

WESTERN CAPE COLLEGE OF NURSING ACCOMPANIMENT REPORT

CAMPUS: METRO BOLAND OVERBERG SOUTHERN CAPE KAROO												
CLINICAL ACCOMPANIST/LECTURER:												
NAME OF PLACEMENT FACILITY:												
DATE:												
SANC PRESCRIPTION LECTURER-STUDENT RATIO PER PROGRAMME/SUBJECT:												
TOTAL STUDENTS ACCOMPANIED PER DAY												
	STUDENT NAME	STUDENT NUMBER	PROGRAMME	YEAR LEVEL	SUBJECT	CONTACT DETAILS	HOURS SPEND WITH STUDENT					
1												
2												
3												
4												
5												
6												
7												
8 9												
10												
Inct	ructions to clinical accompanist	montor										
	ite a narrative of each student		ns below, see next	nage Ta	ke note all							
	lents and clinical accompanists	-		puger ru	iie note un							
	cussions that must take place (<u> </u>		ent:								
1.	Discuss and check if clinical	learning outcomes and	activities as per s	subject, cl	inical learnin	g workbook an	d					
2	placement is reached.											
2. 3.	Discuss and check if role taking activities as per subject, clinical learning workbook and placement is reached.											
5.	 Check student's attendance: Check student's attendance sheets for signatures and correspondence with placement facility duty sheet. 											
4.	• Check student's allehalance sheets for signatures and correspondence with placement factury any sheet. Discuss student performance:											
	Check and sign clinical workbook for completion of sections and possible irregularities and concerns.											
	Assess if the environment is conducive for learning in the clinical facility.											
6.	Discuss and record clinical learning activities done with student during accompaniment:											
	• Demonstrate clinical skills when needed. Document on page two.											
7	• Facilitating the integration of theoretical knowledge and clinical practice. Discuss Professional behaviour and Legal aspects regarding record keeping.											
7. 8.	Check that the dress code of st	ē 1 ē		8.								
9.	Discuss formative and summative											
<i>10</i> .	Document details of clinical	education and training	provided to the stu	idents on	page two acc	ording to the cl	inical learning					
	outcomes specific to level of tr	0										
	Complete student at risk forms i		ning outcomes in th	a alimia al l	annina auidea		Tining Logming					
14.	<i>Refer to the specific programme of guide.</i>	una year ievel cunical lear	ning ouicomes, in th	e cunical le	earning guiaes.	E.g. INUK200D (unicai iearning					
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Student Name: _____

Student number: _____ Programme &Year level: _____

	Time e.g.,	Mand (Hadd		Signature	
Date	e.g., 10h00 to 12h30		Narrative (Clinical academic activities and learning opportunities explored with students)	Lecturer	Student
	1				

SIGNATURE HOD/HOC: DATE...... DATE......

*Print back-to-back

REVISED 03.03.2025