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Competency	Outcomes	Secondary Outcomes	Give examples of how you met each outcome
Assessment & Intervention	Implement a plan of care that integrates adult patient-related data and evidence-based practice.	- 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	1. My patient had came in with altered leveled of consciousness. He was very confused when we went in and I did my assessment on him. He was confused X4 and very weak. His wife was bedside and I was asking her questions about him for my assessment since he could not fully comprehend what I was asking him. She told me he usually is not like this. My nurse came in the room and asked me what I thought I told her his blood pressure was low it was 90/68. He had previously he had a history of prostate cancer and had been in remission for a couple of years. That made me think okay he had been on chemotherapy before and a history of anemia. I asked my nurse if she believed that maybe he needed another liter of blood because he had a history of getting blood transfusions is what I read in his chart. She said honestly that would explain the confusion if he did need one. We called the doctor and told him our thoughts he requested a platelet count and a H&H be ordered. We waited for the results and we were right his H&H his hemoglobin was a 10.5 and his hematocrit was 30% with a platelet count of 1200. The doctor came back and told us he ordered a 2 liters of blood. We started the transfusion which was a new experience for me. I did not know you had to wait in the room for a certain amount of time to make sure the patient was tolerating the transfusion and you needed another nurse to verify the transfusion. After the transfusions were over with he was a completely different person. He was talking and understood where he was and very hungry. If had not intervened and did an assessment and know his history we might have been chasing rabbit holes all day trying to figure out what to do. If I did not know he had a history of blood transfusions I might have suggested fluids because confusion I think of dehydration. Specially in elderly patients that's one of the specific signs for them. 2. I had a patient that had been admitted for seizure who just so happen got c-diff. She was in a lot of pain. I went to do my assessment on her and she had told me she believed something was on her back a scrap or something because it felt sore. She was a bigger lady so I knew I needed help so I called the nurse aid and asked if she could come help me see what was going on. She came in and we turned her and I looked on her back and she had what looked like a start of a pressure sore. I pushed down and it was unblanchable. We went to get the phone to take pictures of it we got her some cream to put on it to see if that would ease up her pain a little bit. We turned her on her side to relieve some of the pressure of her buttocks. She was so grateful to have some relief. We went in about every couple hours to turn her sides just to prevent new ones or the one she had from getting worst. I got my nurse and she was upset that no one before us had even evaluated her backside or changed her position to prevent it because she had been in the hospital for about two weeks now on their floor. We documented the findings and made sure we checked on her and looked to make sure it was not getting worst. It makes me wonder how much worst it could have gone if I just ignored her concern about it and did not evaluate the situation myself or how long it would have been for another nurse or nurse aid to check it. I was happy we caught it early before it got into the later stages where it could have been way more painful for her.

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Communication	Communicate effectively with members of the healthcare team.	- Identify health care team members & their purpose - Interact appropriately with health care team. - Utilize proper SBAR, TEAM Steps, etc. - Evaluate outcomes of communication process	1. I had a patient that came in due to seizure and later found out that she has a CVA. She was an elderly women who had came in unconscious and was NPO until fully awakened. She started waking up slowly during the day. Her lips were so dry and she was trying so hard to communicate. We called speech therapy to see if we could get her approved to eat. They came and could not upgrade her to regular food because she was choking on water. Her doctor came in and my nurse had walked out to another room and I stayed behind and he was asking me questions. It was kind of nerve racking I am giving SBAR in person. He asked me what was going on and told me what he knew about hr. He told me he did not think the CVA was the problem with her having a seizure. He believed her CVA had happen awhile back. He asked me if she had eaten anything because she was more awake and he was able to understand her now. He asked me what I thought we should do. I told him we already had speech come check her out and they did not advance her diet because she was still having trouble. He said she needed to get something because she had told him she was hungry. I agreed with him he told me to try to give her some ice cream and see if she could tolerate it and if she could have speech come back for another evaluation. We talked about what we should do before discharge. He told me he was not too concerned with the CVA and that he will come back and evaluate her and he would like her to go to a rehabilitation facility after discharge. He thanked me for confirming information and evaluating the situation with him and giving input and listening to what he thought. It really made me feel good after he left and I knew I was part of her health plan. 2. I had a patient that had requested a new nurse so we ended up getting him as a patient. He was having alcohol withdrawals. He was trying to get my nurse to give him pain medication IV cause he believed the PO was doing nothing for him. My nurse was very patient with him even though he was being very persistent. He would call the nurses station a lot trying to give us reasons why he needed that medication. He said he was picking his legs till he bled due to the fact he felt like there were ants inside. He said he had vomited and we knew he had not. He wanted to know what he said wrong in his examination that prevented him from getting his medication IV. After a while my nurse had to go get the doctor that was on the floor to explain to him why he could not have IV medication. The doctor was very blunt with him and told him he needed to stop drinking and this would not happen because my patient kept telling him he just felt like having another drink because he believe it would take all his pain away. The doctor told him okay it would take it away but than he would go back to feeling like this as soon as he runs out of it or worst he would end up dying from it. He told the doctor he knew he should stop but he did not understand why we would not listen to what he wanted.The doctor told him that we have to follow protocol and there was no reason why he needed it IV. When the doctor left about 15 minutes later he wanted to be reevaluated for IV medication so again my nurse had got the charged nurse to again go explain to him. My nurse was very patient and never lost her cool with him even though he was very persistent she did tell me her frustration about it but she never let the patient know her frustration. I came to find out that that was

