

Winter 12-15-2017

# The Development of a Cardiovascular Competency Checklist for Chinese Nurses

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### Acknowledgments

First and foremost I would like to thank my fellow classmates and USF faculty for the time, effort and endless hours spent editing this project. Also, thank you for the support and emotional comfort during my DNP journey at USF, “The struggle has been real!” The experiences have been phenomenal and shaped me personally and professionally.

I would also like to thank Anna Chang and the member of Dignity Health International for accepting me into the program and providing an opportunity to expand my education. Thanks also to L. Xiaojiong and S. Chen BOE Chief Nursing Executive and the Assistant Nursing Executive for working with me to understand China’s nursing profession.

Much thanks to my DNP advisor and Committee Chair, Brian Budds, JD, MS, RN and second reader Robin Buccheri, PhD, RN, NP, FAAN for your words of encouragement and guidance. I would not be at this point of my nursing career without your support. I hope to inspire others as you have inspired me to continue learning and evolving.

Lastly, to my parents, Lue and Diana Xiong thank you for believing in me. I would not be here today with out your unconditional love and support.

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**Section I: Abstract**

Cardiovascular disease is a global issue affecting millions of lives around the world. Today, countries like the U.S. and China have joined forces to take on the global issue. In the U.S., the American Heart Association is the largest organization dedicated to reducing the mortality rate of cardiovascular disease by requiring healthcare services to uphold standard cardiovascular guidelines. Astonishingly, within the last 10 years, the U.S. has reduced their cardiovascular mortality rate by 30%.

This quality improvement project sought to determine the gap between the United States and China's standard nursing education and practices and to help Chinese nurses achieve International Center of Excellence Accreditation by developing a self-administered competency assessment and checklist to determine the content, training, and evaluation for an advanced cardiovascular program. As a part of this project, Dignity Health International obtained and administered a self-administered exam to Chinese nurses of BOE Hospital. The results of the self-administered exam indicate that additional research is needed to fully understand China's nursing practices, roles, and responsibilities.

*Keywords:* Cardiovascular Center of Excellence, China's cardiovascular nursing care, China's nursing education, China's nursing practice, International Center of Excellence

## Section II. Introduction

Cardiovascular disease (CVD) has been the leading cause of death in the United States (U.S.) since 1910 (Sidney et al., 2016). Today, approximately 610,000 people die annually in the U.S. from CVD, nearly six million Americans are hospitalized, and 27.6 million are newly diagnosed with CVD yearly (Center for Disease Control and Prevention [CDC], 2017).

Although the U.S. statistics are alarmingly high, the U.S. mortality rate within the last 10 years has reduced by 30%. The reduction is credited to the extended use of evidence-based medical treatment and early CVD detection and prevention programs established within in the United States (Sidney et.al. 2016).

### Problem Description

Despite these early CVD detection and prevention programs in the U.S, the World Health Organization (WHO) continues to report CVD as today's number one cause of death and disease burden in the world. They predict by 2030, almost 23.6 million people will die annually from CVD globally (WHO, 2017). According to the World Atlas the U.S. is not the alone, countries like the United Kingdom, Ireland, Russia, and China is also suffering from this global issue. In fact, China is within the top ten countries with the highest death rate from CVD (World Atlas, 2017).

**Cardiovascular diseases in China.** WHO report that China has 230 million people with CVD; approximately one out of every five adults are diagnosed annually. China's 2010 CVD report shows that 20 % of all deaths in China are due to CVD.

In addition, WHO declares that by 2030 China is expected to have an increase of 50% in CVD, resulting in 21.3 million additional diagnoses of CVD and 7.7 million

additional deaths per year. With the expected increase in CVD, WHO (2017) has proposed the Chinese government invest in early detection and prevention of CVD programs (WHO, 2017). Based on the U.S. decreasing mortality rates from implementing detection and prevention programs, a collaboration between China and the U.S. nursing professions to meet accreditations standards may help improve China's cardiovascular care to lessen their mortality rate.

**Setting.** Two organizations collaborated on this project, Dignity Health International and BOE Hospital located in Anhui province, China. The focus of the improvement process was for the nurses on staff at BOE Hospital.

Dignity Health International is an international division of Dignity Health, an American Catholic healthcare corporation. Their goal is to serve the poor and disenfranchised by expanding clinical programs, partnership opportunities, integrate delivery network, and partner to improve the health and quality of lives globally (Dignity Health International, 2017).

BOE Hospital is the name of the hospital in Anhui province, China that is currently being built and is supported by the Chinese government. BOE Technology, formerly known as Beijing Oriental Electronics Technology Company, is the main owner of the hospital.

They are a supplier group known for their products and services such as mobile phones, tablets, notebooks, monitors, TVs, and healthcare. They also offer smart healthcare products and services by developing digital medical technology (BOE Technology, 2017).



BOE technology is based in China, but also provides network services in the U.S. and Europe. They already have two hospitals in China, which are Oasis International Hospital and Hefei Digital hospital. BOE Hospital's mission is to increase healthcare access to the people of China in Anhui Province (BOE Technology, 2017).

Though, Dignity Health International and BOE Hospital are two organizations cooperating together in this project, the internal professionals benefiting from the program are Chinese nurses of BOE Hospitals. The program will provide Chinese nurses with an educational course to help meet International Center Of Excellence (ICOE) standards. The hope is that an implementation of an ICOE program will provide Chinese nurses with the proper education and skills to ensure that they achieve ICOE standard.

**Cardiovascular disease prevention program background.** The two largest cardiovascular organizations in the U.S. are the American Heart Association (AHA) and American College of Cardiology (ACC) (Sidney et al., 2016). These two organizations are known for their CVD detection, prevention, and accreditation programs like the Accreditation for Cardiovascular Center of Excellence and the International Center of Excellence (American College of Cardiology, 2017; American Heart Association, 2017).

**American Heart Association.** The AHA is the largest voluntary organization in the U.S. fighting CVD. The organization provides health education on CVD and stroke to policymakers and public communities. Their strategic goal for 2020 is to continue reducing CVD death by 20% (American Heart Association, 2017; Sidney et al., 2016).

The AHA is also the nation's leader in cardiopulmonary resuscitation education and training. In addition, they offer CVD and stroke evidence -based treatment guidelines for healthcare professionals (American Heart Association, 2017).

***American College of Cardiology.*** The ACC is a non-profit medical association dedicated to improve cardiovascular care through education, research, quality of care, and health policy. Their mission is to reduce the incidence, severity, and complication of cardiovascular disease. They promote prevention, enhance personal and population-based cardiovascular health, and reduce disparities in health care (American College of Cardiology, 2017). The collaboration between the two (AHA and ACC) establishes specific cardiovascular clinical guidelines to enhance cardiovascular care for hospitals. The cardiovascular clinical guidelines created accreditation services known as Cardiovascular Center of Excellence Accreditation (CVCOE) and ICOE (American College of Cardiology, 2017; American Heart Association, 2017).

***Cardiovascular Center of Excellence Accreditation.*** The CVCOE enhances patient outcomes and improves U.S. hospitals performance in cardiovascular disease. It offers hospitals a service level that recognizes the hospital for achieving the highest standard of care in cardiovascular care (American Heart Association, 2017). A U.S. hospital with this accreditation demonstrates the commitment to providing a high quality, evidence- based, multidisciplinary approach to deliver a comprehensive, coordinated, and integrated cardiovascular care.

