

NURS 4021 Clinical Evaluation Midterm Final X Pass ✓ Fail

Student: Sarah Ross **Preceptor:** Amy Ferguson

Faculty Advisor: Wendy Fucile **Clinical Practice Site:** PRHC B4

Nature of Clinical Practice (Check all that apply)

Practice hours completed 300

The setting is:

The population is primarily:

- Hospital/Inpatient Unit
- Hospital/Ambulatory or Day Program
- Hospital/Critical or Emergency care
- Community/Community Health
- Community/Home Care
- Community/Long Term Care
- Industry/Occupational Health
- Other

- Adults with medically-related health needs
- Adults with surgery-related health needs
- Children or adults with mental health needs
- Intrapartum families/mothers and newborns (not NICU)
- Older adults requiring support
- Healthy adults
- Families/Neonates requiring critical care
- Adults requiring intensive or critical care
- Persons requiring emergency care
- Children 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.

	Objectives	Progress			
		Indicators/Evidence	SP/S	ND	UP/U
1	<p>Demonstrate professional conduct in accordance with College of Nurses of Ontario standards for nursing practice and ethics:</p> <ul style="list-style-type: none"> • 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 	<p>Throughout the remainder of my consolidation placement, I have continued to demonstrate professional conduct throughout each of my shifts. I have shown this through completing my HESI studying requirements and case studies on-time, submitting my weekly reflections and staying in constant contact with my preceptor and academic advisor. I have continued to show up to the floor on time, in uniform and allowing myself enough time to prep before each shift by looking through the Kardex's for my patients. I feel confident that I have readjusted to the hospital setting from my pre-consolidation placement and can successfully and independently take on a full nursing load of four patients. I complete all assigned work of each shift independently and report any abnormal findings to my preceptor or ask for assistance when needed. I have assisted and taught tracheostomy care for 3rd year students and their instructors on the floor do they understood hospital policy, allowing myself practice and clarity of the procedure also. I collaborate with my nurse and other staff frequently throughout my shifts and ask for assistance from them if any procedure or intervention is outside my scope of practice or that I do not feel comfortable completing alone. I also had a close catch this semester where I almost administered a PRN medication to a patient that was not to be given</p>			

		<p>yet and caught it before the patient had it. I filed an impact with my nurse and went over how to prevent this incident from reoccurring in the future.</p>			
2	<p>Demonstrate the student's primary duty to the person requiring nursing care—safe, competent, ethical nursing practice:</p> <ul style="list-style-type: none"> • 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 	<p>I have continued to demonstrate safe, competent and ethical nursing practice throughout the remainder of my consolidation placement. I have shown this through always completing my 3 medication checks before administering medications to my patients, putting bed/chair alarms on and following proper hospital policies and protocols. These actions include sterile dressing changes, sterile catheter insertions and proper PPE donning. I have continued to seek support from my nurse and other staff members when I am not comfortable enough performing an action on my own. As well, I have my nurse check all of my drawn up Enoxaparin medications and insulin's before administering to ensure they are correct. Similarly, I check the IV manual every time I need to hang a new IV medication. I always ensure I show my nurse the blood sugars that I check also. An example of assessing a patient care situation for risks to safety happened when we received an acute mental health patient to our floor. This patient had tried to overdose in hospital and was being sent to our floor to monitor her LFT's. When the patient got to the floor she stated she had an active plan for suicide. With our floor not being a psychiatric floor we did not have the tools needed to keep</p>			

		<p>this patient safe. Her room was at the end of the hallway causing us to move her in front of the nurses' station, take away items she could use to harm herself (phone charger) and contacted the MD to have her IV tubing disconnected. This was intervening as needed to ensure the safety of this patient was concrete and stable for overnight.</p>			
3	<p>Demonstrate safe, competent and ethical nursing practice in the area of <i>relational practice</i>:</p> <ul style="list-style-type: none"> • Engage in critical self-reflection <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ Effectively use self to initiate, maintain and terminate relationships ○ Demonstrate the intentionality of nursing by listening, questioning and responding: <ul style="list-style-type: none"> ▪ 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 	<p>Throughout my consolidation I have continued to demonstrate safe, competent and ethical nursing practice in the area of relational practice. I have achieved this through completing my weekly reflections and noting any of my relation practices of that week in there. As well, within my paper for this course I touched on many aspects of relational practice with a complex patient of mine. I have continued to build rapport with my patients each shift to be able to have better communication with them. For one patient, she had a tracheostomy and no voice that caused me to read her lips – which I got good at and she would request me to come in if other nurses or disciplines could not understand her. I have advocated for many patients to be seen by other disciplines when needed. I would learn of their needs of these disciplines through talking with them and understanding what it is they need from us. Similarly, I dealt with an elderly patient whose pain medication made him very confused. I sat and listened to these patients' fears and needs until he felt better this night. As</p>	✓		