			why he asked for a new nurse because the nurse before him did not keep her patience with him. It was nice seeing the doctor and the charge nurse have my nurses back so that he could not just hear it from us and we were all a team when it came to the plan.
Critical Thinking	Apply evidence based research in nursing interventions.	- Analyze pertinent data (subjective, objective) - Identify evidence based practice (EBP) resources - Distinguish EBP nursing interventions - Apply EBP nursing interventions - Document resources & interventions	1. One of my patients had been admitted for seizures. He was unconscious on hand off but his O2 saturation was 92% on 3L per nasal cannula and a blood pressure of 110/78 We assessed his blood glucose which was at 90. He was stable so we let him rest and came back to check on him 30 minutes later where his blood glucose was 63 his O2 sat was 88, blood pressure was 73/43 with a blood glucose of 63. My nurse asked me what we should do first. I told her dextrose 50% to bring his sugars up and fluids. He was bombing out. We pushed the dextrose and called the physician and he agreed to push fluids. I was concerned that he has not even opened his eyes once since I had been there. My nurse stern rubbed him to see if he would wake but nothing happen. We waited awhile and his blood glucose went up to 110 and his blood pressure started to rise it was 110/72. His O2 saturation went up to 92 which was good for him because he has COPD. It was a thrilling moment for me because I critically thought it out and I just went with what my gut told me to do.I knew his blood pressure was low because he was hypovolemic and he need glucose as soon as possible to prevent any serious manifestations. My nurse trusted my judgement and I was right. He started to come back and by the end of the day he had opened his eyes and it was honestly the best feeling. 2. In simulation my patient had COPD and pneumonia and we went in and my patient was having a hard time breathing and talking so my mind immediately went to I need to sit my patient up. Knowing he had COPD I knew he needed his side table and he could kind of hunch over it to get a better airway. He also needed oxygen which he did not have on the correct way so I corrected and showed him the correct way he was on 3L with his O2 sat at 88 before I corrected his nasal cannula and than it went up to 92%. He was complaining of the nasal cannula being uncomfortable so we had to critically think what would be the best option for him. My partner suggested we hook up the nasal cannula to the humidifier to maybe give him some comfort. Then he started getting a fever which was more than likely from the pneumonia and with that he got the chills and was asking for a blanket. His wife was asking me questions about why her husband could not breath and why was he so cold. I had to really think about it because I was about to go get him a blanket when he asked for one and I had to tell him I would not be able to get him a blanket due to him having a fever I did not want to make it worst but I could get him a sheet to help cool him off and still give him the feeling that he was covered up. The whole scenario was a good exercise to practice critical thinking because it was all on us to come up with a plan and to follow through.

