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| **Course Number /Course Title**1. MHG - EL - 2018 Annual Required Course - Diversity in the Workplace
 | **University /Address****Healthstreams**Memorial Hospital of Gulfport  | **Year Attended****2018** | **Degree****CEU** |
| **Learning Objectives of Course**1.The Significance of Diversity in the Workplace2.How You Can Support and Value Diversity |
| End of Course Outcomes1. Define diversity.
 | **Evidence of Course Outcome** -Recognize diversity is the process of valuing individual differences through actions-Recognize that individual differences include all characteristics that define an individual such as life experiences, ethnicity, cultural background-Identify other items such as marital status, disability, gender, age, work habits, experience are also considered points of diversity |
| 1. Explain the benefits of valuing workplace diversity.
 | -Verbalize that accepting and embracing diversity can become an asset-Verbalizing valuing and accepting diversity promotes teamwork and promotes effective communication which can increase patient satisfaction and improves quality of care.-Accept and appreciate the differences among people, understand the strengths and weaknesses of our coworkers |
| 1. Discuss the legal aspects of diversity.
 | -Verbalize that when diversity is valued, we can enjoy personal growth, realize increased productivity, and are compliant with anti-discrimination laws-Identify the laws that prohibit discrimination against and employee or potential employee include but are not limited to Title VII of the civil rights act-illegal to discriminate against an employee basis on race, color, sex, religion or national origin. Also included in this act are sexual harassment and protection of the rights of pregnant women.-Verbalize the ideals of the Equal Pay Act of 1963-men and women in the same organization must receive equal pay for equal work.-Discuss the effects of the Titles I and V of the Americans with Disabilities act of 1990-can’t discriminate against a qualified employee based on disability-Verbalize the impact of the Civil Rights Act of 1991-allows for monetary damages in cases of intentional employment discrimination.-Understand how these laws are enforced by the EEOC- Understand the laws apply to hiring and firing, testing, transfer, promotion, layoff or recall, terms of employment-Recognize that it is illegal to make employment decisions based on any of the above  |
| 1. Discuss your role in managing workplace diversity.
 | -Avoid behaviors that don’t support diversity-Make diversity awareness a unit goal/competency-Educate staff on negative behaviors that do not support diversity such as harassment, collusion, stereotyping, intimidation or noncompliance-Identify any personal prejudices and work to change these attitudes and behaviors-Verbalize and support diversity includes a personal understanding of how to comply with federal laws and hospital policies  |

\*Each piece of evidence must be assigned a separate number.

Additional comments: \_\_\_Very pertinent class for management. Understanding the legal aspects of diversity in management especially in the hiring phase was very helpful.

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| **Course Number /Course Title**1. Customer Service - Emotional Intelligence in Healthcare
 | **University /Address****Healthstreams**Memorial Hospital of Gulfport | **Year Attended**2018 | **Degree**In-service |
| **Learning Objectives of Course**This course introduces participants to the concept of Emotional Intelligence. Understanding and recognizing Emotional Intelligence can provide benefits for participants and customers in the Healthcare setting when learners recognize and understand emotional states of patients, patients’ families, and staff. |
| **End of Course Outcomes** | **Evidence of Course Outcome**  |
| 1. Define emotional intelligence
 | * Verbalize that EI is the ability to recognize your emotions and what they are telling you and understand how you affect people around you.
* Identify how EI also involves your perceptions of others: when you know how they feel, this allows for you to manage relationships more effectively.
 |
| 2. Describe the five elements of emotional intelligence. | 1. Self-awareness-ability to recognize my own emotions and control them2. Self-regulation-the ability to control or regulate impulses and emotions. Think before acting.3. Motivation- manage emotions to attain goals.4. Empathy-the ability to understand the feelings, wants, needs, and viewpoints of others.5. Social skills-Interpersonal skills of communication, team work, conflict management skills of people. |
| 3. Identify aspects of one's life affected by emotional intelligence. | -Understand the effect on your performance at work or school-Understand and relate to how physical health can be affected- Recognize the impact on mental health and relationships |
| 4. Identify if someone has high emotional intelligence. |  Verbalize the following hallmarks of someone with high EI include:* They manage their emotions well
* Achieve goals that revolve around the feelings of others
* Thrive in teams or in 1 on 1 situations
* Flourish when given leadership opportunities
 |
| 1. Describe benefits of having employees with emotional intelligence.
 | Describe and understand the benefits of employees with high EI:* More stable
* More productive
* Better at communicating
* Better at problem solving
* Easier to work with
 |
| 6. Identify methods to enhance one's emotional intelligence. | * Don’t interrupt of change the subject
* Don’t judge or change your feelings to quickly
* Determine if you can find connections between your emotions and your past experiences
* Associate feelings to your thoughts
* Listen to your body
* Know when to quit
 |
| 7. State why emotional intelligence is important in a healthcare setting | Patient-centered care just not just about delivery models. It is also about the relationships and interactions between patients and providers.Being aware of our behaviors impact patient satisfaction. |