The CVCOE focuses on all aspects of cardiac care such as chest pain, cardiac catheterization, atrial fibrillation, heart failure, and other cardiovascular disease. To achieve CVCOE status the hospital must have specialized cardiovascular physicians, nurses, and medical professionals to provide treatment, management, facilities, and resources in these areas:

- Ischemic heart disease, medical and intentional/surgical management, management of acute coronary syndrome (ST elevation myocardial infarction and non-ST elevation myocardial infarction), percutaneous coronary intervention, coronary artery bypass grafting.
- Cardiac valve disease (valve replacement/repair procedures).
- Arrhythmia (electrophysiology services and outpatient device clinic).
- Advance heart failure.
- Cardiac arrest, resuscitation, and therapeutic hypothermia.
- Cardiac rehabilitation.
- Cardiovascular risk factor identification and cardiac disease prevention.

(American Heart Association, 2017).

***International Center of Excellence.*** An accreditation program similar to the CVCOE for international hospitals is the ICOE. The ICOE accreditation is also a creation of AHA and ACC. The ICOE recognizes hospitals outside of the U.S. for their commitment to achieving high quality cardiovascular care.

This accreditation requires physicians, nurses, and other medical professionals within the hospital to have specific cardiovascular education and practice. It demands that nurses and physicians have continuing cardiovascular medical education in areas such as acute coronary syndromes, cardiac surgery, arrhythmias, and cardiovascular diseases.

Additionally, the hospital must have a multidisciplinary cardiovascular care team on staff to provide treatment, management, and resources. The ICOE also requires institutions to meet additional criteria in the three areas: clinical outcome, infrastructure,

and education that include participation and research studies (American College of Cardiology, 2017).

Another CVD program created for hospitals in the U.S. by AHA and The Joint Commission is the comprehensive cardiac center (CCC) certification. In 2015, AHA partnered with The Joint Commission to develop CVD guidelines and quality standards for hospitals (The Joint Commission, 2017).

***The Joint Commission.*** The Joint Commission Accreditation's main focus is on patient safety and quality outcomes, but additional certification can be earned based on hospital programs and services. For instance, a Joint Commission accredited hospital can have Joint Commission certified diabetes and cardiac programs, if these programs meet the accreditation criteria. An example of this is the comprehensive cardiac center certification (CCC).

The CCC is a voluntary program for hospitals with cardiac care services seeking to evaluate, evolve, and elevate patient care within their cardiac domain. The CCC certification demonstrates the excellence in delivering comprehensive cardiac care through standard compliances, clinical performance on targeted metrics, and achievement and/or maintenance of required advance disease –specific care requirement. The certification ensures that quality of care across the cardiac continuum is addressed appropriately at every point in continuum of care, so world-class patient centric services are provided (The Joint Commission, 2017).

The Joint Commission criteria for CCC include:

1. Owned/operated in the U.S.
2. Hospital is accredited by the Joint Commission.

3. Fits “types of services certified” (provide patient care/interaction.)
4. Served a minimum of 10 people at time of application.
5. Uses clinic practice guidelines.
6. Uses performance measures.
7. The center’s scope of care, treatment, and services includes, at a minimum, the following seven domains:
  - A. Management of ischemia heart disease, including medical and interventional/surgical management- management of acute coronary syndrome (STEMI and NSTEMI), PCI, and CABG.
  - B. Management of cardiac valve disease, including valve replacement/repair procedures.
  - C. Management of arrhythmias, including electrophysiology services and outpatient device clinic.
  - D. Advanced heart failure management, including outpatient services.
  - E. Management of cardiac arrest, including prevention of in-hospital arrests, resuscitation, and targeted temperature management for cardiac arrest.
  - F. Cardiac rehabilitation of patient as indicated, either on site or by referral.
  - G. Cardiovascular risk factor identification and cardiac disease prevention.

H. Have a national audited registry data collection too to monitor date and measure outcomes (The Joint Commission, 2017).

***Joint Commission International.*** Joint Commission International (JCI) is a division of the Joint Commission. JCI accreditation evaluates health care organizations to identify, measure, and share best practice in quality and patient safety with the world. They provide leadership and innovation solutions to help health care organizations to achieve optimal performance in patient care and outcome. The goal of JCI is to improve patient safety and quality of health care in international community by offering education, publication, advisory services, and international accreditation and certification such as the CCC (Joint Commission International, 2017).

Understanding and knowing the various types of cardiovascular prevention programs for hospitals within the U.S and internationally is crucial in helping China attain accreditation for their hospitals. It also important for establishing other cardiovascular services such cardiac rehabilitation within the hospital that patient can access to manage/improve their CVD.

**Nursing Collaboration History.** In the past, the U.S. nursing professions have attempted to recruit nurses by collaborating with foreign countries like China to provide additional nursing education and knowledge to help advance their skills (Sherwood & Franklin, 2013). The U.S. established programs like the Commission on Graduates of Foreign Nurse School to help provide international educated nurses (IENs) with certification to meet U.S. nursing requirements and take the National Council License Exam for registered nurses.

In ensuring that IENs have proper qualification (education and training), the U.S. National Sample of Registered Nurses 2010 reports that IENs represent about 5.6% of the 3 million U.S. registered nurses (RNs). California holds the highest percentage of IENs at 26% with New York following at 11% (Sherwood & Franklin, 2013).

The U.S. National Council State Boards of Nursing also reported that over 350,000 IENs took the NCLEX-RN between 1983 and 2011 (National Council of State Boards of Nursing, 2012). Meanwhile, the Commission on Graduates of Foreign Nursing School, which handles all IEN requests to practice in the U.S., reports that over 700,000 IEN requests have been made since 1977 (National Council of State Boards of Nursing, 2012). This shows that IENs are interested in obtaining U.S. nursing education. It also demonstrates that IENs are capable of transitioning education, training, and practice from their homeland to meet U.S. standards. Overall, it provides evidence that nursing education and practice from other countries may not be as huge of a gap from U.S. standards.

The interest in looking at this data is to ensure that the goal of supporting Chinese nurses by providing them with a U.S. advanced cardiovascular nursing education and training is feasible. Can Chinese nurses be taught U.S. cardiovascular nursing practices and will they be able to learn and adapt these practices sufficiently to impact cardiovascular care in China?

**U.S. Registered Nurses background.** In the U.S, for nurses to maintain licensing, they must have continuing education. Along with having continuing education to meet licensing, nurses who specialize in cardiovascular care must also achieve cardiovascular certification in their area of specialty (i.e. acute care or critical care

cardiovascular). This specialty can be in telemetry, cardiac medicine, and cardiac surgery. Nurses who obtain cardiovascular certification have advanced understanding of the cardiovascular system, in terms of the pathophysiology, presentation, assessment, and management (American Association of Critical Care Nurses, 2015).

In addition, nurses can utilize their cardiovascular education in their practice by following cardiovascular standard guidelines set by their hospital. According to cardiovascular clinical specialist R. Stewart of Dignity Health, hospital standard guidelines and protocols for cardiovascular nurses are formulated by the American Association of Critical Care Nurses. She reports that hospitals adopt these evidence based guidelines from the American Association of Critical Care Nurses shown to be best practices (American Association of Critical Care Nurses, 2015; R. Stewart, personal communication, April 30, 2017). She also reports that cardiovascular nursing education and practice are assessed yearly through annual competencies and continuing cardiovascular education.

Meanwhile new graduate nurses entering cardiovascular care are placed into new graduate cardiovascular program. This program prepares new graduate nurses with the proper training and education specifically focusing on cardiovascular nursing care such as electrocardiogram and dysrhythmia reading, cardiovascular oral and intravenous medications, diagnostic, and treatment. The program permits new graduate nurses to meet hospital guidelines and protocols that are supported by the American Association of Critical Care Nurses. By having all cardiovascular nurses adhere to hospital guidelines, cardiovascular nurses are given tools to provide safe and current practice (R. Stewart, personal communication, April 30, 2017).



