

## Instructional Module 4 – Adult M/S 2

Competency	Outcomes	Secondary Outcomes	Give examples of how you met each outcome
<b>Assessment &amp; Intervention</b>	Implement a plan of care that integrates adult patient-related data and evidence-based practice.	<ul style="list-style-type: none"> <li>- Define plan of care for specific health impairment</li> <li>- Identify signs/symptoms of health impairment</li> <li>- Select &amp; implement proper interventions for specific health impairment</li> <li>- Evaluate effectiveness of interventions</li> </ul>	<p>1. A patient I was helping take care of came into the hospital with a deep foot ulcer. During our assessment, my nurse stated that the patient's foot was probably going to need to be amputated, as his foot was starting to undergo necrosis. The patient was a diabetic and was not controlling his diabetes well. He needed to have surgery before it would start to travel up his leg. The patient ended up having the amputation surgery and begin the healing process. He was also given the proper education on his diabetes and how to care for it. Overall, the situation was successful for the patient.</p> <p>2. A patient was admitted with abdominal pain, during our assessment, my nurse and I observed that the patient's abdomen was very distended. The patient explained to us that she had started to feel very nausea and needed to throw up. While I helped the patient get cleaned up, the nurse went and got her Zofran, to help with the nausea and vomiting. In about fifteen minutes the patient had already begun to feel better. The patient stayed NPO as she was going down for further testing.</p>
<b>Communication</b>	Communicate effectively with members of the healthcare team.	<ul style="list-style-type: none"> <li>- Identify health care team members &amp; their purpose</li> <li>- Interact appropriately with health care team.</li> <li>- Utilize proper SBAR, TEAM Steps, etc.</li> <li>- Evaluate outcomes of communication process</li> </ul>	<p>1. During clinicals I had an opportunity to get familiar with the CNAs on the floor. I found the CNAs extremely helpful and easy to speak to. There were multiple times when we would help each other out. Whether it was a bed bath or getting patients up to ambulate. Our communication process was effective and time efficient. We would always discuss our plan for each patient and then get our job done.</p> <p>2. During one of our clinicals, I was able to witness one of the nurses call the provider regarding a patient. She used the SBAR method, and the phone call was successful. It was interesting to see what we have learned in class in a real setting, and it be useful. The communication process resulted in the provider coming up and seeing the patient because that is what the nurse recommended. I appreciated seeing a mutual respect between the provider and nurse.</p>
<b>Critical Thinking</b>	Apply evidence based research in nursing interventions.	<ul style="list-style-type: none"> <li>- Analyze pertinent data (subjective, objective)</li> <li>- Identify evidence based practice (EBP) resources</li> <li>- Distinguish EBP nursing interventions</li> <li>- Apply EBP nursing interventions</li> <li>- Document resources &amp; interventions</li> </ul>	<p>1. When patient's stay at the hospital, as nurses and nursing students, we worry about passing along what one patient has to the next. That is why we are so worried about hand hygiene and infection control. Hand washing, wearing gloves and PPE is all to ensure someone will not get even more sick while staying in the hospital. Nurses help by preventing illness before it happens. I did this every day while in clinical. It all starts at the bedside.</p> <p>2. When working with patients regarding safety, more specifically when moving a patient. It is important to not do this alone. It is why it is emphasized to ask for help. It prevents the patient from being dropped or caused harm. It also prevents the nurse from hurting themselves. We have to prevent causing harm to either the patient or the nurse and teamwork is a way to do that.</p>
<b>Caring and Human</b>	Incorporate nursing and healthcare	<ul style="list-style-type: none"> <li>- Explain need for nursing &amp; health care standards</li> <li>- Apply standards to patient care (HIPAA, QSEN,</li> </ul>	<p>1. During clinical, I encountered a patient that no longer wanted to share her medical information with her son. While he did not have access to her medical</p>

