Clinical Evaluation Process Nursing 3020

Instructions

The Mid-Term Evaluation will be completed by students at the mid-point of the clinical placement to assist students to take inventory of their current development and assist them to make plans for future clinical practice. The student will use a reflective process to help assess progress in meeting established program, year, and course objectives. The student will submit an electronic copy of the Mid-Term Evaluation document to the clinical instructor prior to the formal mid-term student evaluation. Because the document is to be completed electronically, the student and instructor can take as much space as they need to provide appropriate evidence and feedback.

After receiving the student’s Mid-Term Evaluation, the clinical instructor will complete the comment section providing feedback and evaluation of the student’s progress. The clinical instructor will provide suggestions for improvement. The instructor will place a check in the “S” column if progress is satisfactory, and in the “U” column if progress is unsatisfactory. If a student demonstrates unsatisfactory progress at mid-term, the student and instructor will develop a Learning Plan outlining strategies in which the student will engage, along with clear expectations that must be met for the successful completion of the course. The course professor may be involved in developing the learning plan.

The student and instructor should save and print a copy of the mid-term evaluation. Printed copies must be submitted to the course professor within a week of completion.

At the end of the rotation, students will complete a Final Evaluation. Students will use a new copy of the evaluation template to archive their achievements and areas for future development. The student will submit an electronic copy of their final evaluation to the instructor; this will help the instructor complete an assessment of the student.

In order to complete the final evaluation, the clinical instructor will provide additional evidence by completing the comment section, providing feedback and evaluating the student’s progress. The clinical instructor will collect evidence in the form of the student self-assessment, comments of the health care team members, patient input, student submissions (including portfolios) and observations. A summary of achievement as well as implications for future learning should be included in this document. The attendance section and record of completed hours is to be filled in completely. The completed document is to be printed, shared with the student and signed. The signed copy must be returned to the TFSON within 10 days.

The Year Lead, lab instructor, and/or course professor will assess the completion of the Learning Center Component, if applicable.

Students and instructors will complete both the mid-term and final clinical evaluation documents electronically. An electronic copy of the completed (student and instructor) final evaluation should be submitted to the course professor within 48 hours of the final evaluation delivery. A printed and signed copy should follow within 10 days of the evaluation meeting.
NURS 3020H
Clinical Evaluation

(Check one) Midterm __ Final X__

Student Name: Megan Spaidal

Clinical Instructor: Jennifer Massimo

Missed Clinical Hours: ___0___  Missed Lab Hours: ___0___
<table>
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<tr>
<th>Program Goals</th>
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<tr>
<td>Graduates are generalists entering a self-regulating profession in situations of health and illness.</td>
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<td>Graduates are prepared to work with people of all ages and genders (individuals, families, groups, communities and populations) in a variety of settings.</td>
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<td>Graduates continuously use critical and scientific inquiry and other ways of knowing to develop and apply nursing knowledge in their practice.</td>
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<td>Graduates will demonstrate leadership in professional nursing practice in diverse health care contexts.</td>
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<td>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</td>
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<td>Graduates will establish and maintain therapeutic, caring and culturally safe relationships with clients and health care team members based upon relational boundaries and respect.</td>
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<td>Graduates will be able to enact advocacy in their work based on the philosophy of social justice.</td>
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<td>Graduates will effectively utilize communications and informational technologies to improve client outcomes.</td>
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<td>Graduates will be prepared to provide nursing care that includes comprehensive, collaborative assessment, evidence-informed interventions and outcome measures.</td>
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<td>Objectives</td>
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<td>1. Explain the experience of acute illness in individuals receiving care in acute setting</td>
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interprets critical aspects of the person’s experience of acute illness in relation to common signs and symptoms, responses to treatment, patterns of coping, and impact on individual and family relationships.

1. On February 27th I was assigned a patient who had Wagner’s granulomatosis. He had already been in the hospital for a number of weeks and was receiving a hazardous medication (Rituximab) the following Monday. Although he was in the hospital, the patient was very independent and did not need help with anything. He was excited to receive his medication so that he could go home soon. The patient was coping very well with his diagnosis and was always in a happy mood. His wife was at his bedside constantly, which he said helped the process become easier. During one assessment, I heard the patient tell his wife not to be worried and that he would be going home soon. Overall, this was a good way of coping as he had motivation to leave.

2. While shadowing a nurse on the surgical constant care unit, we had a 40-year-old patient who was ill but had yet to have a diagnosis. During an exploratory surgery, the surgeon’s opened up his abdominal cavity and found unknown grey liquid. Afraid that it was contagious, the surgeon closed them up and sent him to the surgical constant care unit. The patient was having trouble coping with his situation, as he still did not know what was wrong with him. His wife was at the bedside and she seemed very distraught. In this scenario there was a huge impact on both the individual and his family.

