

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.	<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 with an infection after a L side AKA. I educated him on proper wound care at home, signs to look for, and what to report. I also spoke to him about home modifications. He was already using a wheelchair, and knew how to use it, but he learned new home modifications that he said he would like to try. Some modifications that I mentioned that he was not aware of at the time was getting cord organizers or a cable box so his cords wouldn't be scattered on the floor. This would help the area become clutter free and allows for more room that's efficient for his wheelchair.</p> <p>2. I had an older patient who had pneumonia. Her son was present in the room with her, and he requested if someone could give her a bath. I offered to do it as I was not busy at the time. While I was bathing the patient, I initiated conversation which led to us talking about her family. She explained how she had 7 grandkids and one great grandchild on the way. Furthermore, she explained how this was not her first great grandchild, and how her first passed away at two years old recently, and began to cry, but she was holding in her tears. I noticed this, so I asked her if she could tell me about her children and her grandkids to distract her from the thoughts of her recently losing a loved one based on EBP. The conversation led to her talking about her family in positive memories where she was smiling and laughing telling me some of her stories.</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. A patient of mine was getting discharged, so I had to administer three vaccines. I had some questions on the vaccines, such as how to administer them. My nurse brought me down to pharmacy to show me where it was at and let me ask the pharmacist my questions. I was able to learn about one of the vaccines were and why I was giving it. I also learned where to administer the three vaccines. The pharmacist was very kind and told me to feel free to call back down if I had any more questions.</p> <p>2. I had a patient who was Spanish speaking only. He came in for abdominal pain and my nurse told me that surgery came in this morning for a consult because he has pancreatitis. We both walked in the room and the patient and the patient's family had questions regarding the surgery and how this could have happened. Neither the nurse nor I were fluent in Spanish. She showed me how to call for a translator using the phone, and we explained to the translator what was happening. He translated it to the patient and family, they talked back to the translator, and we carried out communication through the translator to answer the questions the patient had.</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 to administer medications to one of my patients. One medication was an IV push med. I flushed using the push-pause method with 9 mL of NS, pushed the medication over 2 minutes, then I post flushed 9 mL using the push-pause method. I flushed 9 mL of NS since it is hospital policy, and I flushed using the push-pause method and administered the medication over 2 minutes based on EBP.</p>

			<p>2. I had to administer three vaccines to one of my patients. I administered one in the left arm, the other in the right, and the third on the ventrogluteal. Based on EBP, you are supposed to administer the vaccines in different locations, and so I followed just that.</p>
Caring and Human Relationships	Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.	<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 	<p>1. For one of my patient's we needed to obtain a blood culture. This was the second time we had to "stick the patient," as we obtained a T&C earlier in the morning. I knew he was already a hard stick, but before he received pain medication and by the time we were obtaining the second one, he was more alert. While my nurse was obtaining the blood draw, I was holding a Accuvein to help her. When my nurse inserted the needle, the patient flinched back and grunted in pain. I gently held his arm and started rubbing it to comfort him. He calmed down after and remained still. Moving onto the other arm, before my nurse inserted the needle, I started to rub his hand to avoid him flinching his arm and put him at ease. This seemed to work as he did not move his arm or grunt when my nurse inserted the needle.</p> <p>2. For my patient where I had to administer vaccinations, the vaccinations had a patient identifier card within each bag containing the vial. The card had all the patient's information on it, and so my instructor and I shredded the card in a designated shredder. This kept the patient's information confidential, rather than placing it in the sharps or the trash, which would have violated HIPPA.</p>
Management	Recommend resources most relevant in the care of patients with health impairments.	<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 	<p>1. I had a patient who had dementia and was admitted from Crown Point. She had a daughter who would come into the hospital to visit her, but the patient did not live with her. As part of discharge planning, my nurse was planning for her to get discharged back to Crown Point so the patient can remain safe.</p> <p>2. I had a patient who was admitted for pelvic pain after getting kicked by a bull. As part of his discharge planning, he was sent home with a walker. The nurse and I taught him how to properly walk with it, and how to fold it for storage purposes.</p>
Leadership	Participate in the development of interprofessional plans of care.	<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 	<p>1. I had a patient who had a wound on her foot that she explained was taking a while to heal. She had T2DM, and I explained to her that for T2DM, it can take a while for a wound to heal. I then started to talk to her to check her feet daily as wounds can appear and go unnoticed, and ways she can check for some. I then started to ask about her diet and if she has started any diet modifications since getting diagnosed with T2DM. She explained that she hasn't really changed anything in her diet. I asked her if she was interested in consulting a dietician to help manage her DM, which she replied she had no problem with it. I then went back to my nurse and asked if it was appropriate for the patient to have a consult with nutrition, which my nurse agreed and called.</p> <p>2. One of my patients was supposed to get discharged in the morning. However, the drainage from her JP drain was abnormal and had a foul order. The physician was notified, and the discharge got cancelled. The physician ordered labs, and we had to reassess the patient's discharge later. This was the best outcome to keep the patient safe and not sending her home until she was reassessed again.</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. A patient of mine had cholecystitis. While performing my daily assessment, she let me know that she had pain radiating to her R shoulder, with a pain level of a 5. Using my previous knowledge on the disease, I was able to explain to her that one of the signs and symptoms of an inflamed gallbladder. I educated her that if her gallbladder is inflamed it aggravates the phrenic nerve, which is from the abdomen to the neck, hence why she has the shoulder pain. I also educated her that it is common for the shoulder pain to get worse if she eats meals with high fat.</p> <p>2. While I was performing an assessment on a patient, a physician walked in. She asked me why the patient didn't have an incentive spirometer, when she ordered it yesterday. She didn't realize I was a student because my jacket was covering the light blue scrub top, but I told her I would go get one, which I did. By the time I came back to the patient's room, the physician was gone. I asked the patient if she knew how to use the incentive spirometer, and she replied "no." I explained how she would inhale slowly and try to get the piston to the goal; I set the goal to 1000 for the moment. I explained to her that she can use it throughout the day, around ten times an hour, but doesn't have to be consecutively to avoid SOB. I also educated the best way to track whenever it's time to use it is to just pick it up and use it whenever a commercial plays on the TV.</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. One of my patient's had multiple medications to be administered which included an IVPB, PO meds, and Lovenox. I learned from an instructor in a previous module to prime the secondary tubing in the med room, so that's what I did for this situation. In the patient's room, I verified that this was the right patient and allergies. I asked the patient if she likes to take her pills one at a time or all together while I was setting up the IVPB to the pump. She explained she could take them all together. Once I was done, I handed her the PO meds so she can take them. After, I administered the Lovenox last since it was sub-Q. I prioritized my actions to be quick and efficient for administering the patient's medications.</p> <p>2. I had a patient who was admitted from the ER the day before. My nurse and I walked into the patient's room to introduce ourselves after shift change. The patient was wondering when a doctor would come by since he hasn't seen one since the ER and was wondering why he had a bone scan later today. The nurse replied that the doctor thought it was necessary to figure out the cause for the patient's symptoms. We walked out of the patient's room after answering his questions. The nurse explained to me that when the patient was in the ER, an X-ray was performed and revealed that his right lung and other organs had metastasize and the doctor suspects it to be bone cancer. The patient did not have a history of cancer, she told me he is unaware of it at the time. She explained how although we could have provided answers, it is not our job to diagnose or let the patient know that information until after the doctor diagnoses and explains it all to the patient first.</p>