Name of Student:

Student Number:

**PROCESS RECORDING # \_\_\_**

Date of Interaction:

No. of Interaction:

Time Started - Time Ended:

Duration (in minutes):

1. Client Profile

Name of Patient:

Age/Gender:

Psychiatric (Working) Diagnosis (if applicable):

1. Brief description of the environment/ setting /place of interaction:
2. Mental Status Examination / Pertinent PE findings:
3. Feelings of the student nurse prior to the interaction:
4. Objectives of the interaction:

Patient-centered Objectives

* Long Term Objectives:
* Short Term Objectives:

1. Process Recording

|  |  |  |
| --- | --- | --- |
| **Nurse**  (Verbal/ Nonverbal) | **Patient**  (Verbal/ Nonverbal) | **Analysis/ Insights**  (Theoretical Background and Synthesis) |
|  |  |  |
|  |  |  |
|  |  |  |

1. Summary
2. Evaluation
3. Feelings of the student nurse after the interaction
4. References (at least 10)