Student Learning Outcome

Competency	Outcomes	Secondary Outcomes	Give examples of how you met each outcome
1. 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	-A plan of care for a patient with Covid-19 would include isolation precautions, anyone who would visit the patient's room had to apply PPE before entering. Teaching IS and breathing exercises. Encourage mobility, improve body temperature levels and restore normal breathing patterns. Before I went into each room I had to gown up, wear gloves, a mask and my face shield. As I leave the room, I take everything off, place in designated trashcan and wash my hands with soap and water. -Signs and symptoms of COVID could be fever, chills, cough, dyspnea and headaches. Diarrhea, fatigue, loss of taste or smell and myalgia. -Interventions would include keeping the head of the bed elevated, monitoring the patient's vital signs. As the nurse I would frequently check the patient's temperature and oxygen saturation. Measuring the patients O2 with a pulse oximeter. Patients with severe COVID-19 symptoms can develop hypoxia. This would warrant to supplemental oxygen. I initiated supplemental oxygen by applying nasal cannula to patient along with stressing the importance to the patient about keeping the nasal cannula on. Monitor the patient for possible decline in oxygen, this may require the patient to have oxygen delivered by a different method. Enforce strict hand hygiene to reduce the transmission. I placed the patients Incentive Spirometer within in reach and provide education along with teaching on the use of the IS. Manage hyperthermia, I administered prescribed anti-pyretic medication. I adjusted the room temperature as well as took extra blankets off the patient. My patient with dementia was a high-risk factor for inadequate oral nutrition. I recognized this as a risk factor for poor skin integrity. My patient was bedridden. I helped reposition her and turn her on her side to prevent pressure injuries. My patient would be turned every two hours.
2. 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	- Respiratory Therapist have an active role in providing care for patients admitted with COVID-19. They help manage the devices that deliver high levels of oxygen therapy, devices such as Heated high flow cannula, Non-invasive ventilation and ventilators. They determine the need and level of oxygen support. If the nurse notices a decline in the patient's oxygen levels, she will contact RT to come and re-evaluate the patient the any devices the patient might have on. When working with covid patients I had a patient that was on a high flow vent, the alarm kept going off and I did not know how to check the machine since this was the first time, I had encountered one. I stepped out of the patient's room to see if I could see a nurse, but I did not, I did see an RT that was stepping out of another patient's room. I asked if he had this patient which he did. I mentioned how the alarm kept going off stating the patient's oxygen levels were below 84%. I asked if he could come take a look at the patient and the device for me. I also informed him I had not seen his nurse yet and will inform her as well as soon as I see her. Once the nurse was available, I updated

			her on the patient, that his alarm was going off and RT went in to check. The alarm is no longer going off and the patients maintaining an O2 of 90% My patient was Spanish speaking only and was refusing to eat. After I talked to the patient, I was able to find out she was not able to eat because her teeth were hurting, and she was not able to chew the food. The patient was on a regular diet. I spoke with the nurse who called the doctor to change the patient's diet to soft foods. Dietary was also consulted on the patient's new diet.
3. 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	EBP shows proper hand washing and cleaning medical equipment patients aids in decreasing possible transmission of microorganisms from one patient to another. During clinicals on the covid side, before I went into a patient's room, I applied proper PPE and left all my personal belongings outside of the room. The patients would have their own vital sign machines in the rooms as well as any medical equipment, such as a stethoscope, in the room. That way no personal items are being taken into a covid patient room and being crossed used. You would take all PPE off before exiting the room and throw it in a designated trashcan inside the room. Out of the room I washed my hands with soap and water as well as clean my face shield with disinfecting wipes. The most common symptom of COVID is dyspnea., which is often associated with hypoxemia. Relieve hypoxemia and maintain adequate oxygenation of tissues and vital organs. I would perform a respiratory and neuro assessment on the covid patients who had hypoxia. One male patient who was in his 40's was on 4L via NC. I went in to get his morning vital signs and noticed his O2 stat was low 89-90% while on 4L. His temperature was also low. I checked it three times and used another thermometer to confirm. I asked the patient how he was feeling, and he stated fine I just feel like I can't take a deep breath. I helped reposition him since he was slanted in the bed. After repositioning he felt better. I explained to the patient he needs to try and stay in an upright position to help maximize ventilation and chest expansion. I ensured the nasal cannula was properly placed and on the right flow. I applied my pulse oximeter to monitor his response. The patient's oxygen saturation improved to 93%.
4. 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	- Good standards of nursing and health care are needed to reduce poor outcomes associated with the disease and enhance patient recovery as well as safety for the patient and the healthcare team. The purpose of professional standards is to direct and maintain safe nursing practice. They are important to our profession because they promote our clinical practice. The establishment of Quality and safety education for nurses enhanced my competencies in, skills and knowledge thereby enabling the achievement of safety for both the patient and me. As a nurse you want to implement your role in ways that reflect integrity and responsibility. The plays a trusted role, these standards are considered a baseline or quality care. As the nurse you are your patient's advocate.

