Assessment and attendance report

Educational programmes
Nursing Programme, 180 credits

Course
Psychiatric Nursing, 7.5 credits

Term 4

Assessment basis for clinical placement (VFU)
Nursing Programme at the School of Health and Welfare – first cycle

Student's name	Social security number
Course *Psychiatric Nursing, 7.5 credits*	Healthcare unit
Period	

The student should	Date	Signature (main supervisor)
The curriculum for clinical placement (VFU) is submitted to the supervisor		
Completed all activities during clinical placement (VFU)		
The student should	**Date**	**Signature** **(main supervisor)**
Reflect theoretically on common psychiatric disorders, failing mental health and nursing related to these.		
Reflect with the supervisor on possible situations where the students should have a more passive and observant attitude.		
Reflect on the stigma associated with failing mental health.		
Problematize confidentiality in psychiatry.		
Participate in the documentation of nursing in consultation with supervisors in accordance with current statutes and laws.		
Analyse and identify the need for nursing care in failing mental health, taking into account the perspective of the patient and their relatives.		
Discuss ethical dilemmas that may arise in nursing in connection with failing mental health.		
Educate/inform patients and relatives about what can constitute support in everyday life.		

The supervisor's assessment before the final seminar	Date	Signature (main supervisor)
○ Satisfactory level of knowledge based on evaluation criteria (see page 2) ○ Unsatisfactory level of knowledge based on evaluation criteria (see page 2)		
(Reasons why they are not satisfactory should be justified below)		

Attendance report

Signed and scanned documents are uploaded to the learning platform immediately after completion of the clinical training. The Working Hours Act must be complied with with the number of consecutive shifts and the time worked, as well as breaks during each shift.

Planned weeks _____

Name of supervisor
Lettering_____

Telephone number
Clinical training _____

Activities (department)_____

Type of care _____

Name of the student
Letters   _____

Year_____   ☐ Spring Autumn

Personal Identification _____ Semester 4 ____

Day	Date	Notes	Time	Supervisor's signature	Signature of the principal supervisor
1					
2					
3					
4					
5					
Total number of work shifts performed on clinical training (VFU)					