

IM5 Pediatric Community Clinical Experience

Covenant School of Nursing

(Student to fill out this section PRIOR to clinical experience)

Date: _____

Community Site/Hours: _____

Student's Name: _____

Thank you for allowing a nursing student from **Covenant School of Nursing** Pediatric and Pediatric Psychiatric Nursing Concepts Instructional Module 5 to participate in your clinical site today.

Please take some time to complete this student feedback form. This information will be beneficial to both the student and the instructors of the course. **Return the form to the student today.**

Signature of Staff: _____ **Phone #:** _____

Please call the Instructor, Cindy Gordey at (806) 781-3334 (cell) for additional comments regarding student performance and/or participation in your area today.

OBJECTIVES

1. Apply growth and development theory in your communication and interaction with pediatric patients.
2. Apply family centered care theory in your communication and interactions with pediatric patients and/or their family members.
3. Assist with patient intake which may include assisting with physical exams, height and weight measurements, vital signs, screenings.
4. Administer medications ONLY with a licensed nurse and AFTER identifying recommended dose and reason for giving the medication.
5. Identify potential abnormalities during physical assessment and/or interaction with patient related to growth and development or pathophysiology.

	Excellent	Good	Fair	Poor
1. Did the student actively, willingly participate?				
2. Did the student maintain a pleasant and professional attitude?				

Comments

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