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Instructional Module 4 - Adult M/S 2

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	-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	1. I walked into my patient's room in the morning to perform my daily assessment. My patient had a grimacing facial expression and was verbally groaning. I assessed my patient's pain by performing a pain focused assessment and asked them to rate their pain on a numeric rating scale (0-10). The patient scaled their pain at 8 and I notified my nurse. After notifying my nurse she looked over the patient's eMAR and reviewed a PRN order for pain. We then went to the medication room to draw up the opioid and administered it via IV push. 2. During the morning of clinical, I was delegated to take morning blood glucose levels. One of my patients' blood glucose results read 185. I then notified my nurse and we then went into the medication room to draw up the insulin. In the medication room my nurse utilized the insulin sliding scale and then went to administer it. Once 3 hours went by my nurse and I reassessed the effectiveness of the insulin by re-checking her blood glucose levels. Her blood glucose was significantly lower compared to her initial blood sugar level.
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 Stepps, etc. -Evaluate outcomes of communication process	1. Some healthcare team members that I spoke with during my time in clinical were the registered nurse and certified nursing assistant. I assured to ask the registered nurse what each patient can or cannot do before performing any interventions. I also communicated with my CNA and let her know that I was going to collect vital signs as well as blood sugars. I believe that I utilized TEAM STEPPS with the other healthcare team members by communicating, monitoring situations, and assuring that I understood what my leaders (RN and

			CNA) needed. 2. I had a patient that had a back injury that resulted from a fall at his home and he needed physical therapy to help him complete ADL. Once PT came into the room I informed them that the patient was needing help to get up from the bed and walk into the restroom. I then helped PT by standing on the other side of the bed to be able to safely catch the patient if he fell backwards. I believe that the information I relayed to PT helped because they were able to focus more on walking and being able to transfer to the restroom.
Critical Thinking	Apply evidence based research in nursing interventions	-Analyze pertinent data (subjective, objective) -Identify evidence based practice (EBP) resources -Distinguished EBP nursing interventions -Apply EBP nursing interventions -Document resources & interventions	1. During one of my clinical rotations, some pertinent data that was important for me to analyze was when one of my patients stated that they couldn't catch their breath. I decided to assess their respiratory system and oxygen saturation. During my assessment I could notably hear wheezing in their lungs, and when I measured their O2 saturation with the pulse ox it read 83%. Before I left the patient, I decided to raise the head of the bed to a semi-fowler's position to aid the patient in breathing and then notify the nurse. I used my Nurse's Pocket Guide to help me understand the rationale of my intervention of raising the HOB. According to Alice C. Murr, Marilynn E. Doenges, and Mary Frances Moorhouse, "Elevating the HOB decreases pressure on the diaphragm and enhances ventilation in different lung segments." 2. During one of my medication administration one of the orders that I had to give was Enoxaparin. Before administering the medication I assured to ask my patient if they remember where the last administered the medication. The patient informed me that they weren't sure so I went ahead and recalled the values on the

			eMAR. I then made sure to check the patient's recent blood draw results and reviewed what their platelets were. The patient's platelet count was in the normal range and as a result I administered the medication.
Caring & Human Relationships	Incorporate nursing & healthcare standards with dignity & 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	1. I believe that having nursing and healthcare standards allows for nurses and other healthcare team members to have a clear overview of what should and shouldn't be done in their scope of practice. An example is HIPAA, nurses need to be cautious of when and where they talk about a patient's care or circumstances. It is easy for nurses to become comfortable with talking to other healthcare team members about their patients. However, that comfort could easily violate a patient's privacy especially when there are family members and other visitors who can listen to conversations at the nurses station. QSEN is also another model that nurses can follow to enhance their care for patients and improve their overall well being. As nurses go throughout their career, many believe that they know everything and that they are caring for their patients in the "best" way. However, models and programs such as QSEN can educate us about new and improved evidenced-based practices. This education will not only enhance the patient's overall well being but also allow for nurses to expand their education and critical thinking skills. 2. When we first received a report from the night shift nurse I decided to ask the nurse if the patient had been changed. She informed me that she wasn't sure because the patient slept throughout the night and is yet to wake up. I knew it was my job to go into the patient room and ask the patient if they needed to be changed in order to reduce the risk of skin breakdown. Once I entered the room the patient woke up and stated that they were soiled. I informed one of my fellow peers and we went

