Kingdom of Saudi Arabia
Ministry of Education
Shaqra University
College of Applied Medical Sciences
Nursing Department

Internship Program

Clinical Practice Logbook

Revised: Nov 2021

CONTENTS

Student name: _____

Graduation year: _____

Phone number: _____

Email:_____

Section 1: Introduction to the Internship Program

The internship program is an essential part of the Bachelor of Science in Nursing program of Shaqra University which takes place after the completion of the four years academic preparation. It covers the 12 months or a total of 48- week of hospital-based internship period in a duly recognized hospital that can provide proper training areas to achieve the objectives of the program. Also, it involves both clinical and theoretical experiences enabling the nurse intern to enact competencies in standards of care, professionalism, safe and legal practice and application of research.

Mission

The College of Applied Medical Sciences, Nursing Department, Internship Committee, is dedicated to promoting professional clinical nursing role of the nurse interns through quality nursing education and practice, leadership skills and research.

Description

It is a mandatory intensive clinical practice involving the utilization of nursing knowledge to actual nursing tasks in a medical setting along with the application of leadership and basic research skills.

Philosophy

As part of the curriculum of the Bachelor of Science in Nursing of the Shaqra University, the internship program adheres on the philosophy of the institution. Specifically, the program stands on the following viewpoints:

- Its focus should be on the promotion of high standard of safe and effective nursing practice through the application of proper knowledge, skills and attitude in the actual work environment.
- A collaboration of nursing service, nursing education and nursing research is substantially required to successfully accomplish goal attainment.
- Integrity, excellence, respect and diversity are highly valued.

Goals

1. To facilitate the integration of appropriate knowledge, skills and attitude among new graduates in promoting competence in nursing practice of various setting.
2. To effectively function on the entry level and/ or first supervisory level through the application of basic skills in unit management in different areas

Objectives

Upon completion of internship program, a nurse intern is expected to:

1. Be able to apply learned theoretical knowledge into practice effectively and safely in various clinical settings;
2. Competently provide compassionate and holistic nursing care that is culturally sensitive;
3. Have improved and refined their effective, affective, and therapeutic communication skills and professional relationships with members of the multidisciplinary health care providers, clients, and their families;
4. Show enhancement on the ability to act independently and as a member of a team;
5. Have acquired adequate skills and competencies qualifying her/ him as effective and efficient nurse specialist;
6. Perform basic management functions needed in provision of quality health care in a given unit;
7. Utilize advanced technology to promote improvement of quality care;
8. Educate clients and their significant others with regard to proper management of their health care needs;
9. Cooperate in activities i.e. seminars, training, conferences, related to health care industry;
10. Foster continuous growth as an individual, community member, and a professional health care provider.

Authority

A partnership between the administrators of the Department of Nursing of the university and Department of Nursing Service of the training hospital will facilitate the supervision of the internship program.

Section 2: Internship Experience

Practical

To fulfill the practical experience aspect of the program, a nurse intern will be rotated in different areas of a selected hospital, which will serve as the training setting, to be able to practice clinical skills. The coordinators of the internship program of the college and of the hospital are responsible for providing adequate training to fulfill the objectives of the internship program.

Theoretical

The theoretical experience portion of the program focuses on the case presentation, theoretical lecture, group discussion or any other type of research work by the nurse interns. This will serve as a valuable cognitive learning to link their experience in the elective area. Case or research presentation will be conducted at the end of the clinical rotation in their chosen area of specialization. This case or research output will be presented to the staff members in the unit, coordinator from the college and/ or training staff of the hospital. The evaluation of the activity will be included as part of the internship program final assessment.

Also, nurse interns are expected to be highly knowledgeable of their patients' diagnoses and nursing care plans. A clinical round will be conducted by the coordinators to assess their knowledge and skills regarding a patient's clinical case.

General

Nurse interns are expected to participate in hospital educational activities such as seminars, training, workshops, lectures, in- service educational programs, health days, projects. This could assist in promoting self and professional development and community awareness of public health education.

Section 3: Internship Rotation

Schedule

The internship training begins within approximately two weeks after the end of the last semester of the students. However, if the student decides to delay the training period, he or she must write a letter of request to the dean.

Nurse Interns are rotated in different clinical areas in their respective training hospital. Nurse Interns Clinical Assignment should include the following areas:

- Nursing program training areas include Medical areas, Surgical areas, Pediatric areas, Obstetric, outpatients' clinics, Nursery, Delivery room, Psychiatric, Emergency room, ICU, NICU, PICU, Operating room, Nursing Management, Dialysis and Endoscopy.

Internship training is directed and supervised by the university internship committee and hospital training department.

Nursing Department.		Duration (Weeks Female \ Male)
1	**Orientation**	**1 \ 1**
2	**Medical Ward**	**5 \ 8**
3	**Medical Clinics**	**1 \ 2**
4	**Nursing Management**	**1 \ 2**
5	**Surgical Ward**	**5 \ 8**
6	**Surgical Clinics**	**1 \ 2**
7	**Pediatric Ward**	**4 \ 0**
8	**Pediatric Clinics**	**1 \ 2**
9	**Obstetric Ward**	**4 \ 0**
10	**Obstetric Clinics**	**1 \ 0**
11	**Psychiatric Clinics**	**1 \ 1**
12	**ICU\NICU\ PICU**	**3 \ 3**
13	**Operating room**	**2 \ 3**
14	**Dialysis**	**2 \ 3**
15	**Emergency**	**2 \ 4**
16	**Nursery**	**2 \ 0**
17	**Delivery Room**	**3 \ 0**
18	**Endoscopy**	**1 \ 1**
19	**Elective Area**	**4 \ 4**
20	**Elective Area**	**4 \ 4**
TOTAL		**48 \ 48 WEEKS**

Area of Choice (Elective)

Nurse interns are asked to give their preference as to their area of elective to be attached on the letter of request for training in a selected hospital. This will be facilitated by the coordinator of the internship committee/ Nursing Department of the college.

Among the identified elective areas are the following:

- ✓ Intensive care Units (ICU)
- ✓ Neonatal Intensive Care Units (NICU)
- ✓ Operating Room (OR) and Recovery Room
- ✓ Delivery Room (DR)
- ✓ Emergency Room (ER)
- ✓ Dialysis

Evaluation

A periodic evaluation in the last week of every clinical rotation will be given to each nurse intern. A behavioral/ performance evaluation sheet based on predetermined criteria as shown on the evaluation form which will be sent by the College to appropriate personnel in the selected hospital. To be able to have a passing mark during evaluation in each area, a nurse intern is expected to have a least a total score of 60%. Failure to have the identified score, a nurse intern is obliged to repeat the rotation in the area. At the end of the internship program, the average of the scores in all assigned areas will be computed. The total grade of the nurse intern during the internship period is based on the 90% of the calculated mean of their evaluation from their respective assigned clinical areas and 10% will come from the grand case presentation which will take place at the end of the internship program. The grand case presentation will be the culminating activity of the internship program. The interns will be asked to prepare a case presentation of their choice (preferably special cases). The interns will present the case to a panel of experts who will be responsible for giving the marks. The format and evaluation sheets of case presentations are attached in appendices of this clinical logbook.

Section 4: Roles and Responsibilities

Roles of the Hospital Nursing Coordinator for the Internship Program

- Collaborates and coordinates the implementation and evaluation of the internship program with the personnel- in charge in the college
- Implements the internship program in accordance to its goals, objectives, rotation plan and institutional need
- Plans, organizes and conducts orientation program with regard to hospital and clinical related matters for all new nurse interns during the orientation period
- Monitors, assesses and evaluates nurse interns' performance with particular regard to providing feedbacks, advices, and instructions to help develop professional attitude, draw out special aptitudes, and motivate them to demonstrate their utmost capabilities
- Acts as a resource person for any request for information related to the nursing internship program in the hospital
- Facilitates clinical placement of nurse interns after receiving the schedule of rotations sent by the college and addresses issues concerning vacations and leave applications
- Communicates with nurse interns in each department for their needs and concerns related to training
- Deals with unit level problems involving nurse interns as well as their failure to follow rules, regulations, and policies of the hospital
- Maintains, completes and submits all the internship evaluation forms, attendance records and other related written reports to the college whether by email or post office at the end of the training period
- Provides objective evaluation of the Internship Program as a whole
- Encourages nurse interns to participate in any activities designed for advancement of knowledge and skills, self and professional development

Role of the Nursing Coordinator of the College for the Internship Program

- Collaborates and coordinates the implementation and evaluation of the internship program with the hospital nursing coordinator.
- Arranges and follows - up acceptance letter for the training and confirm that the selected hospital agrees on the college's conditions as internship training sites of Shaqra University
- Plans, organizes and conducts orientation program regarding internship program of the university
- Review on academic year basis the policies and guidelines of the internship program in cooperation with the hospital nursing coordinator for the internship program
- Acts as a resource person for any request for information related to the nursing internship program
- Plans and develops rotation schedule for the whole training period of the nurse interns
- Monitors and/or follows- up the implementation of internship program in the training hospital
- Meets and discusses with the hospital nursing coordinator the performance of the nurse interns on a regular basis
- Reports directly to the supervisor of the college for clinical and training affairs
- Accepts and/or follows- up completion of evaluation forms or any reports related to nurse intern's performance
- Reviews and approves the final clinical evaluation at the end of the training program and endorse for the issuance of certificate of completion
- Encourages nurse interns to participate in activities designed for advancement of knowledge and skills, self and professional development

