

<u>Competency</u>	<u>Outcomes</u>	<u>Secondary Outcomes</u>	<u>Give examples of how you met each outcome</u>
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. On one of my clinical days I had a patient that suffered from severe anorexia, and she required frequent turning due to multiple pressure injuries on her body. When it came time to give medications, one of the meds that she was getting happened to be enoxaparin and I was unsure how to bunch the skin and give the shot correctly without causing her any discomfort or pain. I went and consulted with my nurse on how to use proper body mechanics as well as proper administration to be able to bunch the skin correctly to give her the medication. The nurse came over to the side of the bed and talked me through how to gather skin on some patients that might be more frail, fragile, or suffering from anorexia. I was able to administer the medication correctly without causing any pain or discomfort to the patient. Also, during the medication administration, we reassessed her pressure injuries and I made suggestions to help make her more comfortable and prevent further continuous pressure on these areas. We ended up being able to get her a different bed that provided more support and helped relieve pressure off the areas. The patients husband let us know that he was thankful for our help and that his wife seemed more comfortable now and had perked up more after us implementing the interventions than she had in the past few days.</p> <p>2. On another clinical day I had a patient that had been in the hospital for months with COVID and ended up with pneumonia, leading to him struggling with his lung function. When we went in to assess the patient his O2 stat was sitting in the mid 80s even with the high flow. The physician had come in to talk to the patient about being more vigilant with using his incentive spirometer as well as being more willing to try to get out of bed when physical therapy did their rounds. After the physician had left the room, the patient asked me how to properly use the incentives spirometer because he did not remember being taught. I preceded to explain the use and that this was a big deal for him to follow through with so that the physicians could check his progress. The patient began to use this intervention effectively and was even able to get his own O2 levels back into the 90s.</p>
Communication	Communicate effectively with	- Identify health care team members & their purpose	1. One of my last weeks in clinicals we had the physician put in orders back-to-back for labs on multiple patients, some orders

	<p>members of the healthcare team.</p>	<ul style="list-style-type: none"> - Interact appropriately with health care team. - Utilize proper SBAR, TEAM Steps, etc. - Evaluate outcomes of communication process 	<p>weren't put in until directly after we had already completed drawing blood for the first orders. I could tell that my nurse was stressed and wasn't looking forward to explaining to the patient why we were needing to stick them again for more labs. I told the nurse that I would love to try to perfect my blood draw and would be more than willing to take over with her supervision and explain the situation to the patient to relieve some stress. I ended up being able to get two blood draws done with no issues finding veins and was able to walk down to the lab with my nurse where they had also seen the multiple orders and thanked us for getting it done so promptly without any issues.</p> <p>2. During SIM lab I was able to be in two different scenarios one of them being a patient with hypokalemia. Throughout the simulation multiple issues presented themselves with the patient making the simulation harder to implement critical thinking but also communication with our partner, the patient's family member, and the physician to provide this patient with the correct treatment. We ended up having to phone the physician due to lab levels being low and vital signs getting irregular. We presented this to the physician in SBAR format and we're able to get the correct treatment this patient was needing to bring back up the potassium levels. Although we struggled with setting the pump correctly due to not knowing how to bolus fluid, we were able to ask for help and overall gained knowledge over how to better go about the situation if it ever occurs in the hospital setting.</p>
<p>Critical Thinking</p>	<p>Apply evidence-based research in nursing interventions.</p>	<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. While sitting at the nurse's station during one of my clinical days, we got a call button pushed that just happened to be one of my patients that day. When I went into the patient's room, I fixed what she had stated she was wanting fixed and went ahead and did another assessment on her while I was in the room. Upon assessing I noticed that the patient had pulled her oxygen off, since I didn't know how long the oxygen had been off the patient, I decided to get a fresh set of vital signs to make sure that her O2 hadn't dropped. Once I got the vital signs back, the O2 had dropped down to 82%, I preceded to let the nurse know and put the oxygen back on the patient. Passing by a few minutes later I noticed that the patient was messing with her nasal cannula again and went into her room to try to teach her the importance of keeping on her nasal cannula and how</p>

