Cleveland Clinic

R. B. Turnbull Jr. M.D. WOC Nursing Education Program

Daily Journal Entry with Chart Note & Plan of Care

Student Name: ___Alice Pownall Gray_____ Day/Date: ___9/15/2025_____

Number of Clinical Hours Today: ___8__ Number of patients seen____

Care Setting: Hospital ____ Ambulatory Care ___x__ Home Care ____ Other ___

Preceptor: __Kerry Sherman____

Clinical Focus: Wound ____ Ostomy __x__ Continence __x__

This assignment should be WOC focused and approached as both patient documentation and critical thinking development. Complete each section of the document. Once you have completed the form, save the document by clinical date and preceptor. Submit to your Practicum Course dropbox for instructor review & feedback. Journals should be submitted to your dropbox no later than **48 hours** following the clinical experience day. See samples in course Resource area to assist you with this assignment.

Reflection: Describe your patient encounters, types of patients seen, and any additional activities.

Today's encounters happened in a clinical setting. The patients were either scheduled to see provider Dr Spivek or a Pac performing a manometry tests. Most of the day was pent observing Dr. Spivak . I saw several patients who had bladder and or stool incontinence. Many of the patients had just finish having testing done such as anorectal manometry, or defecography, MRI's, ballon expulsion tests as well as urodynamic tests. Many of the women has multiple childbirths and had damage from this. Many of the women described the difficulty they had with daily life, and the quality of life decrease they were struggling with due to stool and urine incontinence. Several of the women had rectoceles or cystoceles. Many had weak pelvis baskets. Many of the women were referred to pelvic health physical therapy and many had already completed the therapy and still needed further intervention. One case a woman who had chronic stool leakage and was in a lot of pain was told by Dr Spivek she could have surgery to release a pundendal nerve encapsulation and the may be a candidate for further repair at her anal sphincter later on and she could consider an implant for the sphincter that would signal the brain anal sphincter connection to let the patient know who had to move her bowels in time.. I also saw patient that had had a vesicovaginal fistula. This patient after examination was scheduled for surgical repair. She was also scheduled for additional testing for MRI. Dr Spivak had other surgeons join her on cases and one was a gynecological surgeon, and one was a urology surgeon Spivack also discussed a trial she is currently in that she was conducting research on stem cell injection for anal sphincter defects. We did see two male patients. One who had a post operative infection and ended up with a anal sphincter defect and has continence and Dr Spivak told him ha may be a candidate for the stem cell research, but it would not be available for 3 years and she then referred him the pelvic therapy. The second male we saw was a patient who had spinal bifida and he had had many surgeries and was looking for additional information in regard to treatments for his severe constipation was given bowel regimen and surgical options. Because he had a neobladder, the surgeon recommended had both a rectal colon surgeon as well as a urology surgeon in case he needed this as the patient may have his surgery at another facility Spivak discussed vaginal

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splinting, nutrition, weight loss, psychological referrals and medications with many of the patients. I was also able to observe a manometry exam of a women who was having stool incontinence was a very interesting test, which turned out to be normal and the patient was referred to pelvic physical therapy.

WOC nurses function as consultants and develop plans of care (POC) for other care givers as a guide to providing care in the WOC nurse's absence. 1. select one patient who is an example of the identified specialty hours for this clinical day. 2. Write a chart note beginning with a brief, focused history and history of present illness, including why you are seeing the patient. 3. describe the visit including any physical assessment, interactions, interventions, and evaluations. 4. Complete a Braden Scale assessment if this was an inpatient encounter. 5. Identify any specific products used or recommended for use. Remember, this note reflects all that *was* ***done*** during the visit.

The plan of care reflects your direction/orders to another care provider *after* the encounter to be performed in your absence.

Chart note:

Braden Risk Assessment Tool

Sensory Perception	1
Moisture	2
Activity	3
Mobility	3
Nutrition	3
Friction/Shear	3
Total	15

Pt was a 56-year-old female, traveled out of state to Cleveland Clinic due to pain in anal area and FI. Pt was seen by Dr. Spivak for consultation and plan. The patient was accompanied by her husband. Pt and husband carrying religious books and wore black clothing and were Hasidic Jews. Pt medical history included FI, pundendal nerve pain, s/p pundental nerve block, multipara 11 children, vaginal births, urinary incontinence, HTN.