Role of the Head Nurse or Unit Manager

- Receives rotation plans for all nursing interns in the unit
- Ensures that each intern has comprehensive unit orientation including guidelines and procedures
- Assigns each intern to an appropriate staff (i.e. preceptor; experienced nursing staff) in every shift to provide guidance for clinical practice

- Provides complete performance evaluation tool of each intern before clinical rotation ends in the unit and discusses the strengths and weaknesses of his/her performance and emphasize ways to improve the quality of their performance
- Checks and maintains the attendance record (i.e. time in and out, meal break) of each intern and reports verbally unauthorized absences or unforeseen non- appearance during duty hours to the hospital internship program coordinator
- Gives feedback to the internship program coordinators of the hospital and college for any issues or concerns related to nurse interns' unit performance
- Acts as a resource person for any request for information related to the nursing internship program in their assigned units

Section 5: Nurse Intern Duties and Responsibilities

Organizational

- Fills out forms (i.e. data sheet, name of preferred hospital for training) required by the college for profiling of nurse intern.
- Attends orientation programs that takes place, whether in the hospital or college
- Signs a learning contract form during orientation in the college adhering the internship program's objectives and rules and regulations of the university and training hospital.
- Reports administrative and clinical matters as deemed necessary to the hospital and college nursing coordinators for internship program.
- Asks for permission/Informs the unit manager before leaving the assigned area for breaks, pray, meeting and so on.
- Strictly adheres to the hospital rules, regulations (including working hours and dress code) and safety procedures.
- Attends and leaves on time in with accordance with training area policy and training rotation schedules.
- Reports any emergent problem during working time to the hospital and college nursing coordinators for internship program, where the coordinators would follow-up student status on a regular basis in order to avoid any problems that may hinder his/her training.
- Reports to the hospital and college nursing coordinators for internship program about any absenteeism and leave using official forms both.

Clinical

- Reports on duty at least 15 minutes before 7:00 am to attend the endorsement process in the unit and leaves the area when the "hand- over" is completed or according to hospital duty hours
- Gives/ assists in giving and receiving hand - over shift report from the incoming and outgoing nurse, respectively.
- Participates in the patient care activities of the unit

- Carries out nursing care plan on assigned clients utilizing proper assessment, planning, implementation and evaluation, per hospital policy
- Prepares and administers medications with staff nurse supervision and according to hospital policy and monitors drug side effects
- Provides clear and readable records of patient in accordance with the hospital documentation policy
- Follows-up and carries out new orders in the patient's file
- Reports any unusual incidents during duty hours, per hospital policy
- Secures to have basic items necessary in client's physical assessment such as watch with second hand, stethoscope, penlight, tri-colored pen
- Follows the guidelines of institution's infection control

Professional

- Attends and participates in educational programs (i.e. case conferences, seminars, workshops, training, research projects) within the hospital or other medical institutions that promote professional growth and development
- Commits to work harmoniously with other members of the health care team
- Acts ethically and professionally in dealing with the members of the healthcare team, patients, patients' family members and significant others, and other nurse interns
- Behaves properly and shows respect to everyone in the hospital

Section 6: Nurse Intern's Rights

The training hospital and the university acknowledge and respect the rights of the nurse intern. During clinical rotation, the nurse intern has the following rights:

- The nurse intern has the right to practice and train in a safe and professional environment, which will provide a conducive avenue for abundant learning opportunities to enhance his/her nursing knowledge, skills, and attitude.
- The nurse intern has the right to be treated with respect by all members of the healthcare team, as well as the patients and relatives/visitors. The nurse intern has the right to report to the hospital authorities (training coordinators of the hospital or the university) any maltreatment he/she receives from any members of the team, patients, and family members.
- The nurse intern has the right for equal or fair treatment by the members of the health care team. No nurse interns must be treated unjustly in any circumstances by any member of the team.
- The nurse intern has the right for annual leave as stated in this clinical logbook.
- The nurse intern has the right to provide their preference for their area of elective as stated in this clinical logbook.
- The nurse intern has the right to know the evaluation that he/she received at each department.
- The nurse intern has the right to attend and participate in educational programs (i.e. case conferences, seminars, workshops, training, research projects)

Section 7: Policies and Regulations

Nursing Intern Working Hours

- Nurse interns must be scheduled to work 5 days per week with two days off or to follow the clinical schedule designated by the training hospital.
- Nurse interns are allowed to have the following break times during their assigned duty:
  - ✓ 20 minutes for breakfast.
  - ✓ 30 minutes for lunch break.
  - ✓ 15 minutes for prayer time.
  - ✓ Number and duration of breaks may be applied according to the hospital policy
- Nurse interns should report on duty at least 15 minutes before 7:00 AM to receive endorsement from previous shift and leave the area at 3:00 PM or when "hand-over" and/or shift is finished.
- Interns are requested to accurately complete their "attendance sheet" (time- in and time-out) on a daily basis.

Use of Mobile Phone and/or other Electronic Device Policy

- Nurse interns are not allowed to use their mobile phone or any other electronic device while on duty. Nurse interns may only use mobile phone during break time.
- Nurse interns must put their mobile phone in silent mode while in the hospital premises to avoid any distraction.

Uniform Policy

Nurse interns should adhere to the prescribed uniform of the training hospital. However, if no such guideline exists, nurse interns are expected to wear the following:

- A light blue scrub suit with regular and decent fitting is the prescribed uniform. Females could wear undergarment and/or laboratory coats.
- Uniform must be clean and neatly pressed.
- Uniform should not be see-through and should not be plunging neckline.
- Shoes should be non-permeable entirely white or black and socks must be worn all the time.
- Slippers and canvas shoes (i.e. Crocs) are not allowed to be worn.
- Identification card (ID card) should be worn at all times during the clinical rotation.

Attendance Policy

- The nurse interns are required to complete 12 months or 48 weeks clinical experience.
- The nurse interns must adhere at all time to the rules and regulation of the university and the hospital with regards to attendance, time-in, time-out and break times.

- The nurse interns are expected to report to their duties from Sunday to Thursday from 7:00 AM to 3:00 PM. However, if training hospital follows a different shift nurse interns must comply.
- The nurse interns are expected to report to their clinical areas 15 minutes before their scheduled duties to involve in the hand-over. Students who are unable to report 15 minutes before their scheduled clinical duty will be considered absent.
- The nurse interns and hospital training departments are expected to regularly log-in and log-out in the designated attendance (see attached form). The attendance sheet will be placed in the hospital's training department office or in a strategic place in the hospital, depending on the instructions of the training hospital.
- The Nursing Coordinators of the hospital and the college will be responsible in monitoring the attendance of nurse interns.

National Holidays

The nurse interns are entitled to take National Holidays (Ramadan Eid, Hajj Eid, and National Day) throughout the training period and these days will be included in the total training weeks. The number of days and the dates allocated for each holiday will be determined by the university or according to the need of the training hospital.

Emergency leave

Each nurse intern is entitled to 10 days emergency leave.

Urgent leave

Intern is allowed to a maximum of two consecutive days of urgent leave. The nurse intern should made a phone call to the training head or the head of assigned unit before the beginning of the shift. Upon return from the emergency leave, the intern should report to the hospital training department and fill up the special form for urgent leave for the final approval of the leave. Any intern who fails to do so on the day of return from the urgent leave would be considered as having unauthorized absence.

Planned emergency leave

A planned emergency leave of five (5) consecutive days could be granted to the intern. A letter of request should be submitted to the university and hospital training department one week prior to the date of the planned emergency leave. If the planned emergency leave exceeds the requested dates and constitute the 40% of the total clinical exposure in any area, the interns will repeat the clinical rotation at the end of the internship year.

Unauthorized Absence

- If the intern is absent without informing the training head/training hospital or without any valid reason, the intern will be asked to repeat the missed day/s or period at the end of the internship year.

- If the intern is absent for more than three months, a written notification needs to be sent to him/her, and he/she should repeat the entire internship year. However, the Academic Council at the College may give exception if the intern provides an acceptable excuse, but the Internship Allowance would be deducted for the absent days.

Sick leaves

If the intern is sick, she/he must inform the head nurse/training head. Upon return from leave, the interns must complete the sick leave form and attached the medical certificate. The medical certificate must be stamped and signed by the attending physician and medical director. The certificate will not be considered if no signature and/or stamp and absent will be recorded in such a case.