3. During the week where I was team leader, our clinical group was notified that someone on the surgical constant care unit had passed away. Over the next hour I watched the man’s family pass by the nurse’s station to go and visit him. I felt very sorry for the wife and family because I can imagine how much they will miss him. This
result had a huge impact on many people and I am sure they had a
difficult time coping. **Megan is able to use information obtained through her research and her assessments to understand the patient's experience of acute illness. Megan is able to advocate for her patients while maintaining professional presence. Megan easily develops therapeutic communication and relationships.**

| 3 | Identify common medical treatments and potential consequences/complications of selected acute illnesses | During this semester, I have seen many medical treatments and have witnessed their potential consequences.

1. On March 5th, I received a diabetic patient with bilateral leg infection. I was told that she had recently had a debridement done on her left heel. A debridement is the removal of damaged tissue, in this case, caused by the infection. Unfortunately, the treatment was unsuccessful for the patient and they had to do a left below knee amputation to fix the issue. When a debridement of the infected tissue is not successful, many times an amputation must be done to stop the spread of the infection.

2. On March 5th, I also received a patient who had been previously diagnosed with colon cancer and received an open right hemicolectomy. This is the standard surgical treatment for malignant neoplasms on the colon. The patient was constipated for a few days after the surgery. Constipation is common in individuals with colon cancer and common after a hemicolectomy is performed. Laxatives can be given to treat the constipation. When the patient finally had a bowel movement 4 days after the surgery, small amounts of sang appeared in his stool. Usually after a colon resection, there may be some blood with the first 1-2 bowel movements. However, if there are large amounts of blood, a doctor is to be notified.

3. On March 26th, I was given a patient who had been diagnosed with a femoral-tibial artery block. Here, the patient had a blocked artery in his leg, which stops blood flow from passing through the leg and into the foot. When blood cannot carry oxygen to these parts, the patient can develop critical limb ischemia. This causes pain and
eventually the tissue begins to die (gangrene). The treatment for this blockage is a femoral popliteal bypass surgery. Here, blood is redirected through a graft, which is either made from a transplanted blood vessel or one from man made material. The graft is sewn above and below the blocked artery so that the blood flows through the graft and around the diseased part. Although this is a common surgery, risks can still occur such as an infection, bleeding, swelling and a failed or blocked graft.

Megan uses her clinical knowledge to understand rationale for common medical treatments. She is able to recognize the impact these treatments can have on the patient as well as their family. Using her knowledge base, Megan understands potential complications for different treatments.

Throughout the semester, I have learned and demonstrated many new nursing interventions related to acute illness. For example:

1. On March 6th I received an orthopedic patient who had recently had her right hip replaced. As stated earlier, my co-assigned nurse and I convinced her to receive a catheter, it’s it would be easier for her to void through this mechanism. Since I had never inserted a catheter before, the nurse allowed me to do this under her supervision. The previous day, I had watched my peer insert a catheter, therefore, I knew how to prepare the sterile field and ready my supplies. Once I did this, I inserted the catheter. The patient told me that it did not hurt as much as she had anticipated and my co-assigned nurse told me that I did a good job. I now feel comfortable doing this procedure on my own.

2. This semester, I was able to spend a few days administering medication for my patients. I was also able to watch an IV be put in and was taught how to find the right vein. On my medication day, I learned how to look the medication up in the MAR and take the correct medication out of the med cart. That week, I was able to give a subcutaneous injection of enoxaparin. I now understand that I am supposed to ask the patient their name, date of birth and possible allergies before I give the medication, as well as go over the 10 rights to medication administration. This semester I also had
Under the supervision of a Registered Nurse, demonstrate safe, competent, evidence-based, holistic nursing practice with clients with acute illness

1. Apply relevant nursing models, philosophical frameworks, theories and evidence
2. Demonstrate therapeutic use of self
3. Engage with patients in an ethical and culturally safe manner
4. Understand and anticipate emerging bio-psycho-social needs of persons with acute illness and apply this knowledge to care:
   a. Plan appropriate nursing care
   b. Predict outcomes of nursing care
   c. Evaluate client response to nursing care
5. Demonstrate health promotion and illness prevention practices
   a. Engage with patients and families to identify

the change to administer oral medications to my patients. Lastly, I was able to watch a nurse administer Epimorph through an epidural. I feel more comfortable with medications at this point and am excited to do more next semester.

3. This semester I had the opportunity to work on the surgical constant care unit for a day. Here, my co-assigned nurse and I had a patient who was tachycardic and had a heart rate of 160. I was able to look at the electrocardiogram that was done for the patient and the nurse taught me how to read the rhythm strips. We could then tell that the heartbeat was irregular as well as tachycardic. We also noticed that the patient’s P and T wave collided frequently and we notified the doctor of this issue.

Megan uses her nursing knowledge to understand nursing interventions. She has become confident in her abilities and skills. Megan is efficient in her care, and is able to prioritize accordingly. Megan provides safe care, working within her scope of practice.

1. This semester, I was taught how to chart my assessments properly. This includes doing tick charting and writing detailed progress notes. I feel comfortable writing my assessments on my own without having my preceptor look them over. I make sure to include everything that I have done and nothing that I didn’t do. I now understand how important charting is and it is a skill that I am glad I was able to learn this semester. By performing proper charting for both of my patients on time, I believe that I have demonstrated both accountability and reliability.