		<p>well, a confused patient thought he had cancer and was noticeably upset – I reassured and reoriented the patient to ensure he knew he was diagnosed with a UTI and not cancer. Without knowing the patients or their histories/feelings I would not have been able to intervene the way I did. I have continuously advocated for my patients to my nurse, different disciplines, MD’s and charge nurses as needed.</p>			
4	<p>Demonstrate safe, competent and ethical nursing practice in the area of <i>clinical decision-making</i>:</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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 	<p>During consolidation, I have continued to improve my clinical decision making through critical/scientific/clinical inquiry. I have continued to integrate knowledge from other courses and placements throughout my time here. As well, I had used my judgment and decision making skills to improve patient outcomes as well. I had a patient who was sitting at 79 upon entry into room and was not increasing when his oximask was reapplied. With his room being at the end of the hall and a full code I pressed the staff assist button to get assistance. Similarly, I hold all blood pressure medications if they are outside of the range to be administered under. I have applied O2 devices to patients based on my own judgment when they’re saturations are low – and then would discuss with me preceptor the next steps. I had an increasingly agitated patient who I decided to give PRN Haloperidol to on my own judgment, which ended up being successful and calming the patient down. Another example of this is when I held patients Lactulose due to</p>	✓		

		<p>having too many bowel movements. He was supposed to be getting it TID until 2-3 BM happened per day and he was having around 4 each shift. I passed this onto the next nurse for this patient as well.</p> <p>A framework that I have incorporated in my practice and that forms the interventions and choices I make is the Holistic Nursing Framework. This looks at the patient and their situation as a whole, including their mind, body, spirit, emotions and environment. It looks at all of these areas in a person's life and examines how they may be contributing to their current situation. By looking at patients through this framework it allows me to look at the whole picture of what they're dealing with – instead of just their illness. I can inquire about their home life, cognition, supports systems and emotions to figure out what the best plan of care for my patients is.</p>			
5	<p>Under the supervision of the preceptor, but with minimal guidance, demonstrate safe, competent and ethical nursing practice in the area of <i>planning, implementing and evaluating nursing care</i>:</p> <ul style="list-style-type: none"> • Use a deliberative, critical nursing process to recognize, gather and analyze relevant data from multiple sources in order to develop and implement a plan of care • Engage in collaborative interactions with the nursing and health care team, with the person requiring care as the center of the team • Integrate own knowledge with client and family knowledge and preferences, and factors within the health care setting, to plan and implement care • Utilize the best available evidence to inform nursing actions 	<p>Throughout the remainder of my placement, I have continued to demonstrate competent and ethical nursing practice in the areas of planning, implementing and evaluating nursing care. I have achieved this through getting and giving report, checking my patient's Kardex before each shift and reading over previous nursing notes for clarification. I have continued to form a relationship with my preceptor and other staff/students working on the floor. I feel comfortable approaching any staff/student for</p>	✓		