Compassionate Leave

Nurse intern is entitled to a compassionate leave which can be taken when a member of the nurse intern's family or household dies or contracts or develops a life-threatening illness or injury.

Maternity leaves

Maternity leave is 40 days; however, leave can be extended upon recommendation of attending physician. The nurse interns should compensate said absence and must be rotated to the area she missed at the end of the internship period. If the nurse interns' desires to shorten her maternity leave, she may inform the hospital training head and the university training in charge and she must present a medical certificate showing that she is already fit to work.

Disciplinary Actions for Misconduct Policy

- All nurse interns must familiarize themselves to the hospital policies
- A misconduct is defined as an unacceptable or inappropriate behavior committed by the nurse interns during the duration of the internship program
- A disciplinary action committee will be formed to investigate and decide for any misconduct committed by the nurse interns during the internship program
- The committee will be composed of representatives from the hospital and the college
- Misconduct may include but not limited to the following:
  - ✓ Dishonesty
  - ✓ Theft of, misuse of, or damage to hospital properties

- ✓ Failure to comply with the hospital's policies
- ✓ Any actions that jeopardize the safety and/or threaten or put to danger any staff of the hospital, patients, patients' family or significant others, or other nurse interns
- ✓ Breech to any of the patient's rights
- ✓ Any form of workplace violence (e.g. verbal, physical) directed towards any staff of the hospital, patients, patients' family or significant others, or other nurse interns
- ✓ Unauthorized access to restricted areas in the hospital
- ✓ Habitual absenteeism and/or being late
- ✓ Wearing inappropriate uniform
- ✓ Any unethical or unprofessional behavior
- ✓ Any violation of the hospital's policies

- Disciplinary actions to any misconduct will be determined by the disciplinary action committee accordance with the hospital and university rules and regulations

Section 8: Clinical Risk Management

International Patient Safety Goals (IPSG)

- To promote specific improvements in patient safety
- Highlight problematic areas in health care
- Describe evidence- and expert-based
- consensus solutions to these problems

1. Identify Patients Correctly
   - Using two patient identifiers, not including patient's room or location
   - Before administering medications, blood, or blood products
   - Before taking blood and other specimens for clinical testing
   - Before providing treatments and procedures
   - Policies and procedures support consistent practice in all situations and locations

2. Improve Effective Communication
   - The complete verbal and telephone order or test result is written down by the receiver of the order or test result.
   - The complete verbal and telephone order or test result is read back by the receiver of the order or test result.
   - The order or test result is confirmed by the individual who gave the order or test result.

3. Improve the Safety of High-Alert Medications
   High-Alert Medications are
   - Medications involved in a high percentage of errors and/or sentinel events
   - Medications that carry a higher risk for adverse outcomes
   - Look-alike/sound-alike medications
   - Policies and/or procedures are developed to address the identification, location, labeling, and storage of high-alert medications.
   - The policies and/or procedures are implemented.
   - Concentrated electrolytes are not present in patient care units unless clinically necessary, and actions are taken inadvertent administration in those areas where permitted by policy.
   - Concentrated electrolytes that are stored in patient care units are clearly labeled and stored in manner that restricted areas.
   - Uses an instantly recognized mark for surgical-site identification and involves the patient in the marking process.

4. Ensure Correct-Site, Correct Procedure, Correct-Patient Surgery
    - Uses an instantly recognized mark for surgical-site identification and involves the patient in the marking process.
    - Uses a checklist or other process to verify preoperatively the correct site, correct procedure, and correct patient and that all documents and equipment needed are on hand, correct, and functional.
    - The full surgical team conducts and documents a time-out procedure just before starting a surgical procedure.
    - Policies and procedures are developed that support uniform process to ensure the correct site, correct procedure, and correct patient, including medical and dental procedures done in settings other than the operating theatre.

5. Reduce the Risk of Health Care-Associated Infections
    - The organization has adopted or adapted currently published and generally accepted hand-hygiene guidelines.
    - The organization implements an effective hand-hygiene program.
    - Policies and/or procedures are developed that support continued reduction of health care-associated infections.

6. Reduce the Risk of Patient Harm Resulting from Falls
    - Implements a process for the initial assessment of patients for fall risk and reassessment of patients when indicated by a change in condition or medications, among others.
    - Measures are implemented to reduce fall risk for those assessed to be at risk.
    - Measured are monitored for results, both successful fall injury reduction and any unintended related consequences.

Appendices

Checklist for Nurse Interns Prior to Starting the Internship Program

* Nurse interns must complete the following before starting the Internship program

Item	
A copy of academic transcript	
A copy of valid national ID or passport.	
A copy of university ID	
A copy of bank account number (IBAN)	
Clinical Rotation Schedule	
Letter of Request	
Training hospital acceptance letter	
Nurse Intern’s Information Sheet	

Orientation Period Checklist

List	Observed by Intern Date & sign
1. Hospital and Departmental Organizational Charts	
2. Hospital Physical Setting and Map (Tour)	
3. Patients' and their Families Rights & Responsibilities	
4. General Hospital Policies & Procedures, Mission & Vision	
5. Mission, vision, Philosophy of Nursing Department	
6. Standard of Nursing Care and Code of conduct	
7. General & Specific Dress Code	
8. Job description of Nursing Interns	
9. Interns Health Screening and Vaccination	
10. Documentation Guidelines and Practical workshop	
11. Medication and Pharmacy workshop, Course and Test	
12. Risk Management	
13. Environmental and Safety Lectures	
14. Fire Drill and Disaster Drill Lectures	
15. Code Protocol / crash cart	
16. CPR Course	
17. Infection Control Lecture	

Nurse Intern Signature: _____ Date: _____
Training Head Signature: _____ Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Maternal and Newborn Unit and Delivery Room
Clinical Checklist

Intern Name		**ID**	
Starting Date		**End Date**	

For each skill/task demonstrated by intern, the preceptor/staff nurse trainer will sign in the appropriate column. The nurse intern is able to discuss the policy and demonstrate the following skill task:

Clinical skill task	**Observed by nurse intern**	**Demonstrate by nurse intern**		**No opportunity**
		Satisfactory	**Unsatisfactory**	
Prenatal Care				
Antenatal History Taking and Care				
Physical Examination During Pregnancy				
Abdominal Examination (Leopold's Examination)				
Breast Self-Examination, Breast Examination by the Nurse, Breast Care to the Breast-Feeding Mothers				
Assessment of Pitting Edema				
Urine and Pregnancy Test				
Perineal Care				
Assisting in Transvaginal Ultrasound				
Intrapartum Care				
Electronic-Fetal Monitoring				
Uterine Contraction Assessment				
Vaginal Examination				
Partograph				
Normal Labor				
Assisting in the Induction of Labor by Oxytocin Infusion				

Routine Episiotomy Care				
Care of Eclamptic Patient				
Administration of Magnesium Sulfate				
Post-Partum Care				
Examination of Placenta				
Uterine/Fundus and Lochia Examination				
Immediate Care of the Newborn				
Physical Assessment of the Newborn				
Gynecology				
Gynecological Instruments				
Papanicolaou Smear				
Dilatation and curettage				
Hysterosalpingography				
Laparoscopy				
Hysteroscopy				
Health Education				

Feedback from Head Nurse / Clinical Instructor	**Feedback from Hospital Training Coordinator**
Name: Signature and Date:	Name: Signature and Date:
Nurse Intern signature:	

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Nursing Department

Attendance Sheet
Maternal and Newborn Unit and Delivery Room

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
1	SUN						
	MON						
	TUE						
	WED						
	THU						
2	SUN						
	MON						
	TUE						
	WED						
	THU						
3	SUN						
	MON						
	TUE						
	WED						
	THU						
4	SUN						
	MON						
	TUE						
	WED						
	THU						

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Behavioral / Performance Periodic Evaluation
Maternal and Newborn Unit and Delivery Room

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

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Behavioral / Performance Periodic Evaluation
Maternal and Newborn Unit and Delivery Room

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	**2 Satisfactory**	**3 Good**	**4 Very Good**	**5 Excellent**
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
	III. Professionalism					
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					

	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %	**100**				

Evaluator's Name: _____

Signature: _____

Date: _____

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Nursing Department

Nursing Case Presentation Format

I. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
_____
_____

- Immunizations

_____
_____
_____

- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness
   a. the age and health or age and cause of death of each immediate family member
      _____
      _____
      _____
   b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
      _____
      _____
      _____

F. Menstrual and Obstetric History (if applicable)
   _____
   _____
   _____

G. Lifestyle/ Activities of Daily Living

_____
_____
_____

H. Social Data

_____
_____
_____

I. Psychological Data

_____
_____
_____

II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		
Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

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_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results

LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. Anatomy and Physiology (Review of the organ system and its function related to illness of the client)

_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. Discharge Plan

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
1. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
2. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
3. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Neonatal Intensive Care Unit (NICU) / Pediatric Intensive Care Unit (PICU) Clinical Checklist

