

**University of South Alabama
Cardiorespiratory Care Program
Daily Clinical Report/Make-up Day**

rev 4/1/09

Student _____ Clinical Site _____

Instructor/Preceptor _____ Date _____

Arrival Time _____ Departure Time _____ Total Number of Hours _____

(This side must be filled out completely before giving it to your instructor/preceptor. Document all pertinent learning activities in the Student Comments section.)

Area Assigned _____ Number of Patients Contacted _____

Check here for a make-up day and write what date was missed _____

List Primary Diagnosis of Patients Contacted _____

Procedures Observed (O) Performed (P) and Evaluated (E) and initial by therapist/preceptor. For assignments involving observation only – no performance or evaluation documentation is needed.

Student Comments _____

(Check one box below)

- I arrived clinical on time.
- I arrived clinical late. I called at _____ AM/PM and notified _____.

Student Signature _____ Date _____

(Signature must be legible and include first initial and last name)

***This form is used to document student learning experiences and it may contain patient information. Strict privacy and confidentiality must be observed.**

For Clinical Preceptor/Therapist to complete:

Please circle a rating for each category – for ratings less than “meets expectation” please check a box to reflect what was observed

Rating Scale: 1 =Far Below Expectation 2 =Below Expectation 3 =Meets Expectation
4 = Exceeds Expectation 5 = Far Exceeds Expectation N/A = Not Applicable

Overall Dependability: 1 2 3 4 5 N/A (← circle one)

(Check below if rated at 1 or 2)

- Arrives and departs as scheduled
- Is punctual and reliable in completing assignments
- Makes himself or herself available to assist with patients or others
- Is aware of limitations, seeks assistance as appropriate

Professionalism: 1 2 3 4 5 N/A (← circle one)

(Check if rated at 1 or 2)

- Observes patient confidentiality
- Seeks out learning opportunities
- Maintains a professional rapport with patients and others

Organization: 1 2 3 4 5 N/A (← circle one)

(Check if rated at 1 or 2)

- Clarifies and organizes assignment effectively
- Collects patient information appropriately
- Knows the location of equipment and supplies
- Coordinates care with instructor/therapist and nursing staff

Comment for N/A _____

Participation: 1 2 3 4 5 N/A (← circle one)

(Check if rated at 1 or 2)

- Performs assignment correctly and efficiently
- Participates in formal and informal learning opportunities
- Makes suggestion for care as appropriate

Comment for N/A _____

Appearance: 1 2 3 (← circle one) There is no rating for Exceeds/Far Exceeds

(Check if rated at 1 or 2)

- Dresses in appropriate uniform, with name tag & essential clinical supplies
- Provides a professional image in grooming and hygiene

I verify that the student was present from _____ A.M. / P.M. to _____ A.M./ P.M.

Instructor/Preceptor Signature _____ Date _____

Print name: _____

Comments _____

STUDENTS: KEEP THE ORIGINAL and bring it to the office at the end of the week.