	<ul style="list-style-type: none"> ○ Identify gaps in current knowledge ○ Seek and evaluate evidence to support nursing actions ○ With minimal guidance, identify and enact appropriate nursing care ● Collaborate with other health care providers and the person requiring nursing to assess outcomes of nursing and health care using evidence-informed approaches 	<p>assistance. Similarly, I collaborate with other disciplines a patient may need such as OT/PT/SW and CCAC. Using best available evidence, I provided PRN laxatives at HS meds whenever needed for patients who had not had bowel movements I over 2 days. Similarly, I only needed minimal assistance from my preceptor when needing to use the sliding scale for blood sugar/insulin amounts. Using knowledge and evidence from my learning, I also did a bladder scan on a patient who stated they felt as though they weren't voiding fully. In relation, I also apply O2 devices to any patients I assess that have low oxygen saturations that are out of my comfort zone. As well, I will listen to my patient's opinions/requests about their own care, as they usually know it the best.</p>			
6	<p><i>Demonstrate enhanced knowledge of nursing and health related to indigenous populations, women's and environmental health, mental health, and aging and rural populations</i></p> <ul style="list-style-type: none"> ● Demonstrate leadership in providing nursing care to these special populations based on the student's knowledge and experience <ul style="list-style-type: none"> ○ Identify gaps in care delivery ○ Challenge status quo approaches to caring for marginalized populations ○ Recognize the unique pathophysiology of disease states and implications for care of special populations, including those with prolonged lengths of stay and older adults ○ Consistent with student role, recommend and initiate changes in practice 	<p>During this placement I had dealt with a lot of individuals with substance abuse. Peterborough has a large and growing number of individuals in this population – causing them to become patients due to their health concerns. During my placement I was able to identify gaps in care for these individuals, as many of the MD's will not give them good pain control because they don't want to enable or support their behaviour. For example, I had a patient who illegally took Dilaudid BID on the street and was only receiving Tylenol PRN in the hospital – which would have no effect for them. He was clearly withdrawing and my preceptor and I were able to get him started on Suboxone. Following this,</p>	✓		

		<p>the MD came in the next day and saw the Dilaudid was not on his BPMH and DC'd his Suboxone. This is a clear gap in delivery of care for individuals with substance abuse. Many of these patients tend to have mental health issues as well – allowing me to sit and talk with these patients about their feelings and possibly why they take the substance they do. Many of these individuals are extremely thankful to just have someone sit and talk with them – as they have never had that before. For patients who may be confused, I redirect and reorient them to time place and year. Similarly, I have put signs on very confused patients doors so they know which room is theirs as well as put a schedule for their days in place so they can begin to have a schedule while admitted and helped with feelings of anxiety and agitation.</p>			
7	<p>Independently perform care of patients, within the (NURS 4021) BScN student scope of practice</p> <ul style="list-style-type: none"> • By midterm, the student should be able to manage a full and reasonable patient assignment in the preceptor's practice setting, with coaching from preceptor <ul style="list-style-type: none"> ○ Demonstrate increasing ability to safely set priorities and manage time in the face of competing demands ○ Safely and accurately complete patient assessments ○ Demonstrate increasing level of independent clinical decision-making, 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 	<p>At this point in my consolidation I am confidently able to independently care for a full nursing patient load (4) during my shifts, with minimal coaching from my preceptor. I am able to independently receive report from the previous nurse on shift, get pertinent patient information from their Kardex's and continue to plan and organize my needed tasks for that shift. I complete all medication administration and assessments for my patients, as well as changes, mobilizing and offering encouragement and support through my shift. During this placement I have gained a lot of new skill, as well as built up my previous skills to be stronger. I have</p>	✓		