**Available Knowledge**

For this review of evidence, eight articles were selected for review and were critically appraised using the Johns Hopkins *Research and Non-Research Appraisal Tools* (Dearholt & Dang 2012). The review of evidence was conducted using an electronic database search with CINAHL, PubMed, Medline, Cochrane Database of Systematic Reviews, and Google Scholar was also searched. Searchable terms included *cardiovascular nursing care in China, cardiovascular nursing certification and continuing medical education in China, Chinese nursing education, China's nursing curriculum, China's nursing training, China's nursing practices, China's nursing education, training, and practices, Nursing education, training, and practices of China, Chinese nursing education, training, and practices, current Chinese nursing problems with education and practice*. Studies that primarily focused on China's nursing education, training, practices, and current nursing challenges with education and training were selected for review (See Appendix A).

Initial exclusion criteria included articles that (a) did not provide information on nursing education, curriculum, training, and practice of China, (b) did not provide data on China's cardiac nursing education, practice, and certification, and (c) were published in other media (i.e., conferences, abstract, posters, and web postings were not included). Evidence in this review was limited to English language only studies and published between 2010-2017.

**PICOT.** In Chinese nurses, how does providing a self-administered competency assessment and completion checklist help identify gaps in China's cardiovascular nursing practice?

The search found over 20,000 articles on numerous topics, primarily on advance practice masters and doctoral- level nursing, care and education intervention in non-cardiovascular specialties, education and training on traditional Chinese's medicines, and nursing practices in the U.S. and United Kingdom, only three studies were found that provided information on types of nursing degrees in China, three studies on China's standard nursing education and practice, two studies identified on China's current state of nursing education, and three studies on China's cardiovascular nursing care.

**China's types of nursing degrees.** The articles by Liu et al. (2015), Ma et al. (2012), and Wang et al. (2016) reveal that China has three types of nursing program that individuals can pursue. The three options for obtaining a registered nurse license in China are:

1. Diploma/ certificate program: Students are from junior high and recruited around age 15. Diploma nursing involves three to four years of technical training. The graduate obtains a certificate, and programs are offered through the schools of health (specialized junior high school). These nurses are eligible to take the National Registered Nurse Examination to earn a certificate as a registered nurse. The graduates can provide direct care to patients at hospitals, convalescent facilities, and community hospitals. However, because of their young age and limited education, it is difficult for them to find post- graduate employment. Most hospitals prefer having a more highly educated, experienced, and older nurse. This results in graduates seeking temporary hospital work or work in rural areas. Liu et al. (2011) and Wang et al.(2016) suggest that the diploma/certificate program is analogous to a licensed vocational nursing program in the U.S.

2. Advance diploma: Enrollees are recruited prior to high- school graduation. The 3- year program allows students to take the standard National Registered Nurse Examination that is offered by colleges and universities. Although, the graduates take the same examination as the diploma-certificate nurse, they have greater opportunities to work in urban hospitals and more jobs opportunities. The graduates of these programs are expected to function with higher training and skills compared to diploma/certificate nurses. Wang et al. (2016) and Liu et al. (2011) describe the advance diploma as equivalent to an associate nursing degree in the U.S.

3. Baccalaureate degree: Students must be high school graduates. This 4- year program gives students the opportunity to take the National Registered Nurse Examination and awards a Bachelor of Science degree. Graduates of a baccalaureate program can expand their practices to work at an advanced level of nursing for higher-ranking hospitals and hold teaching, leadership, and management roles. The baccalaureate degree in nursing is described by Liu et al. (2011) and Wang et al. (2016) as similar to the U.S. Bachelor of Science in Nursing. California Board of Registered Nurses recognizes this degree, if the course curriculum meets the listed requirements.

4. **China's nursing education.** The nursing degrees available in China appear similar to the U.S., but what does the education comprise? The literature on China's nursing education is limited, only two articles provided information on the quality of China's nursing education.

***Didactic.*** According to Deng (2015) China's didactic education varies greatly from the U.S. He explains that the U.S. didactic is based on the nursing model philosophy that comprise nursing theory and nursing process. The model embodies the values, beliefs, and practice of nursing and is centered on patient and holistic care. In addition, the courses are focused on community care, disease prevention, and emphasis is placed on evidence-based practices (Deng, 2015).

Meanwhile, China's approach to nursing didactic has traditionally followed the bio-medical model and nursing model philosophy. The bio-medical model uses a problem- solving approach that includes medical history, physical examination, diagnostic tests that identify specific illnesses and disease treatment (Deng, 2015;Wang et al., 2016). While, the nursing model emphasizes disease prevention rather than disease treatment.

In addition, the nursing didactic includes clinical practices, classification of disease, and political and professional knowledge. According to Deng (2015) and Wang et al. (2016) the didactic is beginning to move away from the biomedical model and focusing towards the nursing model (Deng, 2015;Wang et al., 2016).

***Clinical training.*** A review of clinical training of Chinese nurses yielded no research data about the clinical training of Chinese nurses. Even nursing schools in China like ShengYang Medical Colleges and Jilin University provide few resources on the clinical training they provide. However, they report that their nursing program courses trains nurses with the basic knowledge of nursing theories and skills, humanity and social science, medicine, and preventive care. They explain further that their main nursing courses comprise of: human anatomy, physiology, pathogenic organism, pathology,

pharmacology, nursing ethics, nursing psychology, health assessment, medical nursing, surgical nursing, gynecology, obstetrics, pediatrics, psychiatric, emergency, and community nursing (School of Nursing, Jillian University, 2017;SICAS, 2017).

In addition, Chinese college and university describe that their nursing programs engage the students with clinical training in acute and chronic healthcare setting, but they do not identify whether a specific number of hours is required for completion. It is uncertain how many hours of clinical training Chinese nurses have in their nursing program (School of Nursing, Jillian University, 2017;SICAS, 2017).

The Chinese Ministry of Health which is responsible for the national nurse licensure examination of China described that eight months of nursing clinical practice is required before applying for the National Registered Nurse Examination (Zhen, 2008). However, The Ministry of Health does not list or mention the number of clinical hours needed during that eight-month period (Zhen, 2008). Therefore, it is unclear how many hours of clinical training a Chinese student nurse will have by the end of their nursing studies and whether the number of hours is comparable to U.S.

The California Board of Registered Nursing [U.S] requires nursing programs to have a minimum of at least two academic years, not less than 58 semester units or 87 quarter units. The course subjects must include medical-surgical, obstetrics, pediatrics, geriatric, and psychiatric-mental health. In a 16-week semester or 18 semester units, one-hour of instruction in a theory course is required each week. This requirement accumulates to 228 hours after completion of the nursing program. In addition, in the same 16- week semester or 18 semester units, three hours of clinical practice is required

each week. This requirement accumulates to 864 hours after completion of the nursing program.

Internationally educated nurses must also follow these same curriculum requirements with English comprehension requirement when applying for U.S. California Registered Nurse licenses (California Board of Registered Nursing, 2010; California Board of Registered Nursing, 2015).

**China's nursing practice.** The search regarding nursing practice in China provided one article. Wang's (2016) study describes how the nursing process in China compares to Australia and explains that the Ministry of Health requires secondary vocational schools (diploma/certificate), colleges (advance diploma), and universities (baccalaureate) to all take the same National Registered Nurse Examination to practice in China (Wang, 2016). The criteria to become a registered nurse in China, required by the Ministry of Health are (Zhen, 2008):

1. Full capacity for civil conduct, meaning that the individual is recognized as an adult who can make competent decisions.
2. Complete eight months of clinical placement in a hospital.
3. Meet the health standard of national health department.
4. Pass the national nurse licensure examination. (p.1)

Although the Chinese Ministry of Health lists the criteria to become a registered nurse, they do not provide information on the roles and responsibilities of nurses. However, according to Chinese Nurse Association, the role and responsibility of nurses is to integrate the professional roles and responsibility to meet the needs of individuals, families, and community. Nurses are to assess, plan, monitor, coordinate, and manage

healthcare delivery. They are also responsible for implementing healthcare intervention and evaluating response (Chinese Nurse Association, 2008).

