NURS 4021 Clinical Evaluation	MidtermX Final Pass Fail
Student:Sarah Ross	Preceptor:Amy Ferguson
Faculty Advisor:Wendy Fucile_	Clinical Practice Site:PRHC Unit: B4
Nature of Clinical Practice (Check all that apply)	Practice hours completed120
The setting is:	The population is primarily:
XHospital/Inpatient UnitHospital/Ambulatory or Day ProgramHospital/Critical or Emergency careCommunity/Community HealthCommunity/Home CareCommunity/Long Term CareIndustry/Occupational HealthOther	XAdults with medically-related health needsAdults with surgery-related health needsChildren or adults with mental health needsIntrapartum families/mothers and newborns (not NICU)XOlder adults requiring supportHealthy adultsFamilies/Neonates requiring critical careAdults requiring intensive or critical carePersons requiring emergency careChildren with medically or surgically related health needs

## Program Goals

Graduates are generalists entering a self-regulating profession in situations of health and illness.

Graduates are prepared to work with people of all ages and genders (individuals, families, groups, communities and populations) in a variety of settings.

Graduates continuously use critical and scientific inquiry and other ways of knowing to develop and apply nursing knowledge in their practice.

Graduates will demonstrate leadership in professional nursing practice in diverse health care contexts.

Graduates will contribute to a culture of safety by demonstrating safety in their own practice, and by identifying, and mitigating risk for patients and other health care providers

Graduates will establish and maintain therapeutic, caring and culturally safe relationships with clients and health care team members based upon relational boundaries and respect.

Graduates will be able to enact advocacy in their work based on the philosophy of social justice.

Graduates will effectively utilize communications and informational technologies to improve client outcomes.

Graduates will be prepared to provide nursing care that includes comprehensive, collaborative assessment, evidence-informed interventions and outcome measures.

Before completing the evaluation form, students and preceptors should review the objectives and sub-objectives. While students and preceptors should comment on each of the seven course objectives, it is not necessary to write comments about each sub-objective. It is better to provide specific and detailed comments about a few sub-objectives than to write broadly about many.

## Each objective should be awarded one of the following ratings: Midterm:

Satisfactory Progress (SP): The student demonstrates sufficient knowledge, and skill and ability to safely practice or achieve a competency with an average level of teaching support and guidance; or the level of performance is what the instructor would expect of an average student at that level and point in time; and the instructor reasonably anticipates that if the student continues at the current pace of practice and achievement, the student should be able to fully meet the objective at the end of the course.

**Needs Development(ND):** The student demonstrates sufficient knowledge and ability to safely practice or achieve a competency, but requires more than average teaching support and guidance; or the student demonstrates knowledge but needs more practice to achieve the competency; or the level of performance is below what the instructor would expect of the average student at that level and point in time; and the instructor reasonably anticipates that if the student focuses

his/her learning in the required area, and gains sufficient practice, the student has the potential to meet the objective at the end of the course.

Unsatisfactory Progress (UP): The student does not demonstrate sufficient knowledge, or skill, or ability to safely practice or achieve a competency, even with constant, intensive teaching support and guidance; or the level of performance is far below what the instructor would expect of the average student at that level and point in time; and the instructor reasonably anticipates that if the student continues at the current pace of practice and achievement, the student is not likely to meet the objective at the end of the course.

## Final:

Satisfactory (S): The student demonstrates sufficient knowledge, and skill and ability to safely practice or achieve a competency with an average level of teaching support and guidance; or the level of performance is what the instructor would expect of an average student at that level.

**Unsatisfactory:** The student does not demonstrate sufficient knowledge, or skill, or ability to safely practice or achieve expected competencies, even with constant or intensive teaching support and guidance; or the level of performance is far below what the instructor would expect of the average student at that level.