The patient verbalized she has pain rated of 7 out of ten in her rectal area after standing for longer than an hour. She also reports she has FI episodes daily and cannot be far from a bathroom. The patient stated it was interfering with her daily life. She also states it was affecting her intimate relationship with her husband. She stated her pain was relieved when she would lie down. The patient also verbalized she has some urinary incontinence when she coughed. The patient main goal was to not have pain. The patient underwent a anorectal manometry test as well as a defecography prior to the visit with the surgeon earlier in the morning. The surgeon examined the patient's rectum and proceeded to discuss options. During the assessment it was found that the patient had more pain when the doctor palpated her right lower pundendal nerve area. The outer skin of the anus and buttocks were intact, and no skin irritation was observed. The doctor placed and order for an MRI, and a referral for pelvic physical therapy and explained to the patient that the physical therapy would help her pelvic muscles and possible reduce leakage of stool. She also told her that they needed a MRI so they could look at the nerves better before deciding to go forward with surgery to reduce the

nerve pain. The patient was booked for another appointment in a month to discuss the outcome of MRI and decide if surgery were indicated and if the surgeon's suspicions of a encapsulated pundendal nerve are correct.

Using the information from the chart note, develop a plan of care to be executed by other members of the healthcare team in your absence. Statements should be directive and holistic. Write as nursing orders.

WOC Plan of Care (include specific products)

Nursing care plan for follow up visit:
At the next visit, obtain information related to pain, and if it is better or worse in anal area. Assess if patient skin is intact and if she is having any issues from the FI and or urinary incontinence. Assess if she is happy with her current incontinence products and make suggestions if needed. Assess coping and check for signs and symptoms of depression. or sadness, discuss with Md if referral to a mental health provider needed if pt has symptoms and requires additional support. Discuss diet and fiber and fluid intake, give her education material if accepted., may need to discuss kosher foods that would fit her cultural needs. Discuss medications and side effects.
Assess if pt has followed up with pelvic health therapy and if it has improved any of her symptoms. Assess pt knowledge of any upcoming procedures and offer to explain them if needed or request surgeon to explain if needed.

Describe your thoughts related to the care provided. What would you have done differently

I felt the care provided was very good. The patient actively interacted with the medical team and asked appropriate question and was given options to try and scheduled for tests which will answer more question and hopefully give a better diagnosis. The patient seemed to be in a positive mood after the consultation, and she was willing to try the pelvic health therapy and get further testing done. The fact that the doctor was able to pinpoint the area of pain with an internal examination was promising.

You should have a learning goal for each clinical day. What was your goal for the day? Was it met? Why or why not?

Goal: To observe and learn from WOC team and gain knowledge related to

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What was your goal for the day? To observe and learn from WOC team and gain knowledge related to FI, and urinary incontinence treatment plans, WOC nurse role in the clinic setting. Observe a manometry procedure and defecography test. I also wanted to learn ostomy care and techniques, as well as
What is/are your learning goal(s) for tomorrow? My learning goal for tomorrow was to observe how the inpatient WOC nurse role is performed, to take part in care of ostomies inpatient, post operatively, have some interaction with pediatric ostomy patients, and also urinary diversions if the chance arises.I also hope to observe and possibly try to partake in a lavage procedure.

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For instructor use only. Do <u>not</u> remove or edit:

CRITICAL ELEMENTS	Completed	Missing
Medical record note reflects that of a specialist:		
• Identifies why the patient is being seen	✓	
• Describes the encounter including assessment, interactions, any actions, education provided and responses	✓	
• Completes Braden Scale for inpatient encounter	✓	
• Includes pertinent PMH, HPI, current medications and labs	✓	
• Identifies specific products utilized/recommended for use	✓	
• Identifies overall recommendations/plan	✓	
Plan of Care Development:		
• POC is focused and holistic	✓	
• WOC nursing concerns and medical conditions, co-morbidities are incorporated	✓	
• Braden subscales addressed (if pertinent)	✓	
• Statements direct care of the patient in the absence of the WOC nurse	✓	
• Directives are written as nursing orders	✓	
Thoughts Related to Visit:		
• Critical thinking utilized to reflect on patient encounter	✓	
• Identifies alternatives/what would have done differently	✓	
Learning goal identified	✓	

Reviewed by: _____ Date: _____

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