Nurses in china also counsel, advocate, and promote health and well -being. Last, they are expected to manage, supervise, and ensure that safe, effective, and quality of care is given (See Appendix K) (Chinese Nurse Association, 2008).

In a personal interview with L. Xiaojiong (Chief nursing executive of BOE hospital of China) and S. Chen (assistant nursing executive BOE hospital) (personal communication, May 11, 2017), they confirmed that graduates of all nursing programs from secondary vocational schools, colleges, and universities must pass the National Registered Nurse Examination to practice. In addition they report there are few secondary vocational schools, so colleges and universities are the most active route of pursuing a nursing education.

While exploring cardiovascular specialty units in U.S. hospitals, L. Xiaojiong and S. Chen (personal communication, May 11, 2017) verified basic knowledge and understanding of nursing concepts and practices by describing the similarities and differences of nursing care, medications, non- cardiovascular diagnostic and procedures, and cardiovascular diagnostic and procedures (EKGs, cardiac catheterization, stress test, heart surgeries). In addition, they also discussed the importance of documentations and charting by explaining and understanding the innovation of healthcare technology merging with electronic health records.

L. Xiaojiong and S. Chen (personal communication, May 11, 2017) also helped clarify Chinese nursing practices by reviewing them against U.S. nursing policy, protocol, and procedure checklists. They validated policy, protocol, and procedure by

checking off what is being used in their practice in China. They also explained that the nursing practice is similar, but that autonomy is widely different.

L. Xiaojiong and S. Chen (personal communication, May 11, 2017) report that Chinese nurses do not follow set procedures. Nurses must obtain orders from medical doctors to proceed with any treatment. In addition, any decision- making regarding the patient condition must come from the doctor. Whereas in the U.S. nurses have the authority to decide based on their experience and can proceed forward with treatment based on standardized procedures.

Standardized procedures are guidelines developed through the collaboration among registered nurses, physicians, and administration in an organized healthcare system that allows registered nurses with the capability to perform additional procedures beyond the usual scope of a registered nurse (California Board of Registered Nursing, 2011). L. Xiaojiong and S. Chen also report that China has no additional healthcare professions such as nurse practitioners and physician assistants to assist in managing patient care.

**Current state on China's nursing education.** The search yielded two articles on the present state of China's nursing education. This information provides an understanding of China's current nursing education challenges.

A review by Wang et al. (2016) of China's nursing education to meet the global demand for quality healthcare, argues that China's nursing education must be extensively reformed to improve quality of healthcare services. Wang et al. (2016) conclude that the course content learned is not applicable in the clinical setting. Even though the nursing process is taught in theory courses, hospitals apply the functional nursing model (task



oriented). Therefore, students are often loaded with the high workload of hospitals rather than learning through clinical practice with one- on -one nursing supervision.

In addition, Wang et al. (2016) emphasized that standardizing nursing education in China has a crucial role in meeting China's healthcare demands. They explained that the current nursing challenges are related to inconsistencies in learning objectives and curriculum across China, professional commitment and motivation to study nursing, inconsistency between training and practice, and nursing retention. Overall, they propose that nursing education have a standardized curriculum, evidence- based approach, use of updated nursing resources, have modified pedagogical approaches to nursing process, and nurses received more professional development (Wang et al., 2016).

Additional research by Wang (2016) further supports Wang, Whitehead, and Bayes' argument to enhance nursing education in China. Wang's (2016) comparative study to understand the process of obtaining a nursing license in China and Australia and identify common barriers affecting the development of China's nursing education, revealed that there are differences in the process of obtaining a nursing license in China and Australia. The study was performed using Bereday's four step comparison method: (a) Descriptions, (b) Interpretation, (c) Juxtaposition, and (d) Comparison to examine the process of getting a nursing license from China and Australia. She uncovered that China's nursing education and development did not compare well to Australia.

Wang (2016) reported that China's nursing education system lacked the ability and competence to train and certify quality nurses. She concludes this is due to the limitation of education within nursing schools. She explains the limitations comprise unqualified teaching faculties, out dated teaching methods, and materials.

In addition, Wang (2016) concludes that nursing practice focuses on disease treatment rather than disease prevention and health rehabilitation. She also reports that nursing curriculum lacks the use of evidence-based approach, standardized curriculum, research opportunities, and uses a biomedical model instead of a nursing oriented model (Wang, 2016).

**China's cardiovascular nursing care.** The search on China's cardiovascular nursing care, yielded three articles. This information provides insight into China's present cardiovascular nursing care.

Recent studies by Ding et al. (2017) to explore Chinese registered nurses' knowledge and clinical practices within three major clinical units from two tertiary hospitals in Beijing, China, discovered that Chinese nurses from all the three clinical units in Beijing hospitals struggled with cardiovascular disease knowledge and education. The study administered 273 questionnaires surveyed to Chinese nursing staff and found that fewer than half the respondents knew the right target goals for cardiovascular disease risk factor.

Ding et al. (2017) also uncovered an inconsistency between registered nurses' knowledge of target goals for cardiovascular disease risk reduction and their educational practices regarding cardiovascular disease prevention. They found that nurses have a gap between the knowledge and practice to prevent cardiovascular disease.

Another study by Wu, Deng, and Zhang (2011) to understand Chinese nurse's attitudes, knowledge, and practice towards cardiovascular risk reduction, also discovered that Chinese nurses struggle with cardiovascular education. The study found that fewer

than 58% of nurses could not correctly answer questions pertaining to cardiovascular disease risk reduction based on the evidence- based recommendation.

The study surveyed 273 staff nurses, 35 nursing faculty, and 139 nursing students from two acute care hospitals in Beijing where nursing students were finishing their final clinical practicum. The study was conducted on cardiovascular and other related units (cardiac, neurology, endocrine, and rehabilitation) where patient education regarding cardiovascular risk factor and lifestyle modification is expected to be a routine part of nursing care (Wu, Deng, & Zhang 2011).

Astonishingly, the study found that fewer than one- third of respondents could not identify target goals for risk factor reduction. Even more disturbing, staff nurses had a low response in answering how to calculate body mass index for the criteria of obesity, compared to student nurses. In addition, students were more successful at identifying the need for lifestyle modification than staff nurses (Wu, Deng, & Zhang 2011).

Zhou et al. (2012) studied factors of both individual and institutional use of electrocardiogram monitor with intensive care unit nurses in China and found that Chinese nurses have difficulties in identifying rhythms from an electrocardiogram monitor. This study utilized a self-administered questionnaire to 126 randomly selected tertiary hospitals with intensive care unit nurses (n=734). One of the finding was that fewer than 43 % of intensive care unit nurses could detect myocardial ischemia using an electrocardiogram monitor.

In addition, these intensive care nurses also could not place electrodes correctly. Approximately 16% of the respondents could place all the electrodes at the right location

with the right color. While 70% of intensive care unit nurses commonly placed the precordial electrode incorrectly (Zhou et al., 2012).

