

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. One of my patients was a young girl that was diagnosed with pneumonia and cystic fibrosis. She preferred to not wear her oxygen even though her saturation stayed in the low 90%. The second day that I came into her room to perform my daily assessment she looked like she was having some trouble catching her breath and I asked her how she felt. She stated, "I feel short of breath". She had just finished a breathing treatment and did not feel like it helped at all. I asked her, "do you want to try the oxygen to see if that can give you any relief? It should help." She reluctantly agreed and placed the oxygen on, and I started her at 2L nasal cannula and elevated the head of the bed to semi-fowlers position. When I came back to check on her, she was satting 97%.</p> <p>2. On the second day with my patient who had the small bowel obstruction, I was performing my daily assessment and found that he was starting to have pitting edema in his lower extremities. They had started the TPN last night and he didn't have any edema the day before. I noted it to him and asked if he would like to elevate his feet on a pillow to help get the fluid from accumulating in his legs and he agreed and said he will take a walk later to help try to circulate the fluid.</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 simulation, I had to contact the provider for my patient and explain the situation regarding the low blood pressure, explained that she was admitted for hip fracture and had an ORIF, did my best to explain what I thought was going on with the patient after doing a quick assessment over her, and recommended blood pressure medication. The doctor gave me an order to keep the patient on lactated ringers and for a bolus of the lactated ringer when we called a second time.</p> <p>2. My classmate/partner and I for simulation were the health care team for our simulated patient. We communicated before stepping into the room for our plan of action of who was going to perform the needed assessment for the patient and who was going to get the vital signs. We also talked about what medications were important at the time while we were in the medication room. When things weren't going very well for our patient, we discussed possible outcomes and prioritized for what was best for the patient. After the simulation ended, we debriefed with the instructor and other classmates to discuss outcomes and areas for improvement.</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. For my patient with pneumonia and cystic fibrosis, the intervention of applying the oxygen therapy and elevating the head of bed were to treat hypoxemia because she has impaired gas exchange and elevating the bed lowered the diaphragm and promote chest expansion. Resource: Vera, M. (2021, August 30). <i>11 Pneumonia Nursing Care Plans</i>.Nurseslabs.<a href="https://nurseslabs.com/pneumonia-nursing-care-plans/">https://nurseslabs.com/pneumonia-nursing-care-plans/</a></p> <p>2. For my patient with a small bowel obstruction, the intervention of elevating his legs is to let gravity pull the fluid away from his lower extremities. Elevation increases venous return to the heart and in turn decreases edema, Edematous skin is more susceptible to injury. Resource: Wayne, G. (2020, September 8). <i>Fluid Volume Excess Nursing Care Plan</i>.</p>

