

## Instructional Module 4 – Adult M/S 2

Competency	Outcomes	Secondary Outcomes	Give examples of how you met each outcome
<p><b>Assessment &amp; Intervention</b></p>	<p>Implement a plan of care that integrates adult patient-related data and evidence-based practice.</p>	<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>1. I had a patient who developed this horrible productive cough and kept spitting up thick mucus. My patient was an elderly man who lost control of the left side of his body and was slightly stuporous, so he kept choking on his sputum. The night nurse had turned on the suction canister for him, but he was unaware of how to use it or that it was turned on, so I showed him how to use the suction and I had placed it in a reachable place on his right side where he was able to hold it. I had him do a teach-back method to ensure he understood how to use it and where it was located.</p> <p>2. During SIM, our scenario involved a patient who had lung cancer and hypokalemia. She had many situations occurring from palpitations, dry mouth to feeling depression. I had given her oral swabs and a sip of water to help her with the dry mouth, and we administered potassium chloride to help with the palpitations that hypokalemia can cause. Lastly, I offered to be her listening ear in hopes that it would relieve some anxiety/depression she was having. However, she did not want to talk, so I offered pastoral care to talk with her.</p>
<p><b>Communication</b></p>	<p>Communicate effectively with members of the healthcare team.</p>	<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>1. During my clinical, I had followed one of the best nurses thus far. I was amazed at how well she handled the morning report. She asked so many questions about each patient that made the night shift nurse dig deeper to find out more information. I enjoyed her knowledge and how engaged she was during the hand-off because I never hear the nurses read back the SBAR report, but she did. She showed me how to listen to reports and what questions to ask the nurses that are usually missed. The most important thing she did was show me what goes in the SBAR because I was a little confused between the situation and background, but she clarified it in a way that made sense. Lastly, she put my knowledge to the test by asking me questions about how I would care for our patients in order of prioritization.</p> <p>2. This example is pertaining to a situation that was not so good but taught me how to properly handle this continuing on and what to do correctly. I was on a floor that had a code blue, and this was my first time being in a code from the beginning. However, I have been in many codes due to my line of work, but I usually arrive a little bit later after it is called- but I understand the gist of a code and know what to expect. This code was by far the worst I have seen. There was no communication, leadership, or delegation being enforced during this entire code. As I stated before, I have been in codes so I know when I see a good one occurring, and I can differentiate the differences between a smooth code to a rough one. The lack of communication between the healthcare team had failed this patient. Everyone</p>

## Instructional Module 4 – Adult M/S 2

			including the students was in a panic because no one was given a direct task that helped us contain composure. Finally, some nurses had stepped up in this situation to delegate certain jobs to others. However, the delegation should have occurred the second that the code was called because the floor should develop an action plan for this situation.
<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> <li>- Document resources &amp; interventions</li> </ul>	<p>1. I had an elderly patient whose oxygen level was 94 on 2 liters of nasal cannula and complained of chest tightness. I immediately sat him up to see if that would relieve pressure and help his oxygen rise. After I sat him up, I chose to do a focused respiratory assessment. Following the NII, I obtained respirations after checking his oxygen saturation. I checked his lips and oral musca to inspect for signs of hypoxia and then inspected his chest for abnormalities before I listen to seven spots anteriorly and ten posteriorly for one full breath while moving side to side. Lastly, I checked his nail beds for further signs of hypoxia. I did not find anything that seemed worrisome, so I asked the nurse to recheck incase.</p> <p>2. As I was helping my nurse with her vitals, I had a patient who reported a pain level of six out of ten. This was not my patient, but she had fallen and injured her leg. I chose to take some time and do a thorough pain assessment to understand what happened and to give her the best care. Following the NII, I did the PQRST portion of the focused pain scale. I have found out that it was not time for her medication, so I chose to find alternative methods to relive her pain and I added pillows under her leg to relieve pressure and promote blood flow to the affected extremity.</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 During the hand-off shift report, I was next to the nurses as we talked about a patient outside the patient’s door. After the report was given, my nurse went into the patient’s room with the night nurse, wrote her name on the board, and closed the door to let the patient continue their rest. However, thirty minutes had passed, and someone had called my nurse to change the patient ASAP. We had rushed into that patient’s room and noticed how soiled the lines and the patient had been. The charge nurse told my nurse that a bedside report is mandatory for her and the night nurse who gave the report from this day on. Since that incident, I see the importance behind a bedside report and try to make it a point to ask my nurse if we could check on our patient asap if a bedside report was not given. It takes a few minutes to ensure your patient is not soiled or in possible danger, so there should be no reason that bedside reports aren’t mandatory.</p> <p>2. We had arrived to clinical after our lunch break and I was working on paperwork for my primary patient. Shortly after I had heard</p>