Additional comments: \_\_\_In-service conducted through Healthstreams which I deployed into my unit. Emotion intelligence is important to understand especially the behaviors of someone with a higher EI. Something I have encouraged my unit to embrace, someone with a higher EI is able to resolve conflict and solve problems all the while having empathy, great foundations to build a team.

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| **Course Number /Course Title**1. Preventing and Managing Medical Errors for Nurse Managers - FL BON Requirement
 | **University /Address****Healthstreams**Memorial Hospital of Gulfport | **Year Attended**2018 | **Degree**CEU |
| **Learning Objectives of Course**To describe the use of root cause analysis and strategies to address top hospital-based risk management challenges. |
| **End of Course Outcomes** | **Evidence of Course Outcome**  |
| 1. Identify the keys concepts, principles, and regulations related to the investigation of sentinel events.
 | Identify that RCA is a powerful tool used to improve systems, mitigate harm, and prevent recurrence of adverse events without directing individual blame. These goals are accomplished through in-depth examination of an organization’s processes and systems with the purpose of answering three questions:1. What happened?2. Why did it happen?3. What can be done to prevent it from happening again?Verbalize aspects of a multidisciplinary team, which includes staff members with knowledge of the processes and systems, allows for an effective analysis of the event. Leadership needs be involved to bring decision-making authority to the table. Individuals able to implement change are needed.Verbalize that RCA is an excellent tool for identifying causes of sentinel events. The focus on systems and processes instead of performance brings with it a welcome change from past practices of placing blame on individuals. |
| 2. Recognize the essential and recommended features of root cause analysis. | Identify and verbalize the features:* Gather information
* Organize the information
* Review contributing factors to the event
* Identify the root cause of the event
* Prepare an action plan to address how to prevent the event in the future
* Reporting- sharing the RCA and action plan with leadership and work to improve patient processes for patient safety
 |
| 1. Describe ten important risk management challenges to patient safety which increase liability.
 | Identify and describe the following 10 challenges to patient safety and increased liability:1. Patient identification errors-using 2 identifiers to reduce risk and encouraging patient participation.
2. Hospital Acquired Infections-bundle checklists help staff take action or stop process, handwashing reduces risk, best practice must be identified and shared
3. Communication/escalation-challenges include fear of disruptive behavior, clinical competency, and mutual trust
4. Medication administration-failures in medication reconciliation, transcription, pharmacy prescription review, and more.
5. Clinical alarms-Alarm fatigue is a real and daunting challenge as more and more patient-care equipment is beeping at the bedside and in patient-care units
6. Infusion pump safety- use of smart pumps is recommended but the dosages should be double checked against the library or it will contribute to an IV medication error
7. Falls- how to balancing patient independence with maintaining safety. Falls assessment implementation and documentation
8. Hospital acquired pressure ulcers-lack of documentation and timely assessment/intervention are key factors
9. Clinical competency-Staff and managers should collaborate at all levels to ensure the right people are in the right places at the right time. Ensure training and skills match.
10. Retained foreign bodies-distraction, fatigue, human counting error, lack of count procedures, difficult operations, and other factors
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Additional comments: \_\_As a manager, knowing the risk management process for handling sentinel events benefits my practice. Understanding the function and end goal of improving patient safety outcomes and prevention repeating such errors is important.\_

