



BACHELOR OF SCIENCE IN NURSING PROGRAM
 CLINICAL ASSESSMENT OF STUDENT ABILITIES (CASA)
 NURS1013 Nursing in a Residential Setting Clinical Practicum

Name of Student: Yeung Tsang	Name of Clinical Instructor: Chelsea Franks			
Unit/Agency: Trent Valley Lodge LTC	Clinical Hours Attended :	30	Clinical Hours Absent:	6
Date of clinical shifts <u>attended</u> : 1. 2. Jan 24th 2024 3. Jan 31st 2024 4. Feb 7th2024 5. Feb 14th 2024 6. Feb 21th 2024 7. 8. 9. 10. 11. 12. 13.	Date of clinical shifts <u>absent</u> : Jan 17th 2024			

Course Learning Outcome	Midterm Student Self-Assessment	Final Student Self-Assessment	Faculty Feedback	Pass	Fail
<p>1. Continuously demonstrates effective communication skills to interact with residents, their families, and interdisciplinary care teams.</p>	<p>1) I introduced myself to my patient on every visit. (My name, my role, and my reason for my visit). Ensure privacy was demonstrated to my resident by closing his room door. I had not interrupted the conversation of my resident. I provided a good physical environment by comfortable distance between objects in the room. I had taken notes while I talked to him. I facilitate my resident to speak more. I provide a summary to my resident after each room entry. I asked if there is anything else before I left the room.</p> <p>2) I explained to the resident with every step and procedure of his health assessment. I provided silence for my resident so that he could have time to understand. I showed up</p>		<p>Midterm: Agree. Yeung ensures he introduces himself to both staff and his resident each clinical shift. Yeung ensures he thoroughly explains each step throughout his assessments so the resident can anticipate what is going to happen next. Yeung's reflections indicate that him and his resident have a therapeutic nurse-client relationship that has established trust. Yeung seeks out assistance and asks for clarification on tasks in a timely manner. Yeung is encouraged to participate more in closed loop communication to ensure tasks are thoroughly understood to allow for effective time management while in the clinical setting.</p> <p>Final:</p>		

	<p>open posture. I consistently with normal gestures. I provided my resident with facial expressions and eye contact. I speak with a voice that is normal tone, intensity, and rate.</p> <p>3) Clarifying any concerns and questions from the resident. Unconditional positive regard was shown to my resident. Empathy was demonstrated to my resident. Active Listening was used such as attention, verbal cues, and non-verbal cues. Open-ended question at the beginning, close-ended question for specific information. I made sure one question at a time. good Posture and normal gait used. No why is asked to resident.</p>				
<p>2. With minimal guidance, conducts health assessment of an individual using knowledge gained from anatomy and physiology</p>	<p>1) Subjective data of pain assessment, and health history. I reviewed his systems, such as his general overall health state,</p>		<p>Midterm: Agree. Yeung has demonstrated a novice level understanding of assessments and can accurately perform</p>		

