

## ELIZABETH OROSCO 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><b>1.</b> During clinicals one day, the nutrition team called me and a classmate to help a patient that had a cast on their right arm get set up to eat their lunch. When we walked in, the patient stated that they were trying to get comfortable to be able to eat her lunch and it was her first time eating with the cast on her arm. The patient stated that she was having a hard time trying to get everything in place and situated and wanted us to show her how to independently feed herself that way when she would get her food she would not have any trouble. So me and my classmate adjusted the table and fixed her tray toward where it was easier for her to get to each one of her plates. Also, we helped the patient sit up higher in bed and we put a pillows under her right arm that way it was more comfortable for her. The patient was very grateful and we stayed to make sure she was able to effectively feed herself and she was able to. The patient was very happy that she was able to eat independently and was happy that we showed her how to.</p> <p><b>2.</b> During clinicals one day, there was a patient that told the RN that their bottom area was hurting. The patient was unable to move and was on bedrest. The RN delegated me and a CNA to go put pillows under the patient's bottom to help elevate their symptoms. Me and the CNA helped roll the patient on both their sides to effectively put the pillows where there was soreness. The patient stated that they felt much better and was more comfortable in bed.</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><b>1.</b> During clinicals one day, I was able to witness a foley insertion that included myself, (2) fellow students, and (2) travel RN's. One of the students was the first one to insert the foley while the RN's and the rest of us observed and were there to offer any help. Some of us helped calm down the patient, help hold the patient's legs, and were there to ultimately work as a team and get anything that was needed to make this successful. However, it did take 3 tries to be able to successfully place the foley in and it took team work in order to accomplish this task. Each try included different plans and brainstorming on how to make it successful. The communication was good because the RN was able to delegate who needed to go get another foley tray and what we needed to do and the third time was successful.</p> <p><b>2.</b> On my last week of clinicals, me and a fellow student followed a nurse to help with wound care. The nurse observed us and walked us the entire time on how to perform it correctly on the patient. The nurse gave us the supplies and helped us. The patient had wounds on both arms that needed to be cleaned and put new dressings. I helped with one arm and my fellow classmate helped with the other arm. The nurse showed us how to properly take off the Hydrofera (purple sponges) off the patient as well with NS and how to dress it. We were able to do it successfully and the patient was very happy and felt much better.</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> </ul>	<p><b>1.</b> During week 3 of clinicals, one of the patients did not have their nasal cannula on and their saturations were reading in the low 90's. The patient was also laying supine. Me and the RN told the patient that they needed to put on their nasal cannula and sit semi fowlers in order to get the oxygen saturation in the high 90's.</p>

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		<ul style="list-style-type: none"> <li>- Document resources &amp; interventions</li> </ul>	<p>The patient understood and we were able to get the oxygen saturations up by fixing those things.</p> <p>2. On week 2, the RN that I followed had a patient that needed a blood draw. I did a blood draw with the RN present. The patient did tell us that other RN's had a difficult time drawing blood from the veins. I attempted the blood draw and was unable to despite the vein being big. The nurse instructed me to leave the needle in the vein and gently reposition it instead of re-sticking the patient again. After applying those nursing interventions, there was a successful blood stick.</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. On week 3 during clinicals, me and the RN had a patient that only spoke Spanish. The patient had a wounded right leg that had stitches and dressings and was unable to walk. I was able to communicate with the patient, explain medications, and ask the patient questions regarding a full body assessment. It was helpful to the patient to be able to communicate and explain what was going on that way the patient could fully understand why and the reasoning behind the medications and assessment.</p> <p>2. On week 2, I had a different patient that only spoke Spanish. The patient was on bed rest and was unable to ambulate or get up from the bed due to being a fall risk. The patient also had deficiencies on being able to feed himself and so I was able to help feed him and speak Spanish to him. I was able to tell him to push the call light when he needed something and to not get up by himself.</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. During week 3, there was a patient that had hypotension and stated they had fallen at their residence. The patient got admitted to the hospital due to the fall on their forehead. The patient was a fall risk and was put on bed rest. The nurse was trying to fix the blood pressure and the injury the patient had sustained. I helped the patient with the brief and with cleaning up. The patient was going to be discharged to a nursing home for further care.</p> <p>2. There was a patient on week 4 that was admitted due to Guillain-Barre syndrome. The patient was on leave from their job. However, the job wanted the FMLA paperwork filled out so the RN and myself suggested that the social worker/case management would help with the paperwork and that we would contact them for the patient. We also told the patient that the health care provider would have to see the paperwork in order to be discharged as well.</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. During SIM week, my SIM "patient" had been admitted due to pneumonia. When I had walked into the room the patient began having difficulties breathing and the O2 sats were in the 80's. Me and my partner immediately set the head of the bed up high semi-fowlers and made sure that the Nasal Cannula was properly put on the nose and that the O2 was on. I had "called" the lab to see if the results of the patient's labs were back to see what else was possibly going on with my "patient". Thankfully by giving the meds and fixing the nasal canula, our patient was able to get their oxygen saturations in the 90's and had no problems breathing.</p> <p>2. On week 4, there was a patient that stated they had fallen at their residence and had to get admitted to the hospital for surgery. The patient also had to have a cast</p>

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			<p>on the left leg. The RN and myself were waiting for the patient to get transported to the unit. While we were waiting, I took the initiative to get the pre-vitals as soon as the patient got there so that the RN would know the status of the patient to begin care.</p>
<b>Teaching</b>	Evaluate the effectiveness of teaching plans implemented during patient care.	<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><b>1.</b> One week during clinicals, there was a patient that was admitted for pancreatitis due to alcoholism and had ascites. The RN and I taught the patient the importance of having small frequent low fat meals and why it was important to do so due to having pancreatitis and to show how to help prevent it in the future. The RN and I also taught the importance of not drinking alcohol and how alcohol does not help pancreatitis. Also, the patient stated that their appetite was getting better and was able to eat compared to when they were first admitted.</p> <p><b>2.</b> On week 4 of clinicals, we had a patient that had a lower leg cast on and was having a difficult time with getting comfortable. The RN and myself taught the patient how to help with being comfortable with the new cast. We showed the patient how to use a pillow to help stabilize and elevate their leg. We used the teach back method as well to make sure the patient understood what to do especially with going home. We made sure the patient was comfortable when we were in the room. When we came back shortly, the patient was comfortable and told us thank you for making them feel much better.</p>
<b>Knowledge Integration</b>	Deliver effective nursing care to patients with multiple healthcare deficits.	<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><b>1.</b> On the first week of clinicals, I got to help a RN with a patient that had multiple healthcare deficits sustained due to a car accident. The patient had a wound vac on the right hip and a cast on the left leg. The patient was put on bed rest and was unable to get up. The patient also had a trapeze bar to help position them as well. I was able to help the patient by putting pillows underneath them to make them comfortable. I also helped modify how they were able to use the bedpan as well.</p> <p><b>2.</b> During clinicals, there was a patient that was diabetic and admitted due to having a left swollen necrotic toe. The RN and myself taught the patient about the foods to eat, how to call us using the call light, how to have lifestyle changes with being diabetic, and how to care for feet.</p>