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| **Course Number /Course Title**1. 12-Lead ECGs Part II: Identifying Common Abnormalities
 | **University /Address****Healthstreams**Memorial Hospital of Gulfport | **Year Attended**2018 | **Degree**CEU |
| **Learning Objectives of Course**To provide information about interpreting common ECG abnormalities |
| End of Course Outcomes | **Evidence of Course Outcome**  |
| 1. Describe bundle branch blocks
 | Review a 12 lead EKG and describe how the BBB appears on the ECG as a wider-than-normal QRS complex.(0.12 second or more in duration). Verbalize that electrical signals originating in the sinoatrial (SA)node, the cardiac electrical impulse normally travels to the atrioventricular node through the bundle of His into the right and left bundle branches in the septum. The two bundle branches terminate in the Purkinje fibers. When the impulse reaches them, ventricular depolarization begins.Describe how bundle-branch block occurs when one of the two bundle branches can’t conduct the cardiac impulse to the myocardial cells. The most common reason for chronic bundle-branch block is ischemic heart disease.Verbalize how a right bundle-branch block impulse conduction to theright ventricle is blocked. So the key identifier of RBBB in lead V1 is aQRS complex wider than 0.12 second with a delayed (longer than 0.07 second) positive main R wave. Some RBBBs may display a triphasic waveform (“rabbit ears”) consisting of a small R wave, downward S wave.Verbalize how in a left bundle-branch block electrical impulse don’treach the left side of the heart normally. The key to recognizing aLBBB is a wide, downward QRS wave or S wave in leads V1 and V2. |
| 2. Identify ECG changes accompanying an acute MI. | Identify elevation of the ST segment, indicating reversible myocardial injury known as a STEMI on a 12 lead EKG.Identify that an ST-segment-elevation MI is associated with more complications and a higher risk of death.Identify which leads show an inferior MI and ST elevation it can be is present in leads II, II and aVF.Describe how a posterior wall STEMIs are harder to diagnose and the elevation is seen in leads V7-V9 the leads that look at the posterior wallDescribe a septal wall infarct is found between the ventricles and usually involves the LAD known as the widow maker and are seen in the anterior leads of V1 and V2. |
| 3. Identify common dysrhythmias. | Describe and understand the following dysrhythmias: * Sinus bradycardia is a sinus rhythm slower than the lower normal
* sinus rate of 60 beats/minute
* Sinus tachycardia is a sinus rhythm that’s faster than the upper normal sinus rate of 100 beats/ minute. Sinus tachycardia can produce heart rates of 100 to 150 beats/minute
* Atrial fibrillation (AF), one of the most common dysrhythmias encountered in clinical practice, has two predominant characteristics: an irregularly irregular heart rhythm and no discernible P waves
* Premature ventricular contractions (PVCs) are characterized by a wide, abnormal QRS complex because conduction occurs through the ventricular tissue and not the His-Purkinje system
* Ventricular tachycardia (VT) is a very rapid (100 to 250 beats/minute) series of wide-complex ventricular depolarizations. In this dysrhythmia, abnormal ventricular tissue rapidly depolarizes, taking rhythm control away from the sinus node.
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Additional comments: \_12 lead EKG’s are done daily and keeping my baseline rhythm knowledge is crucial to my position.

