## WSU BS LEVEL \* Student Evaluation NICU-PEDS REST 3760

| Student Name:  |   | Date:  | Date:                        |  |  |  |  |  |
|--|---|--|------------------------------|--|--|--|--|--|
| Clinical Site:   |   | Hours In Clinical:   |                              |  |  |  |  |  |
| Clinical Instructor -  | Print and Sign:   |  |                              |  |  |  |  |  |
| Please rate the student in the areas noted below. Use the following scoring:             |   |  |                              |  |  |  |  |  |
| 2 = Very Good  | 1 = Acceptable  | 0 = Unacceptable   | NA = Not Applicable          |  |  |  |  |  |
| ATTITUDE - The   | Student:  |  |                              |  |  |  |  |  |
| 1. Is prepared   | for clinical and arrives on ti  | ime as described in Student han                                | dbook.                       |  |  |  |  |  |
| 2. Solicits qu   | Solicits questions from and coaches patient during therapy.                                       |  |                              |  |  |  |  |  |
| 3. Exhibits pl   | Exhibits pleasant demeanor, demonstrates genuine interest and willingness to learn.               |  |                              |  |  |  |  |  |
| TASK COMPETE   | NCY - The Student:  |  |                              |  |  |  |  |  |
| 1. Takes note  | s during report and reviews   | patient's chart.   |                              |  |  |  |  |  |
| 2. Assesses /  | Assesses / monitors and stays with patient during TX and modifies if appropriately.               |  |                              |  |  |  |  |  |
| 3. Charts in a   | Charts in a technically competent manner.   |  |                              |  |  |  |  |  |
| 4. Gloves and  | Gloves and washes hands between patients and uses Aseptic technique                               |  |                              |  |  |  |  |  |
| JOB KNOWLEDO   | GE (PROBLEM SOLVING   | G) - The Student:  |                              |  |  |  |  |  |
| 1. Can expres  | ss indication, goals and ratio  | nale for therapy modification.                                 |                              |  |  |  |  |  |
| -  |   |  |                              |  |  |  |  |  |
| TOTAL  | OUT OF POSSIBLE   | E  | SCORE FOR THIS DAY!          |  |  |  |  |  |
|  | in which you feel the studen d also be appreciated! Than  | nt <u>needs to improve</u> his/her clink you for your honesty. | ical performance.            |  |  |  |  |  |
| Willingne  | ess to help   | Timeliness in the  | herapy                       |  |  |  |  |  |
| Pleasant a   |   | Time Managen   | Time Management              |  |  |  |  |  |
| Talks too  |   | Breaks were to   | Breaks were to long          |  |  |  |  |  |
|  | int to be in clinical   |  | Disorganized                 |  |  |  |  |  |
|  | alk enough  | Professionalisn  | n                            |  |  |  |  |  |
|  | Communication Team work   |  |                              |  |  |  |  |  |
|  | Communication with nurses Medication application Communication with M.D.s Willingness to Learn    |  |                              |  |  |  |  |  |
|  | Communication with M.D.s willingness to Learn  Communication with Pt's Family Personal Appearance |  |                              |  |  |  |  |  |
| Patient in   |   |  | Skill level need improvement |  |  |  |  |  |
|  |   |  |                              |  |  |  |  |  |
| COMMENTS/STR   | ONG POINTS:   |  |                              |  |  |  |  |  |
|  |   |  |                              |  |  |  |  |  |
|  |   |  |                              |  |  |  |  |  |
| Considering this   | student's level of educa  | ation and clinical experien                                    | ce, would you recommend      |  |  |  |  |  |
| hiring this student? YES NO ***If your answer is NO, please comment as to why. Thank you |   |  |                              |  |  |  |  |  |
| -  |   | •  | -                            |  |  |  |  |  |
|  |   |  |                              |  |  |  |  |  |

## WSU RESPIRATORY THERAPY DEPARTMENT PEDS/NICU RESPIRATORY THERAPY 3760 CLINICAL THERAPY RECORD

| PROCEDURE                   | 0 | P | PROCEDURE                  | O | P |
|-----------------------------|---|---|----------------------------|---|---|
| Oxygen Therapy              |   |   | Endotracheal Sx            |   |   |
| Head box                    |   |   | Nasophyaryngeal Sx         |   |   |
| Oximeter                    |   |   | Orotracheal SX             |   |   |
| CPT                         |   |   | X-ray Interpretation       |   |   |
| SVN/MDI tx                  |   |   | Nasal CPAP/Prong Care      |   |   |
| Ventilator Set-up           |   |   | *Mist Tent                 |   |   |
| Ventilator Check            |   |   | *Heal Stick/CBG            |   |   |
| Ventilator Parameter Change |   |   | *Resuscitation             |   |   |
| Ventilator Circuit Change   |   |   | *Intubation                |   |   |
| TCM/ETCO2                   |   |   | *Orogastric Tube Placement |   |   |
| Bag & Mask Ventilation      |   |   | ** Delivery                |   |   |
|                             |   |   |                            |   |   |
|                             |   |   |                            |   |   |
|                             |   |   |                            |   |   |
|                             |   |   |                            |   |   |
|                             |   |   |                            |   |   |

## PHYSICIAN CONTACT HOURS

| MD CONTACT | AMT of<br>TIME | ACTIVITY | WHAT YOU LEARNED |
|------------|----------------|----------|------------------|
|            |                |          |                  |
|            |                |          |                  |
|            |                |          |                  |
|            |                |          |                  |
|            |                |          |                  |
|            |                |          |                  |