

RED ROCKS COMMUNITY COLLEGE Evaluation of Student's Internship/Clinical Experience Home Health-NUA 180/Hospice-NUA 171/Hospice-NUA 181

RRCC requests that this evaluation be completed by the Facility RN preceptor or RN site supervisor at the end of the student's clinical experience. It is to be submitted to RRCC within 3 days of completion of the clinical experience. It can be faxed to the RRCC CHEO Career Coach, Chryste Weitzel, at 303-914-6063. Simply answer each question **YES** or **NO**. If NO, please explain briefly in space provided.

Stude	nt nan	ne Date
Site s	upervis	sor name and title
Name	oforg	ganization for clinical site
YES	NO	
		1. Student arrived to clinical site on time each day.
		2. Student was dressed appropriately for the clinical experience each day
		3. Student communicated effectively with healthcare team members and preceptor.
		4. Student interacted with patients and families in a respectful and caring manner
		5. Student provided care alongside and in conjunction with the preceptor at all times
		 Student demonstrated an interest in the work; asked questions, observed intently, focused on the task.
		7. Student conducted self professionally at all times.
		8. Student upheld the privacy and confidentiality rights of each patient and family.
		9. Student complied with rules, requests and tasks assigned by the site preceptor and/or site supervisor
		10.Student demonstrated listening skills; no interrupting, eye contact, focus, reflective responses, etc.

Facility RN preceptor's or RN site supervisor's signature

Intern/clinical eval. 4/14/14

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