Objecti	ves	Progress			1
		Indicators/Evidence	SP/S	ND	UP/
Ontario	Instrate professional conduct in accordance with College of Nurses of a standards for nursing practice and ethics:  Critically appraise own practice in relation to nurse-client/family interactions and as a member of the health care team  Demonstrate accountability and acceptance of responsibility for one's own actions and decisions  Demonstrate professional presence and model professional behaviour befitting a BScN student  Display self-awareness, initiative, and confidence to engage in care within a NURS 4021 student's scope of practice  Demonstrate effective and collaborative problem-solving strategies, including conflict resolution  Select appropriate professional development activities as a result of personal reflection and critical inquiry	I have demonstrated professional conduct thus far during my placement at Peterborough Regional Health Centre (PRHC) Unit: B4 through my daily interactions and communications with the staff and clients on the unit. I arrive early each shift in proper uniform with everything I will need for the day. This ensure I allow myself enough time to get prepared for my shift by preparing my client sheet, getting report and going through the Kardex's for each of my patient's. I speak to all staff, clients and family members on the floor with respect and in a professional manner at all times. I have shown responsibility through completing all tasks for each patient on my shift and reporting anything that I haven't done or forgotten to my preceptor as well as the next nurse coming on shift. I have shown accountability through checking with my preceptor before I complete any task, as well as asking for assistance in areas I do not feel confident in. For example, I will notify my preceptor when I am giving medications and what they are (i.e. routine or PRN). I have shown confidence through increasing my workload and independence through increasing my workload and independence through increasing for my own three patients independently. I effectively collaborate with my preceptor and other staff members through asking for their assistance and help with clarifying things when needed, as well as working with the other disciplines on the floor such as physio and social work. I have continued to select			

SING (	. Clinical	Evaluation	Jan	2018	
7					

2	Demonstrate the student's primary duty to the person requiring nursing care—safe, competent, ethical nursing practice:  Recognize individual competence within scope of practice  Seek support and assistance whenever necessary  Assess patient care situations for risks to safety  Intervene, as needed, to ensure safety of the person requiring nursing care, and where indicated, the safety of nurses and colleagues	appropriate professional development activities and conduct personal reflection through completing the HESI modules outlined in my Learning Plan and submitting my weekly reflections on time.  (Comment on safety, general competency, and ethics)  I have been able to recognize my individual competence within my scope of practice through asking my preceptor for assistance when I do not feel comfortable completing a task alone yet or am unsure of the process. I have had my preceptor demonstrate tasks such as giving medications through NG tubes; administering IV medications and tracheostomy care where I would observe first before then trying it on my own. As well, any medications I am unsure of I look up to know what they are for, their actions and adverse effects.  Similarly, for every IV medication that I administer I ensure I look it up on the PRHC IV manual to make sure I have the correct infusion rates and times. I have been able to assess patient care situations for risks to safety through inquiring how each patient moves before ambulating, asking for assistance when they requiring more than one person to walk and having my preceptor or other staff member present when using a mechanical lift. I have intervened when necessary such as providing walkers and wheelchairs to newly admitted patients	
		walkers and wheelchairs to newly admitted patients who need them as well as grip socks for each patient. I ensure all bed and chair alarms are for the designated patients before leaving the room as well as always sobering the exits as our floor has wanderers.	
3	Demonstrate safe, competent and ethical nursing practice in the area of relational practice:  • Engage in critical self-reflection	(Comment on relational practice()  I have engaged in critical self-reflection throughout	

0	Identify and mitigate barriers to personal and professional
	development

- Prioritize specific aspects of personal development in order to engage in person-centered, relational practice
- · Engage in therapeutic, caring, and culturally safe relationships
  - Effectively use self to initiate, maintain and terminate relationships
  - Demonstrate the intentionality of nursing by listening, questioning and responding:
    - displaying sensitivity and empathy
    - relating with curiosity
    - relating to complexity and uncertainty
    - relating to vulnerability
  - Create mutuality and reciprocity in relationships with persons requiring nursing care
- Advocate for persons requiring nursing care, working collegially and in concert with other health professionals
- medications and review patient medication lists. (Comment on clinical decision-making)

the semester so far through completing weekly journal reflections of my practice, as well as taking and listening to my preceptor's feedback. As well I

have organized a learning plan and study guide to

help me in my learning needs and preparedness for

the NCLEX. This includes completing HESI modules

in therapeutic, caring and culturally safe

relationships throughout placement. I have

and reading scholarly articles weekly. I have engaged

maintained solid relationships and rapport with my

shift. This has made it easier to know their needs,

complexities and baselines. It allows me to better

work with my patients and understand their goals.