<p>and health assessment 1 course.</p>	<p>respiratory system, skin, hair, and fever. He has had COVID-19 before. I checked his pulse rhythm, but it showed an irregular pulse. His gastrointestinal system is normal. His urinary system is normal. He has had a hip injury. His neurological system is cognitively impaired due to dementia. He has difficulties dressing, eating, ambulating, toileting, and hygiene. He was an alcoholic. He was not substance use. He had no smoking habit. He had normal sleeping habits.</p> <p>2) The general survey showed the alert level of consciousness (LOC). His mobility showed difficulties in moving. His body was left shoulder and arm injuries. His mood</p>		<p>assessments by system – Yeung is encouraged to continue practicing assessments in a “head to toe” style to increase speed while conducting assessments. Yeung required minimal cueing to complete assessments and used proper terminology while completing his assessments – although reminded to relay information into “layman’s terms” to help support the resident in understanding his findings/instructions... i.e palpate vs touch Yeung implements knowledge learned in A&P and provides appropriate care for a resident with a right shoulder/rib fracture and does not perform assessments beyond the resident’s limitations, ensuring the resident remains free of harm.</p> <p>Final:</p>		
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	<p>was cooperative. His facial appearance was symmetry. Objective data such as head (skull, temporal artery, and temporal) and neck assessment showed poor ROM but no swell and lump at the neck. The lymph node was normal. The trachea was at midline. The thyroid was not palpable. Signs, motor nerves, and sensory nerves. I used inspection and palpation for physical examination. The nose was intact with no pain in the sinus areas. The mouth had normal lip color. The throat had normal gum, tooth, uvula, pila, tongue, and tonsil.</p> <p>3) Skin assessment and neurological system assessment such as optic nerve, oculomotor nerve,</p>				
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	<p>trochlear, abducens nerve, trigeminal nerve, facial nerve, vestibulocochlear nerve, glossopharyngeal, spinal accessory nerve, and hypoglossal.</p>				
<p>3. With guidance, uses findings from health assessment to formulate and evaluate priority nursing diagnoses tailored to the specific needs of an adult in residential settings.</p>	<ol style="list-style-type: none"> 1) Muscle-skeleton had difficulties moving at the neck and spinal. The spinal accessory nerve of neurological system assessment showed poor ROM of chin-to-shoulder and ear-to-shoulder. My resident had problems walking and standing. 2) The facial nerve was poor. The facial nerve of the neurological system showed the motor with asymmetry of the smile (Left side lip was lower; right side lip was higher). 3) Dehydration showed on my resident skin. Skin health assessment of the Integumentary system showed dry skin. The skin 		<p>Midterm: Yeung has started to develop nursing diagnoses based on his assessment findings; this outcome will be more evident with submission of his case study assignment. Identifies areas for health promotion/maintenance, optimal health in post-conference when completing a concept map. Yeung identifies the need for some residents to be fed and takes initiative to promote proper nutrition for the older adult. Yeung implements appropriate interventions to reduce risk for falls.</p> <p>Final:</p>		

	color was parlor and intact. The reasons are aging and dehydration. Shoulder and rib injuries. Mobility was weak and difficult.				
4. With minimal guidance, identifies strategies for promoting optimal health in adults in residential settings and provides health teaching to residents on specific interventions.	<p>1) I promoted a regular pattern of awake/sleep lifestyle to my resident. No alcohol and smoking for my resident. I promoted adequate nutrition and hydration for my resident. I promote good dining manners. good environment and lighting atmosphere. No pill on the table while my resident is eating. I promote cultural and traditional eating.</p> <p>2) I promoted the important of social dining to my resident.</p> <p>3) I promoted resident education regarding health education.</p>		<p>Midterm: Mostly agree. Yeung encourages his resident to have meals in the dining hall to promote socialization and decrease risk for loneliness/depression. Yeung promotes proper hygiene and cleanliness to reduce risk for infection/skin breakdown. Yeung provides appropriate perineal care, ensuring he also dries the area prior to dressing, with cueing. Yeung always provides explanations to his resident to help his resident understand the purpose of his nursing tasks.</p> <p>Final:</p>		
5. Demonstrates competency in promoting independence	1) I promoted resident independence by having		<p>Midterm: Agree. Yeung promotes independence by offering</p>		

<p>and providing support for ADLs (activities of daily living) including skin care, continence care, nutrition and feeding, mobility support, fall prevention and personal hygiene.</p>	<p>resident moved his hand above the drape on his chest. I did not move his hand.</p> <p>2) The resident showed independence by choosing his clothing. The resident made his decision to eat in the dining lounge. I provide skin care, continence care, and dental care to my resident. I made sure my resident finished all his meals. I slowly and partially feed my resident.</p> <p>3) My partner and I transfer my resident from bed to wheelchair for breakfast in the dining lounge. I make sure my resident has the education of fall prevention and personal hygiene.</p>		<p>choice; whether it be to attend meals in the dining room or offering the resident to select his clothing. Yeung ensures proper fall prevention interventions are in place prior to leaving his resident's room such as; encouraging the resident to use his call bell, placing the call bell in reach, placing the resident's clip alarm, lowering the bed. Yeung encourages his resident to eat at breakfast.</p> <p>Final:</p>		
<p>6. Apply knowledge and skills to deliver targeted care to individuals with cognitive conditions like dementia and Alzheimer's disease, ensuring their unique needs are met with expertise and empathy.</p>	<p>1) I clarified the morning care procedure to my resident. I made sure he felt comfortable and confident. I made sure he was safe.</p> <p>2) I clarified the procedures of my health assessment.</p>		<p>Midterm: Agree. Yeung used information used in lab and theory regarding care for the older adult with dementia. Yeung ensured familiar and often used objects were in</p>		

