

HOSPICE ACTIVITY SUMMARY

STUDENT NAME: _____

HOSPICE: _____

HOSPICE VISIT DATES: _____

To be completed by the hospice nurse/staff member accompanying student. Please return to student to turn in to Dr. Debbie Shpritz.

ACTIVITY	YES	NO
Arrived on time for hospice experiences		
Collected information from patient chart and hospice health provider for home visit		
Discussed reason for patient home visit, plan of care with hospice health care provider		
Participated in the care of patients as mutually determined by the student		
Established a positive rapport with the patient		
Utilized elements of compassionate approach when interacting with the patient and family		
Identified patient problems		
Discussed with hospice staff how the terminal illness has affected the family, identifies problems and interventions to meet patient and family needs.		
Sought information by asking questions of the hospice staff relating to the patient, family and hospice experience		

COMMENTS: (use reverse side of page for additional space)

Signature and title of hospice nurse/staff member

Date