Similarly, I have effectively terminated relationships

through being apart of multiple discharges. I have

advocated for my (patients through referring them

dieticians, CACC and physio. As well, I advocate for my patients through getting doctors to order

to different disciplines I think are necessary, such as

patients as I have mostly had the same patients each

Through placement I have integrated

Through placement I have integrated knowledge I have gained from all of my previous placements and preceptors. Luckily I was placed on this unit for my Acute placement semester; therefore it gave me background knowledge of the floor and where things were. I have taken the knowledge gained from labs and previous placements such as head to toe assessments, checking vitals, pouring and administering medications and providing therapeutic communication to my patients. Through shadowing my preceptor I have inquired how to organize my days and tasks in order to get everything done I need to. As well I have gained a better understanding of how theories and frameworks play a role in real clinical settings. For

- Demonstrate safe, competent and ethical nursing practice in the area of clinical decision-making:
  - · Demonstrate critical inquiry, scientific inquiry, and clinical reasoning:
  - Informed by the discipline of nursing, use diverse sources of knowledge and ways of knowing in the practice of nursing
    - Integrate nursing knowledge with knowledge from the basic sciences, health sciences, humanities, research, and ethics in clinical decision-making
    - Evaluate how models, theories, and frameworks from the discipline of nursing inform the practice of nursing in the current clinical setting
  - Compare and contrast personal approaches to critical inquiry and clinical reasoning with those of expert nurses
  - Create new strategies for critical inquiry and developing expertise in response to increasing complexity of patient care requirements

Safely and accurately complete patient assessments

- Demonstrate increasing level of independent clinical decisionmaking, with support from preceptor
- Safely and accurately enact nursing interventions
- Evaluate nursing care outcomes and adjust plan as needed with minimal guidance
- Collaborate with team members with minimal preceptor guidance
- By end of term the student should be able to manage a full and reasonable patient assignment in the preceptor's practice setting, with minimal coaching from preceptor
  - o Independently and safely set priorities and manage time, safely carry out required assessments and nursing interventions, consult with team members, demonstrate leadership at the point of care in relation to clinical decision-making, anticipate changes in patient condition and intervene appropriately; seek assistance when necessary with no direction from preceptor, who acts as supervisor
- A fourth year nursing student is able to carry out the following nursing activities:
  - Assessment
    - Vital signs (Temperature/Pulse/ Respirations, arterial B/P, SaO<sub>2</sub>)
    - Biopsychosocial
      - Health history
      - Functional (elderly)
      - Nursing admission, pregnant woman, postpartum woman, newborn/HEADSS, well child
    - Head-to-toe
    - Pre/post-operative,
    - Glucometer testing
    - Focused: mental status/cognition, cardiovascular (normal heart sounds, bradycardia, tachy-cardia, NSR, Afib), neck vessels, peripheral vascular system (edema), respiratory (breath sounds), abdominal (bowel sounds),

administering medications independently. Each shift I complete all assessments for my patients and report all vital signs and anything abnormal to my preceptor. I have preformed tasks such as: glucometer testing and insulin administration, bed making and bathing, Morse Falls Scales, assisting patients with walking, managing IVs and administering medications through them, proper PPE application, hooking up tube feedings and administering medications through NG/G tubes, Foley care and removal, wound care, attempts at starting IV's, maintaining oxygen through applying nasal prongs/masks and monitoring patients for any changes in O2 stats, deep suction and tracheostomy care, administering medications through IV, injections and orally, giving report and documenting all tasks I preformed during my shift. I have increased my confidence this far through completing many tasks and inquiring more learning for areas I am unsure of. I feel that this placement is giving me good experience to become a novice-practicing nurse and look forward to more learning experiences.

neurological (Glasgow Coma Scale, motor, sensory,
cranial nerve), breast, testicular exam, pain

- Hygiene Care
  - Bed-making
    - Unoccupied
    - Occupied
  - Bathing
    - Complete
    - · Partial/supported
- o Promoting Activity/Mobility
  - Falls Prevention (Morse Falls Scale)
  - Restraint Assessment
  - Body Mechanics/Transfers
    - Assessing body alignment and posture
    - Positioning/turning person in bed
    - Use of positioning devices
    - Positioning a person on a bedpan
    - Transfer with transfer belt
    - Assisting a person to walk
    - · Using assistive devices for walking
- Administering Parenteral Therapy
  - Intravenous Therapy
    - Initiation of peripheral IV
    - · Managing IV infusion/pumps
    - · Administering TPN
  - CVAD (may do only if taught and practiced in lab, and under direct supervision of an RN, and as consistent with agency policy)
  - Blood Component Therapy (student may do if consistent with agency policy)
    - Initiation/management
- Promoting Safety/Controlling Infection
  - Standard precautions
  - Handwashing

