

Instructional Module 4 – Adult M/S 2

| Competency | Outcomes | Secondary Outcomes | Give examples of how you met each outcome |
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| Assessment & Intervention | Implement a plan of care that integrates adult patient-related data and evidence-based practice. | <ul style="list-style-type: none"> - Define plan of care for specific health impairment - Identify signs/symptoms of health impairment - Select & implement proper interventions for specific health impairment - Evaluate effectiveness of interventions | <p>1. I had a patient whose admitting diagnosis was an infected abscess that would not heal. This patient happened to also be an uncontrolled Type 2 diabetic. He was noncompliant with tracking his blood sugars and taking care of himself through his diet, insulin, exercise, etc. While this patient's admission was because of his abscess, caring for his diabetes was important as well. The most important thing was also teaching him the importance of taking care of his blood sugars so that this painful infection did not happen to him again. This patient learned the hard way but was finally receptive to teaching.</p> <p>2. I had a post-op patient who had had his Foley catheter removed at 0600 before I came in for the day. Our focus for this patient was on his bladder function and ensuring that he was able to void independently before going home. He had not successfully voided by 0800 so I decided to ensure he was ambulating by taking him myself. The patient and I walked up and down the hallways multiple times and by 0845, the patient was able to void 300 mLs independently.</p> |
| Communication | Communicate effectively with members of the healthcare team. | <ul style="list-style-type: none"> - Identify health care team members & their purpose - Interact appropriately with health care team. - Utilize proper SBAR, TEAM Steps, etc. - Evaluate outcomes of communication process | <p>1. We were able to watch a code happen during clinical one day this module. One of my peers was the person to find the patient and she ran to get help. After that, the code was activated and we were able to observe the code team respond along with the nurses on the unit. I was just outside of the room so I was able to watch it all happen. It was interesting to see the rapid response team come in and someone call the shots. One nurse was designated to do compressions while another was assessing the patient and so on. Unfortunately, the crash cart was not adequately stocked, but in terms of the communication that I witnessed, it all was effective.</p> <p>2. One day, a peer of mine had a patient who weighed over 600 pounds. Because of this, the main challenge for his nurse was cleaning the patient effectively as well as moving his position to ensure he did not develop pressure ulcers. A team of seven of us, one nurse and six students, worked together to move the patient to clean him up and avoid skin breakdown. We also worked together later to move this patient onto a new specialty bed that was better suited for his size.</p> |
| Critical Thinking | Apply evidence based research in nursing interventions. | <ul style="list-style-type: none"> - Analyze pertinent data (subjective, objective) - Identify evidence based practice (EBP) resources - Distinguish EBP nursing interventions - Apply EBP nursing interventions - Document resources & interventions | <p>1. I had a post-op patient whose admitting diagnosis was a cystocele. She was wanting to go home that day and was frustrated because she had been told she needed to void first. She was having trouble being able to void enough to be sent home. She then told her nurse and I that she was going to just drink more and more water until she went. I then sat with her and educated her that while hydrating is important, she needs to control how much she drinks because over-hydrating will not help her bladder work. She verbalized that she would just keep hydrating the same amount and keep ambulating until she was able to void on her own.</p> <p>2. During morning meds, my nurse and I went and got our meds pulled and took them to the patient's room. Once we got there, I scanned the patient's armband and had them verify their name, date of birth, and allergies. I then started scanning in the medications. My patient had metoprolol prescribed, so the computer prompted me to put in the blood pressure and pulse readings. I connected my</p> |

