

Student CSON LVNRN End of Program Student Learning Outcomes (CSON SLOs) & CJ

CSON SLOs	NCSBN Clinical Judgement	Students Clinical Performance
<p>Safety/Quality – integrate nursing care using evidence-based practice to promote safety and quality for patients, self, and others. (CJ 1, 2)</p>	<ol style="list-style-type: none"> 1. Recognize Cues (assessment) – The filtering of information from different sources (i.e., signs, symptoms, health history, environment). What matters most? 2. Analyze Cues (analysis) – The linking of recognized cues to the client’s clinical presentation and establishing probable client needs, concerns, and problems. What does it mean? 3. Prioritize Hypotheses (analysis) – Establishing priorities of care based on the client’s health problems (i.e., environmental factors, risk assessment, urgency, signs/symptoms, diagnostic tests, lab values). Where do I start? 4. Generate Solutions (planning) – Identifying expected outcomes and related nursing interventions to ensure a client’s needs are met. What can I do? 5. Take Actions (implementation) – to implement appropriate interventions based on nursing knowledge, priorities of care, and planned outcomes to promote, maintain, or restore a client’s health. What will I do? 6. Evaluate Outcomes (evaluation) – To evaluate a client’s response to nursing interventions and reach a nursing judgment regarding the extent to which outcomes have been met. Did it help? <p style="text-align: center;">{This is like a Bowtie & Highlighting NCLEX style question}</p>	<p>Scenario: A 68-year-old male patient presents to the ED with, as he describes, a pounding headache with nausea and vomiting. Vital signs are BP 180/110, HR 105, RR 21, Sats 95% on RA, Temp 98.8. The patient has a history of CAD and HTN. He has smoked 1-PPD for many years, has hyperlipidemia, a transient ischemic attack (TIA) 3 years ago, and states he drinks a six-pack of beer on the weekends.</p> <p>Recognize cues: Based on this patient’s presentation, which information is most concerning?</p> <p>Analyze cues: As you analyze the cues, you begin prioritizing the hypothesis: What is this patient’s potential risk?</p> <p>Prioritize hypothesis: If more than one hypothesis, which one takes priority?</p> <p>Generate solutions: What are your solutions, and how would you prioritize them?</p> <p>Take Actions: What anticipated actions will you perform?</p> <p>Evaluate Outcomes: When and how would you evaluate the outcome? Did the interventions work for this patient? If not, what is your plan?</p>
<p>Clinical Judgment – integrate the use of current evidence-based practice and clinical competence when making clinical decisions in the provision of patient-centered care. (CJ 3, 4)</p>		
<p>Patient-Centered Care – integrate nursing care for patients from diverse backgrounds based on patient age, culture, values, and educational needs. (CJ 1-4)</p>		
<p>Professionalism – integrate knowledge, skills, and attitudes required of the professional nurse, embracing lifelong learning to improve the quality of healthcare. (CJ 5, 6)</p>		
<p>Communication/Collaboration – communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in various healthcare settings. (CJ 5, 6)</p>		