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Caring and Human Relationships	Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.	- Explain need for nursing & health care standards - Apply standards to patient care (HIPAA, QSEN, NPSG) - Communicate concerns regarding hazards/errors in patient care	1. My patient was admitted for a MVA that caused a brain hemorrhage. She had a lot of scratches and bruises her face skin had been ripped off so she had sutures holding it back together. Her boyfriend had been in the room with her and her mother would come during the day too to be with her. Her name had been changed on the door to protect her. She also had on her chart that any information would not be discussed in front of her boyfriend especially her diagnoses of HIV. When the doctor came to evaluate her we had to find a reason for the boyfriend to leave so he would not be able to get any information. He came to the nurses station asking information about her too and we had to explain to him about HIPPA and that it was not our place to give him that information. He wanted to know why she was not letting him know anything we had to explain to him that again we could not give him any information. He told us he felt like he had the right to know what was going on with his girl friend we told him it was not our decision to not give him it and we do whatever our patient request us to do. He got a little frustrated with us and the situation and ended up going back to her room slamming the door. He came out a little after and left. We went in to check on our patient and she wanted to know what we told him. We explained to her that we told him we were not able to give him any information without her consent to. She was relieved and told us thank you. It was really hard to have information and not be able to share it to someone who cared so much for my patient but I understood that that was not my decision to make at the end of the day it my patients choice. 2. My patient was admitted for seizures she was intellectually disabled. Her parents were her caregivers and she was tiny and fragile. We went in to her room to change her and clean her up. Her mom was helping her go to the bathroom when we walked in and we helped her finish. I introduced myself and asked for her name and date of birth and her mother had answered for me and I was looking at her name on her bracelet and it did not match what her mom had just told me so I asked her mom to repeat it. Again it was not correct. I let her know that the name on arm band was not correct she looked at it and realized they had put her other daughter information on her. This is why national patient safety goals is so important. We had the completely different patient and this patient had been through the ER already and had been on the floor for a whole 24 hours and no one noticed it. This causes so many problems it could have caused us to harm our patient because we did not know her allergies we knew her sisters but what if we administered her something she was allergic to. It causes harm for insurance purposes because what if they declined to pay for the stay when it was not her insurance that was on file. It is just a dangerous situation all around if she needed blood and unconscious and we had her sisters type but not hers. Everything we do is for a reason using two identifiers may seem pointless to some but it could be life or death if not done. We were able to get her chart and get her a new band with her information on it. It just blows my mind she must have went through at least 10 nurses before she came to out floor and than a couple on our floor that never noticed her band had the wrong name on it and date of birth. Makes me wonder what was it they were looking at? Or if they were checking?

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Management	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. My patient who was admitted for alcohol withdrawals our whole plan was to get him help. He had no support really he talked about his wife being a nurse on another floor but we soon found out that she was his ex wife and wanted no port of helping or knowing any information about him after he asked us to call her. That's when we started trying to encourage him to go to a rehabilitation center. We told him this was not the first time trying to quit and withdrawing and we believed he should go to somewhere for help. He insured us he would go to a sober house. We told him he needed to seek help because he could not fight this battle alone. We called social services for him to help me find somewhere he could go to help. He was very hesitant about it because he believed he could do it on his own once the hardship of withdrawing was over that nothing would make him want to drink again cause he told us he wanted to live. The social working came and talked to him and helped him understand that there were places willing to help and would benefit him in the long run. He finally agreed so by the end of the day we had started the process of sending him off to rehab. The next day we initiated his discharge and a couple hours later he was on his way to get help. I said goodbye and he ensured me he would not see him back here again. I am so grateful for the hospital having someone to help everyone in every situation its hard to find resources by yourself its nice to have someone help you make the changes you need to in order to maintain your health. 2 I had a patient admitted for altered level of consciousness. He did let us know that he had very little money and could not afford his medication once discharged. He was very frustrated and wanted to know if he had a CVA or if something else was happening to him. He was frustrated because he had an accent and kind of hard to understand. His doctor came in to talk to him and he got mad and wanted to self discharge due to the fact that he could not understand the doctor and the doctor could not understand him. He insisted we get him a cane so he could leave. We were not sure we gave canes out. We went to go talk to our charged nurse she said that we had walkers but not canes. She told us if he needed a cane he needed to go buy one himself. We let him know we did not have canes and again he became frustrated because he told us if he could not afford his medication what makes us think he could afford a can. We told him he should not leave yet than till be figure out what's making his gait so unsteady and him so weak. He did not want to hear it and told us he wanted to leave now. We got his discharge information together we tried to get a number so we could call to check on him. He told us he did not have a phone number while he was holding his phone in his hand. My nurse told him what about the one you have in your hand he said that ones not for y'all. Me and my nurse just could not let him leave without knowing he is going to be able to have some sort of medication. He had blood pressure medication, nerve pain medication and diabetic medication. He had been taking one or none here and there. We called for case management to see if there was any help with medications that our patient could receive. We let our patient know that we called them and she came to talk to him before he left. He was able to get some