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| **Course Number /Course Title**1. Pressure Ulcer Staging
 | **University /Address**Memorial Hospital of Gulfport Annual competencies | **Year Attended**2017 | **Degree**In-service |
| **Learning Objectives of Course**This course will review pressure ulcer staging**.** |
| **End of Course Outcomes** | **Evidence of Course Outcome**  |
| 1. Describe the staging of pressure ulcers for stage I, stage II and suspected deep tissue ulcers
 | Verbalize: Pressure ulcer is defined as a localized injury to the skin and /or underlying tissue, usually over a boney prominence, because of pressure or pressure in combination of pressure and shear.Describe: Pressure ulcer staging for a Stage I* The skin is intact with redness that doesn’t blanch
* The area is localized usually over a boney prominence
* In dark skinned individuals, the area may not visible blanching, but to color will be different from that of surrounding tissue
* The area may be painful or feel firm, soft or warmer or cooler than surrounding tissues

Describe: Pressure ulcer staging for a Stage II * The dermis shows partial-thickness tissue loss, appearing as a shallow ulcer that is open with a reddish pink wound bed
* No slough is present
* May also present at a serum-filled blister that can be intact or open

Describe: Pressure ulcer staging for suspected deep tissue injury* The area appears discolored, purple or maroon and localized
* Discoloration may be difficult to observe in dark skinned people
* The skin is intact or appears as a blood-filled blister due to damage from to the underlying soft tissue
* Before discoloration the tissue may be painful, firm, mushy, boggy or warmer or cooler than surrounding tissue
 |
| 2. Discuss the financial implication of advancing pressure ulcers. | Verbalize that in 2016 Memorial Hospital documented hospital acquired pressure ulcers. Of the 105 reported 89 were either stage I or II or unstageable. The average cost absorbed by the hospital to treat a hospital acquired pressure ulcer is $ 43,108.00 which equates to a potential loss of over 4 million dollars in unrecoverable funds in 2016 if those progress to stage III or IV.CMS has classified stage III and IV as a preventable hospital acquired condition which no is no longer reimbursed. |

Additional comments: \_Documentation and good assessments are crucial to decreasing this financial burden on the hospital. Pre-op has adapted our documentation to include questions regarding any skin issues such as bruises, cuts, rashes points.

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| **Course Number /Course Title**1. 2018 Annual Required Course – The Joint Commission (TJC)
 | **University /Address****Memorial Hospital of Gulfport** | **Year Attended****2018** | **Degree****In-service/Work** |
| **Learning Objectives of Course**This course will review the role of The Joint Commission (TJC), what to expect during a Joint Commission survey, and the origins of the Joint Commission standards, as well as how to integrate continuous survey readiness into daily operations. |
| **End of Course Outcomes** | **Evidence of Course Outcome**  |
| 1. Discuss the role of The Joint Commission.
 | Understand and describe the following:1. The Joint Commission is essentially the certifying body for CMS. Any hospital which participate in Medicare must be certified.
2. The Joint Commission originates from federal law, 42 CFR 482.11-57, and EMTALA is a part of the appendices in the CFR
3. Survey’s happen every 3 years but can happen earlier if there are specific reasons like complaints or expansion of hospital services and are unannounced
4. The goal for the hospital is compliance with standards as presented. Surveyors will talk with patients and employees and review policies and procedure and records
 |
| 2. Discuss what to expect in a typical survey | Identify potential questions that surveyors pose to staff in all areas including physician clinics* Question you about your patients and your knowledge of their conditions
* Observe our ability to navigate the electronic health record
* Observe how you use equipment, how it is stored, cleaning process and review the clean storage areas for compliance
* Observe for hand hygiene (foam in foam out) and handwashing
* Talk with your patients
* If they request to talk with you, you must respond “yes, but first I have to hand off my patients to another”
* Typical areas of concentration are infection control, life safety and environment of care
 |
| 3. Identify strategies for continuous survey readiness. | * Learn more about the environment of care and life safety code
* Keep policies and procedures up to date
* Stay in a state of readiness
* Maintain annual competencies and performance evaluations
* Focus on the hot topics of infection control, use of data, HIPPA compliance
* Keep unit tidy with supplies checked expiration
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Additional comments: \_Joint Commission readiness is stressed on my unit. Rotation of supplies, monthly hand hygiene observations done, review of basic environment of care reviewed at staff meetings.

