

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. One of my patients had impaired physical mobility, and had not wanted a bath the day before. I asked the patient why they refused the bath the other day, and they had expressed to me how the CNA had seemed frustrated and had made them feel uncomfortable. I proceeded to explain to the patient that they were not the cause of why the CNA came off that way, and that it is important to have good hygiene to prevent skin breakdown and infections. I proceeded to ask the patient if they wanted a bath and they agreed and understood why they needed one. I gathered all the supplies and asked for another nursing student's help since the patient had little mobility. We used teamwork and got the bed bath done within a timely frame, and got the patient's new bed sheets as well as a gown and socks.
2. One of my patients was newly admitted and had to get an IV to be able to administer some medications that the physician had ordered. My nurse and I went to the patient's room and introduced ourselves and how we were going to start an IV, and why they were getting the IV for. We then went to the medication room and grabbed all the necessary supplies to go further ahead with the task. I went into the patient's room and we checked the orders to verify that they indeed were getting an IV. I assessed the patient's arms and asked if they had a preferred arm in which they would have it in. I went ahead with the arm that had the best veins and started the process. My nurse was observing and talking me through, and as well I was explaining to the patient what we were doing. I successfully found a vein, tied the tourniquet, anchored the vein, and stuck the patient with little to no pain. The patient was very calm and the IV exhibited no redness, swelling, or any bruising.

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

1. One of my patients had been in the hospital a couple days and was due for a lovenox injection. He did not understand why the medication needed to be administered through injection, and what it was for at all. I explained that this medication is given to all patients who are in the hospital to prevent DVTs or blood clots, and was given through injection so it can be more rapidly absorbed by his cells. He was nervous at first about the injection but I assured him that this was going to be quick and relatively painless. After that I was able to inject the medication with little pain and was able to calm his nerves down.
2. One of the nurses I was assigned to was running behind on a day, and needed to do morning charting after seeing all our patients. The nurse communicated to me to collect morning vitals, and so I did to help her save some time. As a result I saved the nurse time and allowed her to catch up to her schedule. I successfully collected the patients vitals as scheduled to help report trends and effectively communicated the vital signs to the nurse.

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

1. I had a patient exhibit weakness in the legs and an unsteady gait. I identified that the patient was at fall risk and in need of education on proper use of an assistive device. I educated the patient on the need of using a walker to reduce risk of injury and to build up strength. I would have demonstrated proper use of the device and had the patient demonstrate it back to me. I would have observed the patient. I would have documented the patients distance and time of ambulating as well as reported any fatigue.
2. One of my patients had been showing signs of pneumonia and had a cough and had a low reading on the oxygen saturations. They had an X-ray of their chest to get confirmation. I helped educate the patient to turn cough and deep breathe. I brought an incentive spirometer and explained to the patient how to use it and set measurable

goals. I observed the patient using the incentive spirometer. I would have documented the patient's use of the incentive spirometer or communicated to the nurse.

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

1. I performed a successful blood draw on a patient for a potassium lab. The World Health Organization sets standards of patient care for hospitals to adhere when performing blood draws. I successfully punctured the patient's vein without bruising the patient. I informed the patient on why they were getting a blood draw and walked them through the whole process while I was performing the action. The patient had received a previous blood draw by a nurse in the emergency department and left the patient's vein damaged and bruised their arm.
2. I had a patient that was recently diagnosed with a brain tumor. The patient was having a difficult time coping with the fact that he was working and feeling fine just a few days ago, and now has to have brain surgery to remove or shrink the tumor. I spent time with the patient and helped him with eating, positioning, and being emotionally available. I explained everything to him since at some points when the doctor or even the nurse came and communicated information, a lot of times it would be medical jargon. I came in after and made sure they had enough time to let the information sit and was readily available to answer any questions or concerns. He was very cooperative and could tell that he was not as stressed or worried after our interactions and communication.