			medication help which that's all we wanted for him to have before he left. We did not agree with his decision to leave but we were happy we were able to help him a in some sort of way. I am thankful the hospital has opportunities like this for patients that honestly have no support or help.
Leadership	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. My patient was admitted for C6-C7 fracture that left him paralyzed from the nipple line down. He had told me he had been texting and driving and lost control of his vehicle. He could not believe that this had happen to him. We had PT coming everyday to help him learn new ways to move himself around or just to try and regain any movement. He had involuntary movement in his legs but he was able to start wiggling his toes sort of. He also had a case manager that was getting him ready to go to CRAIG a rehabilitation center that everyone was saying is the best place for him to go to relearn how to walk. The whole day I was him I think he had like a army behind him. I was answering calls from CRAIG about discharge and his case manager was calling to let us know what the plan was going to be. He also had social worker on counseling for him because he had been very depressed and not really wanting to push himself. Than I had PT coming trying to get him to move himself from a bed to his chair. Teaching him how to use his arms to push off and pull himself. I felt like every time I checked on him he had a doctor in there assessing him, PT helping him get up or a case manager or on the phone with a social worker. He had a whole team behind him. He even had his nurse aides that were there to help him get dressed and cleaned up. His surgeon came in to check his incision site to make sure there was no bleeding or infection happening. He requested to see a nutritionist so we had one come talk to him. It was the first time I had to call all my resources what I felt like on one patient but we were all bouncing information off each other and all played a part in the end goal. Which was to keep as much function as possible and hopefully restore more. 2. One of my patients who was admitted with general weakness had been put on a liquid diet. She was having a hard time swallowing when she was first admitted. Especially with her iron pill medication she would try to swallow it but just could not get it down. We had to call pharmacy and see if there was an alternate route to give to her. We had to call speech therapy to come and get her changed to a liquid diet. We had to make sure nutrition knew she was put on a liquid diet because she very much would try to eat if they bring her food . She did not like it she wanted to be changed back multiple of time and we had to get her reevaluated every time she thought she could handle it and still she would not be changed to mechanical or solid foods. It got to a point to where she just stop eating because she was so frustrated. We had to remind her that she needed to eat because her body needed the energy to help due to her already being so weak. We told her her not eating is just causing herself more harm and more time on a liquid diet. Nutrition came and talked to her too so she had all the information she needed. She started to try to get the liquids down so eventually she would be about to upgrade. We finally got her upgraded to a regular and she was so happy. Her whole mood changed after that she was more motivated to get stronger. She actually was interacting in PT and

			trying. At the end of the day without nutrition and pt working with her I do not believe at the end of that she would have been able to build strength back up or motivation to get better. She even was so low that she wanted to just die she said she did not want live life like this. She had us call a chaplain to come pray with her to see what gods plan was for. She was an elderly lady and she just felt like there was no point but I am so happy she had a support group around her pushing her through this hard time in her life.
Teaching	Evaluate the effectiveness of teaching plans implemented during patient care.	- Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes	1. One of my patients had came in for motor vehicle accident and had become paralyzed from the chest down. He had became depressed. I would go in to ask him if he wanted to sit up or get out of bed on the chair. He would just tell me no every time. I would go in and ask if he would like a bed bath he again denied. Then it was time for his afternoon medication. We went in and I was explaining all his medication he was on gabapentin for the nerve pain. He refused to take the medication. He told me what was the point of it it was not going to help him get his movement back. I explained to him that it was part of the process. I told him if we do not control his pain that he is feeling his body would not be able to try and heal. He was starting to be able to to wiggle his toes I told him look at the progress you have already made no this medication will not magically bring your movement back but it will help in the process of helping you get it back. He looked at me for awhile and told me okay. In my heart I knew he wanted to give up but I saw his progress and I just could not let him give up. Later that day PT came to work with him and he tried and he was able to move more of his feet. He got moved in to another facility for rehab and I think about him and hope the best for and hope he never gives up. 2. I had a older patient who has had two kidney transplant came in the hospital due to status epileptics. He knew all his medications and knew the reason why he was on them. Especially his immunosuppressant medication so that his body would not try to reject his kidney transplant. He has suffered from seizures since he was young and knew he needed medication to prevent them but, he did not like the side effects of keppra so he let us know that he would take it while he is in the hospital but would not continue when he got discharged. We taught him that the side effects of keppra could be from the sudden discontinuation of keppra and that there are other medications we could try. We educated him on the importance of medication compliance and that he would continue to have seizure and could possibly end back in the hospital if he did not take his prescribed medication. We also talked about how it could cause harm to his kidney if he continued to get sick. The teaching we did might not have convinced him to change his state of mind. about his medication but at least we know we tried and hopefully he will understand that there are other options than just not taking his medication. There are other medications that we can try he just needs to talk to his physician. Later he did refuse his enoxaparin as well and again we had to teach him the importance of the medication to prevent future problems. He did not understand why he needed that medication when he has never had blood clot problems before. He believed as long as he sat up and moved around he would not need the medication. Again I told him yes that would help but just being in the hospital puts his body under stress