Intern Name		**ID**	
Starting Date		**End Date**	

For each skill/task demonstrated by intern, the preceptor/staff nurse trainer will sign in the appropriate column. The nurse intern is able to discuss the policy and demonstrate the following skill task:

Clinical skill task	**Observed by nurse intern**	**Demonstrate by nurse intern**		**No opportunity**
		Satisfactory	**Unsatisfactory**	
Neonatal Assessment				
Identification of risk factors for development of neonatal complications (including maternal factors)				
Head to toe physical assessment of the newborn				
Assessment of newborn reflexes				
Assessment of gestational age				
Neonatal Technical Skills				
Initial umbilical cord care				
Administration of prophylactic medications (Vitamin K and eye ointment)				
Monitoring of vital signs (T, HR, RR and O2 saturation)				
Monitoring fluid balance				
Insertion of a nasogastric/orogastric tube				
IM injection (i.e. Vitamin K and Vaccination)				
Intra-dermal injection (i.e. BCG)				
Blood Sampling- heel prick				
Blood Sampling- venipuncture				
Insertion of IV line- peripheral				
Insertion of IV line- scalp				
Insertion of IV line- central (umbilical, PICC ...)				
Administration of IM/IV/Oral				

medications (including calculating, preparing, and drawing up doses)				
Use of syringe driver				
Recognition and nursing management of common neonatal issues				
Prematurity (<36 wks. gestation)				
Hypoxemia and oxygen therapy via nasal canula				
Oxygen therapy via CPAP				
Hyperbilirubinemia and phototherapy				
Neonatal Seizures				
Hypoglycemia				
Hypothermia management (additional clothing; heat lamp; skin-to-skin etc.)				
Thermoregulation with incubator				
Neonatal sepsis				
Neonatal Tetanus				
Management of a baby with an umbilical cannula				
Management of a baby undergoing PMTCT (Prevention of Mother to Child Transmission of HIV)				
Use of early warning systems (EWS)				
Neonatal resuscitation				
Resuscitation of the newborn- drying and stimulation				
Resuscitation of the newborn - suctioning				
Resuscitation of the newborn - bag & mask ventilation				
Resuscitation of the newborn - chest compressions				
Calculation and delivery of emergency medications				
Calculation of APGAR score				
Feeding				
Initiation of breast feeding				
Problem solving with breast feeding challenges (i.e. low supply, poor latching)				
Assisting a mother to hand express/use breast pump				
Appropriate storage and utilization of expressed breast milk				
Timing of feeding				
Calculation of milk requirements for non-breast fed babies				
Kangaroo Mother Care (KMC)				
Oral feeding with syringe				

NG tube feeding				
Training health workers				
Neonatal Assessment				
Identification of risk factors for development of neonatal complications (including maternal factors)				

Feedback from Head Nurse / Clinical Instructor	**Feedback from Hospital Training Coordinator**
Name: Signature and Date:	Name: Signature and Date:
Nurse Intern signature:	

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Attendance Sheet
Neonatal Intensive Care Unit (NICU) / Pediatric Intensive Care Unit (PICU)

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
1	SUN						
	MON						
	TUE						
	WED						
	THU						
2	SUN						
	MON						
	TUE						
	WED						
	THU						
3	SUN						
	MON						
	TUE						
	WED						
	THU						
4	SUN						
	MON						
	TUE						
	WED						
	THU						

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Behavioral / Performance Periodic Evaluation

Neonatal Intensive Care Unit (NICU)/Pediatric Intensive Care Unit (PICU)

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Behavioral / Performance Periodic Evaluation

Neonatal Intensive Care Unit (NICU)/Pediatric Intensive Care Unit (PICU)

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	2 Satisfactory	3 Good	4 Very Good	5 Excellent
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
	III. Professionalism					
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					

	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %			**100**		

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Nursing Case Presentation Format

I. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
_____
_____

- Immunizations

_____
_____
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- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness

a. the age and health or age and cause of death of each immediate family member
   _____
   _____
   _____

b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
   _____
   _____
   _____

F. Menstrual and Obstetric History (if applicable)
   _____
   _____
   _____

G. Lifestyle/ Activities of Daily Living

_____
_____
_____

H. Social Data

_____
_____
_____

I. Psychological Data

_____
_____
_____

II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		
Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

_____

_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results

LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. Anatomy and Physiology (Review of the organ system and its function related to illness of the client)

_____
_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. Discharge Plan

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
1. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
2. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
3. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Pediatric Ward
Clinical Checklist

Intern Name		**ID**	
Starting Date		**End Date**	

For each skill/task demonstrated by intern, the preceptor/staff nurse trainer will sign in the appropriate column. The nurse intern is able to discuss the policy and demonstrate the following skill task:

Clinical skill task	**Observed by nurse intern**	**Demonstrate by nurse intern**		**No opportunity**
		Satisfactory	**Unsatisfactory**	
Basic nursing care				
Admission procedures				
Pediatric vital signs				
Taking and recording patient • Abdominal Girth • Weight • Length • Head circumference • Pediatric laboratory result				
Performance of physical health assessment and nursing management • Cardiovascular • Respiratory • Gastro-intestinal • Musculo-skeletal • Integumentary • Neurological • Metabolic • Hematology & Oncology • Endocrine • Genitor –urinary				

Patient safety Using bedrails appropriately				
Using restraints when required				
Education of mother				
IV therapy • Care of IV Hep-lock/ cannula and cannula flashing				
• Administering TPN/PPN				
Oxygen administration/respiratory therapy • Simple face mask				
• Nasal cannula				
• Tracheostomy mask				
• Incentive spirometry				
• Using Ambu - bagging (pediatric & neonate)				
• Insertion of oral airway				
• Performing chest exercise				
• Nebulizer				
Diagnostic preparation- follow protocol for various diagnostic procedure				
Discharge procedures				
Documentation and nurse note				

Feedback from Head Nurse / Clinical Instructor	**Feedback from Hospital Training Coordinator**
Name: Signature and Date:	Name: Signature and Date:
Nurse Intern signature:	

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Attendance Sheet
Pediatric Ward

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
1	SUN						
	MON						
	TUE						
	WED						
	THU						
2	SUN						
	MON						
	TUE						
	WED						
	THU						
3	SUN						
	MON						
	TUE						
	WED						
	THU						
4	SUN						
	MON						
	TUE						
	WED						
	THU						

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Behavioral / Performance Periodic Evaluation

Neonatal Intensive Care Unit (NICU)/Pediatric Intensive Care Unit (PICU)

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Behavioral / Performance Periodic Evaluation
Pediatric Ward

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	2 Satisfactory	3 Good	4 Very Good	5 Excellent
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
	III. Professionalism					
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					

	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %	**100**				

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Nursing Case Presentation Format

1. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
_____
_____

- Immunizations

_____
_____
_____

- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness

a. the age and health or age and cause of death of each immediate family member
   _____
   _____
   _____

b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
   _____
   _____
   _____

F. Menstrual and Obstetric History (if applicable)
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   _____
   _____

G. Lifestyle/ Activities of Daily Living

_____
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H. Social Data

_____
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I. Psychological Data

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II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		
Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

_____

_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results

LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. Anatomy and Physiology (Review of the organ system and its function related to illness of the client)

_____
_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. Discharge Plan

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
4. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
5. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
6. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Medical Ward
Clinical Checklist

Intern Name		**ID**	
Starting Date		**End Date**	

For each skill/task demonstrated by intern, the preceptor/staff nurse trainer will sign in the appropriate column. The nurse intern is able to discuss the policy and demonstrate the following skill task:

Clinical skill task	**Observed by nurse intern**	**Demonstrate by nurse intern**		**No opportunity**
		Satisfactory	**Unsatisfactory**	
Follow Principles of procedures :				
• Review physician orders on a regular basis				
• explain procedure and provide privacy				
• Hand washing and aseptic technique				
• History taking & physical examination				
• Measuring & recording weight, height				
• Measuring & documentation vital signs				
• Measuring and recording intake and out put				
• Testing blood sugar using Glucometer				
Assisting with safe preparation and post procedure care for the following procedures:				
• X-ray procedure				
• CT Scan , MRI				
• Ultrasound				

• GIT endoscopy (upper & lower)				
• Thoracentesis				
• Paracentesis				
• Lumber puncher				
• Biopsies - Liver biopsy				
• collect specimen of : blood , urine, sputum				
• **Others**				
Preparation and Administration of Medications :				
• I.V medication				
• I.V infusion , albumin, calcium gluconate,				
• Intramuscular injection				
• SC. injection of insulin , vitamin k , others				
• Oral medication				
• blood transfusion				
• oxygen therapy via nasal canula, face mask,				
• Nebulizer therapy				
• Thrombolytic therapy				
• Feeding through nasogastric tube, parental				
• **Others**				
Insertion & Removal of :				
• I.V cannulation				
• Nasogastric tube				
• urinary cauterization				
• **Others**				
Perform of :				
• oral care				
• Suctioning – Oropharyngeal, nasotracheal				
• ECG recording/interpretation				
• Tuberculin skin test				
• **Others**				
Nursing care and management of:				
• Unconscious patients/Glasgow Coma Scale				