			Some concerns I would see at clinical is during shift change. The new nurse would get report and are supposed to go assess the patient. I can't recall one nurse doing that. It mainly looked like this, the nurse would open the door and see if the patient is breathing. If the patient was asleep the nurse would close the door and move on to her next patient. If the patient was awake the nurse would ask if they needed anything and that they would be back with their medication shortly. The issue with this is the nurse would then go start her documentation for her rounds. Copying and pasting and recall values is a lot of what I seen being documented. This is documenting information inaccurately and the care provided. My patient who was admitted with confusion showed signs of agitation, she was yelling out the door at anyone that was walking by. I went in to ask her if she needed anything and she started to cry. She stated she just wanted a friend to talk to her. I stayed by her bedside and engaged in a conversation with her. After a few moments of talking with her she was able to calm down and feel more relaxed.
5. 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	Covid-19 particularly impacts the respiratory system, but other issues may occur such as clotting disorders or renal complications. During your assessment is where you acquire your patient needs by identifying early signs and symptoms of a decline in your patient. Patients with COPD may be at a higher risk for severe complications with COVID-19. These patients are not able to handle the lung inflammation covid causes. In severe cases patient with COPD who are admitted with COVID-19 require oxygen therapy or even intubation and a ventilator. When someone requires ventilator outcomes are much worse. Therefore, it is important to recognize your patients' needs early on. My patient with COPD and covid started to experience increase in shortness of breath. I applied my pulse oximeter to the patient's finger, and I read 90%. RT was called to come evaluate the patient and start breathing treatments. After the breathing treatment the patient stated her shortness of breath did subside. In this patient discharge plan, I would include referral for pulmonary rehabilitation. Provide education about COPD and the effects of covid. Stress the importance of medication management for COPD. Avoid crowds and practice good hand washing. Teach pursed lip breathing My patient with dementia was put on a dysphagia diet. She did not have her dentures with her at the hospital and unable to chew solid food. With her dementia she would forget to eat. I recommended the patient having a feeder to help insure she was meeting proper nutritional needs.
6. 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	Covid-19 can have long-term affects on the lungs causing complications after leaving the hospital. Post-covid care may require the need for follow up appointments or home oxygen therapy. For one patient being discharged the RN and I helped in getting the patient scheduled with pulmonology for his follow up appointments. The patient also required supplemental oxygen therapy use at home. I helped with the process of contacting case management to come

			talk to the patient about the process of going home with medical equipment and what to expect. The patient was educated on the importance of oxygen use as well as home safety. He was familiar with oxygen use since he had it throughout his hospital stay. I educated him about no smoking while oxygen is in use. To avoid flammable products such as aerosol sprays and never use it near an open flame. Case management provided the patient with the name of medical equipment supply company. My patient with diabetes was being discharged. On her last set of vitals her blood pressure was a little high. The patient made a statement that she noticed it has been running high. The nurse discussed this with the doctor. The patients vital sign history was pulled up and in fact her previous blood pressure readings were on the high end. The doctor went back in with the patient to discuss a new blood pressure medication she will be started on as well as insulin. The patient was provided with medication education.
7. 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	One of the first covid patients I came across was on high flow, a bed alarm as well as restraints. The bed alarm and pulse oximeter alarm kept going off. The patient would take off his mask, his oxygen levels would rapidly drop, I seen it get down to 79%, his nose and lips would turn blue. Due to the hypoxia, he would get confused and try to get up out of the bed to get dressed and leave. This was the reason for the restraints. He was a very needy patient, and I took it as an opportunity to help relieve the nurses from coming in and out of the room to stay with him for a while. I helped him put his mask back on, asked him to take slow deep breaths through his nose. His oxygen started to come up slowly as well as his alertness. I asked him why he kept taking his mask off and stressed without it, his oxygen is critically low, and he needs to keep it on. The patient explained he was just trying to get up to eat his breakfast. Once I clarified with the nurse, I loosened the restraints to help sit the patient up in the bed so he will be more comfortable eating, then only one restraint was put back on leaving the patient the other hand to use freely while he eats. I helped him put his teeth in and told the patient ill help him by taking the mask off so he can take a bite of food but then I need to put the mask right back on. The patient was able to eat as well as maintain an oxygen level above 88%. I explained the importance of keeping his oxygen on to prevent further decrease in LOC. I explained to him, when dietary brings in his food tray to have them go call his nurse to help with feeding. He has a high flow mask on, bed alarm and is in restraints. There is no way he would be able to grab his food tray and feed himself. The patient understood the importance of keeping his mask on and to call for help.

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			My patient had MRSA on his right leg. The patient had surgery, the wound started to get infected, and he waited too long to come in. Infection control was consulted. Aseptic dressing changes were enforced. Teach the patient about the importance of hand washing. Use contact precautions.
8. 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	The patient is an elderly male in his late 70's post-op who has a wound vac on his abdominal incision. The patient also has a rash on his back that the wife seemed concerned about, patient had an order for Benadryl for itching as needed. The wife would ask every four hours for the Benadryl. The patient would not complain of itching and when asked the wife would answer for him, stating, "He don't know he is confused, and he won't ask for it, so you just need to give it to him" The issue was the patient would get very drowsy after taking the Benadryl and sleep. This was preventing him from him from getting up out of bed and walking. Post-surgical ambulation provides a large range of benefits and helps prevent postoperative complications. Walking increases blood flow which aids in quicker healing and promotes blood flow of oxygen. Ambulation stimulates circulation which can help prevent stroke-causing blood clots. Patients who do not walk after surgery are more susceptible to develop lung problems and pneumonia. I explained to the wife that ambulating him and encouraging physical mobility is a priority of care. We discussed getting the doctor to look if there is an alternative non-drowsy medication for the rash. This way the patient's wife is at ease that the rash is being taken care of, as well as the patient being alert and able to ambulate without the risk of falling due to drowsiness. The wife understood the priority of ambulation to prevent any lung problems such as pneumonia or blood clots from the patient being immobile. My patient who came in with a possible bowel obstruction. The patient did not want to take any of her medications besides her pain medicine. I explained to the patient one side effect of pain medication is constipation. We want to try to prevent a contraindication. I was able to get the patient to understand the importance of taking her stool softener along with her pain medication. This will help stimulate bowel elimination and or prevent her symptoms from getting worse. The patient was refusing it because she did not like the taste of it. So we compromised on taking it with apple juice to mask the taste.

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