

UNIVERZA NA PRIMORSKEM  
FAKULTETA ZA VEDE O ZDRAVJU  
Polje 42, 6310 Izola



**KATEDRA ZA ZDRAVSTVENO NEGO**

## **KLINIČNO USPOSABLJANJE V TUJINI DOKUMENTACIJA**

Ime in priimek študenta: \_\_\_\_\_

Učni zavod, kjer se izvaja klinično usposabljanje: \_\_\_\_\_

Specialno področje zdravstvene nege: \_\_\_\_\_

Enota oz. oddelek: \_\_\_\_\_

Študijsko leto: \_\_\_\_\_

Trajanje kliničnega usposabljanja od \_\_\_\_\_ do \_\_\_\_\_

Dnevnik pregledal šolski koordinator (podpis): \_\_\_\_\_



## POROČILO ŠTUDENTA

**Predstavitev delovne organizacije (dejavnosti) ustanove/oddelka/enote/ službe**

**1. Predstavitev pacientov (zdravstvena stanja s katerimi se je študent srečeval tekom kliničnega usposabljanja):**

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**2. Vloga študenta v negovalnem oz. zdravstvenem timu:**

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**3. Vloga v zdravstvenem timu pri izvajanju intervencij (obkrožiti):**

- |                                   |    |    |       |
|-----------------------------------|----|----|-------|
| - izvajanje procesne metode dela  | DA | NE | DELNO |
| - uporaba negovalne dokumentacije | DA | NE |       |

Definirati, katera:

- negovalna dokumentacija:

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- negovalni standardi ali navodila, s katerimi ste bili seznanjeni:

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**4. Odnos v negovalnem oz. zdravstvenem timu:**

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## REFLEKSIJA NA KLINIČNO USPOSABLJANJE









**Appendix 1**

**Supervised Clinical Practice Assessment Form**

Clinical mentor: \_\_\_\_\_

Field (ward): \_\_\_\_\_

Date: \_\_\_\_\_

Assess the student according to the criteria listed below:

Insufficient	Sufficient	Good	Very Good	Excellent
5	6	7	8/9	10

1. The student masters the nursing interventions and diagnostic therapeutic procedures.	5	6	7	8/9	10
2. The student is reliable, accurate, diligent, and responsible.	5	6	7	8/9	10
3. The student takes into account the safety measures and uses the prescribed protective equipment.	5	6	7	8/9	10
4. The student knows and observes the Nursing Code of Ethics principles.	5	6	7	8/9	10
5. The student is successful in establishing partnerships with the mentor, other students, nursing and health care team colleagues, and other staff.	5	6	7	8/9	10
6. The student is motivated and shows personal initiative.	5	6	7	8/9	10

Praise and/or comments:

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Clinical mentor signature: \_\_\_\_\_

Stamp:

Student signature: \_\_\_\_\_