• Chronic liver disease/encephalopathy				
• Diabetes / DKA				
• Unstable angina & ischemic heart				
• Heart failure				
• Cerebral vascular accident				
• Chronic renal failure/hemodialysis				
Asthmatic or COPD patient				
• Patient with bleeding				
• Patient with convulsion				
• Patient with hyperthermia				
• **Others**				
Documentation nursing note				
• Documents accurately on hospital forms				
• Writing nurses notes				

Feedback from Head Nurse / Clinical Instructor	**Feedback from Hospital Training Coordinator**
Name: Signature and Date:	Name: Signature and Date:
Nurse Intern Signature and Date:	

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Attendance Sheet
Medical Ward

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
1	SUN						
	MON						
	TUE						
	WED						
	THU						
2	SUN						
	MON						
	TUE						
	WED						
	THU						
3	SUN						
	MON						
	TUE						
	WED						
	THU						
4	SUN						
	MON						
	TUE						
	WED						
	THU						

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Behavioral / Performance Periodic Evaluation
Medical Ward

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Behavioral / Performance Periodic Evaluation
Medical Ward

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	2 Satisfactory	3 Good	4 Very Good	5 Excellent
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
	III. Professionalism					
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					

	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %	**100**				

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Nursing Case Presentation Format

I. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
_____
_____

- Immunizations

_____
_____
_____

- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness
   a. the age and health or age and cause of death of each immediate family member
      _____
      _____
      _____
   b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
      _____
      _____
      _____

F. Menstrual and Obstetric History (if applicable)
   _____
   _____
   _____

G. Lifestyle/ Activities of Daily Living

_____
_____
_____

H. Social Data

_____
_____
_____

I. Psychological Data

_____
_____
_____

II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		
Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

_____

_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results

LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. Anatomy and Physiology (Review of the organ system and its function related to illness of the client)

_____
_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. Discharge Plan

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
1. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
2. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
3. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Surgical Ward
Clinical Checklist

Intern Name		**ID**	
Starting Date		**End Date**	

For each skill/task demonstrated by intern, the preceptor/staff nurse trainer will sign in the appropriate column. The nurse intern is able to discuss the policy and demonstrate the following skill task:

Clinical skill task	**Observed by nurse intern**	**Demonstrate by nurse intern**		**No opportunity**
		Satisfactory	**Unsatisfactory**	
Assisting with safe preparation preoperatively with the following procedures:				
• Check doctor's orders				
• Patient preparation teaching				
• Provide privacy				
• Surgical history and physical assessment				
• Vital signs				
• Insertion of IV cannula				
• Skin preparation				
• Enema preparation and administration				
• X-ray				
• MRI				
• Ultrasound				
• CT-scan				
• Collection of specimen (urine, stool)				
• Pre-medication				
• NPO before surgery				
• **Others**				
Assisting with safe preparation postoperatively with the following				

procedures:				
• Receiving patient				
• Identifies actual and potential health problems				
• Positioning				
• Airway management				
• Pain management (administering analgesic)				
• Wound care				
• Drain care (hemovac, T-tube, penrose, etc.)				
• Nephrostomy tube care				
• Nasogastric tube				
• Tracheostomy care				
• Colostomy care				
• Stoma care				
• Wet dressing				
• Dry dressing				
• Continuous bladder irrigation				
• Indwelling Foley catheter				
• Early ambulation				
• **Others**				
Preparation and Administration of Medications :				
• Oral medication				
• I.V medication				
• Intramuscular injection				
• Blood transfusion (FFP, PRBC)				
• Blood typing and cross matching				
• oxygen therapy via nasal cannula, face mask,				
• Feeding through nasogastric tube, parental				
• **Others**				
Perform:				
• oral care				
• Suctioning – Oropharyngeal, endotracheal				
• ECG recording				
Provide Nursing Care of the following:				
• Integumentary (Burn)				
• Endocrine (Thyroidectomy)				
• Reproductive (Prostatectomy)				
• Specific organ (Cholecystectomy)				

• Gastrointestinal (Colostomy)				
• Neurosurgical (Craniectomy)				
• **Others**				
Orthopedic Nursing Care				
• Maintenance and care of traction				
• Assisting and removal of cast/plaster				
• Care of fixators				
• Bandaging				
• Health teaching of patient to do range of motion exercise (ROM) within traction/fixator's limits				

Feedback from Head Nurse / Clinical Instructor	**Feedback from Hospital Training Coordinator**
Name: Signature and Date:	Name: Signature and Date:
Nurse Intern Signature and Date:	

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Attendance Sheet
Surgical Ward

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
	SUN						
	MON						
1	TUE						
	WED						
	THU						
	SUN						
	MON						
2	TUE						
	WED						
	THU						
	SUN						
	MON						
3	TUE						
	WED						
	THU						
	SUN						
	MON						
4	TUE						
	WED						
	THU						

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Behavioral / Performance Periodic Evaluation
Surgical Ward

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Behavioral / Performance Periodic Evaluation
Surgical Ward

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	2 Satisfactory	3 Good	4 Very Good	5 Excellent
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
	III. Professionalism					
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					

	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %			**100**		

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Nursing Case Presentation Format

I. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
_____
_____

- Immunizations

_____
_____
_____

- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness

a. the age and health or age and cause of death of each immediate family member
   _____
   _____
   _____

b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
   _____
   _____
   _____

F. Menstrual and Obstetric History (if applicable)
   _____
   _____
   _____

G. Lifestyle/ Activities of Daily Living

_____
_____
_____

H. Social Data

_____
_____
_____

I. Psychological Data

_____
_____
_____

II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		
Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

_____

_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results

LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. Anatomy and Physiology (Review of the organ system and its function related to illness of the client)

_____
_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. Discharge Plan

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
1. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
2. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
3. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Emergency Room
Clinical Checklist

Intern Name		**ID**	
Starting Date		**End Date**	

For each skill/task demonstrated by intern, the preceptor/staff nurse trainer will sign in the appropriate column. The nurse intern is able to discuss the policy and demonstrate the following skill task:

Clinical skill task	**Observed by nurse intern**	**Demonstrate by nurse intern**		**No opportunity**
		Satisfactory	**Unsatisfactory**	
Follow Principles of procedures:				
• **Basic nursing care**				
• **Airway management**				
• **Defibrillation / Cardioversion**				
• **Performance of physical health assessment –** adult/pediatric/ neonate- A,B,C,D,E for trauma patient				
• **Triage system :** prioritizing patient management Aware of hospital fire & disaster codes protocol				
• **Admissions procedure** ICU - In – patient - Direct to OR Labor & delivery				
• Respiratory /oxygen therapy				
• Ambu – bagging - Nasal Cannula - Venturi Mask - Simple Face Mask with or without Aerosol				
• Insertion of oral airway				
• Multi-Trauma patient				
• Care of patient with				

suspected cervical fracture				
• Stabilization of fractures with splints				
• Care of head injury patient				
• Burn patient : Fluid resuscitation				
• Dressings				
• Collect specimen of : blood , urine, sputum				
Documentation/verbal reporting				
Assisting with safe preparation and post procedure care for the following procedures:				
• Endotracheal Intubation				
• Tracheostomy Insertion				
• Chest Tube Insertion				
• Pericardiocentesis				
• Suprapubic Bladder Drainage (Cystostomy)				
• Application & Removal of a Cast				
Insertion & Removal of:				
• I.V cannulation				
• Nasogastric tube				
• urinary cauterization				
Preparation and Administration of Medications:				
• I.V medication Emergency drugs such as epinephrine –atropine digoxin – triglycreal – sodium bicarbonate…				
• I.V infusion , albumin, calcium gluconate,				
• Intramuscular injection				
• SC. injection of insulin , vitamin k , others				
• Oral medication				
• Blood transfusion				
• Nebulizer therapy				
• Thrombolytic therapy				
• Feeding through nasogastric tube, parental				
Perform of:				
• Monitoring vital signs				
• Suctioning – Oropharyngeal, nasotracheal				
• ECG recording/interpretation				

Cardio pulmonary resuscitation				
Nursing care and management of:				
• Unconscious patients/Glasgow Coma Scale				
• Chronic liver disease/encephalopathy				
• Diabetes / DKA				
• Unstable angina & ischemic heart				
• Heart failure				
• Cerebral vascular accident				
• Chronic renal failure/hemodialysis				
Asthmatic or COPD patient				
• Patient with severe bleeding				
• Patient with convulsion				
• Patient with hyperthermia				
Documentation nursing note				
• Documents accurately on hospital forms				
• Writing nurses notes				

Feedback from Head Nurse / Clinical Instructor	**Feedback from Hospital Training Coordinator**
Name: Signature and Date:	Name: Signature and Date:
Nurse Intern signature:	

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Attendance Sheet
Emergency Room