In comparison to the U.S., Burns and Poster (2008) and Ulrich et al. (2010) report that new nurses coming out of a BSN program in the U.S. struggle to transition education to practice. Therefore, practices in cardiovascular nursing such as identifying rhythm, detect myocardial ischemia, placing precordial electrode, and providing cardiovascular education are difficult for new nurses. However, additional registered nurse residency programs specific to the specialized acute care setting have eased the transition (Burns & Poster, 2008; Ulrich et al. 2010).

In addition, as R. Stewart discussed earlier, hospital guidelines are supported by evidence-based practice recommendation by the American Association of Critical Care Nurses. By having new cardiovascular graduate nurses and experienced nurses follow hospital guidelines, cardiovascular nurses are certified to provide safe and current practice (American Association of Critical Care Nurses, 2015; R. Stewart, personal communication, April 30, 2017).

**Summary of evidence.** The research on China's education and practice was difficult and challenging, as there were relatively few research studies focusing on China's nursing education and practice. Additionally, Chinese nursing schools at Sheng Yang Medical Colleges, and Jillin University provided few details on nursing education and practice. These nursing schools provided standard information regarding theory course, clinic/hospital training, and programs, but no comprehensive detail on the exact clinic/hospital training and required hours for completion (School of Nursing, & Jillian University, 2017; SICAS, 2017).

The Chinese Ministry of Health (2008) also provides general information on nursing such as obligation, liability, and the nursing registration process, but does not provide any information regarding the required clinical hours a student must complete prior to registration. In addition, the nursing practice registration from the Ministry of Health and Chinese Nurse Association has not been updated since 2008 (Chinese Nurse Association, 2008; Zhen, 2008). Now, that it is 2017, it is unclear if there have been any changes in China's nursing education and practice since the last update.

The nature of China's nursing education, practice, and cardiovascular nursing care is unclear. Although, the studies on China's current state of nursing education offers an understanding of their current nursing education challenges, the lack of literature on China's standard nursing education and practice makes it difficult to fully understand the education and practice.

Obtaining knowledge of China's cardiovascular nursing care was also difficult. However, this literature review summarizes what is known in the English literature about Chinese education and practices.

The most beneficial information on China standard nursing education, practice, and cardiovascular care comes from L. Xiaojiong and S. Chen (personal communication, May 11, 2017). They confirmed and verified China's current nursing and cardiovascular education and practices. This professional relationship is crucial in narrowing the gap to assist in establishing an advanced cardiovascular program for Chinese nurses.

**Comparison.** Despite, the variation in nursing education and practice between China and the U.S., this gap analysis from the literature in English reveals that China and the U.S appear to have many similarities As previously discussed China's options for

obtaining a registered nurse license also comprises of completing an accredited nursing program from colleges and universities which Wang et al. (2016) and Liu et al. (2011) describes as equivalent to the U.S. associate and baccalaureate degree (Liu et al., 2011; Wang et al., 2016).

In addition, the U.S. and China's nursing education approach follows the nursing model to aim at disease prevention and center on holistic care. China's nursing programs also contain clinical training in hospitals to assist nursing students in acquiring acute and chronic nursing care experiences.

Lastly, both countries require nurses to take and pass the National Registered Nurse examinations to practice. Therefore, based on these similarities between the U.S. and China, with the U.S. support in implementing specialty program like cardiovascular education and training to Chinese nurses, improvement should be achievable.

This English literature review reveals that standard nursing education and practice between the U.S. and China is comparable, but China's cardiovascular nursing care appears limited. Instead of emphasizing changes in Chinese standard nursing education and practices the support from the U.S. should specifically aim at providing advance cardiovascular education and training. Based on the results of the literature review, the U.S. can aim to use resources to implementation an advance cardiovascular program. An advanced cardiovascular program to provide continuation of cardiovascular education can help improve Chinese nurse's cardiovascular nursing practices and meet nursing criteria to uphold the accreditation for ICOE.

**Rationale**

**Conceptual Framework.** China has fifty-six ethnic minority groups, all with their own language and culture. The largest group is the Han Chinese, which consist of approximately 900 million people in China. Other minority groups within China are the Tibetan, Mongols, Manchus, Naxi and Hezhen (Zimmermann, 2015). With such a diverse population in China, Dignity Health International determined that it is essential for Dignity Health International and Chinese nurses to understand the role culture plays when determining the type of care given in China. After all, the healthcare institution, nursing, and patient's culture can have a huge impact on the patient's health and response to treatment.

Guiding Dignity Health International's intervention to lead Chinese nurses in providing cardiovascular care to China's diverse population are: (a) Madeline Leininger's theory on culture care, (b) Lydia Hall's theory on the core, care, and cure, and (c) Avedis Donabedian's theory on quality of care.

Madeline Leininger's (Leininger, & Mcfarland, 2006) culture care: diversity and universality theory emphasizes transcultural nursing to provide care congruent with cultural values, beliefs, and practices. She defines transcultural nursing as the study of cultures to understand both the similarities and differences within a group. In transcultural nursing, nurses practice according to the patient's culture. This means that the patient's culture is taken into consideration before nursing care plans are created.

Leininger's also concludes there are three levels to provide basic knowledge for delivering cultural congruent care. These three levels are known as the sunrise concept model. The Sunrise concept model (See appendix H) provides multiple factors that

influence culture care expression and meaning. The concept is used to guide nurses in providing a meaningful care. (Leininger, & McFarland, 2006).

Leininger's also identified three nursing decisions to achieve culturally congruent care. They are: (a) Cultural care preservation- maintains or preserves health, recover from illness, or face death, (b) Cultural care accommodation- adapts and negotiates for a beneficial health status, or face death and (c) Cultural care re-patterning- restructure or change lifestyle that is culturally meaningful (Leininger, & McFarland, 2006).

Lydia Hall's theory on the core, care, and cure are three independent but interconnected circles (See appendix I). The three circles are: (a) the core is the person whom nursing care is directed and needed. The core sets a goal for himself and makes decisions according to his feelings and values; (b) the care is the role of the nurse. It involves educating, advocating, and implementing care to meet the patient's needs; and (c) the cure is the attention given to the patient by medical professionals that involves intervention in treating the patient (Petiprin, 2016).

Donabedian's (1988) quality framework stresses on measuring the quality of healthcare. His framework provides a model that classifies measures to assess different aspects on the quality of care (See Appendix J). Donabedian concludes that there are three aspects of care: (a) Structure: The material resources (E.g. facilities, equipment, and money) human resources (E.g. the number and qualification of personnel), and the organization structure (E.g. medial staff organization, methods of peer review, and methods of reimbursement) to provide adequate healthcare, (b) Process: The patient's activities in seeking care and carrying it out as well as the provider's activities, and (c)



Outcome: Changes in the patient conditions following treatment. It also includes patient's knowledge and satisfaction (Donabedian, 1988).

Donabedian also broadened the quality of healthcare to include: (a) Accessibility- access to care, (b) Technical management- care by practitioners, other medicals staff, technical (I.e. best evidence based practices), (c) Management of the interpersonal relationship- the relationship between the provider and the patient, and (d) Continuity of care – care that is provided over a period of time (Donabedian, 1988).

Since patients can be resistant to medical treatment and care due to their cultural beliefs, the understanding provided by Leininger's theory and Hall's theory influences how nurses can approach patients from various cultural backgrounds. Their theories helped support the project by considering the differences in each individual patient and their culture. The theories play a major role in designing and providing cardiovascular care to China's diverse population by assisting nurses to uphold their commitment to patients through mutual respect and understanding of the patient's medical decision.

Along with the different population cultures in China, Leininger and Hall's theories also emphasize on the importance of culture within nursing and healthcare institution. The theories both guide the nursing profession and healthcare's institutional setting in providing culturally appropriate care based on the patient's view of quality nursing care. Since the nursing and healthcare institution's culture perception on quality of nursing care can vary widely from the patient's expectation and view of quality nursing care, Leininger and Hall's theories reinforce the significance of understanding culture within China's population, healthcare institution, and nursing.