			<p>it was affecting her breathing and causing difficulty for her. This patient happened to be nonverbal, so I had to use a lot of patience when trying to explain why she was needing to keep her oxygen on. Every time I tried to put the oxygen on while talking to her, she ended up pulling it off and making a noise like she was in pain, so I assessed further and used my pen light to look inside her nose after she used hand gestures that led me to thinking that her nose was the issue. After further inspection of the nose, I saw dried blood and flakiness throughout. One of the other students happened to be passing by, so I asked her for a second opinion and we both came up with the intervention to ask the nurse if we could put a humidifier on the oxygen to help prevent any further dryness and to keep the patient above a 92% on her O2. The nurse agreed that this was a good intervention, so we implemented it. I reassessed the patient later when she was getting a bath and she was pushing the oxygen closer to her nose, because it had helped provide moisture and was no longer causing pain. I was glad that I was able to provide this patient with relief as well as preventing her O2 from dropping any further.</p> <p>2. During one of my assessments, I had one of the hospitalists enter the room and ask me to give him handoff for the patient that I was assessing. I asked the physician if he knew that I was a student, and he said yes and that he would like for me to provide him with the handoff and what I had found during my assessment, along with any updates that the night nurse gave us this morning. I preceded to tell the doctor my findings and any updates that I had gotten from the night nurse. The doctor asked if I had any interventions for this patient or any ideas to get this patient to intake more calories. I told the physician that dietary had come by and done a swallow assessment and that the patient was able to swallow without aspirating, and that the patient had taken well to ice cream the day before. I recommended that once the patient woke up from his nap around lunchtime that we try to feed him some ice cream and ask if he would like to try any other soft foods. The physician agreed and thought that this was a great idea to provide this patient with any kind of calories since he was currently lacking. Around lunch once the patient was alert and oriented, I went in there with some ice cream to see if he was in the mood to try to eat. Another student</p>
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<p>Caring and Human Relationships</p>	<p>Incorporate nursing and healthcare standards with dignity and respect when providing nursing care.</p>	<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. During medication administration one morning we had a patient bring it to our attention that she had not had any kind of hygiene care since she had been admitted four days ago. She asked my nurse if one of us could come back later and possibly bring her a basin of water to be able to at least wash her face and her hair so that she could feel human again. I told her that I would come back after rounding on the rest of the patients. Having a background in cosmetology I gathered whatever supplies I could to pamper this patient and make up for the hygiene care that was lacking in the previous days. I grabbed a toothbrush, toothpaste, bath wipes, a comb, any of her items that I could find to style her hair as well as a shampoo cap. I went back to the patient’s room and her eyes lit up when she saw all the supplies that I was bringing in. I preceded to help her get clean and styled her hair for her, and even got to meet her husband who had come into the room in the middle of me providing care. Her husband made comments about how long they had been married and how beautiful she looked. He and his wife thanked me for taking even 30 minutes out of my day to provide her care that was meaningful and for giving her some human interaction. I feel like this was an instance where doing something that we may see as small or even just an everyday part of our job is seen as something so huge in our patients’ eyes and can take their experience from being very negative, to being positive.</p> <p>2. In another situation that I had my patient had Covid and hadn’t been able to shower since she was admitted the week before. When we went in for medication administration, she asked us if there was any way that we could possibly get her supplies and a clean pair of clothes. Once we left the room, I went to find the aid and asked if I could get her help with getting some supplies and helping the patient shower. We were able to tag team the shower, change out her bed sheets, and provide her with new clothing since said had complained of being in the same clothing that she was admitted with and felt</p>

			<p>gross. The patient thanked us for taking time to get her cleaned up and that she felt like getting out of bed, being able to even sit in the shower and have the water run on her had already made her feel better.</p>
<p>Management</p>	<p>Recommend resources most relevant in the care of patients with health impairments.</p>	<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. A fellow student and I were able to accompany one of my patients to hydrotherapy. My patient had necrotizing fasciitis on the right thigh and had been hospitalized since thanksgiving. When we got to hydrotherapy, the physicians came to assess the wound and cut off any dead tissue that they could. After assessing and cutting away tissue, the physician said our patients WBCs went down to 16 from 18, and that we were going to be able to do a wound vac instead of therapy, due to her progress. Being able to see the wound vac application process was great, and I feel like I've gained a better understanding of the process. The hydrotherapy tech told us that the wound was probably the biggest we would see in our careers and was a great learning opportunity. While it was a great learning opportunity and interesting to me, the amount of pain my patient was in kept me constantly distracted. After seeing some of the process I turned my attention to my patient and offered my hand to hold through the cutting away of dead tissue all the way to the end of the wound vac application. My patient thanked me for consoling her and acknowledging her pain. Having the knowledge of the importance to dressing changes and sterile technique helped in understanding the application technique. Also, an understanding of the patient's feelings is HUGE in the healing process. The day before my patient and I had conversations about life, and she told me "It feels good to be seen by someone, and to have company from someone that cares about my feelings." Seeing my patient struggling with pain and reaching out and up, quite literally praying because of the extent reminded me of our conversation and I made sure once again that she felt seen and consoled during a time that was uncomfortable. In conclusion I'm very grateful that I got the learning opportunity. The hydrotherapy techs told us they were grateful for all our help and said we probably could've used more hands to help hold the patient skin back and reposition to apply the wound vac properly. I also feel that we could talk to a physician about getting stronger pain medication that can be given 15-30 minutes before dressing changes and replacements to help regulate her pain more effectively.</p>

