

**College of Nursing**

**Community Health Nursing Department**

**NURS 417**

**Clinical Learning Experience Self-Evaluation**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester: \_\_\_\_\_\_\_\_\_\_\_\_ Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation of Clinical Experiences in:**

1. **Primary Health Care (Date of Practicum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**
2. **School Health (Date of Practicum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**
3. **Environmental Health (Date of Practicum \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**
4. ***Content Knowledge***

* **What were your personal clinical learning objectives in?** 
  1. **Primary Health Care ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  2. **School Health .………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  3. **Environmental Health ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
* **What new learning experiences did you obtain in?** 
  1. **Primary Health Care ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  2. **School Health .………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  3. **Environmental Health ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
* **What else would you like to learn in?** 
  1. **Primary Health Care ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  2. **School Health .………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  3. **Environmental Health ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. ***Collaboration & Teamwork***

* **How did your personal work and actions contribute to your team’s success in?** 
  1. **Primary Health Care ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  2. **School Health .………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  3. **Environmental Health ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
* **What difficulties have you encountered while working in a team in?** 
  1. **Primary Health Care ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  2. **School Health .………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  3. **Environmental Health ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
* **What were your very good experiences while working in a team in?** 
  1. **Primary Health Care ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  2. **School Health .………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  3. **Environmental Health ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

1. ***Technology & Communication***

* **What other skills would you want to learn in providing?**
  1. **Primary Health Care ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  2. **School Health .………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  3. **Environmental Health ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
* **What were the limitations that you encountered during your clinical experiences in?** 
  1. **Primary Health Care ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  2. **School Health .………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  3. **Environmental Health ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
* **What recommendations can you suggest to improve the clinical experiences in?** 
  1. **Primary Health Care ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**
  2. **School Health .……………………………………………………………………………………………………………………………………………………………………………………………………………………………….**
  3. **Environmental Health ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructor’s Comments**

* 1. **Student’s overall knowledge, attitude, and skills in Primary Health Care ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………**

* 1. **Student’s overall knowledge, attitude, and skills in School Health .………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………**

* 1. **Student’s overall knowledge, attitude, and skills in Environmental Health ………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………**

**Instructor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**