<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Assessment <ul style="list-style-type: none"> ▪ Vital signs (Temperature/Pulse/ Respirations, arterial B/P, SaO₂) ▪ Biopsychosocial <ul style="list-style-type: none"> • Health history • Functional (elderly) • Nursing admission, pregnant woman, post-partum 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), neurological (Glasgow Coma Scale, motor, sensory, cranial nerve), breast, testicular exam, pain ○ Hygiene Care <ul style="list-style-type: none"> ▪ Bed-making <ul style="list-style-type: none"> • Unoccupied • Occupied ▪ Bathing 	<p>successfully managed to independently complete:</p> <ul style="list-style-type: none"> • Patient head-to-toe assessments • Assess vitals • Complete admission intakes and discharge forms to and from the floor • Assess blood sugars and administer insulin as required <ul style="list-style-type: none"> ○ I also preformed my first call to a doctor and took my first telephone order using the SBAR communication tool for a patient who had a blood sugar of 27 at 2am. • Mental status exams <ul style="list-style-type: none"> ○ Many patients on this floor are dealing with dementia and confusion – requiring multiple CAMM assessments throughout my shift for these patients • Focused assessments as needed <ul style="list-style-type: none"> ○ I had multiple patients with pneumonia and CHF requiring focused heart and lung assessments throughout my consolidation • Bed-making (unoccupied & occupied) • Full and partial baths • Restraints as needed <ul style="list-style-type: none"> ○ I encountered one elderly patient with dementia who got increasingly aggressive during one of my night shifts that required us to call security and 	<p style="text-align: center;">✓</p>
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<ul style="list-style-type: none"> • Complete • Partial/supported ○ Promoting Activity/Mobility <ul style="list-style-type: none"> ▪ Falls Prevention (Morse Falls Scale) ▪ Restraint Assessment ▪ Body Mechanics/Transfers <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ▪ Intravenous Therapy <ul style="list-style-type: none"> • Initiation of peripheral IV • Managing IV infusion/pumps • Administering TPN ▪ CVAD (<i>may do only if taught and practiced in lab, and under direct supervision of an RN, and as consistent with agency policy</i>) ▪ Blood Component Therapy (<i>student may do if consistent with agency policy</i>) <ul style="list-style-type: none"> ▪ Initiation/management ○ Promoting Safety/Controlling Infection <ul style="list-style-type: none"> ▪ Standard precautions ▪ Handwashing ▪ Use of protective barriers ▪ Donning a surgical mask ▪ Donning an N95 mask ▪ Donning sterile gloves ▪ Gowning ▪ Removing equipment ▪ Care of equipment and disposal of waste 	<p style="text-align: center;">have him restrained in a chair</p> <ul style="list-style-type: none"> • Bladder scans • Fall prevention <ul style="list-style-type: none"> ○ For patients who were at a high risks for falls, I would ensure that all proper chair and bed alarms were turned on as necessary • I preformed and assisted with multiple patient transfers from bed to stretcher, sit to stands and assisting with mobility to and from the bathroom as needed • I have successfully managed to initiate multiple peripheral IV's into patients and managed their pumps and infusion rates throughout my shifts • I assisted my preceptor with one blood transfusion for a patient <ul style="list-style-type: none"> ○ This included receiving the blood from the blood bank, ensuring all required checks were completed before administering and preforming initial, during and post vital assessments to the patient • I have had an increase in my knowledge of safety and controlling infections throughout my placement <ul style="list-style-type: none"> ○ I had multiple patients who were on precautions requiring my knowledge of proper PPE donning and removal for contact/droplet precautions • I had two patients with enteral feeding that required me to administer 		
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- Nutrition/Elimination
 - Safe oral feeding-person with dysphagia
 - Enteral feeding
 - Insertion and care of indwelling catheter
 - Collecting a urine/stool sample
 - Care of condom drainage
 - Care of ostomy
 - Monitoring and recording intake/output
- Maintaining Oxygenation
 - Pulse oximetry
 - Nasal prongs
 - Inhalers/nebulizers
 - Home oxygen
 - Pulmonary care
 - Suctioning
 - Tracheostomy
 - Dressing change
 - Cannula change
 - Chest tube
- Post-operative Care
 - Assessment
 - Use of clinical pathways
 - Applying anti-embolic stockings
 - Post-operative exercises
 - Post-operative teaching
 - Staple, Suture removal
 - Packing removal
- Medication administration
 - Oral medications
 - IV medications *above the drip*
 - IM, S/C, intradermal administration
 - PCA
- Wounds
 - Care of wounds/sutures/drains

medications through and NG tube as well as the necessary flushes. I also ensured that the feeds were at the correct rate and connected at all times when checking on my patients

- I also had a patient with a G tube who was fairly independent with their care towards it but administered assistance as needed
- I had two patients with chest tubes, requiring monitoring of their drainage and tube connection site
 - I was checking on one of my patients during the night and noticed that their drainage was full and collaborated with my nurse and a member from the RT team to change it to a new one.
- I also worked with a patient with a tracheostomy for multiple weeks during this placement
 - I preformed her daily dressing changes with cannula interchanges and deep suctioning as needed, which the patient would request.
- I initiated multiple consults for patients that were interested in home oxygen and wanted more information for it
 - This included order entering this information for the right consultants to come and speak with them



