube medication	=Student =Preceptor 1-15-23 Date: E. Cabrera Student _Strange RN_ Preceptor	1. palliative care patient 2. oral care 3. Setting up tube feeding **Areas to improve:** 1. Assessment 2. I/O 3. Documentation **Skills observed & performed:** 1. NGT medications 2. Trach suctioning 3. Piggyback med IV	=Student =Preceptor Date: 1/23/23 E. Cabrera Student Preceptor _Strange_
1. Post-mortem care 2. Intubated pt. care 3. Titrating for BP **Areas to improve:** 1. Assessment 2. Documentation 3. NG tube meds **Skills observed & performed:** 1. NGT medications 2. Oral care 3. Primary IV setup	=Student =Preceptor Date: 1/21/23 E. Cabrera Student _Strange RN_ Preceptor	1. 2. 3. **Areas to improve:** 1. 2. 3. **Skills observed & performed:** 1. 2. 3.	=Student =Preceptor Date: Student Preceptor

Covenant School of Nursing

Student Name **Emanuel Cabrera**

Record of Precepted Clinical Experiences

Date	Total Time	Location	Preceptor's Signature
1-15-23	6:45 - 19:15	MICU	R.Strange RN
1-21-23	6:40 - 19:15	MICU	R.Strange RN
1-23-23	6:45 - 19:20	MICU	R.Strange RN

Preceptor's Signature _____

Preceptor's Signature _____