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| **Course Number /Course Title**1. Latex Allergy (AARC)
 | **University /Address****Healthstreams**Memorial Hospital | **Year Attended****2018** | **Degree**Learning/work |
| **Learning Objectives of Course**In this course, you will learn about latex, how it is manufactured, and how products containing latex may contribute to latex sensitivities and allergies. You will also discuss the three types of latex allergies and their associated reactions and symptoms. You will identify patient populations that are at risk for latex allergies and learn specific protocols to prevent and treat latex allergies for surgical patients. |
| **End of Course Outcomes** | **Evidence of Course Outcome**  |
| 1. Learn about latex and latex allergies
 | Describe how natural rubber latex should not be confused with synthetic rubber made from chemicals. Synthetic rubber products including latex house paints are not made with natural latex and do not trigger allergic reactions in people who are allergic to products made with natural rubber latex.Describe how natural rubber latex allergy can be a serious and potentially life-threatening condition. Health care facilities and providers have an ethical responsibility to prevent latex sensitization in patients and employees by creating an environment in which it is safe to be treated and to work. |
| 1. Identify the different types of latex allergies
 | Review and verbalize the following:1. Irritant contact dermatitis is the least serious and most common type of latex reaction. It is not immune mediated, has a gradual onset, and symptoms are caused by glove chemicals, and/or poor skin care. Symptoms include burning, itching, redness, swelling, dryness, or cracking of the skin. Treatment is avoidance of the irritant, and good hand care.
2. Allergic contact dermatitis or type IV (delayed hypersensitivity) results from exposure to chemicals added to latex during manufacturing. The immune system is involved, and a rash of itching, blistering, crusting, red raised bumps (like poison ivy) appear between 18 and 48 hours after contact. Treatment includes identification and avoidance of the offending irritant, use of latex or powder free gloves, and good hand care.
3. Type I Immediate Hypersensitivity or true latex allergy is the most serious reaction. Symptoms can be localized and manifested by itching, eczema, hives, or swelling, or they may worsen to systemic and range from rhinitis, conjunctivitis, laryngeal edema, bronchospasm, asthma, worsening to tachycardia, hypotension, anaphylaxis, and cardiovascular collapse. Treatment of a reaction depends on symptoms, but caring for a latex- sensitive/allergic patient or working with a latex- sensitive/allergic colleague involves preparing a latex-safe environment before treatment. Because latex reactions can cause anaphylactic shock and death.

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| 1. Understand specific needs of people at risk for latex allergies
 | Verbalize specific needs of people at risk of latex allergies by discussing:* the risk of having a latex allergy is increased in persons with allergies to certain foods, particularly avocados, chestnuts, kiwi, or bananas. Cross reacting antigens have been found between these foods and the proteins in latex.
* Persons with occupational exposure, such as doctors, nurses and other hospital personnel, dentists, and EMS providers are at increased risk, due to the frequency of exposure to latex.
* Patients with medical conditions such as spina bifida, cerebral palsy, or quadriplegia have a higher risk, due to frequent procedures or catheterizations.
 |
| 1. Discuss how latex allergies can be treated and prevented
 | Identify prevention options:1. Preoperative patient histories should assess patient risk based on factors such as food and drug allergies, frequency of latex exposure, and related diseases and conditions.
2. Clear communication, documentation, and education of all involved personnel are essential. This extends beyond the surgical team to all staff involved in the care of the patient.
3. A latex allergy cart should contain alternative items that are safe to use on latex-sensitive patients. Latex-free products should be purchased whenever possible. A list of supplies should include products for which there are no latex-free alternatives, as well as alternative measures for products containing latex.
 |