



Department
Nursing Skills
38 H

NURS 317
CLINICAL APPLICATION OF ADULT HEALTH NURSING

CLINICAL LEARNING EXPERIENCE RECORD

Name of Student _____
Hospital _____

Student No. _____

I - SUMMARY OF CLINICAL CASES HANDLED

DATE OF CLINICAL EXPOSURE	AREA	DIAGNOSIS



II – WEEKLY RECORD OF NURSING PROCEDURES PERFORMED / OBSERVED

WEEK 1 Date : _____	Nursing Procedures Performed / Observed	Preceptor's Name & Signature	Preceptor's Remarks
	1.		
	2.		
	3.		
	4.		
	5.		

Medical Diagnosis / Case Handled :

Student Journal

Noted by:

Name & Signature of Clinical Instructor
Date _____

WEEK 2 Date : _____	Nursing Procedures Performed / Observed	Instructor's / Nurse's Name & Signature	Instructor's Remarks
	1.		
	2.		



	3.		
	4.		
	5.		

Case Handled : _____

Student Journal

Noted by:

Name & Signature of Clinical Instructor
Date _____

WEEK 3	Nursing Procedures Performed / Observed	Instructor's / Nurse's Name & Signature	Instructor's Remarks
Date : _____	1.		
	2.		
	3.		
	4.		
	5.		



Case Handled : _____

Student Journal

Noted by:

Name & Signature of Clinical Instructor
Date _____

WEEK 4	Nursing Procedures Performed / Observed	Instructor's / Nurse's Name & Signature	Instructor's Remarks
Date : _____	1.		
	2.		
	3.		
	4.		
	5.		

Case Handled : _____

Student Journal



Noted by:

Name & Signature of Clinical Instructor

Date _____

WEEK 5	Nursing Procedures Performed / Observed	Instructor's / Nurse's Name & Signature	Instructor's Remarks
Date : _____	1.		
	2.		
	3.		
	4.		
	5.		

Case Handled : _____

Student Journal



Department
Nursing Skills
38 H

Noted by:

Name & Signature of Clinical Instructor

Date _____

WEEK 6	Nursing Procedures Performed / Observed	Instructor's / Nurse's Name & Signature	Instructor's Remarks
Date : _____	1.		
	2.		
	3.		
	4.		
	5.		

Case Handled : _____

Student Journal

Noted by:

Name & Signature of Clinical Instructor

Date _____

WEEK 7	Nursing Procedures	Instructor's / Nurse's	Instructor's Remarks
--------	--------------------	------------------------	----------------------



Date : _____	Performed / Observed	Name & Signature	
	1.		
	2.		
	3.		
	4.		
	5.		

Case Handled : _____

Student Journal

Noted by:

Name & Signature of Clinical Instructor
Date _____

WEEK 8	Nursing Procedures Performed / Observed	Instructor's / Nurse's Name & Signature	Instructor's Remarks
Date : _____	1.		
	2.		
	3.		
	4.		



	5.		
<p>Case Handled : _____</p> <p>Student Journal</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
<p>Noted by:</p> <p>_____ Name & Signature of Clinical Instructor</p> <p>Date _____</p>			

Day 9	Nursing Procedures Performed / Observed	Instructor's / Nurse's Name & Signature	Instructor's Remarks
Date : _____	1.		
	2.		
	3.		
	4.		
	5.		
<p>Case Handled : _____</p> <p>Student Daily Journal</p> <hr/> <hr/> <hr/>			



Department
Nursing Skills
38 H

Noted by:

Name & Signature of Clinical Instructor
Date _____

WEEK 10	Nursing Procedures Performed / Observed	Instructor's / Nurse's Name & Signature	Instructor's Remarks
Date : _____	1.		
	2.		
	3.		
	4.		
	5.		

Case Handled : _____

Student Journal



Noted by:

Name & Signature of Clinical Instructor

Date _____

WEEK 11	Nursing Procedures Performed / Observed	Instructor's / Nurse's Name & Signature	Instructor's Remarks
Date : _____	1.		
	2.		
	3.		
	4.		
	5.		

Case Handled : _____

Student Journal

Noted by:

Name & Signature of Clinical Instructor

Date _____



Student's Evaluation of the Clinical experience:

- a. Give a Brief Discussion of the competencies you have learned / acquired in the clinical area

- b. How do you feel about it?

☐ Very Satisfied

☐ Satisfied

☐ Moderately Satisfied

☐ Not Satisfied

Cite reasons of your response

- c. Comments / Suggestions related to the Clinical Experience

Date _____

Signature of Student _____

Noted by:

Name & Signature of Clinical Instructor
Date _____