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
	SUN						
	MON						
1	TUE						
	WED						
	THU						
	SUN						
	MON						
2	TUE						
	WED						
	THU						
	SUN						
	MON						
3	TUE						
	WED						
	THU						
	SUN						
	MON						
4	TUE						
	WED						
	THU						

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Behavioral / Performance Periodic Evaluation
Emergency Room

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Behavioral / Performance Periodic Evaluation

Emergency Room

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	2 Satisfactory	3 Good	4 Very Good	5 Excellent
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
	III. Professionalism					
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					

	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %	**100**				

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Nursing Case Presentation Format

I. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
_____
_____

- Immunizations

_____
_____
_____

- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness
   a. the age and health or age and cause of death of each immediate family member
      _____
      _____
      _____
   b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
      _____
      _____
      _____

F. Menstrual and Obstetric History (if applicable)
   _____
   _____
   _____

G. Lifestyle/ Activities of Daily Living

_____
_____
_____

H. Social Data

_____
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_____

I. Psychological Data

_____
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_____

II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		
Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

_____

_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results

LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. Anatomy and Physiology (Review of the organ system and its function related to illness of the client)

_____
_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. Discharge Plan

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
1. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
2. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
3. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Intensive Care Unit / Critical Care Unit
Clinical Checklist

Intern Name		**ID**	
Starting Date		**End Date**	

For each skill/task demonstrated by intern, the preceptor/staff nurse trainer will sign in the appropriate column. The nurse intern is able to discuss the policy and demonstrate the following skill task:

Clinical skill task	**Observed by nurse intern**	**Demonstrate by nurse intern**		**No opportunity**
		Satisfactory	**Unsatisfactory**	
• Basic nursing care				
• Basic unit skill:				
Defibrillation /cardioversion				
Administration of thrombolytic therapy				
Temporary pacemaker transcutaneous /transvenous				
• Air way management:				
▪ Mechanical ventilator:				
- Assist in initiating invasive & noninvasive mechanical ventilator				
- Providing care for patient with mechanical ventilator				
- Assist in weaning from MV				
▪ Air way tube: - Assist in insertion of airway tube (endotracheal tracheostomy, nasopharyngeal				
- Providing care of air way tube				
- Suctioning of air way passage				

• Central lines: Collection of equipment for insertion of central line				
- Discuss the normal parameters for CVP measurement				
- Determines and records CVP using a water manometer and pressure monitor				
- Identifies chest landmarks for CVP measurement				
- The flushing of a central line				
- The administration of drugs and fluids				
- Aseptically change central IV line.				
- Aseptically change central IV lines dressing				
- Setting up a transducer systems				
- The safe removal of central lines				
- Use of Porta-caths & Hichman catheter				
- Risks &complications of central lines				
- Intervention/troubleshoot complication of central lines				
• Pulmonary artery catheters & arterial:				
- Take appropriate action to prevent or resolve complications of PA catheters & arterial lines				
- Sitting up a single and multiple transducer system				
- Identify a PA and arterial trace on the cardiac monitor				
- Zeroing of PA & arterial lines				
- The purpose for performance of an Allen's test				
- Correct technique for drawing blood from PA				

catheter & arterial lines				
- Supervised performance of a PAWP				
- Identify normal reading and waveform				
• Chest physiotherapy/spirometry				
• Feeding management:				
- Administration TPN				
- Administer tube feeding through tummy syringe Feeding pump				
• Under water seal				
- Assisting in insertion/removal of underwater seal drainage				
- Care of underwater seal drainage				
• Nursing care of patient:				
- Post CABG				
- Post valve reconstruction/replacement				
- Post-operative bleeding				
- Unconscious (general care to prevent of foot drop and contractures)				
- Post PTCA				
- Post cardiac catheterization				
• Nursing care and Management of:				
- Intracranial surgeries				
- Fractures and osteoarthritis				
- Biliary and pancreatic disorder				
- MI/unstable angina				
- Intestinal obstruction, colonic surgery and ostomies				
• Room/bed preparation pre/post-cardiac surgery				
• Administration of medications (vasopressors, antiarrhythmic, inotropes, anticoagulation)				
• Use of electronic life support equipment				
- Respiratory support				
- Renal support				
- Intravenous/ syringe pump				
- Cardiac monitoring				

- Noninvasive continuous cardiac output monitor				
• Recognition and interpretation of:				
- Critical patient signs and symptoms				
- Laboratory findings				
• Others				

Feedback from Head Nurse / Clinical Instructor	**Feedback from Hospital Training Coordinator**
Name: Signature and Date:	Name: Signature and Date:
Nurse Intern signature:	

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Attendance Sheet
Intensive Care Unit

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
1	SUN						
	MON						
	TUE						
	WED						
	THU						
2	SUN						
	MON						
	TUE						
	WED						
	THU						
3	SUN						
	MON						
	TUE						
	WED						
	THU						
4	SUN						
	MON						
	TUE						
	WED						
	THU						

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Behavioral / Performance Periodic Evaluation
Intensive Care Unit

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Behavioral / Performance Periodic Evaluation
Intensive Care Unit

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	2 Satisfactory	3 Good	4 Very Good	5 Excellent
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
	III. Professionalism					
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					

	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %			**100**		

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Nursing Case Presentation Format

I. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
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_____

- Immunizations

_____
_____
_____

- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness
   a. the age and health or age and cause of death of each immediate family member
      _____
      _____
      _____
   b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
      _____
      _____
      _____

F. Menstrual and Obstetric History (if applicable)
   _____
   _____
   _____

G. Lifestyle/ Activities of Daily Living

_____
_____
_____

H. Social Data

_____
_____
_____

I. Psychological Data

_____
_____
_____

II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		
Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

_____

_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results

LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. Anatomy and Physiology (Review of the organ system and its function related to illness of the client)

_____
_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. Discharge Plan

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
1. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
2. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
3. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____

Ministry of Higher Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Artificial Kidney Unit
Clinical Checklist

Intern Name		**ID**	
Starting Date		**End Date**	

For each skill/task demonstrated by intern, the preceptor/staff nurse trainer will sign in the appropriate column. The nurse intern is able to discuss the policy and demonstrate the following skill task:

Clinical skill task	**Observed by nurse intern**	**Demonstrate by nurse intern**		**No opportunity**
		Satisfactory	**Unsatisfactory**	
Basic nursing care				
Measuring vital signs.				
Weighing patient.				
Obtain blood sample.				
Others				
Pre-dialysis				
Machine priming.				
Check laboratory blood works.				
Preparation of patient for hemodialysis.				
Predialysis patient assessment.				
Pre dialysis care of vascular access (AVF & catheter)				
Others				
During dialysis				
Checks prior to dialyzing a patient.				
Patient monitoring during dialysis.				
Infection control.				
Others				
Post dialysis				
Post dialysis care of vascular access.				
Patient teaching.				
Documentation				

Feedback from Head Nurse / Clinical Instructor	**Feedback from Hospital Training Coordinator**

Name: Signature and Date:	Name: Signature and Date:
Nurse Intern signature:	

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Attendance Sheet
Artificial Kidney Unit

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
1	SUN						
	MON						
	TUE						
	WED						
	THU						
2	SUN						
	MON						
	TUE						
	WED						
	THU						
3	SUN						
	MON						
	TUE						
	WED						
	THU						
4	SUN						
	MON						
	TUE						
	WED						
	THU						

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Behavioral / Performance Periodic Evaluation
Artificial Kidney Unit

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Behavioral / Performance Periodic Evaluation
Artificial Kidney Unit

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	**2 Satisfactory**	**3 Good**	**4 Very Good**	**5 Excellent**
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
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8	Always well-groomed and neat.					
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	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
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14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					

	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %		**100**			

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Nursing Case Presentation Format

I. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
_____
_____

- Immunizations

_____
_____
_____

- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness

a. the age and health or age and cause of death of each immediate family member
   _____
   _____
   _____

b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
   _____
   _____
   _____

F. Menstrual and Obstetric History (if applicable)
   _____
   _____
   _____

G. Lifestyle/ Activities of Daily Living

_____
_____
_____

H. Social Data

_____
_____
_____

I. Psychological Data

_____
_____
_____

II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		
Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

_____

_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results

LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. Anatomy and Physiology (Review of the organ system and its function related to illness of the client)

_____
_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. Discharge Plan

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
1. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
2. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
3. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Psychiatric Unit
Clinical Checklist

Intern Name		**ID**	
Starting Date		**End Date**	

For each skill/task demonstrated by intern, the preceptor/staff nurse trainer will sign in the appropriate column. The nurse intern is able to discuss the policy and demonstrate the following skill task:

Clinical skill task	**Observed by nurse intern**	**Demonstrate by nurse intern**		**No opportunity**
		Satisfactory	**Unsatisfactory**	
• Review physician orders on a regular basis				
• explain procedure privacy				
• Hand washing and aseptic technique				
• History taking &Physical Examination				
• Measuring & recording weight, height				
• Measuring & documentation vital signs				
• Testing blood sugar using Glucometer				
Assisting with safe preparation and post procedure care for the following procedures:				
• ECT				
• CT Scan, MRI				
• Care for patient after ECT				
Preparation and Administration of Medications:				
• I.V medication				
ECG recording/interpretation				