2. Under supervision of my preceptor, I had the opportunity to give my patients meds for two days. First, I checked my patient’s MARs and then looked up any medication that I was not familiar with. This shows accountability, as I wanted to understand which medications I was giving my patients. I also demonstrated patient advocacy this day when my patient asked me if he could have his pain meds. I checked his MAR to make sure his pain meds were PRN and I delivered them to him with help from my preceptor.

3. During my clinical experience, I received a patient who was very
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6. Demonstrate patient advocacy
7. Demonstrate accountability
8. Demonstrate reliability

Confused to as why she was in the hospital. When I went into her room after lunch, I noticed that the patient had a cup of pills in front of her. She did not understand why the pills were there and I noticed that she was sucking on one of them. Clearly, she should not have been left alone with the pills and a nurse should be watching her take them to make sure they are all taken properly. I tried to explain to the patient how to take the pills, however, she had a hard time swallowing them all with water. I then when to get applesauce for the patient to help her get the medication down. I sat with the patient to feed her and made sure she took every pill properly. I believe that I demonstrated patient advocacy in this instance, as the patient could not take the pills on her own. I also demonstrated accountability, as I noticed that the patient needed help and took the time to make sure she took all of her prescribed medication.

Megan has always come to clinical prepared, demonstrating her accountability and reliability. Megan develops therapeutic relationships with ease. She communicates well with other members of the health care team. Megan advocates for her patients, and understands patient specific needs. Megan has developed her documentation skills, and consistently charts with detail and accuracy.

Critically appraise own practice in relation to nurse-client/family interactions and as a member of the health care team

1. During my clinical experience, I had the opportunity to be the team leader for two days. Here, I was able to help my peers with their tasks and make sure everyone was getting things done in time. I enjoyed being team leader because I like to be organized. I also enjoyed being able to help others with their daily activities and got to see many different procedures that I haven’t seen before. From this experience I learned how important it is to be apart of a health care team and also know that is important to be organized.

2. As a member of a health care team, I understand that I will sometimes need help and others may sometimes need my help. During the semester, there was a day that one of my peers had a patient with c. difficile. I have never had any experience with this.
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<th>Participate in professional development based on reflective practice and critical inquiry</th>
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| | During this semester I believe that I have participated in professional development based on both reflective practice and critical inquiry. |
| | 1. Each week, I come to clinical on time and prepared for the day. I come with my completed pre-clinical assignment and hand it in to the team leader. The pre-clinical assignment includes looking up my patient’s surgery and understanding any areas that I am unsure of. I also have handed in my post-clinical reflections on time. This consist of my reflection of the week and what new skills I have learned. I believe that these reflections allow me to review my week and provide deeper learning by looking at my experiences in a different context. |
| | 2. On March 26th, I had the opportunity to give my patients their medications. I looked up their meds in the MAR and made sure to... |

| | diagnosis but I have heard many stories about it. My peer asked if someone would help her with a brief change. Although I was nervous and did not know what to expect, I offered to help her. I believe that an important part of being a team member is to help with things that you do not always want to do. I ended up helping my peer multiple times throughout the day and she was very grateful for my assistance. I also feel more confident now that the next time I need help with something, she will offer. |
| | 3. I believe that it is important to take the time to get to know my patients. This semester I have made sure to introduce myself and build rapport with my patients before I begin my assessments. I understand that I will be with my patients all day long and they need to trust me and feel comfortable telling me about how they feel. I believe it is also important to earn each patient’s trust. At the end of my shift, I make sure to give good rapport to the next student nurse and introduce them to the patient. This way, the patient knows that I am leaving and knows who is taking my place. Overall, I believe that by doing this I am showing responsibility. |

Throughout the placement, Megan has critically appraised her own practice. She receives feedback well, and incorporates this into her patient care. She is helpful to other students as well as staff.
Megan is satisfactory at completing all course objectives. She has improved throughout the term, and is confident with her assessments, documentation, communication and skills. Megan uses knowledge to understand medical interventions and complications. She is becoming confident with health teaching and promotion. Megan provides safe and competent care, and works within her scope of practice. She is able to develop therapeutic relationships easily with patients and their families. Megan has progressed well throughout the placement.

Signature of Instructor___________________________________________________ Date _____________________________
Signature of Student____________________________________________________ Date ______________________________
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(Final Evaluation Only)

Student Areas of Strength

1. Head to toe assessments, tick charting and progress notes
2. Communicating and developing a nurse-patient therapeutic relationship
3. Being emotionally stable

Student Areas for Future Development

1. Knowledge about certain medications
2. Confidence when initially meeting a patient
3. Asking more questions on a regular basis to further my learning

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

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Total number of clinical hours completed _______ 160 _______

Clinical Component  Satisfactory  Unsatisfactory
(Please circle the appropriate outcome)

Clinical Learning Center  Completed  Not completed

Signature of Instructor____________________________________  Date_______________________________

Signature of Student______________________________________  Date_____________________________