	<p>I made sure he was comfortable for the health assessment.</p> <p>3) I asked for his preferred activities and foods. I made sure he felt oriented to his surroundings.</p>		<p>reach and in the same place that the objects usually are.</p> <p>Yeung is encouraged to slow the pace of his voice when communicating with a resident with cognitive impairments to allow time for processing and thoughtful response. Yeung occasionally describes all the activities he will complete with the resident. Yeung should be mindful that this could be overwhelming at times to the resident (even though I believe this is done for Yeung as a reminder of all the steps he wants to complete). However, Yeung does continue to explain each step as he completes his assessments.</p> <p>Final:</p>		
<p>7. Demonstrate fundamental nursing skills at the novice level including patient documentation, asepsis technique, basic wound care, fall prevention,</p>	<p>1) I documented the charting with the SOAP method (subjective, objective, assessment, and plan) and SBAR (Situation, background, assessment, recommendation). I</p>		<p>Midterm: Agree. Yeung has provided thorough and appropriate documentation submitted to his CI.</p>		

<p>catheterization, and oxygen therapy.</p>	<p>cleaned the stethoscope with an alcohol swab. All equipment is cleaned before use. I wore the proper Personal Protection Equipment (PPE) before entering the room. I did carry out proper handwashing techniques. My resident needed routine practices.</p> <p>2) I performed the bed-bath to my resident, including face cleaning, body trunk, upper right limb, perineal care, and lower limbs. I have the bathing tools ready, such as wet towels, bathing foam, and dry towel. No cleaning for his right shoulder and arm because of his injuries. No wound dressing for his injuries.</p> <p>3) My partner and I transferred my resident to the tub-bath facility. I used the sling and ceiling lift equipment. to transfer my resident to the wheelchair from his bed.</p>		<p>Gives SBAR formatted reports to peers when going for break. Yeung, with guidance, completes proper hand hygiene and uses appropriate PPE. Cleans all equipment appropriately to reduce risk of transmission/infection. Yeung implements appropriate falls interventions as previously discussed and can identify potential harm to residents if these interventions are not in place.</p> <p>***Yeung completed lift transfer with registered staff, not independently*** Final:</p>		
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<p>8. Demonstrate cultural sensitivity care delivery to meet the diverse needs of residents from various cultural backgrounds.</p>	<ol style="list-style-type: none"> 1) I spoke English to my resident throughout my placement. He looked pleasant when I spoke English. I understand his cultural-based understanding. 2) I asked to feed my resident with his preferred meal. 3) I respected his decision-making regarding his TV channel, music, health goal, health expectation, and choice of Power of Attorney (POA). 		<p>Midterm: Agree. Yeung incorporates the resident's values and goals into his resident's plan of care. Yeung is eager to provide empathetic care to all individuals regardless of physical or cognitive impairment. Able to provide consistent, safe care to residents with complex needs.</p> <p>Final:</p>		
<p>9. Effectively utilize motivational interviewing techniques to engage and support patients in residential settings, fostering an environment conducive to positive behavioral changes and enhanced well-being.</p>	<ol style="list-style-type: none"> 1) I used reflective listening, so that my resident could reflect on his health priorities. This helps my resident to learn from his personal experience, 2) I interviewed my resident with the open-ended questions, so that my resident can express more on his personal feelings on his health. For example, I asked him what his expectation he has for his 		<p>Midterm: Agree. Yeung attends clinical with a smile on his face and encourages his resident to part-take in social activities. Yeung uses MI to discover meaningful ways to deliver care. Yeung uses motivational interviewing to discover what health goals are meaningful to the resident and implements</p>		