Supporting Leininger's and Hall's theory is Donabedian's theory on quality of care. His theory also emphasizes the crucial element of interpersonal relationship between the provider and the patient. He reports that the core principal to providing quality care must begin with the interpersonal relationship between the provider and the patient. Through this interpersonal relationship, effective communication should be exchanged between the patient and provider to establish an agreeable medical plan that will successfully meet the expectation of the patient.

Donabedian also highlights a crucial element of quality care is having healthcare organization supply resources that are accessible to the patient. He explains that these amenities are essential for meeting the patient expectations as they provide convenience, comfort, quietness, privacy, and etc. Lastly, he insists that providers recognize the culture and social system in which they practice. As, this can enhance or detract from the quality of healthcare.

### **Specific Aims**

**Purpose.** The aim of this project proposal was completed in collaboration with Dignity Health International to perform a gap analysis on China's standard nursing and cardiovascular practice by August 31, 2017. The gap analysis was to guide Dignity Health International in their intervention of developing an advance cardiovascular program for Chinese nurses of BOE Hospital. The purpose of the gap analysis was to identify standard nursing and cardiovascular practice of Chinese nurses that needed further education and training. The overall goal for this intervention was for Dignity Health International to guide BOE Hospital in improving cardiovascular care in China.

### **Section III: Methods**

#### **Context**

The quality improvement project was introduced to the doctoral candidate on June 26, 2016 by the Dean of the University of San Francisco School of Nursing and Health Professions, Dr. Judith Karshmer. After months of discussing the project, an agreement between Dignity Health International and the University of San Francisco School was implemented on August 02, 2016 to evaluate the nursing practice gap between China and U.S, as it relates to cardiac care. The stakeholder for this project was Anna Cheung, Dignity Health International project manager. She also served as the liaison between Dignity Health International and BOE Hospital. Prior to the implementation, the flow of communication was presented to the Dean of the University of San Francisco School of Nursing and Health Professions, Judith Karshmer and the Chair of the DNP Committee, Brian M. Budds RN, MS, JD. The DNP student reported directly to Brian M. Budds RN, MS, JD, while keeping the second reader Robin Buccheri ,PHD, RN, NP, FAAN, informed of the project. Before proceeding with the intervention, multiple discussions on assessing and evaluating the nursing gap between U.S. and China were addressed with the stakeholder.

### **Intervention**

With supporting evidence-based research revealing a need to implement cardiovascular disease prevention programs in hospitals, the process to provide Chinese nurses of BOE Hospital with an advance cardiovascular program was to begin by assessing China's standard nursing and cardiovascular practices. The plan was to develop a self-administered nursing competency assessment checklist using nursing practice templates established by Mercy General Hospital, a CVCOE accredited hospital of Dignity Health organization. The idea was to obtain Mercy General Hospital's standard

and cardiovascular nursing practice checklist to direct the creation of the self-administered assessment and completion competency checklist.

The strategy for the self-administered competency assessment checklist was designed to have Chinese nurses check off the appropriate boxes relating to their practice. It would also allow them to rate their satisfaction level in specific practices. The nursing competency scripter consists of: (a) Competency already describe in China's nursing practice, (b) Nursing practice that is satisfactory, no need to include in education plan, (c) Nursing practice is satisfactory, but like access to DH training materials, (d) Need to include in education plan for nurses, (e) Competency is expected of another discipline, and (f) Need to include in education plan for other disciplines (See Appendix O). The plan was to use the results from the self-administered competency assessment checklist to guide Dignity Health International in designing a program that acknowledges and targets the educational needs of Chinese nurses to meet ICOE requirements.

In addition to the self-administered competency assessment checklist, a completion competency checklist was created. The completion competency checklist contains the same nursing practices from the competency assessment checklist, but is evaluated using a Likert scale (See Appendix M). The values in the Likert scale are: 1. Strongly disagree, 2. Disagree, 3. Neither, 4. Agree, and 5. Strongly agree. The Likert scale was to allow the nurses to evaluate their new founding knowledge and appraise their level of satisfaction with the course. The purpose of the completion competency checklist was to measure Chinese nurse's improvement in cardiovascular practices and to evaluate the effectiveness of the course.

The competency assessment checklist and the nursing practices for the completion competency checklist were both approved by A. Cheung, Dignity Health International's project manager. The competency assessment checklist was sent to BOE Hospital's translation services, translated in Chinese, and sent to L. Xiaojiong (Chief Nursing Executive of BOE Hospital) for implementation. The implementation process was to have L. Xiaojiong complete the self-administered competency assessment, distribute, and collect the checklist from BOE Hospital nurse trainers and nursing staff.

The strategy planned for the intervention was to develop an advanced cardiovascular course for staff nurse of BOE Hospital using the outcomes found from the self-administered competency assessment checklist. The cardiovascular clinical specialist, R. Stewart an affiliate with Dignity Healthcare system from Mercy General Hospital of Sacramento, California was to develop and provide teaching to BOE Hospital's nurse trainers. Mercy General Hospital has achieved both the accreditation of CVCOE and The Joint Commission. In addition, Mercy General Hospital has also received The Joint Commission certification with gold seal approval for their cardiac disease management programs, CHAMP and heart smart, primary stroke center, and advanced disease specific care certification for ventricular assist device destination therapy (Dignity Health International, 2017). The plan was that after the completion of the course, the trainers would use their new knowledge to teach cardiovascular nurses of BOE Hospital.

The advance cardiovascular course supported by Dignity Health International was based on ICOE standards. Upon completion of the course, each participant is required to complete a post competency checklist. A comparison of their self-administered

competency assessment checklist and completion competency checklist tool was used to study the effectiveness of the intervention. The idea was to use the pre and post checklists to measure the improvement of nursing practice in cardiovascular care and to evaluate the overall satisfaction of the participants.

The plan for the completion competency checklist was to have the checklist completed and prepared prior to implementing the course. The completion competency checklist was created and set for review (See Appendix M), but the self-administered competency assessment checklist plan was not carried out as expected.

The outcome of the self-administered competency assessment checklist was partially administered and completed due to the confusion caused by the description of nursing practices described by Dignity Health International. The misunderstanding was reported back to Dignity Health International by L. Xiaojiong after completing and returning her self-administered competency checklist back to A. Cheung (A. Cheung, personal communication Aug 28, 2017).

L. Xiaojiong reported being confused with the nursing practices described by Dignity Health International and mentioned that many of the practices are not within China's nursing scope of practices. In addition, she included that many of the nursing practices described in the checklist are responsibilities of the physicians. She also questioned why they were included in the nursing checklist, as the practices described were roles of the physician. Moreover, she recommended that the checklist be administered and completed by physicians of BOE Hospital (A. Cheung, Personal communication Aug 28, 2017).

Despite the confusion, A.Cheung suggested that L.Xiajiong complete the checklist and check off the appropriate box pertaining to the practice, meaning that she should check box 5. Competency is expected of another discipline, and 6. Need to include in education plan for other disciplines. A.Cheung also included that L.Xiajiong continue to distribute and collect the remaining checklists.

While waiting for the self-administered assessment competency checklist to be completed, A. Cheung and her team from Dignity Health International visited China to tour three cardiovascular hospitals. During the tour, they uncovered new details that impacted the project improvement and concluded that the assessment and completion checklist is not suitable. This new finding is discussed in further detail under the results section (A. Cheung, Personal communication Aug 28, 2017).

