

STATE NURSING DIPLOMA

PLACEMENT COMPETENCES

Semestre /
Semester

5

Name of the University

Address

IFSI Brive
22, rue Jules Vallès
19100 Brive la Gaillarde

Date : from....to...

Length (in hours) : 350

Student Name, first name :

Absences :

Department :

Discipline / Training course nature :

for each evaluable criterion, tick the appropriate column

COMPETENCES SKILLS	INTERMEDIATE ASSESSMENT			FINAL ASSESSMENT				Trainer Synthesis			
	Tutor's Evaluation			Tutor's Evaluation				Not done	not learned	to improve	learned
	Not done	to improve	learned	Not done	not learned	to improve	learned				
COMPETENCE 1 Evaluating a clinical situation and establishing a nursing diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information relevance sought in respect of a given situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Consistency of the information collected and selected with the situation of the person or group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Relevance of the diagnosis of the clinical situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
COMPETENCE 2 Setting up and conducting a nursing project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of the project content and nursing planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Accuracy in the research of the patient's participation and consent in the care project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Relevance and consistency in care arrangements' achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMPETENCES SKILLS	INTERMEDIATE ASSESSMENT			FINAL ASSESSMENT				Trainer Synthesis			
	Tutor's Evaluation			Tutor's Evaluation							
	Not done	to improve	learned	Not done	not learned	to improve	learned	Not done	not learned	to improve	learned
COMPETENCE 9 Organizing and coordinating nursing interventions								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance in the identification and consideration of the scope of action of the different actors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Consistency in the continuity of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Reliability and relevance of the transmitted information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
COMPETENCE 10 Informing, training of professionals and trainees								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of the organization and the collaboration with a caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Quality of the reception and transmission of know-how to a trainee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Tutor's commentary	
First part of the internship	
Final part of the internship	

Positif points		Areas for improvement	

Date	Name of the internship's master and signature	Name and Tutor's signature	Name and Student's signature

Avis du formateur

The Student <input type="checkbox"/> Meets the criteria of presence in internship <input type="checkbox"/> Analyzed the activities mentioned in the portfolio	Proposal for validation of internship credits : _____/_____
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NAME , DATE AND SIGNATURE OF THE NURSE TEACHER	NAME, DATE AND SIGNATURE OF THE STUDENT

