

Name: _____

Quarter: _____

RECORD OF CLINICAL PRACTICE (DIRECT CARE)

Purpose: To record clinical experience and to use information in planning future assignments and experiences in other clinical practicum. Please complete the form on the next page using the following guidelines:

- Fill out your name and the quarter of the curriculum: 1, 2, 3, 4, 5 or 6
- Recipient of the care was the client for whom you cared. Do not use initials or anything to identify patient. Please check mark of Individual, Family, or Community.
- Age range: Young adult (20-30), middle adult (31 -50), Older adult (51-70), over 70 years old.
- Setting was the place where care was provided.
- Practice activity was the type of care provided. Please check if observation, partial or total direct care.

EXAMPLE

Week Date	Recipient of Care Please check box (no identifier)			Age Range	Gender	Ethnicity	Setting of Care	Practice Activity			Comments/Other
	Individual	Family	Community					Observation	Partial Direct Care	Total Direct Care	
Week 2 Oct 3/05	✓			<i>Older adult</i>	<i>F</i>	<i>AA</i>	<i>H (Med-surg)</i>		✓		

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**UNIVERSITY OF WASHINGTON SCHOOL OF NURSING
RECORD OF CLINICAL PRACTICE**

Week Date	Recipient of Care Please check box (no identifier)			Age Range	Gender	Ethnicity	Setting of Care	Practice Activity			Comments/Other
	Individual	Family	Community					Observation	Partial Direct Care	Total Direct Care	
				Young adult Middle adult Older Adult Over 70 yrs	Male Female		Hospital (H) Clinic (C) Home (HM)				
Week 2											
Week 3											
Week 4											
Week 5											
Week 6											

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	Recipient of Care Please check box (no identifier)			Age Range	Gender	Ethnicity	Setting of Care	Practice Activity			
	Individual	Family	Community	Young adult Middle adult Older Adult Over 70 yrs	Male Female		Hospital (H) Clinic (C) Home (HM)	Observation	Partial Direct Care	Total Direct Care	Comments/Other
Week 7											
Week 8											
Week 9											
Week 10											
Week 11											