**Open to changes.** The nurses of BOE Hospital are very open to participate in a new advanced cardiovascular course. In fact, the program is support by the physicians and the chief nurse executive of BOE Hospital, the Chinese government, and Dignity Health International. Furthermore, BOE Hospital is very aware and open to changes that are supported by U.S. evidence- based practices. In the meantime, they are attentively modifying and implementing their own changes to meet the rule and regulation of China's government. Dignity Health International is also very supportive and open to new medical finding from China's healthcare system and BOE medical staff (i.e. nurses and physicians).

**Influence to the changes /improvements.** The major elements influencing the changes and improvements in the checklist are China's hospital rules and regulation and their medical professionals' responsibilities. Since the rules and regulation in China's hospital

system are unlike the U.S., BOE has to assist in making adjustments to meet their rules and regulation in order to comply with China's hospital system. However, the U.S. literature is very limited in providing any information regarding China's hospital rules and regulation, as well as the roles and responsibilities of each medical professional. Without having a direct resource from hospitals in China, the lack of information in the U.S. literature makes it difficult to grasp an understanding of China's hospital system and medical professional responsibilities. The method in preventing these variances is to work directly with BOE Hospital administration and each medical department, who has been willing and very compliant with Dignity Health International.

**Gap analysis.** A literature review was conducted to look at China's nursing degree, education, practice, and cardiovascular care (See Appendix C). In addition, a self-administered assessment and post competency checklist was created to determine the current standard nursing and cardiovascular practices of nurses in China (See Appendix M & N).

**Gantt chart.** A Gantt chart flow chart (See Appendix D) is used to display the various phases in tracking the progress for this project. As the project advanced, the chart was updated accordingly to provide a clear understanding of the task at hand. The overall project is expected to be complete in May 2018, while the assessment checklist was completed May 25, 2017, and the competency checklists was schedule for completion by August 31, 2017. Meanwhile, the plan for an advance cardiovascular educational course to teach the nurse trainers was arranged for completion by October 31, 2017.

**SWOT analysis.** A SWOT analysis was performed to assess and identify the strengths, weaknesses, opportunities, and threats towards developing a structured



program that provides education and training for Chinese nurses to meet ICOE standards (See Appendix F).

Among, the main strengths identified from creating a structured program were the collaboration between two organizations from two different countries (U.S. and China). Although, this project aimed to improve China's nursing profession and cardiovascular care, the knowledge sharing between the two organization also creates opportunities for the Dignity Health International to gain knowledge of China's healthcare systems. They also acquire knowledge regarding the roles and responsibilities of other healthcare professional such as physicians, surgeons, and pathologist who also share a crucial role in providing cardiovascular care. Moreover, the U.S. can also learn from China's expertise in alternative therapies such as traditional Chinese medicine commonly practiced in China, acupunctures, and other non- pharmacological therapies. Lastly, gaining awareness of China's population, nursing, and healthcare culture will allow the U.S. to better serve and provide care to the Chinese population in the U.S.

The weaknesses of this plan include: culture differences, difference in healthcare delivery system, differences in practices, and difference in language that can cause communication barriers. Another weakness that can impact the intervention plan is not having adequate facilities and teaching staff to provide education and training. In addition, access to the hospital and expensive medical technology, products, and devices are essential in providing effective teaching. Moreover, the gap between nursing education and training in Chinese nurses, having adequate housing, and immigration policy on obtaining a work visa within China or the U.S also pose as a weakness, but is vital to the plan.

The threats considered for this plan are hospital competitors and the changes within each country's healthcare system, healthcare practices, and services. As, well as the recent changes to immigration policy within China and the U.S.

**Budget return on investment plan.** This project was to determine the gap between the United States and China's current standard nursing and cardiovascular practices that would assist in developing an advance cardiovascular program to help staff nurses of BOE Hospital meet ICOE accreditation. Creating the checklist provide a return of investment as it provides knowledge and understanding of the U.S. and China's nursing profession, medical profession, and healthcare system of the two countries.

**Cost benefit analysis.** The estimated budget allocated for the intervention project was \$60,000 (See Appendix G). The plan was to hire two of Dignity Health's full-time cardiovascular nursing instructors at a salary of \$24,000 each for one month. The fixed budget appointed for flight, transportation, and housing was \$5,000. While the cost for printed material was budgeted at \$5,000, the amount used to provide each of the thirty-nurse trainers with a cardiovascular educational kit was \$1,500. Lastly, \$1,800 is assigned to allocate for unexpected expenses, but there was no cost used as there was no unexpected expense.

The fixed budget allocated for the checklist was \$200. The plan was to allocate \$100 for printing services, but there were no cost for printing material as the checklist was created using Microsoft Word 2013 and submitted electronically. Additionally, \$100 was assigned for unexpected expenses. Since there were no unexpected expenses, there was no cost to create the checklist. The actual cost for the cardiovascular course was

\$54,500, giving the course a variance and total net profit of \$5,500. This gives the cardiovascular course a net income from operation of 9%.

**Responsibility/communication matrix plan.** The flow of communication between Dignity Health International and BOE Hospital faculties has been through phone conversations, emails, video conferences, and in person meetings.

In addition to working with Dignity Health International, Dignity Health International also assigned a nursing research mentor to assist the DNP student with the gap analysis and checklist. The nursing research mentor program is a program within the Dignity Health organization. It is designed to assist the mentee with a particular subject that requires further research. The program pairs the mentee with a mentor who has experience and expertise in specific research subjects. The Dignity Health Nursing Research Mentors assigned to assist the mentee in the gap analysis were E. Crowninshield and T. Kozik. The communication process for the mentor and mentee was completed through emails and phone conversations.

**Work Breakdown Structure (WBS).** The WBS identified the deliverables and work elements involved in this project. Beginning with level one, working with the two organizations and their team in the initial planning to level six in the completion of the checklist.

The process of the gap analysis started with looking into the English literature and obtaining information regarding cardiovascular disease in China and U.S. In addition a literature search was also performed on China's standard nursing and cardiovascular education and practices. The purpose of the search was to grasp an understanding of the impact and mortality of cardiovascular diseases, standard nursing, and cardiovascular

education and practices of China. Other assignment involved was conducting a focus group with Chinese student nurse from USF whom were presently active nurses in China. The last mission involved was participating with BOE Hospital nursing tour of Dignity Health's Hospitals (See Appendix E for WBS).

### **Study of the Intervention**

The change of practice initially was introduced by BOE Hospital with the support of the Chinese government, but the initiative to change practice is based on the supporting data of China's cardiovascular diseases such as data presented by WHO (WHO, 2017). As discussed earlier, the original plan for the intervention was to design an advance cardiovascular program for Chinese nurses of BOE Hospital to meet ICOE standards, using resources from Dignity Health Hospital who has already achieved accreditation from CVCOE/ICOE.

### **Measures**

The evaluation process of the intervention was to begin with tracking the productivity of the student before and after. The strategy was to use a self-administered assessment and completion competency checklist. Each student was to be evaluated prior to the start of the program and reevaluated again at the one-month completion date. The results of the evaluation would be used to determine whether the student and instructor have met the set nursing practices.

**Analysis**

The self-administered assessment competency checklist was developed, administered, and collected to examine the type of content and training needed by Chinese nurses. The proposed plan to analyze the results of the self-administered assessment competency checklist would be completed by Dignity Health International project manager, A. Cheung. The strategy was to individually go through each checklist and reviewing the nursing practice. However, the results of the self-administered assessment competency checklist provided unexpected information that changed the focus of the project.

**Ethical Considerations**

As discussed earlier in the framework, the ethical consideration to consider when working with another country is the culture within the country's population, medical professions, and the healthcare institution. These are crucial elements that can prevent and impact the Dignity Health International's ability to create an effective advancement program that directs nurses in implemented cardiovascular care into China's healthcare.