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| | | | <p>patient to the vitals machine to get the most recent reading. The patient’s pulse was only 56. I read this to the nurse and realized that because of this, we would need to hold the patient’s metoprolol.</p> |
| <p>Caring and Human Relationships</p> | <p>Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.</p> | <ul style="list-style-type: none"> - Explain need for nursing & health care standards - Apply standards to patient care (HIPAA, QSEN, NPSG) - Communicate concerns regarding hazards/errors in patient care | <ol style="list-style-type: none"> 1. I had a male patient who was 87 years old and was extremely hard of hearing. He also was a dementia patient who was very confused. I could tell during my first couple of interactions with him that he was extremely anxious due to his confusion. Because of his dementia, teaching him much was difficult. However, I have a family member with dementia and I understand that these patients still need to be treated like people. I took the time out of my day to sit with this patient and talk him through what was going on. I listened to his concerns and answered his questions. I understand that that didn’t “fix” his confusion, but it relieved his anxiety at least for a temporary time. 2. One morning, I got to the unit and went on my normal routine accompanying my nurse for report. I noticed that one patient who was a 78 year old woman seemed to be uncomfortable. Mornings are an especially busy time for aides and nurses, so I went to check on her myself and realized that she was laying in a puddle of her own urine. I immediately went to get new linens and a new gown. I gave her a thorough bed bath and changed her gown to a fresh and dry one. She was so grateful to me and voiced that she felt much better now that she was clean and her bed was dry again. I then communicated to her nurse what had happened. |
| <p>Management</p> | <p>Recommend resources most relevant in the care of patients with health impairments.</p> | <ul style="list-style-type: none"> - Assess patient needs during acute care to promote positive outcomes. - Assimilate co-morbidities into plan of care - Identify appropriate resources - Initiate discharge plan | <ol style="list-style-type: none"> 1. I had a patient one day who was very ready to go home from her scheduled surgery. She was only 48 years old but had been having trouble with her mobility for a long time now. Because of this, we decided to consult physical therapy before we let her go home. We explained to her that her obesity and limited mobility would lead to trouble with her health throughout the rest of her life. PT came in and taught her exercises that were realistic for her situation that would both increase her mobility and help her lose some of her excess weight, both of which would increase her overall health and help her have long term success. 2. I had a patient one day who was admitted with a UTI causing confusion, but also had Parkinson’s and dementia. The patient was obviously very confused and the family was distressed about his condition. I talked with his family and listened to their concerns about his condition. I allowed them to vent and voice their worries. After hearing their concerns, I talked with my nurse about the conversation. I told her that it seemed like this family could benefit from being put in contact with support groups for loved ones of dementia patients. She agreed and we started that process for this family. |
| <p>Leadership</p> | <p>Participate in the development of interprofessional plans of care.</p> | <ul style="list-style-type: none"> - Identify/define interprofessional plan of care - Integrate contributions of health care team to achieve goals - Implement interprofessional plan of care | <ol style="list-style-type: none"> 1. I had a patient who was overweight and very immobile. She was extremely weak and could not assist the team much with anything at all regarding her care. Because of this, changing her brief and gown and linens could be a challenge. At one point, we needed to change her brief. The aide and I got the supplies and I lead the process so that we could ensure the patient was being rolled to each side in the safest and most effective way. The change went very smoothly and we were able to get a lot done each time we rolled the patient so that we could ensure she was rolled the minimum number of times. The patient voiced that she was comfortable |

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| | | | <p>throughout the process and was glad to be clean and dry now.</p> <p>2. I had a patient who was extremely confused and because of this, he would be combative at times. A few of my peers had this patient before me and I had been on the same side of the unit as his room, so I was a little bit familiar with his situation because of this. When I got to clinical and saw that my nurse had that patient, meaning I would have that patient for the day. I planned the best way to go about speaking to this patient so that he would hopefully trust me for the day. I went in for report and thankfully, he was a big fan of my nurse. I was very friendly and introduced myself to him immediately and asked him his name. He was very receptive to my approach and was then friendly with me for the rest of the day that I had with him.</p> |
| Teaching | Evaluate the effectiveness of teaching plans implemented during patient care. | <ul style="list-style-type: none"> - Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes | <p>1. I had an elderly patient who had recently had a bad fall and had broken her ribs. She then was in the hospital this time for pneumonia. She had a productive cough with thick green sputum and was having some trouble with her breathing because of that. I consulted her nurse about an incentive spirometer and then went to the supply room to get her one. I went back to her room and gave her the IS. I set it up with her and talked her through its purpose. I gave her the trick of making sure to do it a few times during each commercial break as she watched TV. I then had her try it with a few breaths and made sure that she verbalized that she was comfortable with the device.</p> <p>2. A patient came in with an infected ulcer that was having trouble healing due to the fact that she was an uncontrolled diabetic. I sat and spoke with her about her diabetes diagnosis to get a better understanding of her mentality. I learned that she had been diagnosed last year and didn't think it was that big of a deal because she "felt fine." I listened to her concerns and then calmly explained to her that higher levels of sugar make it much more difficult for the body to heal itself properly. This is why her infection landed her in the hospital. I taught her that while diabetes seems overwhelming, we are here to help her understand her diagnosis and what she needs to do to control it. Once I reassured her that we were here to help, she was much more willing to learn more about how to control her diabetes, which was a great first step for her.</p> |
| Knowledge Integration | Deliver effective nursing care to patients with multiple healthcare deficits. | <ul style="list-style-type: none"> - Identify patient health deficits - Prioritize care appropriately - Adjust plan of care based on patient need - Identify system barriers - Modify health care deficits identified | <p>1. I had a patient who had trouble swallowing. He was unable to swallow water and thin liquids. I talked with him and his family about how the best way for him would be to get his pills in safely. They told me that he loved strawberry ice cream so I went to the freezer and got some of the hospital ice cream. I warmed it some and put some in a cup. I then crushed each of his PO meds and mixed them into bites of ice cream. He ended up loving the ice cream and his meds were all swallowed without the patient aspirating.</p> <p>2. At one point on the unit, I answered a call light. I couldn't understand the patient so I went straight to the room to see if he was okay. The patient was Spanish speaking only but I was able to understand that he needed to be cleaned up and changed. I could tell that he was apprehensive to let me do it because he was embarrassed. I then went and got a nurse who spoke Spanish who helped me introduce myself to the patient and explain that I would do everything I could to be quick and efficient and keep him covered up when I could. He agreed to it and I was</p> |

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| | | | able to change him, and he was very thankful and kind after. |
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