



NURSING PRACTICE EVALUATION SHEET
4 WEEKS

SOLELY THE ORIGINAL OF THIS DOCUMENT IS TO BE SUBMITTED. PHOTOCOPIES, IMAGES SENT VIA E-MAIL WILL NOT BE ACCEPTED.

PLEASE NOTE THAT THE PRACTICE CAN ONLY BE PERFORMED AT A **TEACHING HOSPITAL**.

This is to certify that

last name IN CAPITAL LETTERS:

first name IN CAPITAL LETTERS:

(born on (DD/MM/YYYY)/...../..... in city/country/.....)

completed the following tasks as a part of a nursing practical training at our Institution:

Abbreviations used in table headers:

L: Level of acquirement **CN:** Allotted case number shows the required number of interventions.

Evaluation of levels and methods of acquirement: **S:** seen **P:** participated **D:** done

Specification of skill	L	CN	Tutor's signature
1. Assessment of the patients' general condition	P	5	
2. Monitoring vital parameters (temperature, pulse, blood pressure)	S-P	5	
3. Documentation of vital parameters in nursing documentation	S	5	
4. Hygienic hand disinfection	S-P	5	
5. Assistance with the shower	S-P	5	
6. Performing complete bed bath	S-P	5	
7. Hairwash (hair care)	S-P	1	
8. Shaving (hair care)	S-P	1	
9. Skin care	S-P	1	
10. Nail and foot care	S-P	1	
11. Oral hygiene	S-P	5	
12. Denture care	S-P	2	
13. Eye, ear, nose care	S-P	5	
14. Bedding of mobile patients' bed	S-P	5	
15. Bedding of immobile patients' bed	S-P	5	
16. Assistance with eating	S-P	5	
17. Assistance with eating and drinking for incapable patients	S-P	5	
18. Measurement and documentation of fluid intake	S-P	5	
19. Preparing and sending urine for laboratory test	S-P	1	
20. Assistance with micturation (chamberpot)	S-P	5	
21. Preparing urinary catheter for female patient	S-P	5	
22. Preparing urinary catheter for male patient	S-P	5	
23. Daily care of urinary catheter	S-P	5	
24. Measurement and documentation of fluid output	S-P	5	
25. Use of incontinence underwear	S-P	1	
26. Assistance with defecation	S-P	1	
27. Sending fecal sample for test	S-P	1	
28. Use of room toilette	S-P	5	
29. Preparing an enema	S-P	1	
30. Performing an enema	S-P	1	
31. Assistance with patients' mobilization	S-P	5	



32. Repositioning patients in bed	S-P	1		
33. Assistance with mobilisation of patients in bed	S-P	5		
34. Assistance with walking	S-P	5		
35. Decubitus prevention	S-P	5		
36. Decubitus care	S-P	1		
37. O2 administration via nasal pipette	S-P	5		
38. O2 administration via face mask	S-P	5		
39. Oral drug administration	S-P	1		
40. Sublingual drug administration	S-P	1		
41. Rectal drug administration	S-P	1		
42. Ocular drug administration	S-P	1		
43. Drug administration into the ears	S-P	1		
44. Administration of inhalative drugs (aerosols)	S-P	1		
45. Preparing parenteral drug administration	S-P	5		
46. Preparing venous puncture	S-P	5		
47. Performing venous puncture	S-P	5		
48. Preparing infusion	S-P	5		
49. Administration of drug-free infusion	S-P	1		
50. Taking blood sample	S-P	5		
51. Care of peripheral intravenous line	S-P	5		
52. Care of central venous catheter	S-P	1		

Please, mark the acceptance with X in the column in front of Tutor's Signature.

At least **39** of the specified **skills has to be completed** for the acceptance. The student completed all the practices except
Nr.....

NOTE THAT THE DURATION OF THE PRACTICE MUST BE AT LEAST 4 WEEKS

Period of practice: **from** (DD/MM/YYYY)/...../..... **to** (DD/MM/YYYY)/...../.....

Name of the teaching clinic/hospital IN CAPITAL LETTERS:

Postal address of the hospital/clinic IN CAPITAL LETTERS:

Department IN CAPITAL LETTERS:

Name of university/college the hospital is affiliated with:

Name of supervisor IN CAPITAL LETTERS:

Phone number:

E-mail address IN CAPITAL LETTERS:

Evaluation of the student:

I attest that I was supervisor of the student for the duration of his/her practical education as described above; that the information contained in this form is a true and an accurate description of the practical education obtained; and that the student demonstrated competence and proficiency performing all identified tasks. I also attest that the practical education provided conforms with the requirements of the state-accredited medical training of the country the practical education was carried out in.

Date:

Supervisor's signature and English language stamp

Please note that in case you do your practice in a country where it is not the Latin alphabet that is in use (e.g.Korea, Japan, Israel, Iran,the Arab countries etc.) and there is no English-language stamp at the disposal of the hospital, a separate letter must be written on the hospital's letterhead by your supervisor to certify that you have completed the practice there which must be submitted together with the evaluation sheet.