## Instructional Module 4 – Adult M/S 2

			<p>someone bed alarm going off and a cry calling out for help. I went to the patient’s room and saw him slouched in the chair surrounded by a mess on the floor. His walker was open and in the middle of the entry way. There were napkins, socks, wrappers that had been thrown everywhere on the floor and his call light was placed on the bed out of reach where he could grab it. I called for help to pick up the man in chair, but he asked to be placed back on the bed and so we did. I placed his call light within reach and cleaned up the surrounding mess to avoid a potential fall from occurring.</p>
<b>Management</b>	<p>Recommend resources most relevant in the care of patients with health impairments.</p>	<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. I had a patient who was admitted due to due to hypoglycemia signs and symptoms but had been newly diagnosed with T2DM. She was in her early forty’s and had been an owner at a restaurant for over a year now. She began telling me that life has gotten difficult health wise since she started her new role, but she loved what she was doing and did not want to stop. I knew she lacked knowledge when she told me that she would eat one to two meals a day at max due to her busy lifestyle. We also talked about how her culture impacted her deficit in nutrition and impacted her poor eating habits, therefore, she did not know how to eat or where to begin.</p> <p>So, I explained the importance of a balanced diet and how frequent her meals should be especially as a diabetic. I showed her the “my fitness pal” app to download on her phone that would help her count her calories and keep her on track with her meals. In continuing, we looked over the “myplate.org” and talked with the nurse to see about contacting a dietician for additional nutrition help.</p> <p>2. I had a patient in his mid-to-late 30s, he was admitted due to having a TIA. I chose him as my primary because I never had a patient who had a stroke at such a young age. However, I came to find out that he is a smoker and drug user, so I wanted to focus my attention on teaching him the importance of smoking/drug cessation. I spoke with him and his wife about nicotine patches and support groups that can help him get the help he needed. I also spent some time talking to him and his wife about the lifestyle changes in general like diet and exercise. We talked about different online support groups and gyms that they found interesting and said they would give a try. Lastly, my nurse was contacting case management so they can try to get him into rehab.</p>
<b>Leadership</b>	<p>Participate in the development of interprofessional plans of care.</p>	<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. I had a patient who was admitted due to a fall that led to an injured hip, so this put her at a high fall risk with activity intolerance. However, she gained some ability to move since the injury, but was scared to walk due to the fear of falling again. However, I immediately knew this would put her at risk for a DVT, so I talked to her about passive range of motion exercises that can be implemented while she was resting in</p>

## Instructional Module 4 – Adult M/S 2

			<p>bed. So, I talked to the nurse to see if PT was contacted- which they were, and shortly after they had arrived. I am thankful we have the resources for PT in this situation because they have the knowledge and skills to care for my patient in her current condition that I was unable to provide.</p> <p>2. I had a patient who had a JP drain, ileostomy bag and multiple incisions on his abdomen due to undergoing a colectomy. I noticed that during the assessments he seemed very hesitant when I tried to assess his abdomen area. I wanted to get a further inspection of the drains/incisions to note if there were abnormalities, and although he would let me, I could sense he was uncomfortable. So, I began talking to him about his colectomy and he kept telling me how he is glad that he is cancer free but dislikes the scars it left behind. I began to understand that my patient was going through disturbed body image. I chose to take some time talk with him about his surgery and how wonderful it is for him to be alive and cancer free. I chose to use positive and hopeful words that would allow him to understand that I was not judging his appearance but embracing it in a respectful and professional manner.</p> <p>Due to time, I was unable to ask the nurse to contact case management for him. I would have loved to get resources for support groups with individuals with similar experiences like this to help him gain more confidence and comfort to his new body changes.</p>
<p><b>Teaching</b></p>	<p>Evaluate the effectiveness of teaching plans implemented during patient care.</p>	<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>1. The patient I stated above who had recently had a colectomy was admitted due to an anastomotic leak. I remembered during shift handoff that the night nurse told the daytime nurse that the doctor wanted him to ambulate as much as possible today. They drew little boxes on the board with the word “ambulation” to count how many times he walked for that day. During my assessment I noticed he had no boxes checked off and he had the IS placed on the chair away from him. He was ambulation as tolerated, so I asked him to walk to the door and back so I could assess his gait but also to get him to move around. I asked him why he hasn’t checked off any boxes today, and he said he did not know why he needed to. I explained to him how walking can prevent DVT and his chance of catching an infection due to his diagnosis. Lastly, I grabbed the IS and demonstrated how to properly use that for when he does not want to walk.</p> <p>2. I had a patient who was about to undergo surgery later that day that I had arrived to my clinical. During my morning vitals, I had spoken with him, and he was complaining of him being very hungry and he did not understand why he was not able to eat or drink. I started to explain to him how eating can put him at a high risk for aspiration since he would be laying down and under medications. He seemed</p>

## Instructional Module 4 – Adult M/S 2

			<p>more understanding and less annoyed after he understood how the benefits would outweigh the risks. Unfortunately, he was not able to have any ice chips after I spoke with his nurse, so I told him to preoccupy his time with television and talking with me. With that being said, I spent as much time as I could talking with him and getting to know him, so that I could distract him from his hunger.</p>
<p><b>Knowledge Integration</b></p>	<p>Deliver effective nursing care to patients with multiple healthcare deficits.</p>	<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>1. Nursing is an amazing profession that can be defined by more than one title. I have learned the importance in active listening and being present for a person more than I ever have. This one clinical I had an elder woman who was admitted due to having a stroke. She was very aware of everything, but her admitting diagnosis. As I took some time to sit down and talk with her during the assessment, I had come to realize how lonely she had been- this was physically and emotionally. She had a visitor who came to visit, and this lady was her caretaker that came every so often, but we talked about how her life had changed over the past years and how we can improve these certain dead areas in her life. For instance, we talked about her caretaker coming around more and how she can be involved more. We discussed how they used to sit around and talk, but that has slowly changed, and she feels that she is just there to do a job now, so we discussed how they can change this situation and help the patient from further injuries in the household.</p> <p>2. My patient who had been admitted due to fall, had an underlying health issue which was hypertension. During her assessment, I tried to find out additional information about her fall and what might have caused it. She told me that this was her third fall this year and she has no control to brace herself when she falls due to her weight. She continued to tell me that she gets bad headaches before the fall. I asked her about her nutrition and potential stress factors in life- which she stated to have none. However, she had informed that her diet was mainly fried foods and the desserts that she bakes for her church every Wednesday and Sunday. After receiving that information, I gave her education on nutrition and how salty foods can cause her hypertension to raise and increase the chance for more falls in the future.</p>