<ul style="list-style-type: none"> ▪ Pressure ulcers <ul style="list-style-type: none"> • Braden scale ▪ Chronic wounds ▪ Dressing changes ▪ Wound care products ▪ Drains: JP, Penrose, Hemovac ○ Post-mortem care ○ Reporting and Recording <ul style="list-style-type: none"> ▪ Giving report ▪ Charting ▪ Transcribing orders ○ Medication administration <ul style="list-style-type: none"> ▪ Topical, oral, parenteral (s/c, IM, above the drip IV) administration ▪ Basic knowledge of the medications prescribed <ul style="list-style-type: none"> • Classification • Purpose • Possible side effects • Adverse effects • Interactions with other drugs • Appropriate dose/route • Implications for nursing care ○ Health Teaching <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ▪ Recognize and acknowledge client distress as it arises ▪ Demonstrate empathy, active listening, sensitive questioning ▪ Apply principles of motivational interviewing 	<ul style="list-style-type: none"> ○ Similarly I had one patient who required nebulizer treatments. After having another nurse demonstrate how to perform the procedure I was confidently and successfully able to continue this action throughout my shift • I have performed medication administration for all of my patients <ul style="list-style-type: none"> ○ This included all routes (IM/SQ/IV) as well as drawing up the medications and reconstituting any medications that needed it. ○ I was also able to explain my patients medications to them off of my knowledge of them when asked • I have applied health teaching to patients and families throughout my consolidation • I have taught my patients how and when to use their puffers, as well as their families and have also explained any follow-up and recovery treatments they may need • I have been able to recognize and acknowledge when my patients are in distress or are escalating to it <ul style="list-style-type: none"> ○ I was able to administer patient PRN medications and provided communication and listening strategies towards my patients to help them during these times 	<p style="text-align: center;">✓</p>
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<ul style="list-style-type: none"> ▪ Offer support ▪ Engage in problem-solving as required, in collaboration with others as needed ○ Team Communication <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ▪ 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 <ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ● I am able to give and receive report independently ● I have increased my knowledge of wounds throughout my semester through completing multiple dressing changes and wound care to my patients. As well I completed weekly Braden Scales for my patients. ● I continued to communicate with all disciplines working on the floor to increase my patients recovery <ul style="list-style-type: none"> ○ This included PT/OT/SW and Palliative and nutrition consults ● I have continued to increase my knowledge of documentation throughout the semester. I am now comfortable writing progress notes throughout each of my shifts, as well as communicating y with patient's doctors for any clarification in documents. <ul style="list-style-type: none"> ○ I am able to confidently enter any of my patient's orders and consults into the meditech. 		
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Student and Preceptor Comments

Student: I have highly enjoyed this placement and my time on this floor. I feel I have greatly increased my confidence of my nursing skills throughout my exposure on this floor and the opportunities I have had. I feel confident going forward into the position of novice/beginner nurse and look forward to using my four years of skill within a nursing career position and on my attempt at the NCLEX examination!

Preceptor: Sarah has adjusted quite well here on B4. She is always on time, in proper uniform and prepared for her shift. She is professional and always respectful. She also works well with others both staff and patients. Sarah has good time management and is able to prioritize and reprioritize her days here as needed. I must say that I am certainly impressed with how quickly Sarah was able to pick up the general routine of the floor and perform the duties of a nurse. She has had a wide range of experiences here on B4 including, medications all routes, tracheostomies, wound care, g-tubes, blood transfusions, catheter insertions both male and female, she has a natural talent and has been able to initiate multiple IV's. She demonstrates the ability to think critically and will ask for assistance in this aspect of care if she is ever unsure. She makes judgement calls based on her nursing theory and will double check with her Preceptor as needed. Sarah has been able to independently perform all tasks of nursing care for a full patient load (4 patients), she also includes caring for her patients using a holistic approach which helps patients to feel at ease and comforted. She displays empathy and compassion for her patients which has not gone unnoticed. I would encourage Sarah to apply to B4 after she has graduated as she has had an excellent performance and she would be an asset here. Congratulations Sarah!! You made it. All the best in your future nursing career. We do hope to see you soon!!

Amy FergusonRN

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

Signature of Preceptor *Amy FergusonRN* Date April 4, 2018

Signature of Advisor _____ Date _____

Signature of Student *Sarah Ross NS4* Date April 4, 2018