**NURS 3020H**

**Clinical Evaluation**

**(Check one) Midterm \_\_\_\_X\_\_\_\_ Final \_\_\_\_\_\_\_\_\_\_**

**Student Name:** Sarah Ross

**Clinical Instructor:** Kristen Cecchetto

**Missed Clinical Hours:** 0 **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. | I have been prepared to provide nursing care that includes comprehensive, collaborative assessments, evidence-informed interventions and outcome measures through coming to clinical on time, in uniform, with my pre-clinical assignment completed, adequate background of my patient and their medications if I am administering them that day, full assessments of my patients upon starting shift and through submitting all assignments (reflections, post-clinical, midterms) promptly, before the due date. I had also demonstrated these skills through interacting with my patients. Such as in my first week I assisted my patient with any feeding he needed and also provided a back massage to help with pain relief as his medications weren’t providing any. During my second week I ensured collaborative communication/assessment with my primary nurse of my patient’s O2 status. Also, in my third week I sat with my patient who had severe dementia for an hour and provided her with a list of reminders of items that she was forgetting (place, name etc.). Through these actions I have demonstrated my ability to preform prepared nursing care to my patients.  ***At midterm Sarah has consistently shown evidence in assessing her patient’s health statuses. She has done head to toe assessments with feedback from her instructor and independently. She is able to take the information that she gathers and document it accordingly. Sarah uses evidence from her pre-clinical to care for her patient’s safely and competently. At midterm Sarah is successfully able to care for 2 patients.*** | ✓ |  |
| 2 | Establishes and maintains therapeutic, caring and culturally safe relationships through effective communication. | I have been able to establish and maintain therapeutic, caring and culturally safe relationships through continually re-introducing myself to the two patients I have had that presented with delirium/dementia. I ensured to communicate slowly and in vocabulary they would understand to lessen their anxiety about what I was doing/saying and to also ensure they understood what I was saying. I also was able to maintain a therapeutic, caring relationship with my patient during my first week that had a history of substance abuse. After my first shift of building a rapport with him, he opened up to me about how he wanted to stop with the drug use and I was able to provide emotional support as well. Through maintaining this relationship, my patient also responded better to encouragement of autonomous tasks that he felt unable to preform by himself. For example, when I first came on shift his primary nurse told me he was a full feed, but after encouragement of self-feeding at each meal, by the end of the two days he was able to finish most of a meal on his own with only needing help with setup. Through my use of therapeutic, caring, culturally safe communication techniques, I was able to maintain my relationships with my patients.  ***Sarah has consistently shown that she knows how to develop and maintain therapeutic relationships. I have received very positive comments from her patients as well as the nurses on the floor that work with her. Sarah communicates findings with her instructor and lets me know how her patients are doing.*** | ✓ |  |
| 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 applied personal ways of knowing through applying previous knowledge/skills from past placements in my current placement. I only preform the skills that I am comfortable/confident of and ask for help/clarification when needed. Such as preforming basic care for my patients (bed baths), techniques for mobilizing my patients, emptying catheters, taking vital signs and assessments/interpretations on my patients. I am also able to provide knowledge of the hospital to my peers who have never worked here before.   **Empirical** (knowledge from research/facts)   * I have applied empirical research in my nursing practice through being able to reflect on knowledge from research/facts to interpret different meanings of my patient’s status. Such as interpreting different lab values my patients have and what they indicate in my post-clinical as well as establishing what medications my patients are taking and why they are taking them. I also used past knowledge/facts from class and collaborative communication with my peer to establish that a patient who was presenting with stable O2 sats at 4L of oxygen via nasal prongs but was complaining of chest pain to be a CO2 retainer. Due to having this background information we were able to lower the O2 levels to decrease his chest pain/respirations.   **Ethical** (our sense of knowing what is right and wrong)   * I have applied use of ethical ways of knowing during this clinical placement through helping one of my peers with care for her patient and being vocal about what I personally felt was proper care and was not, even only with my current experience/education. After this I also made sure to make my instructor aware so that further teaching could possibly take place. I also applied ethical ways of knowing when I informed my primary nurse of an identification sticker in a patient’s MAR that was incorrect.   **Aesthetic** (an ‘aha’ moment)   * I have been able to experience/apply aesthetic way of knowing during clinical so far through having my instructor assess my head to toe assessment. This was an ‘aha’ moment for me as I realized many area’s that I needed to focus on during my assessments and also why I needed to, why they were important information to obtain from my patient. It also provided me with a situation to reflect on when I am unsure if I have covered everything in my assessment, as I can reflect back on that experience and apply it when I need to.   ***Sarah has consistently applied the 4 ways of knowing in her clinical practice. She does not work beyond her scope of practice as a year 3 RN student, she does good research (pre and post clinical) on her patients, and she accurately prepares PO medications and documents appropriately, although this needs some work. Sarah is able to use feedback that was given to her and apply it to her practice (head to toe assessments)*** | **✓** |  |
| 4 | Adheres to professional practice standards and organizational polices to contribute to a culture of safety. | I have adhered to professional practice standards and organizational polices throughout my clinical experiences thus far to contribute to a culture of safety. I did this during my first week when my patient needed a dressing change and my primary nurse allowed me to change it. When I learned of this I informed my instructor who was able to provide supervision for the dressing change, and to assess my level of knowledge for this skill. This allowed for her and myself to recognize what I may need assistance with in similar future experiences. I also ensured safety during my first week by double gloving and following proper hygiene when dealing with any patient bodily fluids, as he was Hep C positive. Throughout placement I have also preformed adequate safety measures of isolation precautions by applying all PPE as needed and correctly. I have also followed proper hospital polices by ensuring all bed alarms are on when leaving the room, turning my patients every 2 hours and documenting all assessments. I ensured all initial assessments were preformed and documented before administering my medications with my instructor and also by doing my medication checks.  ***Sarah adheres to professional practice standards and organizational policies when administering medications and caring for her patients.*** | **✓** |  |
| 5 | Exercises leadership to enhance patient care, and support professionalism in practice. | I have exercised leadership to enhance patient care through clinical so far through in my first week, advocating to my primary nurse of my patient’s pain level and how he felt his pain medication was insufficient which led to the primary nurse advising the patient’s physician of his wishes. Although the physician did not change the order while I was on shift I was able to advocate for my patient in a professional manner to enhance his care. In my second week of clinical my patient was presenting at 98% O2 on 2L of oxygen via nasal prongs. Throughout my shift I would continually monitor my patients O2 levels and titrate the oxygen accordingly, eventually until the patient was on room air and presenting with stable O2 saturation. This showed my ability to enhance my patient’s care through individual leadership/prompting to monitor, titrate, document and report my findings of my patient to my primary nurse throughout my shift. During my third week of clinical while I was documenting my assessment of my patient I noticed that two of the stickers in her MAR were not her identification. Once I realized this I notified my primary nurse who then helped me to reverse this error. This showed my leadership to again advocate for my patient and their safety and also enhance the care I was able to provide.  **Sarah at times struggles to document accordingly to agency policies, although this is getting much better. She gives medication safely and shows leadership in helping out the other nurses on the floor as well as her peers.** | **✓** |  |

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

***Sarah is meeting the outcomes of a year 3 student at midterm. She should continue working on her assessments and following all the rights and checks when administering medications. Keep up the good work!***

**Signature of Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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