• Intramuscular injection				
Oral medication				
Summarizes medications side effects				
Psychiatric assessment				
CHIEF COMPLAINT				
PRESENTING ILLNESS				
PERSONAL HISTORY				
FAMILY HISTORY				
MEDICAL/SURGICAL HISTORY				
MENTAL STATUS EXAM				
Nursing care and management of:				
• Schizophrenia				
• Depression				
• Mania				
• Alzheimer's disease				
• Bipolar disorder (I, II)				
• Personality disorders				
• Eating disorder				
• Substance use and abuse disorders				
• Care for patients with medication side effects				
Documentation nursing note				
• Documents accurately on hospital forms				
• Writing nurses notes				

Feedback from Head Nurse / Clinical Instructor	**Feedback from Hospital Training Coordinator**
Name: Signature and Date:	Name: Signature and Date:
Nurse Intern signature:	

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Attendance Sheet
Psychiatric Unit

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
1	SUN						
	MON						
	TUE						
	WED						
	THU						
2	SUN						
	MON						
	TUE						
	WED						
	THU						
3	SUN						
	MON						
	TUE						
	WED						
	THU						
4	SUN						
	MON						
	TUE						
	WED						
	THU						

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Behavioral / Performance Periodic Evaluation
Psychiatric Unit

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Behavioral / Performance Periodic Evaluation
Psychiatric Unit

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	**2 Satisfactory**	**3 Good**	**4 Very Good**	**5 Excellent**
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
	III. Professionalism					
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					

	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %	**100**				

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Nursing Case Presentation Format

I. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
_____
_____

- Immunizations

_____
_____
_____

- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness

a. the age and health or age and cause of death of each immediate family member
   _____
   _____
   _____

b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
   _____
   _____
   _____

F. Menstrual and Obstetric History (if applicable)
   _____
   _____
   _____

G. Lifestyle/ Activities of Daily Living

_____
_____
_____

H. Social Data

_____
_____
_____

I. Psychological Data

_____
_____
_____

II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		
Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

_____

_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results

LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. **Anatomy and Physiology (Review of the organ system and its function related to illness of the client)**

_____
_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. **Discharge Plan**

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
1. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
2. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
3. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Operating Room
Clinical Checklist

Intern Name		**ID**	
Starting Date		**End Date**	

For each skill/task demonstrated by intern, the preceptor/staff nurse trainer will sign in the appropriate column. The nurse intern is able to discuss the policy and demonstrate the following skill task:

Clinical skill task	**Observed by nurse intern**	**Demonstrate by nurse intern**		**No opportunity**
		Satisfactory	**Unsatisfactory**	
Principles of Safe, Effective and Efficient Operating Room Nurse				
Checks Consent signed				
Identifies the patient and re-check patients operative site properly mark				
Validates patients understanding towards surgery				
States the nursing diagnosis and the type of contemplated procedure				
Recognizes the members of the surgical team				
Explains the principles of sterile technique				
Identifies the operative position of the patient and the type of anesthesia used				
Categorizes the equipment needed				
Distinguishes the surgical instruments used				
Recommendations:				
Assisting Surgical Procedure following the Principles of Sterile Technique				

Demonstrates surgical hand washing, scrubbing and gowning systematically				
Assists surgeon, nurses and surgical assistants in gowning and gloving				
Arrange the surgical instruments needed				
Performs counting of the surgical sponges, instruments and supplies before and after the procedure				
Executes proper instrument handling methodically				
Establishes safe and sterile operative field				
Labels surgical specimens accurately				
Maintains sterility throughout the procedure				
Discards sharp instruments safely				
Demonstrates care in handling and using instruments, equipment and resources after the procedure				
Recommendations:				
Displays Nurse-Patient relationship in a professional manner				
Verbally expresses concern for the patient assigned				
Always take time to be with patient to allay fears				
Displays consistent gentleness and warmth to patient				
Follows standard rules/protocol in the operating room				
Observes precision in preparing equipment, instruments and materials				
Displays consistent attentiveness when assisting procedures				
Observes strict confidentiality in each procedure				
Complies with ethical standards in the operating room				
Recommendations				

Feedback from Head Nurse / Clinical Instructor	**Feedback from Hospital Training Coordinator**
Name: Signature and Date:	Name: Signature and Date:
Nurse Intern signature:	

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Attendance Sheet
Operating Room

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
1	SUN						
	MON						
	TUE						
	WED						
	THU						
2	SUN						
	MON						
	TUE						
	WED						
	THU						
3	SUN						
	MON						
	TUE						
	WED						
	THU						
4	SUN						
	MON						
	TUE						
	WED						
	THU						

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Behavioral / Performance Periodic Evaluation
Operating Room

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Behavioral / Performance Periodic Evaluation
Operating Room

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	2 Satisfactory	3 Good	4 Very Good	5 Excellent
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
	III. Professionalism					
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					
15	Utilizes appropriate chain of command in problem solving.					

	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %	**100**				

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Nursing Case Presentation Format

I. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
_____
_____

- Immunizations

_____
_____
_____

- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness

a. the age and health or age and cause of death of each immediate family member
   _____
   _____
   _____

b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
   _____
   _____
   _____

F. Menstrual and Obstetric History (if applicable)
   _____
   _____
   _____

G. Lifestyle/ Activities of Daily Living

_____
_____
_____

H. Social Data

_____
_____
_____

I. Psychological Data

_____
_____
_____

II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		
Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

_____

_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results

LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. Anatomy and Physiology (Review of the organ system and its function related to illness of the client)

_____
_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. Discharge Plan

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
1. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
2. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
3. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Nurse Intern's Request Form

Name of Student in English: _____
Name of Student in Arabic: _____
University Number: _____
National ID Number: _____
Mobile number: _____ Telephone Number: _____
Start of Training:

Please list at least three hospital you prefer for your internship program.

Name of Hospital	Telephone number	Email address
1.		
2.		
3.		

Elective Area:

Elective Area 1	Elective Area 2

Note: Please ensure that the name written above is the same with your passport or university document.

Name of Student: _____
Signature: _____
Date: _____

Nurse Intern Information

dom of Saudi Arabia
nistry of Education
haqra University
Applied Medical Sciences
in Dawadmi

جامعة شقراء
Shaqra University

المملكة العربية السعودية
وزارة التعليم
جامعة شقراء
كلية العلوم الطبية التطبيقية بالدوادمي

نموذج بيانات شهادات طالبات الامتياز باللغة العربية والإنجليزية

الاسم: ، السجل المدني: ، الرقم الجامعي:

التخصص: ، المستوى: ، رقم الجوال:

الاسم بالغة العربية			
الاسم الأول	اسم الأب	اسم الجد	اسم العائلة

Name in English			
Family Name	Grandfather Name	Father Name	First Name

إقرار:

أقر انا الطالبة الموضحة بياناتي اعلاه انها صحيحه وسليمة ومطابقة لاسمي باللغتين في الأوراق الرسمية وأني على علم تام أنه هو الاسم الذي سيسجل لي في ه
وفي حال وجود خطأ فأنني اتحمل تبعاته من تأخير ورسوم إذا استلزم ذلك.

اسم الطالبة: ، التوقيع: ، التاريخ: / /

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Agreement Letter

Please read carefully Rules, Regulations and Guidelines stated for internship year in ***Applied Medical Sciences Colleges Internship Student Guide***. Sign the statement below to ensure that you understood all contents of internship and agree to adhere to the Rules, Regulations and Guidelines.

I have read, understood, and agree to adhere to the Rules, Regulations and Guidelines stated in Internship logbook. Any violation committed against the rules and regulation stipulated in this logbook will be taken against me and will have corresponding penalties.

Student Name: _____

University ID No: _____

Signature: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi
Nursing Department

Behavioral / Performance Periodic Evaluation (Hospital) 1

Name of Hospital: _____
Student Name: _____ University ID: _____

Rotation Period: from _____ to _____

Instructions to Evaluator: The columns indicate numerical grades (<60 to 100). Please indicate by assigning a **numerical grade within one column**, the level of competence at which the student performed in each category while on rotation in your laboratory. If you feel a category is not applicable to your clinical situation, please mark "N/A". If our form lacks one or more category please add them.

OVERALL PERFORMANCE:

☐ **Satisfactory (≥ 60)** ☐ **Unsatisfactory (<60)**

If unsatisfactory, what recommendations would you like to make?