<ul> <li>Use of protective barriers</li> </ul>			
<ul> <li>Donning a surgical mask</li> </ul>			
<ul> <li>Donning an N95 mask</li> </ul>			
<ul> <li>Donning sterile gloves</li> </ul>			
<ul> <li>Gowning</li> </ul>			
Removing equipment			
<ul> <li>Care of equipment and disposal of waste</li> </ul>			
o Nutrition/Elimination			
Nutrition/Elimination     Safe oral feeding-person with dysphagia			
<ul> <li>Enteral feeding</li> <li>Insertion and care of indwelling catheter</li> </ul>			
Collecting a urine/stool sample			
e -f condom drainage			
e of estemy			
Monitoring and recording intake/output			
Anistoining Ovygenation			
Pulse oximetry			
<ul> <li>Nasal prongs</li> </ul>			
<ul> <li>Inhalers/nebulizers</li> </ul>		1	
<ul> <li>Home oxygen</li> </ul>	- 9/8/8/		
<ul> <li>Pulmonary care</li> </ul>			
<ul> <li>Suctioning</li> </ul>	1000		
Tracheostomy			
Dressing change     Cannula change			
Chest tube			
o Post-operative Care			
<ul> <li>Assessment</li> <li>Use of clinical pathways</li> </ul>			
Applying anti-embolic stockings			
Post-operative exercises			
<ul> <li>Post-operative teaching</li> </ul>	the same of the sa		
Staple, Suture removal			

- Medication administration
  - Oral medications
  - IV medications above the drip
  - IM, S/C, intradermal administration
  - PCA
- Wounds
  - Care of wounds/sutures/drains
  - Pressure ulcers
    - Braden scale
  - Chronic wounds
  - Dressing changes
  - Wound care products
  - Drains: JP, Penrose, Hemovac
- o Post-mortem care
- Reporting and Recording
  - Giving report
  - Charting
  - Transcribing orders
- Medication administration
  - Topical, oral, parenteral (s/c, IM, above the drip IV) administration
  - Basic knowledge of the medications prescribed
    - Classification
    - Purpose
    - Possible side effects
    - Adverse effects
    - · Interactions with other drugs
    - · Appropriate dose/route
    - · Implications for nursing care
- o Health Teaching
  - Identify client/family learning needs
  - Collaborate with team to develop plan to meet client's learning needs

- Implement aspects of plan within scope of practice as a learner
- Psychosocial/Relational Practice
  - Recognize and acknowledge client distress as it arises
  - Demonstrate empathy, active listening, sensitive questioning
  - Apply principles of motivational interviewing
  - Offer support
  - Engage in problem-solving as required, in collaboration with others as needed
- Team Communication
  - Discuss any findings related to the patient assessment with preceptor, staff nurse, physician, team member
  - Seek assistance/ask questions before doing procedures for the first time, or for anything about which is uncertain
  - Report to team leader/staff nurse when leaving the floor and arrange for coverage of patients
- Nursing and Collaborative Therapeutic Interventions
  - Determine which interventions are required, what resources, including support and supervision are required, and schedule interventions in consultation with the client
  - Complete interventions as appropriate and within scope of learner practice
- Documentation
  - Document vital signs and assessments in the appropriate areas of the chart for assigned patients, accurately and concisely, ASAP after assessment
  - Use institution's system of documentation for nursing process and patient progress

URSING 1 Clinical Evaluation Jan 2018
Able to independently do total care for 3 pt's on days +
2-4 on nights with minimal supervision. Jarah asks yor
audance + direction when needed. Sarah is professional +
Ireliable. She is becoming more comjustable as a Student
heliable. She is becoming more comjutable as a Student nuise here on B4. Keep up the great work Sarah!

Faculty Advisor Comments (All areas marked as unsatisfactory must have a comment)

Signature of Preceptor Alexan Man	Date 7 2018
Signature of Advisor Sarah Ross 189	Date Feb. 27, 2018
Signature of Student	Date