			<p>Nurseslabs.  <a href="https://nurseslabs.com/excess-fluid-volume/#nursing_interventions_for_fluid_volume_excess">https://nurseslabs.com/excess-fluid-volume/#nursing_interventions_for_fluid_volume_excess</a></p>
<b>Caring and Human Relationships</b>	Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.	<ul style="list-style-type: none"> <li>- Explain need for nursing &amp; health care standards</li> <li>- Apply standards to patient care (HIPAA, QSEN, NPSG)</li> <li>- Communicate concerns regarding hazards/errors in patient care</li> </ul>	<p>1. While I was on the unit, I helped with call lights as much as possible. I answered one call light to a patient that needed to be changed. She had a telesitter in her room. I could not remember the telesitter hub number off the top of my head so I had to hunt down someone who could use the vocera to call them to set the privacy mode. She could move okay in bed but had to be in a brief and moved well for me to get her changed out just with the two of us. I think small gestures like limiting the amount of people who see them vulnerable helps make a difference to the patient.</p> <p>2. During simulation, our fellow students and instructor set up the room for the student nurses to walk into. Some of the set ups were very entertaining. When I walked into my scenario, I was so nervous that I almost missed that the foley bag was hanging on the rails. I quickly lowered it back to below the level of the bed to prevent the urine from going back into the patient.</p>
<b>Management</b>	Recommend resources most relevant in the care of patients with health impairments.	<ul style="list-style-type: none"> <li>- Assess patient needs during acute care to promote positive outcomes.</li> <li>- Assimilate co-morbidities into plan of care</li> <li>- Identify appropriate resources</li> <li>- Initiate discharge plan</li> </ul>	<p>1. While I was doing my assessment on the first day with my cystic fibrosis and pneumonia patient, we were talking about her diagnosis and how she has been managing. I took the opportunity to provide a resource to help her quit smoking. “Clinical Practice Guideline: A Quick Reference Guide for Smoking Cessation Specialists,” from the Agency for Health Care Policy and Research; Ph: (800) 358-9295. Smoking should be stopped because it inhibits tracheobronchial ciliary action and irritates the mucous cells of the bronchi which is not good for either of her medical diagnosis.</p> <p>2. For my small bowel obstruction patient, he had a midline ileostomy that was placed roughly 20 years ago. He has been dealing with having some type of obstruction with for a few weeks and he has had a long history of abdominal problems. I suggested to him a group for patients who have a stoma so that he can have someone who might understand his frustration better. Osto Group.  <a href="http://www.ostogroup.org">www.ostogroup.org</a></p>
<b>Leadership</b>	Participate in the development of interprofessional plans of care.	<ul style="list-style-type: none"> <li>- Identify/define interprofessional plan of care</li> <li>- Integrate contributions of health care team to achieve goals</li> <li>- Implement interprofessional plan of care</li> </ul>	<p>1. The respiratory therapist was a lot of help for our cystic fibrosis patient to achieve the goals of getting her lungs strong enough be able to discharge. With her diagnosis, we were never going to be able to cure her of her cystic fibrosis, but she was very willing in getting well enough to go home back to her son. The respiratory therapist helped by administering her breathing treatments and frequently checking in on her respiratory status.</p> <p>2. The unit that I was on has a discharge nurse that takes care of all the discharge plans for the patients. For the same patient with cystic fibrosis, the discharge nurse integrated with the social worker to get the patient the supplies that she needed at home. She had to have a vest that would vibrate on her chest to help break up the mucous that will build up in her lungs to help her excrete them. I followed the discharge nurse for some time to learn the process of discharging patients.</p>

<p><b>Teaching</b></p>	<p>Evaluate the effectiveness of teaching plans implemented during patient care.</p>	<ul style="list-style-type: none"> <li>- Identify/define teaching plan</li> <li>- Implement teaching plan</li> <li>- Identify appropriate evaluation tools</li> <li>- Appraise patient outcomes</li> </ul>	<p>1. One of my patients was admitted with a small bowel obstruction. They are on clear liquid diet until the physician can perform the surgery to remove the blockage. Due to nutrition imbalance, the physician ordered TPN. Patient communicated back to me his understanding of the blood sugar checks now implemented due to the TPN medication started. Patient states, “I understand that I am not diabetic, but the TPN medicine will make my blood sugar go up because it is high in sugar.”</p> <p>2. With this same patient, there was family present as we administered an IV push pain medication through his PICC line. The daughter asked, “That’s a lot of syringes for his medicine”. I explained that the first syringe that I connected was to flush the IV line, to clear the line. The second syringe was the actual medication, and the last syringe was to give the medication a push to make sure it reached the blood and did not stay trapped in the line. The patient also stated to his daughter, “My new IV line is so long it has to run from my arm all the way to my heart”, as he traced the line along his arm and chest to give his daughter a visual of how far the line had to run.</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 who had left sided weakness and slight delayed cognitive processing due to a stroke in the past and was admitted for surgery for bladder cancer. She required assistance bathing and getting dressed. She was very knowledgeable about her previous stroke and cancer and always wanted to be involved with her care and was very patient with me because she appreciated us being patient with her. We made sure she ate breakfast, then we gave her all her meds for the morning and helped her get dressed to be picked up to go to a rehabilitation center.</p> <p>2. I had a patient who was going to for a cholecystectomy and was in a lot of pain waiting for her surgery. She needed assistance to get out of bed and get to the bathroom. We administered her pain medication IV since she was NPO for the surgery, then we assisted her with her CHG bed bath and lastly went over her consent papers and had her sign. Once she returned, we performed Post op vital signs and managed her pain.</p>