☐ Repeat the training for whole rotation period ☐ Repeat tasks for weeks

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Behavioral / Performance Periodic Evaluation (Hospital) 2

Intern Name		**ID**	
Starting Date		**End Date**	
Unit/ward			

#	ITEM	Observed by Hospital Preceptor				
		1 Poor	**2 Satisfactory**	**3 Good**	**4 Very Good**	**5 Excellent**
	I. Direct Patient Care					
1	Provide holistic quality care.					
2	Practices within standard of nursing care, policies and procedures and established protocols for the unit					
3	Demonstrate critical thinking, knowledge and skills in the delivery of quality patient care					
4	Demonstrate confidence and safety in the performance of nursing care					
	II. Health Teaching					
5	Utilizes appropriate teaching strategies.					
6	Identifies teaching needs for patients and families.					
7	Involves patients and family in health teaching.					
	III. Professionalism					
8	Always well-groomed and neat.					
9	Punctuality: Work on time, maintain good attendance record and complete given assignment on time.					
10	Sense of responsibility and accountability.					
	IV. Communication and Documentation					
11	Demonstrate competence in documenting patient care.					
12	Establishes and maintain professional and effective communication with health team and patient.					
13	Respect preceptors and accepts constructive criticisms.					
14	Listen to ideas and opinions of others.					

15	Utilizes appropriate chain of command in problem solving.					
	V. Attitude					
16	Accepts work assignments.					
17	Display cooperative behavior.					
18	Display interpersonal relationship.					
	VI. Personal Competence					
19	Display ability to make decision.					
20	Demonstrate self confidence in her abilities and knowledge as a professional.					
	GRAND TOTAL= SUM OF ALL COLUMNS/20 FINAL %	**100**				

Evaluator's Name: _____

Signature: _____

Date: _____

Ministry of Education
Shaqra University
College of Applied Medical Sciences at Al Dawadmi,
Nursing Department

Summary of Nursing Internship Evaluation Form

Intern Name		**ID**	
Starting Date		**End Date**	

No.	Clinical Discipline	Final Assessment	
		Percentage (%)	**Grade**
1.	Orientation		
2.	Medical ward		
3.	Medical clinics		
4.	Management		
5.	Surgical ward		
6.	Surgical clinics		
7.	Paediatric ward		
8.	Paediatric clinics		
9.	Obstetric and gynecological ward		
10.	Obstetric and gynecological clinic		
11.	Operating room		
12.	ICU		
13.	Emergency		
14.	Nursery		
15.	Delivery room (DR)		
16.	Dialysis		
17.	Endoscopy		
18.	Elective Area(1)		
19.	Elective Area(2)		
20.	Educational Activity (Research in the special training area)		
	Total percentage		
	Final Grade		

Remarks (if any):_____
Name of Training Coordinator: _____
Signature of Training Coordinator: _____**Date:** _____

Nursing Internship Program

Attendance Sheet

Intern's name: _____ Batch#_____Unit_____
Evaluation Period: _____

WEEK	DAY/DATE	TIME IN	TIME OUT	BREAK TIME		SIGNATURE OF INTERN	SIGNATURE OF HOPSITAL TRAINING HEAD OR PRECEPTOR
				OUT	IN		
1	SUN						
	MON						
	TUE						
	WED						
	THU						
2	SUN						
	MON						
	TUE						
	WED						
	THU						
3	SUN						
	MON						
	TUE						
	WED						
	THU						
4	SUN						
	MON						
	TUE						
	WED						
	THU						

Nursing Internship Program

Excuse Application

Name:
I.D.#:
Batch ( )
Present Clinical Area:
Request Date:
Reasons for Request:
Guardian's approval & Signature:
Intern's Signature:
Approval of the Nursing Department:
Approval of Nursing College
Remarks:

Nursing Internship Program

Planned Emergency Leave

Name:
I.D#:
Batch ( ) Group ( )
Present areaOrientation:
Request Date:
Reason for Leave:
Number of Days Applied:
From Date:
To Date:
Guardian's approval & Signature:
Intern's Signature:
Approval of the Nursing Department:
Approval of Nursing College
Remarks:

Nursing Internship Program

Nursing Case Presentation Format

I. Nursing Health History

A. Biographic Data

Age: _____ Gender: _____
Nationality: _____ Religion: _____
Address: _____ Mobile No: _____

B. Chief Complaint (Chief Complaint may be different from reason for visit) Reason for Visit (reason the patient states for seeking care)

_____
_____
_____
_____

C. History of the Present Illness

_____
_____
_____
_____
_____

D. Past history

- General state of health

_____
_____
_____

- childhood illnesses

_____
_____
_____

- Immunizations

_____
_____
_____

- adult illnesses
  _____
  _____
  _____
- psychiatric illness
  _____
  _____
  _____
- operations
  _____
  _____
  _____
- injuries
  _____
  _____
  _____
- hospitalizations
  _____
  _____
  _____
- current medications
  _____
  _____
  _____
- Allergies
  _____
  _____
  _____

E. Family History of Illness
   a. the age and health or age and cause of death of each immediate family member
      _____
      _____
      _____
   b. the occurrence within the family of any of the following conditions (diabetes, TB. heart disease, high blood pressure, stroke, kidney disease, cancer arthritis, anemia, mental patient)
      _____
      _____
      _____

F. Menstrual and Obstetric History (if applicable)

_____
_____
_____

G. Lifestyle/ Activities of Daily Living

_____
_____
_____

H. Social Data

_____
_____
_____

I. Psychological Data

_____
_____
_____

II. Patterns of Functioning /Gordon's Functional Health Patterns

Functional Health Pattern	Before Hospitalization	During Hospitalization
Health Perception – Health Management Pattern		
Nutritional-Metabolic Pattern		
Elimination Pattern		
Activity Exercise Pattern		
Sleep –Rest Pattern		
Cognitive-Perceptual Pattern		
Self-Perception, Self-concept Pattern		
Role-Relationship Pattern		
Sexual-Reproductive Pattern		

Coping-Stress Tolerance Pattern		
Value-Belief Pattern		

III. Physical Assessment

General Appearance:

_____

_____

_____

_____

Activity Level (Include developmental milestones as appropriate):_____

_____

_____

_____

Skin (Color, Appearance, Turgor, Integrity)/Nodes:

_____

_____

_____

Head/Scalp (Fontanels if applicable):

_____

_____

_____

Eyes (Reactivity/Acuity):

_____

Ears (Acuity):

_____

Mouth and Throat:

_____

_____

Chest (Quality of Respirations, Lung Sounds, Effort, Retractions, Cough):

_____

_____

Heart (Apical Rate & Rhythm, Heart Sounds, Pulses):

_____

_____

Abdomen (Shape, Tenderness, Bowel Sounds):

_____

_____

_____

Musculoskeletal (Movement, Strength, symmetry, ROM):

_____

_____

_____

Neurological (LOC, Reflexes, Speech)

_____

_____

_____

IV. Laboratory/ Diagnostic Examination Results
LABORATORY (Applicable)

	Normal Ranges	Actual Value
Hemoglobin:	_____	_____
Hematocrit:	_____	_____
RBC:	_____	_____
WBC:	_____	_____
Glucose:	_____	_____
Platelets:	_____	_____

Tuberculin:_____

Bilirubin:_____

Lead:_____

Titers:_____

Stool (O&P):_____

Urinary Analysis:_____

Other:_____

_____

Diagnostic Tests (X-Ray, ECG, Etc.):

_____
_____
_____

V. Medications. IV infusions, Blood Transfusions, treatments given

Drug order	**Mechanism of Action**	**Indications**	**Contraindications**	**Adverse Effects of the Drug**	**Nursing Responsibilities/precaution**
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					
Brand Name: **Generic Name:** **Classification:** **Dosage:** **Route:** **Frequency:**					

VI. Anatomy and Physiology (Review of the organ system and its function related to illness of the client)

_____
_____
_____
_____
_____
_____

VII. Pathophysiology of the disease (concept map)

VIII. Prioritized list of nursing problems

_____
_____
_____
_____
_____
_____
_____
_____

IX. Nursing Care Plan

Assessment	Nursing Diagnosis	Plan	Implementation	Evaluation
Problem **Subjective Data:** **Objective Data:**				

X. Discharge Plan

Medications	Exercise	Treatment	Health teaching	Outpatient (follow up consultation)	Diet	Sexual Activity or Spirituality

Nursing Case Presentation Evaluation Sheet

Student's Name:	**Patient's Name:**
Date:	**Diagnosis:**

Criteria	Total Grade	Student Grade
4. Patient Presentation • Accurately states the patient's problem (chief complaint; History of present illness; Review of system; Physical Examination), report available. • Details are arranged chronologically. • Provides data needed for accurate assessment	**25%**	
5. Knowledge • Discuss pathophysiology including signs and symptoms and pertinent for sequelae for the disease. • Identify actual and potential nursing diagnosis appropriate for the patient • Prepares suitable nursing care plan • Discuss appropriate drug therapy for the disease • Prepares discharge plans	**50%**	
6. Presentation quality • Delivers the presentation in a logical, organized sequence speaking clearly and making an eye contact with audience. • Presentation is professionally prepared • Responds to questions accurately and completely	**25%**	
	100%	

Nursing faculty: _____
Nursing faculty Signature: _____
Date: _____