			<p>2. I was taking care of one of my COVID patients when I noticed that his oxygen saturation had dropped into the 80s even with him on nasal cannula at 8 liters. I proceeded to check his vitals and they ended up reflecting what his O2 status had dropped to. I went and reported the new findings to my nurse and told her I felt like we might need to go in and reposition him, possibly raise the head of the bed or get him into a chair, and if the O2 still doesn't raise with those interventions, then we should possibly call respiratory to come and do another consult with the patient. Our interventions ended up helping our patient get back into the low 90s but upon entering clinical the next day the night nurse told us respiratory ended up having to come and put the patient on high flow because of his levels dropping into the high 70s. The rest of that second day of clinical I tried my best to make my patient comfortable and provide him with any interventions that might help with airway. Sadly, my patient ended up passing later that afternoon due to COVID complications and his lung cancer diagnosis that he had gotten back in November. Although this is not how anyone wants a situation to go, all I can hope is that I put in interventions that helped manage his discomfort and helped him pass comfortably.</p>
<p>Leadership</p>	<p>Participate in the development of interprofessional plans of care.</p>	<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. In clinical one day the nurse that I and another student were assigned to give us both the opportunity to assess our patients and come back to him with what we thought needed to be the patient's plan of care. I ended up choosing a patient that was nonverbal and on strict bedrest. This patient had very limited interactions and I never really saw any family at the bedside. He was on palliative care, but I was still wanting to implement some things to improve his care. When I came back from assessing I told my nurse that since this patient was on strict bedrest, I wanted to make sure that there were checks on him every few hours for any kind of pressure injuries or sores and make sure that we were turning/repositioning him when needed. I told him that I observed that he was having difficulty staying set up in bed and looked like he was trying to push up on the end of the mattress to get comfortable so maybe we could put some kind of cushion or block at the end of the bed to help him push up and/or stay in the position where he is comfortable. I told him that I had also talked to the nurse tech and that she said the patient was needing hygiene care and how I would like to be there to</p>

			<p>assist her in the hygiene care to come up with any further plans of care that I could. I ended up being able to implement all these points that I made and even saw a family member come up that made a comment to me that the patient had looked more comfortable and seemed in better spirits since the last time they were there. I was thankful that this nurse provided me with the opportunity to lead and put myself in the nursing position to provide the plan of care that I thought was of upmost priority for this patient. Overall, I feel like I was successful, in that the patient was more comfortable and was able to be discharged later that afternoon.</p> <p>2. I feel like since this was my second go at this module, I was able to implement a leadership role not only in a clinical setting but also in the classroom and SIM lab. I feel like I was able to help classmates open up more in class and volunteer for certain roles in any activities that we might have been doing. In a clinical setting I feel like they came to me with questions of something that we might've learned but that they needed a refresher on from going between modules. It felt good to be able to help classmates feel more comfortable in situation they were in, but also the help them become more confident in themselves. As far as myself goes, I feel like I took the lead in clinical and tried to tackle all my skills head on and have more confidence in myself going about them. I had so many nurses teach my new things, especially better body mechanics to help me be more successful throughout my career without putting more strain on myself than I must.</p>
<p>Teaching</p>	<p>Evaluate the effectiveness of teaching plans implemented during patient care.</p>	<ul style="list-style-type: none"> - Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes 	<p>1. One of my patients admitted with a stage 3 pressure injury was talking to me about her struggles with finding motivation to want to meet with the physical therapist for the first time that day during her stay. I allowed her to voice her concerns and assessed the situation before responding to the patient. I approached from a caring standpoint and taught her the importance of being able to regain her strength and being compliant with her care. She responded that she was just wanting to go back home where she could be in her own “normal” again. I followed up with telling her that the main reason physical therapy comes to visit is to be able to assess her daily living skills/activities and teach her easier ways of doing certain things to prevent further injury, which leads to them reporting whether they think it’s safe enough for her to get discharged. She didn’t realize</p>