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<b>Relationships</b>	standards with dignity and respect when providing nursing care.	NPSG) - Communicate concerns regarding hazards/errors in patient care	records, she no longer wanted him in the room while any medical personal was present in the room. While this made her son angry, we had to respect her wishes. She explained that her son was overbearing and was doing her more harm than good.  2. My nurse spoke with the family of her dementia patient, regarding medical power of attorney papers. Since the patient was not capable of handing his own care, the family decided to discuss about their situation. The daughter ended up signing and bringing in those papers. This was able to improve the safety of the patient.
<b>Management</b>	Recommend resources most relevant in the care of patients with health impairments.	- Assess patient needs during acute care to promote positive outcomes. - Assimilate co-morbidities into plan of care - Identify appropriate resources - Initiate discharge plan	1. During clinical I had a patient who was struggling with keeping her oxygen levels up. She was not on oxygen at home so being on oxygen in the hospital was new for her. Even though she was having trouble breathing she kept taking off her nasal cannula. The nurse I was working with consulted respiratory for help. Respiratory went ahead and gave her a breathing treatment and emphasized the need to keep her oxygen on. The nurse went a step further and got into contact with the case manager to get this patient set up with oxygen at home as well.  2. A patient with uncontrolled diabetes was admitted during one of my clinicals. It was evident that this patient needed education on how to manage his diabetes, a diet plan and exercise routine. After getting his diabetes under control, the nurse consulted dietary to teach the patient about a heart healthy diet. She continued to consult physical therapy so the patient could start an exercise routine, hoping that the patient could lose some weight. The case manager was also consulted to help the patient obtain insulin. The patient had told us that his insulin was too expensive prior to coming to the hospital so he was not receiving it.
<b>Leadership</b>	Participate in the development of interprofessional plans of care.	- Identify/define interprofessional plan of care - Integrate contributions of health care team to achieve goals - Implement interprofessional plan of care	1. I was able to witness the care for a newly diagnosed COPD patient. Because the patient was newly diagnosed, I saw a few different health care teams come and see this patient. Respiratory was called in to help work with them on breathing exercises and treatments. Physical therapy worked with the patient regarding ADLs and showed them how to cluster activities during their day. Also, the care of the nurse and provider helped get this home. This is what interprofessional plan of care looks like. It is a unique opportunity to see all the resources and work that goes into getting a patient home.  2. Interprofessional plan of care is when multiple health care teams come together and help a patient. The goal is to get the patient out of the hospital efficiently. I was able to help a newly amputee in this process. Along with the provider, physical therapy, the case manager, and others. The patient was upset and depressed about having to amputate his leg, and I witnessed the case manager speak to him about different options to make his life at home easier. Physical therapy worked on exercises with him because he was so depressed, he did not want to get out of bed. But with some work and time he finally was coming around and eventually got discharged to a rehab facility.
<b>Teaching</b>	Evaluate the	- Identify/define teaching plan	1. During clinical I came across a patient who did not want to do her incentive

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	<p>effectiveness of teaching plans implemented during patient care.</p>	<ul style="list-style-type: none"> <li>- Implement teaching plan</li> <li>- Identify appropriate evaluation tools</li> <li>- Appraise patient outcomes</li> </ul>	<p>spirometer exercises. She kept telling me, “I don’t know why I have to use that thing.” I explained to her the importance of using it and elaborated that the sooner her oxygen levels were stabilized, the sooner she could go home. She continued to tell me that she did not believe the incentive spirometer would help her. I came up with a compromise with her because she was watching T.V., I told her to use the incentive spirometer every time a commercial came on. She finally agreed to comply, and her oxygen levels improved throughout the day.</p> <p>2. I was taking care of a patient who simply did not want to eat. When I asked him why he was not eating he stated, “Because I don’t want to.” The patient then continued to complain of a headache and feeling weak. I explained to him it could be the results of not eating. I further explained why it was important for him to get adequate nutrition to heal and eventually go home. He agreed that his headache and weakness was a result of not eating and went on to eat his lunch without difficulty.</p>
<p><b>Knowledge Integration</b></p>	<p>Deliver effective nursing care to patients with multiple healthcare deficits.</p>	<ul style="list-style-type: none"> <li>- Identify patient health deficits</li> <li>- Prioritize care appropriately</li> <li>- Adjust plan of care based on patient need</li> <li>- Identify system barriers</li> <li>- Modify health care deficits identified</li> </ul>	<p>1. I had a patient with a GI obstruction and early onset dementia. While taking care of him he had pulled out his NG tube three times. To avoid this from happening again, we had to adjust our plans on how to take care of him. The nurse spoke with the charge nurse about speaking to the provider about restraints. Pulling out his NG tube was only irritating his stomach more, and he needed the suction for the obstruction.</p> <p>2. A bariatric patient was admitted with multiple health deficits. He was being seen for diabetes, hypertension, anxiety, and depression. Unfortunately, this patient was rather young to be dealing with all these health issues. The first thing the nurse did was speak to the patient about how he was feeling. He stated, “I am embarrassed that I have gotten to this point.” The nurse comforted the patient, and this helped her further prioritize his care. While the health aspect is important, the nurse quickly consulted the case manager to talk about a therapist for his mental wellbeing.</p>