Health Science II Course # HU42

Name__________________________

Journal for Clinical Observation/Practice

Day of the Week________ Date_________ Day of Clinical________

Location:________________________________________________ Hours________

1. What was the most outstanding clinical event that you observed?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

2. Was this experience what you expected? Why or Why not give details:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

3. Has this clinical experience affected your decision for a career in the future? Explain;

______________________________________________________________________
______________________________________________________________________

4. What was the most critical thing about today’s experience that really made an impression on you, either favorable or unfavorable? Would you recommend this type of nursing to others in the nursing field? Write your personal thoughts and impressions of today’s clinical experience.

______________________________________________________________________
______________________________________________________________________

Signature/title__________________________________________________________