**NURS 3020H**

**Clinical Evaluation**

**Midterm \_\_\_\_\_\_\_\_\_\_ Final \_\_\_\_\_\_**X**\_\_\_\_\_\_**

**Student Name: \_\_\_\_\_\_\_\_**Sarah Ross**\_\_\_\_\_\_\_\_\_**

**Clinical Instructor: \_\_\_\_\_**Kristen Cecchetto**\_\_\_\_\_**

**Missed Clinical Hours: \_\_\_**16**\_\_\_ Missed Lab Hours: \_\_\_**0**\_\_\_**

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| **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. |

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| Objectives | Progress |
| Indicators/Evidence | **S** | **U** |
| 1 | Prepared to provide nursing care that includes comprehensive, collaborative assessment, evidence-informed interventions and outcome measures. | Each week for placement I come prepared with knowledge of my patients and their diagnosis. I have adequate information about each of my patients through researching their diagnosis and coming up with targeted and specific interventions/assessments for each. I am on time each week with a clean uniform and my hair up. I ensure to look up any medications that I am giving and to know the proper assessments that are required for them. I complete my 10 checks when doing medications and state what they are to the patient before administering them as well. After administration, I ensure to monitor my patients for any signs or symptoms of adverse effects and to see if the medication is working effectively. I work closely with other nurses and my peers to have support and advice when needed and to provide it back as well. Through my reflections, I have critiqued my own practice and skills and have personally reflected on the areas I have room to improve in. As an example, I was taking vitals for another nurse coming on shift and the patient sated he had very sore feet. I ensured to tell the primary nurse and then proceeded to apply polysporin cream and bandages to his feet to prevent further skin breakdown. Through this action, I was able to provide comprehensive, evidence-informed care to this patient. I also ensured to maintain a sterile field in a dressing change I did in my last week and provided the patient with information on what I was doing throughout the process.  | **✓** |  |
| 2 | Establishes and maintains therapeutic, caring and culturally safe relationships through effective communication. | I have established and maintained many therapeutic, caring and culturally safe relationships with my patients during this placement through the use of my effective communication skills. I have shown this through educating my patient’s families on the use of PPE equipment if required, to ensure they were using it properly. I encourage my patient’s to do the skills that they are capable of to create trusting relationships with them. As an example of my therapeutic communication skills, I had one patient who spoke German, which made it very hard to communicate with her. Throughout the day I realized different techniques to get her attention and have her be able to understand what I was saying. I used techniques such as the use of direct eye contact and pointing things out which allowed her to understand what I was trying to ask or get across to her. I maintain and establish relationships with my patients through building rapport with them. I ensure I use appropriate language for each patient, ask how they are doing and also try and find at least one area that I can connect with them in. For example, I had a patient who talked about her granddaughter all day and how she was upset she was not going to see her hockey game that night. Once I told her that I had played hockey myself, she began asking many questions and wanted to know all about it. Even when her grandchildren came in after the game she was excited to tell them she had a nurse who had played hockey. Through sharing this, I was able to connect with my patient and establish a good relationship with her.  | **✓** |  |
| 3 | Applies the four ways of knowing and informational technologies to effectively care for diverse, acutely ill patients. | **Personal** (knowledge of self and what we have seen/experienced): * I have incorporated personal ways of knowing into my practice during this placement through the application of previous knowledge and skill that I have acquired from labs, other placements, readings and lectures. I know what I am comfortable in preforming and the areas in which I need assistance. I am confident in my abilities to provide basic care to my patients (i.e bed baths, dressing, mobilizing), checking blood sugars, obtaining vital signs and PO medications. Through watching other nurses and my peers, I have gained new skills and techniques to better my practice as well. I utilize my peers when I know I will need assistance with bed baths or care for my patient and reciprocate the action when they need it. Through these actions, I have incorporated personal ways of knowing into my practice during this placement.

**Empirical** (knowledge from research/facts):* I have incorporated empirical ways of knowing into my practice during this placement through using previous knowledge from other placements and learning. I incorporated skills such as bed baths mobilizing the patient, therapeutic communication, medication administration, applying PPE equipment, wound care and documentation skills. As an example, I incorporated skills I learned from a lab this semester when removing stitches from a patients foot. I also was able to provide support from my knowledge of being in palliative care to my peers who had experienced their first post-mortem care for a patient.

**Ethical** (our sense of knowing what is right and wrong):* I have incorporated ethical ways of knowing during this placement through asking questions when I am unsure and wondering why. I have also written my second reflection on an ethical issue I had experienced. My primary nurse had given my patient a medication that he was allergic to but had not checked his allergies before administration nor did the patient have a medical alert bracelet on. She also did not notify me of this error and had me find out from the patient, causing me to feel uncomfortable and made me question her honesty as a nurse. This situation made me see what not to do when administering medication and also made me realize just how important medication checks are. Another time I used my ethical ways of knowing was when I did a pre-op checklist with a patient and caught that she did not have an allergy or diabetic bracelet on.

