

## 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>	<ol style="list-style-type: none"> <li>1. In my simulation my patient had COPD and pneumonia. His oxygen was low upon taking his vitals so we sat him up in bed and instructed him to breathe through his nose the effectively use his nasal cannula oxygen. When we sat him up he had pain upon movement, but his breathing eased and his oxygen saturation went up to an acceptable level. This intervention was effective because of the change in his vital signs and the easing of his breathing.</li> <li>2. I had a patient with a broken back. She and her doctor had decided not to do surgery because of her age and the lack of benefits. The main intervention for her was to wear a back brace if she was about a certain degree in her bed. We helped her put on her back brace and ambulate through her room, which helped her practice walking in her brace and increase her circulation.</li> </ol>
<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>	<ol style="list-style-type: none"> <li>1. I was taking care of a patient who had been in the hospital of a long period of time and during report heard that she was going to palliative care the next day. While the nurse and I were changing the patient a nurse came in from palliative care, and asked us a few questions about how she had been doing, and wanted to know when the best time was to come talk to the father/main caregiver of the patient. She told the palliative care nurse how the patient's pain had been, then told her When the father was typically there. This was a great example of interprofessional communication because they got across the information necessary in a timely and effective manner.</li> <li>2. I had a patient who required a back brace to walk or sit above 45 degrees. I had not attempted to walk the patient with the brace when the surgeon came into the room and asked me why I had not walked her and why she had not worn her brace because that was the next step for her to be discharged. I told them that I was the nursing student and was doing as I was told to by my nurse and in the report of the previous nurse. After this encounter, my instructor, a few other nursing students and I all helped the patient into her brace and ambulated her through the room and back to her chair. I think the outcome of this situation was very effective, but the communication by the reporting nurse could have been clearer on the priority of the brace.</li> </ol>
<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>	<ol style="list-style-type: none"> <li>1. I had one patient that I gave an IV piggyback to. I relied on my evidence-based practice to aseptically puncture my medication and prime my tubing. The evidence-based practice behind this action is that it decreases risk of infection through the patient's IV. Infection through an intravenous line is a serious issue that can lead to sepsis and death if left untreated, which shows the importance of using aseptic technique when preparing an IV piggyback medication.</li> <li>2. I drew blood on one of my patients and used alcohol to clean his skin and allowed the alcohol to dry before drawing the blood. This quick and simple act avoids infection because of the bactericidal effect of the alcohol according to our NII's. I also made sure to know where his vein was located and not palpate the site after using the alcohol as the keep the cleanliness of the site.</li> </ol>
<b>Caring and Human</b>	Incorporate nursing and healthcare	<ul style="list-style-type: none"> <li>- Explain need for nursing &amp; health care standards</li> <li>- Apply standards to patient care (HIPAA, QSEN,</li> </ul>	<ol style="list-style-type: none"> <li>1. I had a patient who was unable to communicate for herself and was going to palliative care the next day. We ensured she was dry every time we entered her</li> </ol>

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<b>Relationships</b>	standards with dignity and respect when providing nursing care.	NPSG) - Communicate concerns regarding hazards/errors in patient care	room because she was unable to communicate it herself and would check on her frequently. This helps to eliminate the concern regarding skin breakdown for this patient. It also helps this patient keep her dignity and respect when she cannot be an advocate for herself. 2. One of my patients was given medication by secondary tubing in an IV piggyback. Using a secondary and primary in the pump, which is best practice, allows better control and correct labeling of the medication given instead of running a medication by itself or by gravity. This is an example of lowering errors in patient care because it helps ensure the correct amount of medication is given to the patient and avoids unnecessary medication loss through a primary line. This also allows the medication to be labeled correctly through the pump so other staff can see that the correct medication is being given at the correct rate.
<b>Management</b>	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	1. In my simulation my patient was on a low sodium diet but wanted chickfila and did not understand why it was not good for him. I educated him on how fried food is high in sodium, but I also told him we would consult dietary to come talk to him about helping him know what he should be eating even after he leaves the hospital, and how he could balance his diet to include things he likes while still being good for his health. This would be part of the discharge planning I had for this patient and promotes a positive outcome for this patient. 2. I had a patient in a back brace and a comorbidity to her care was that she could not apply it herself and had stomach pain and a distended stomach that would make the brace feel tight and uncomfortable. This patient needed help from physical therapy in her discharge care and someone to help her apply the brace once she returned home.
<b>Leadership</b>	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	1. I was in a patient's room to do an assessment and observed how involved PT was in that patient's care. This is an example of an interprofessional plan of care because of the involvement of nursing students, nursing staff, and physical therapy. 2. In simulation I informed the patient about the other members of his care team including Dietary to inform him about his low salt diet and his doctor about if he would continue to wear his oxygen at home.
<b>Teaching</b>	Evaluate the effectiveness of teaching plans implemented during patient care.	- Identify/define teaching plan - Implement teaching plan - Identify appropriate evaluation tools - Appraise patient outcomes	1. In my simulation I did a lot of teaching. My patient had COPD and pneumonia and asked me several times if he could have a cigarette. I taught him both about the dangerous side effects of smoking, such as debris in the lungs, and how it can worsen his COPD and pneumonia. I also taught him safety measures for his nasal cannula and focused on the flammability of his oxygen and the importance of keeping it away from any spark or open flame. 2. I was in the room assessing a patient and saw some great teaching by the physical therapist. She had finished doing his exercises with the patient, then asked him to tell her what he would be doing for his therapy. He demonstrated to her the exercises he was taught. This was a great example of teach back, especially because the patient had to be corrected to do his exercises while standing up, and not sitting down. If the physical therapist would not have effectively taught this patient his outcome would not be as good as doing his exercises correctly.
<b>Knowledge Integration</b>	Deliver effective nursing care to patients	- Identify patient health deficits - Prioritize care appropriately	1. I had a patient in clinical that spoke Spanish and did not understand English. Unfortunately the nurse assigned to her did not speak Spanish and this became a

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	with multiple healthcare deficits.	<ul style="list-style-type: none"><li>- Adjust plan of care based on patient need</li><li>- Identify system barriers</li><li>- Modify health care deficits identified</li></ul>	<p>serious barrier to the effectiveness of her care. The plan of care should have included a translator either electronically or someone who can translate medical Spanish. This would have aided both her understanding of the care she was receiving and the effectiveness of the care given to her. It would have also helped her feel less alone.</p> <p>2. I had a nursing student call me into a room to help her lower a bed. It turns out that the bed would not lower unless a certain side of the controls were used. This was a barrier to effective care because this technical difficulty could have left the patient in an unsafe environment and was a fall risk.</p>
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