

SHIFT SUMMARY NOTES

Instructions: Please complete your goals before your first shift of the week and fill this out as much as applicable after each shift, completing it in its entirety at the end of the week.

Name: _____

Preceptor: _____

Week of orientation: _____ Date and Shift: _____

This week I hope to accomplish these specific goals:

1. _____
2. _____
3. _____

Next week I hope to accomplish these specific goals:

1. _____
2. _____
3. _____

Types of patients I cared for:

Equipment I used:

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New medications I administered:

New skills I performed:

The hardest things for me to do this week were:

I felt the most confident this week when:

Experiences I had this week that I am thankful for:

**Things I have yet to experience (procedures, types of patients, equipment, etc.)
that are a top priority for next week:**