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

1. One of my patients I helped with was being discharged wasn't was being sent home with a foley catheter for a urinary tract infection. I was able to speak with the nurse who

spoke with the unit secretary, and ordered a catheter with a bag that could be fastened to the patient's leg. We were able to obtain the supplies and the patient went home with a new catheter making it more discrete and easier to manage.

2. I had an elderly patient with multiple myeloma and other health deficits. The patient was in their 70's and had some cognitive issues and impaired mobility, and her quality of life was already pretty poor. The doctor and patient offspring wanted to treat her newest diagnosis of myeloma aggressively with chemo and radiology. We were able to have a few conversations with family and ultimately decided it would be better for her quality of life to be placed in palliative care.

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

1. During sim I was partnered with another student nurse and had a patient that had just come back from surgery. While I was giving meds and the other student nurse was assessing the patient, we discovered that the surgical wound was leaking large amounts of blood. I took over for the other student nurse and reinforced the dressing while the student nurse went to go contact the physician. We were able to stay calm and communicate with one another, the doctor, and the patient. Ultimately we were able to stabilize the patient.
2. One of the days on the floor there was only one CNA on the floor, and on our side of the hall our nurses needed vitals for all their patients. I worked with other students to split the work and shared the machines equally, so that we could all collect vital signs together. We worked individually and recorded, documented, and documented all the vital signs to one another. We then effectively communicated the vital signs to the CNA and as well as our nurse.

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

1. A patient I was taking care of had a history of hypertension. The patient had not been taught about managing his hypertension prior to this hospitalization. I educated him on the importance of taking his blood pressure meds daily, and around the same time each day as prescribed to avoid rebound hypertension. I educated the patient on selecting foods rich in magnesium, potassium, and calcium while avoiding sodium, saturated fats, and added sugars. I monitored the patient's vitals closely while I administered the medication to assess his response. I helped him ambulate after and educated the importance of exercising to improve his blood pressure. As a result the patient had a better understanding of his medications and when to take them.
2. A patient I was taking care of was expressing to me and my nurse how they were having pain and discomfort in their abdomen due to their constipation. The patient was not drinking enough fluids and was not urinating enough as well. To correct this I educated the patient on the importance of staying hydrated, provided him with enough fluids, and followed up on the patient to make sure they were drinking enough. I helped the patient to get up from bed and walk around a little while educating them on the importance of light aerobic exercise activity to promote peristalsis to help with their constipation and discomfort. As a result the patient was able to take in more fluid, which increased urination and along with the exercise the patient resulted in less constipation and less discomfort.

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

1. One of my patients was an elderly man with multiple health deficits including dementia, hypertension, smoking, and obesity. The patient's admitted diagnosis is a stroke and his chief complaint was generalized weakness and pain. Most of his conditions were well managed but as of recently his strength was heavily impacted from his stroke, making it hard for him to get around. The priority became his mobility and protecting him from falls or injury. We assisted him with ambulating and educated him on the use of a walker. The patient was reluctant at first but after explaining that it would give him support so he could have and build up more strength, energy, and most importantly help keep him safe. He was more willing to cooperate after the explanation and teaching. In the end we

were able to increase the patient's mobility, improve his strength, lower his risk for falls or injury, and increase his quality of life.

2. I had a patient one week with multiple deficitings impacting her health including lung cancer, osteoporosis, and osteomyelitis. She had recently fallen and fractured her hip which brought her to the hospital for surgery. After surgery her vitals were dropping, and her surgical dressing was saturated with blood, and as well had blood leaking onto the bed. The priority quickly became the patient's blood loss and hypovolemia to prevent her from going into shock. We reinforced the dressing to stop the blood and help the site clot while also administering fluids through the patient's IV to replace what was lost and in the process. We notified the charge nurse and contacted the physician which slowed the process but was necessary to help the patient. The doctor ordered us to reinforce the surgical dressing while not removing any of the old dressing, and we were able to get the patient to stabilize again.