	<p>health goal. He said he just wanted to be healthy in every health aspect.</p> <p>3) I used the eliciting response to my resident so that I could get his health information. I asked him "Did he want to eat in the dining lounge?"</p>		<p>interventions that are relevant.</p> <p>Encourages choice and encourages resident to part-take in ADLs with considerations of the residents wishes and values.</p> <p>Final:</p>		
<p>10. Demonstrate personal responsibility for learning through self-assessment, peer feedback, professor feedback, health care team feedback and the reflective process as a beginning step in life-long learning.</p>	<p>1) I feel I can learn more by self-assessment. I can know what I can improve. I can reflect on what I can do better for next time.</p> <p>2) I like peer feedback because they see my weak areas need improvement.</p> <p>3) I like professor feedback because their comments are so valuable for my improvement. It gives me a strong sense of what I need to improve.</p>		<p>Midterm:</p> <p>Agree. Yeung consistently demonstrates self-reflection in the clinical setting. Yeung reflects after completing assessments and gives honest thought for areas of improvement. Yeung is receptive to feedback from peers and implements new strategies to improve his practice. Completed 2 reflections on nursing practice. Seeks out feedback from instructor and staff within the home.</p> <p>Final:</p>		

FITNESS TO PRACTICE: THE STUDENT MUST DEMONSTRATE FITNESS TO PRACTICE IN ALL INTERACTIONS IN THE CLINICAL AND LAB SETTINGS.

CNO ETPC Achieved as Identified by Student:

Areas of Strength Identified by Student:

Areas for Future Development Identified by Student:

Faculty Comments/Critical Incidents:

Good work this semester! Yeung always attends clinical with a smile on his face. He is eager to learn and eager to try new skills. Yeung is always offering to assist staff in the home and uses his current knowledge to assist residents to the extent of his practice. Yeung accurately completes assessments in the clinical setting, using correct terminology, and works hard to submit all documentation for review in a timely manner. Yeung takes his clinical rotation seriously and is always inspired to keep learning. Yeung is encouraged to slow down in the clinical setting to collect and gather his thoughts prior to completing care or assessments, although I believe this quick pace is due mostly to excitement and willingness/eagerness to learn but can be overwhelming to residents at times. Yeung is encouraged to continue to seek out learning opportunities in the clinical setting to improve his practice. He is also encouraged to ensure closed-loop communication to ensure an appropriate understanding of the task at hand to enhance time management. It has been a pleasure to have Yeung in this clinical group and I wish him well on all his future endeavours.

Midterm Evaluation


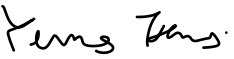
Midterm Status	Initials of clinical Instructor
Adequate for Midterm	

Excelling: The student is exceeding the course requirements and demonstrating a high level of understanding and application.

Adequate for Midterm: The student is meeting the course requirements and demonstrating a satisfactory level of understanding and application.

Progressing, but With Concerns: The student is making progress but still has significant areas to address to ensure passing.

At Risk of Failing: The student's performance is not meeting the course requirements and is currently unsatisfactory for passing.

Clinical Faculty Signature:		Date:	Feb 21, 2024
Student Signature:		Date:	Feb 21, 2024

* The student's signature indicates that the student has read the CASA and has had the opportunity to discuss it with the faculty at the student or faculty request

Final Evaluation

CNO ETPC Achieved as Identified by Student:
Areas of Strength Identified by Student:
Areas for Future Development Identified by Student:
Faculty Comments/Critical Incidents:

Final Grade		Initials of clinical Instructor
Students final Grade	Pass / Fail	

Pass = Satisfactory. The student consistently meets all course outcomes.

Fail = Unsatisfactory. Course outcomes have not been met.

Clinical Faculty Signature:		Date:	
Student Signature:		Date:	

* The student’s signature indicates that the student has read the CASA and has had the opportunity to discuss it with the faculty at the student or faculty request*