**Management & Leadership NU 423**

**STEP (RN to BSN) Program**

**Clinical Project**

**Learning Objectives**

List the Department Learning Outcome (DLO) and Your Learning Objective:

Example: Effective Communication – Investigate the professional nursing skills required for effective communication and the development of relationships.

**List your DLO and Learning Objective. Was this Learning Objective met? Discuss the experience you feel allowed you to meet this objective. Would you have handled this experience differently? If so, what would you have done different? (This should be at least 150 words for each objective.)**

1. **Critical Thinking -** **Identify at least five critical decision points that a director routinely encounters.**

The objective to identify at least five critical decision points that a director routinely encounters was met. Critical decision points routinely made are staff positions, who to escalate concerns to, where to place patients on the floor, what patients need telemetry, and addressing any safety concerns on the unit. The experience that I feel allowed me to meet this objective was attending the head director meeting with the director of 7-Cardiac. During this meeting, throughput, ED report on patients, Joint Commission alerts, wound care audits, scheduling problems, and peripheral IV escalation was addressed. It was decided that the sending unit in transfers would notify bed control, that scheduling conflict resolutions should be resolved and submitted within two weeks, that delay in transfers would be escalated to the house supervisor by the unit director if problems persist, and that telemetry is to be discontinued within twenty minutes of a discharge order or after forty-eight hours of normal sinus rhythm. I would not have changed the experience of this meeting because it taught me about specific policies within my facility that I was unaware of and let me in on new policies coming to the floor.

1. **Effective Communication - List and describe the routine communications, reports, meetings, and interactions of the director with respect to their peers and leadership in the organization.**

The objective to list and describe the routine communications, reports, meetings, and interactions of the director with respect to their peer and leadership in the organization was met. Directors routinely communicate with the house supervisor for safety reports, attend safety huddles with other unit directors, interact with patient care assistants and floor nurses to delegate tasks, attend infection control meetings, communicate with the CEO to organize committees, and interact with the case manager to identify possible discharges and insurance problems. The experience that I feel allowed me to meet this objective was interdisciplinary (IDT) rounds with the director and case manager. During these rounds, techs were asked to check telemetry, nurses were asked about patient condition and treatment plan, the house supervisor was notified of discharges, and the case manager interacted with insurance companies for patients going home regarding equipment needs and payment for treatment. I would not have handled the experience of IDT rounds differently because it allowed me to see how the patient’s plan of care is decided along with typical director interactions.

1. **Professional Behavior - Define the director's responsibilities and key personnel within the director's area of the organizational structure.**

The objective to define the director’s responsibilities and key personnel within the director’s are of the organizational structure was met. Responsibilities of the director include auditing, job position placement of staff, adverse event reporting, following patient or safety concerns, and committee attendance. Key personnel for the director include the case manager, house supervisor, staff nurses and patient techs, and other unit directors. The experience that I feel allowed me to meet this objective was the safety huddle meeting. It addressed any concerns present on every unit from the perspective of the director to the head director and CEO of the facility. I would not have changed anything about the safety huddle because every director gets a chance to speak up about concerns without interruption and for these concerns to be documented by the head director as well as be heard by the CEO. This meeting makes for a great opportunity to enhance care efficiently and effectively.