

BLOOD PRESSURE CLINIC EVALUATION

Student: _____

Program: _____

Date: _____

LEARNING OUTCOMES	S	U	SUPPORTIVE DATA
ASSESSMENT <ul style="list-style-type: none"> Identifies risk factors associated with hypertension Identifies comorbidities associated with chronic uncontrolled hypertension With minimal guidance completes assessment for hypertension/ cardiovascular disease 			Participates in pre-conference discussion of risk factors and comorbidities Demonstrates manual blood pressure monitoring technique _____ BPs checked during BP Clinic Identifies assessment data relevant to client risk during BP Clinic.
NURSING DIAGNOSIS <ul style="list-style-type: none"> Identifies nursing diagnosis for an adult with hypertension 			Participates in pre-conference discussion of potential nursing diagnosis R/T hypertension.
PLANNING <ul style="list-style-type: none"> Identifies planned interventions for hypertensive client to maintain optimal level of health 			Plans interventions for client based on assessment data
IMPLEMENTATION <ul style="list-style-type: none"> Implements interventions in a safe, efficient, and cost-effective manner 			Provides appropriate education for clients during BP Clinic
EVALUATION <ul style="list-style-type: none"> Evaluates effectiveness of educational interventions provided client 			Completes self-reflection of clinic performance
PROFESSIONAL ROLE <ul style="list-style-type: none"> Assumes responsibility for professional growth, lifelong learning and self-development 			Prepared for clinic (reviewed objectives, reference links) Reports on-time, in uniform, with name tag Demonstrates core values of IPE (respect, teamwork, communication, and ethics) in group interactions

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EVALUATION

Student's Learning goal for BP Clinic: _____

Student Reflection on personal learning goal. Did you achieve your goal(s), why/ why not? What did you learn during this experience? What did you do well? What could you improve on?

NMWC Faculty comments:

NMWC Faculty signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____