			<p>that was one of the reasons for their consults and told me she had never been taught that. Later that day after lunch, I walked past her and the physical therapy team, commenting on how great she was doing. She thanked me for teaching her the importance on following through with physical therapy and compliance of her care and apologized to the physical therapy team for refusing and acting out earlier that morning. This situation showed me that some things just need to be talked through and assessed a little further to see the patients reasoning behind refusing treatment and teaching the patient from a different point of view to promote compliance with their care. The physical therapy ended up being a success, and the patient was able to go home the following afternoon.</p> <p>2. The last week of clinical I was able to take care of a 17-year-old male that had been admitted with gunshot wounds. My patient was three- or four-days post-op when I was assessing him. The surgeons ended up going in thinking that the bullets hadn't made it all the way to the intestines and once they got in there were multiple holes throughout the intestines and they ended up having to do a resection. The patient was admitted to the floor with two JP drains and was independent as far as ambulation unless he was needing help with showering. When my nurse and I went in to give morning medication one of his meds happen to be enoxaparin. When I went to administer, I explained that I was giving it to him in his love handle and that I would try to keep away from the JP drains and attempt to not put any added pressure that I didn't have to. After administering the patient asked me questions about the enoxaparin, already knowing what it was but he was wanting to know why it was given in the love handles. I explained to him the reasoning behind it as well as the importance of ambulation alongside with it to help ultimately prevent any clotting or did DVTs. He told me that even though he was independent he still felt unsure about walking by himself when physical therapy came around. I told him the importance a physical therapy and explained to him that they would never make him do something that made him feel uncomfortable and that they are just trying to make sure that they can get him back to the strength that he had before his incident to be able to perform daily living activities effectively and safely upon discharge. The patient thanked me for further explaining why everything was so</p>
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			<p>important and was later able to walk on his own without any assistive devices and told that he would possibly get to go home the following day.</p>
<p>Knowledge Integration</p>	<p>Deliver effective nursing care to patients with multiple healthcare deficits.</p>	<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. In one of my situations mentioned above I was able to integrate knowledge into my care not only for the patient but also for the family. Since my patient happened to be COVID the patient and family had questions about some of the protocols that I ultimately tried to answer myself but that I directed towards my nurse if I couldn't. In this situation some of the staff had become impatient with the family member due to constant nurse calls and coming out of the patient room unmasked when asking for something. When I had noticed this irritation, I asked the nurse if it was okay for me to gown up and go into the room myself. I ended up being able to further explain how important it was for the family member to wear a mask not only in the room but also out of the room to prevent any further complications for their family members and to protect themselves. When they had questions about oxygen, I explained why it was important and talked to them through what the monitor was saying so that they had a better understanding of vital signs and what they were looking at, as well as why the monitor has kept beeping. The family and patient thanked me for coming in and explaining and allowing them a little bit of grace and patience to not be irritated. In this situation I felt like there was a lack of education due to irritation and impatience and that if this was to ever happen to me in the healthcare field, I would provide myself with a few minutes to step away and gather my thoughts and feelings before entering a patient room and making them feel as if they were the issue when they're not.</p> <p>2. One of my patients that I was able to take care of for a few weeks due to Covid had issues with hearing. The patient did have hearing aids, but they were out of batteries and the batteries that he was needing were very specific and could normally only be purchased from his doctor's office. Unfortunately, my patient wasn't from Lubbock, so we weren't able to reach out and get any other batteries, but we were able to implement interventions that helped the patient further understand what we were saying. Our patient did happen to have granddaughters that had to come into town to come and check on him that would help us with communication but when they were</p>

			<p>not there, we did our best to explain ourselves. During medication administration or any kind of care we made sure that we were near the patient, facing the patient, and position the patient to where nothing was covering any part of his ears to help him hear better. We also provided our patient with pen and paper in case talking put too much stress on his O2 saturation. Providing these interventions overall helped the patient to communicate with us effectively and provide our patient with the best care possible.</p>
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