			and being sick he might not want to move around as much. After awhile of educating him about the medication he finally agreed to let me administer the enoxaparin.
Knowledge Integration	Deliver effective nursing care to patients with multiple healthcare deficits.	- Identify patient health deficits - Prioritize care appropriately - Adjust plan of care based on patient need - Identify system barriers - Modify health care deficits identified	1. A patient of mine had been admitted for CVA and had been fatigued and just not fully awake. She had been having a hard time communicating because she had slurred speech. I went in there and I was talking to her normal. She would mumble and I would try to understand what she was saying. When I could not understand I would look at the situation and see if there was something wrong. Her lips were super dry and I told her are your lips dry and she nodded so I went to go get her chapstick. I went back and she was pulling at her arm. She had her got her call light stuck under her arm. She was trying to tell me that it was stuck and I could not understand her so again I had to inspect my situation and see what was wrong. She was able to nod her head yes or no. It was a barrier but we figured out a way to communicate and we went with it. The whole time I tried to figure out different ways to communicate. I thought maybe we could write to each other but she was too weak to hold a marker or even write. She was NPO due to her having trouble swallowing. I went in and she was pointing at her lips and I asked her if she was thirsty? She shook her head and the proceeded to rub her belly. I asked her if she was hungry? She nodded her head. At that point her doctor had came in to evaluate her and I had told him that she had told me she was hungry and thirsty and explained that they still had her NPO and that she has been NPO for a couple of days. I felt good being able to talk for her when she couldn't. He asked her and she nodded and he told me he would see if we could get speech to come back and reevaluate her to see if we can get her something. At the end of the day I was able to care for my patient through the barrier of her not being able to fully communicate. 2. My patient had been admitted due to altered level of consciousness. My nurse had told me he was not verbal and would just look at us when asking questions. She had warned me before going into the room. I had walked in and my patient looked at me and started speaking Spanish. He assumed I could speak Spanish because I am Hispanic and my nurse was white I guess he just did not even try to communicate. Even though his chart clearly said Spanish speaking my nurse had just assumed he could not understand or just did not want to. I do not know Spanish so I felt horrible when he thought I could understand him. I mean I know bits of it here and there so I was able to communicate that I was not the best at speaking Spanish and asked him if he had anyone who could talk English or wanted us to find someone who could talk Spanish. He told me I could call his daughter. I did not understand at first what he was saying but he showed me his phone and pointed to his phone and I said okay I can call. He dialed the phone and started talking to someone on the phone and than handed me the phone and I started talking to his daughter she introduced herself and I explained the situation and she agreed to be a translator for him. I still wanted to incorporate my patient in care

			though so I used her more of a way to ask him the questions so he could answer and I was not just talking to her and ignoring him. I asked her to ask him if he was in any pain and if he needed anything. She would talk to him he would answer she would tell us what he said. We worked with what we had my nurse ensured me though that even if he would have just told us he did not understand or just start talking Spanish we could have called a translator. All because he just assumed no one would understand him he refused to talk until he saw me. I am just happy we got to get him involved in his treatment and were able to explain everything so he understood.

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