			into the room to change the patient.
Management	Recommended 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. During my last clinical rotation, I had to care for a patient who had a total knee replacement. He was a Spanish speaking man and did not have a translator to be able to explain his concerns, needs, or questions. He informed me that he didn't understand why physical therapy was making him get up and walk when he recently just had surgery. I had to explain to him that the reason PT was making him walk post surgery is to reduce the risk of developing a deep vein thrombosis by promoting circulation. I also let him know that due to his hypertension he is at even a higher risk for developing a DVT after his orthopedic surgery. 2. During my clinical experience with the patient that had the back injury I was able to ask them where they plan on going once they are discharged. The patient stated they planned on going home but they weren't confident in being able to get around in their house. I then informed my nurse about their concerns and she let me know that she would call case management to help them figure out what they want to do. Before leaving clinical my nurse informed me that case management helped the patient find a rehab facility to aid them in their recovery and ADLs.
Leadership	Participate in the development of interprofession-al plans of care	-Identify/define interprofessional plan of care -Integrate contributions of health care team to achieve goals -Implement interprofessional plan of care	1. With my patient with the total knee replacement, my nurse and I involved other members of the interdisciplinary team members to come up with a plan of care for him to be able to go home safely. This included case management, at home nursing, physical, and occupational therapy. Case management will help aid in finding medical equipment which will allow the patient to be able to transfer and become mobile. While PT and OT will teach the patient different ways to

			ambulate and complete activities of daily living. 2. With one of my patients who was an elderly obese woman. She was diagnosed with pressure ulcers and had skin breakdown of different stages on her gluteal region. She had generalized weakness and was not able to ambulate by herself without assistance. Occupation and physical therapy was able to come in and help her walk. I was asked to help them move her up to the HOB and assist with getting her out of bed as well.
Teaching	Evaluate the effectiveness of teaching plans implemented during patient care	-Identify/define teaching plan -Implement teaching plan -Identify appropriate evaluations tool -Appraise patient outcomes	1. Some teaching plans that I was able to identify during one of my clinical rotations was informing my patient about her external fixation procedure that her doctor didn't inform her about. I partnered with my RN and let her know that her patient was confused on what her procedure consisted of. My nurse proceeded to go into the room and print off a hand off that explained her non surgical procedure and also verbally explained and answered any questions that she had. 2. One of my patients that I had on the med-surg floor recently came back from surgery on their lower phalange. My nurse informed me that when I came back from lunch she was going to need me to help them ambulate them. When I entered the room before leaving for lunch I noticed that the patient had a dressing that was covering the entire foot. I went to inform my nurse about the dressing and the nurse went into the room herself to assess the wound and perform a peripheral neurovascular assessment. She then went to call the surgeon that performed the surgery and the surgeon informed her that he didn't want the patient to ambulate to reduce pressure on the surgical site. She then let me go to the room to teach the patient how to use their incentive spirometer and helped me educate the patient

			on the reason why they should perform it every hour after surgery.
Knowledge Integration	Deliver effective nursing care to patient 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	1. During my clinical rotation on the Med-Surg floor one of my patient's wife stated that his ileostomy bag had an unpleasant odor and was becoming overfilled. I asked the patient if he knew how to empty his bag by himself and he stated no. I then proceeded to ask his wife if she had been educated on emptying his ileostomy bag and she also stated no. However, she knew that she would have to help him once they left the hospital and she wanted to learn how to empty and measure the content in his bag. I notified my instructor and I was able to not only learn how to empty the bag but also help teach the Spanish speaking patient and family member as well. Some healthcare barriers that this patient and family member were experiencing were financial problems and language barriers with the healthcare system. 2. During my last clinical rotation on the Orthopedics floor I was told by my non-spanish speaking nurse that she had a patient who spoke Spanish and she couldn't communicate with him. When I walked into the room my patient stated that he was uncomfortable and I asked him where he was feeling any pain. He told me he felt pain on the knee he recently had surgery on and I took note that I needed to inform my nurse about his complaints. I administered the medications he needed for any infection he may have going on. When I informed him about the therapeutic reason for the Ceftriaxone he believed that he had an infection in his knee since that's what everyone has been telling him. I further educated him and let him know that the cephalosporin antibiotic he was receiving was to prevent an infection from occurring. When my nurse came into

			the room during my medication administration I let her know that the patient stated he had pain in his knee and she then assessed his pain level on a pain scale (0-10). He then rated his pain on a 6-7 and the nurse asked me to tell him that she was going to get him a narcotic to help alleviate his discomfort.