**Aesthetic** (an ‘aha’ moment):* I have been able to apply aesthetic ways of knowing in my practice through the use of post-conferences and conversations with my group. Through our conversations of our days and situations that occurred, I have been able to understand a lot more about the reality of nursing and what care can be like when it is chaotic. An example of an ‘aha’ moment that I had this semester was during a post-conference conversation about how important it is to start your shift with a full assessment of your patient, regardless of what time it is or what the patient may be doing. My instructor brought up many valid points that stuck into my head, such as if you do not do your assessment and something changes or your patient starts deteriorating then you would not know what they were like before or what could be causing it. This was an ‘aha’ moment for me as I always felt uncomfortable waking my patients up or interrupting their visits to do my assessments, but after this conversation I ensured I did my assessments regardless of what my patient was doing. Another “aha” moment I had was doing dressing changes with my instructor. I preformed a dressing change for a patient with a non-healing diabetic leg ulcer, which was very complex. She ensured to keep me concentrated on maintaining my sterility and would provide advice and assistance when I needed it. She showed me the no-touch technique, which was much easier to me to preform. This allowed me to better understand the process of a dressing change and also allowed me to better understand the sterile field, which for me was an ‘aha’ moment.
 | **✓** |  |
| 4 | Adheres to professional practice standards and organizational polices to contribute to a culture of safety. | Throughout placement, I have adhered to professional practice standards and agency polices to contribute to a culture of safety. I have done this through applying and removing PPE as required, using sterile technique during dressing changes, ensuring my patients bed is lowered fully and their bed alarms are on when I am done providing care and documenting as per the tick-charting legend. I ensured I completed my 3 checks and did my 10 rights before administering any medication on the floor. I completed hourly checks and position changes to my patients and documented any care done in a progress note in their chart. I cleaned each vitals machine when I switched rooms and cleaned my patient’s equipment after using it. I gave my patients privacy through closing their curtains when providing care such as bed baths. I also adhered to agency policies through following through with any diet or mobilization restrictions that were ordered for my patients. When preforming dressing changes I used the no-touch technique to ensure sterility, which I feel has greatly improved through this placement and the advice from my instructor.  | **✓** |  |
| 5 | Exercises leadership to enhance patient care, and support professionalism in practice. | I have exercised leadership within this placement to enhance patient care through advocating for my patients. I have done this through listening to my patient’s needs/wants and passing it on to their primary nurse to ensure that they are met. I advocated for my patients when I was on medications for that shift when I would assess their need for any PRN’s and then notify my instructor so that we could administer them to the patient. I also demonstrated leadership through assisting one of my peers in showing her how to use the bladder scan machine. I utilized my leadership skills when asking other nurses on the floor if they needed any assistance in their care and through taking vitals for the new nurses coming onto shift and also through assisting my peers. I volunteered to help transfer a patient to the x-ray unit with a peer as well, which showed the use of my leadership skills. I support professionalism in practice through administering medications safely through applying all of my medication rights and doing my checks and also through having most of my documentation match agency policies.  | **✓** |  |

**(Final Evaluation Only)**

**Student Areas of Strength**

1. Documentation

2. Assessments

3. Therapeutic Communication

**Student Areas for Future Development**

1. Wound Care

2. Medication Administration

3. Sterile Techniques

**Clinical Instructor Comments (All areas marked as unsatisfactory must have a comment)**

Sarah has done very well throughout her acute care placement at PRHC on B4. She is kind and caring and always comes prepared. Sarah has had the opportunity to care for 2 patients for the majority of the term and does so with ease. Sarah has given PO and SC medications. She should keep working on her SC injection technique which will come with more practice. Sarah has done some extensive sterile dressing changes and has overall done well. Keep working on your sterile technique and what is sterile and what isn’t. Sarah did a presentation in post conference on identifying stroke and did very well. Sarah has great therapeutic relationships with her patients and a good rapport with the staff on the floor. Keep up the good work and good luck in the future!

Kristen

**Attendance**

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| --- | --- | --- | --- | --- | --- |
|  | **Thurs** | **Fri** |  | **Thurs** | **Fri** |
| **Week 1 (Jan 19/20)** | **✓** | **✓** | **Week 6 (Mar 2/3)** | **✓** | Instructor Sick |
| **Week 2 (Jan 26/27)** | **✓** | **✓** | **Week 7 (Mar 9/10)** | **✓** | **✓** |
| **Week 3 (Feb 2/3)** | **✓** | **✓** | **Week 8 (Mar 16/17)** | **✓** | **✓** |
| **Week 4 (Feb 9/10)** | **✓** | **✓** | **Week 9 (Mar 23/24)** | **✓** | **✓** |
| **Week 5 (Feb 15/16)** | **✓** | **✓** | **Week 10 (Mar 30/31)** | ABSENT | **✓** |

**Total number of clinical hours completed\_\_\_\_\_\_120\_\_\_\_\_\_\_**

**Clinical Component Satisfactory Unsatisfactory**

*(Please circle the appropriate outcome)*

**Clinical Learning Center Completed Not completed**

Signature of Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_