

REFERENCE FORM for Atypical Specialized Placements

McMaster-Mohawk-Conestoga Collaborative BScN Program

Student:

Name: _____

Placement requested: _____

Clinical Tutor:

Name: _____

Position: _____

Context (where you provided supervision): _____

REFERENCE CRITERIA

Please rate your student on each of the following competencies. It is important that you provide an honest assessment of the student’s readiness to attend an atypical specialized setting, e.g. ICU, ED.

Circle as appropriate: 1= Developing, 2=Satisfactory, 3= Good, 4=Excellent (as per clinical evaluation tool)

If unable to assess, please discuss in comment section.

1. Effectively communicates with patients/families	1	2	3	4
2. Collaborates with the health care team	1	2	3	4
3. Understands pathophysiological concepts	1	2	3	4
4. Applies clinical reasoning to manage patient care	1	2	3	4
5. Prioritizes in unpredictable situations	1	2	3	4
6. Demonstrates safety in all aspects of patient care	1	2	3	4
7. Is autonomous and self-directed in practice	1	2	3	4
8. Demonstrates competence in psychomotor skills	1	2	3	4
9. Is able to communicate learning needs/areas for growth	1	2	3	4
10. Demonstrates professionalism in clinical practice	1	2	3	4

Total Score: _____ / 40

Comments:

Referee Signature

Date

The information provided on this form is confidential and will only be used by the BScN placement office.

This form must be submitted directly by the tutor via email to the student’s site:

Mac BSCNplac@mcmaster.ca Mohawk diana.powell@mohawkcollege.ca Conestoga placement_office@conestogac.on.ca