**Section IV: Results****Results**

Though, the self-administered assessment competency checklist was delivered to L.Xiajiong to be administered, a misunderstanding between the two organizations caused a failure in the completion of the assessment checklist. Therefore only L.Xiajiong's checklist was returned. The data was not preserved since the checklist was partially completed and was return back to her to complete.

The self-administered competency assessment checklist did not provide a statistical result, as it was partially administered and incomplete. However, it did provide new findings and details to the improvement project. As previously discussed, L. Xiaojiong first identified the misinterpretation. She reported that the description of nursing practice within the assessment checklist was not nursing practice of Chinese nurses. Though, the misunderstanding was not fully understood at that time, it was not until Dignity Health International visited China's hospitals and discovered that the roles and responsibilities of Chinese nursing were not the same as the U.S. (A. Cheung, personal communication August 28, 2017).

Additionally, they concluded that practice is similar, but there is a disparity between the roles and responsibilities of Chinese nurses compared to U.S. nurses. For example, Chinese nurses are expected to have the understanding behind monitoring cardiovascular drips, but it is not their responsibility to monitor and ensure that proper dosage is being administered to the patient. Instead, their role is to make sure that the medication is given and infused at the appropriate rate based on the physician's order (A. Cheung, personal communication August 28, 2017).

On the other hand, it is the role and responsibility of U.S. nurses to manage, monitor, and ensure that the proper dose is being administered to the patient (California Nurse Practice Act, 2012). Therefore, nursing practice items in the self-administered assessment checklist such as performing drug calculation on dosing and titrating, ventilator management, and monitor heparin drips was not within Chinese nurses scope of practice.

In addition, Dignity Health also discovered that China's cardiac unit requires a cardiologist to remain on the unit at all hours and that the cardiologist is responsible for managing the patient's care while on the unit. The cardiologist's role is to manage all aspects of the patient's care, including directing nursing care. This means verifying and ensuring that cardiovascular medication drips are administered appropriately and titrated correctly. It is also the cardiologist responsibility to check that appropriate diagnostic tests are ordered and nursing care is directed according to their patient's needs.

Therefore, Chinese nurses are not bound to polices and protocol like the U.S., because the physicians in China's hospitals are required to be present to direct and manage patient care (A. Cheung, personal communication August 28, 2017).

Whereas in the U.S., physicians also have the responsibility of managing the patient's health, but they are not required to be present in the hospital or the unit to give nurses orders. So consequently, U.S. hospitals need to have standard polices and protocol for nurses to follow (A. Cheung, personal communication August 28, 2017). However, it is the responsibility of U.S. nurses to supervise the nursing care aspect of patients and that involves ensuring that orders given by the physician are appropriate for the patient such as medication, diagnostic, diet, etc. U.S. nurses are accountable and liable for what they administered to a patient (California Nurse Practice Act, 2012).

Lastly, each medical personnel role and responsibilities in China are also different from the U.S. For instance China has specialized physicians who are responsible for performing and reading echos, stress tests, lexi scan, etc. Meanwhile the U.S. have specialized trained technicians to administer these diagnostic test and additional help

such as physician assistants and nurse practitioners to aid in managing patient care (A. Cheung, personal communication August 28, 2017).

Although, the U.S. literature and personal communication from L. Xiaojiong indicated that nursing practices of Chinese nurses are similar to U.S. nurses, the checklist and Dignity Health International determined that the role and responsibilities of Chinese nurses vary widely from the U.S.

Therefore, the improvement project for providing Chinese nurses of BOE Hospital with an advance cardiovascular education and training is not a practicable improvement project at this time. As they would not benefit from having the same cardiovascular nursing practices from Dignity Health or U.S. nurses, which is now known to be beyond their scope of practices. After completing the tour with China, A.Cheung concluded that the checklist was no longer applicable. She explained that the new finding indicates further research on China's nursing practices needs to be explored beyond what is available in the checklist (A. Cheung, personal communication August 28, 2017).

**Recommendation.** A recommendation for a successful project improvement in the future needs to involve searching and exploring China's nursing culture, roles, and responsibilities. Additionally, other medical professionals and the hospital system should also be study to grasp a better understanding of the China's Healthcare system.

An approach to fully understand the role and responsibilities of nurses and other medical professionals is to acquire written job descriptions directly from BOE Hospital or other hospitals in China. This would identify the roles and responsibilities of Chinese nurses and other medical professionals. More over, it will help isolate individual nursing



and medical practice and detect overlapping roles and responsibilities between the nurses and other medical professionals.

Furthermore, the need to understand China's Healthcare system in the hospital is also crucial. A recommended approach is to obtain structural outline and details directly from successful hospitals in China that have been successful or from hospitals of BOE Technology.

Finally, having a medical translator service with nursing background would enhance and facilitate better communication. This would ensure that both organizations understood and comprehend the rationale behind the nursing task.

## **Section V: Discussion**

### **Summary**

The aim of this project was to develop a gap analysis using competency assessment and completion checklist that would achieve ICOE standards for Chinese nurses. The purpose of the checklists was to evaluate the standard and cardiovascular nursing practice gap between China and the U.S. It was to also serve as the method to measuring the nurse's progress before and after the program and to evaluate the intervention (i.e. the cardiovascular program) of this project.

The program was to provide Chinese nurse with an advance education and training in cardiovascular care that would help China improve cardiovascular care and lessen their cardiovascular mortality rate. Although the project aim was partially met and incomplete due to the unexpected finding, the checklist although not fully used did achieved its assessment outcome. The checklist helped determine that the intervention to

provide an advance cardiovascular educational program for Chinese nurses is not appropriate for practice.

Overall, the U.S. literature review demonstrates that China's types of nursing degrees, education, and practice is comparable to the U.S., but the competency assessment checklist confirms that the roles and responsibilities of nurses are different. Dignity Health International concluded that the best method towards improving cardiovascular care for Chinese nurses in this beginning phase of a new hospital is to focus on quality and patient safety. Their new goal is to achieve JCI accreditation. However, they will continue to study China's nursing practice and create a suitable program for Chinese nurses in the future (A. Cheung, personal communication Aug 28, 2017).

### **Interpretation**

The unexpected finding indicates that the roles and responsibilities of their nurses, medical personnel, and healthcare system vary largely from the U.S. Instead of providing an advance cardiovascular education program for Chinese nurses, changes have been made to the larger intervention program. The change has been made to meet the needs of Chinese nurses in improving patient care. The new focus in working with Chinese nurses is aimed at meeting JCI accreditation in patient safety. The new goal is to help Chinese nurses deliver elite patient care and outcome (A. Cheung, personal communication Aug 28, 2017).

**Limitation**

The major limitation to this project is the language barrier. Although, there was a translator service provided by BOE Hospital to translate the checklist into Chinese, there was not a method to verify whether the medical information was accurately translated.

In addition, the result of the self-administered assessment competency checklist was not effective due to the finding that the roles and responsibilities of nurses and medical personnel in hospitals are dissimilar to the U.S.

**Conclusion**

The result of the gap analysis presented in the English literature review disclosed that China and the U.S are alike in terms of nursing degrees, education, and practices. Additionally, the self-administered competency assessment checklist aided Dignity Health International in identifying and clarifying the gap of China's current standard nursing and cardiovascular practice to the U.S. Moreover, it lead Dignity Health International to conclude that China's nursing practices is like the U.S., but their role and responsibilities are different.

Lastly, the self-administered competency assessment checklist did not facilitate the original intervention of an advance cardiovascular program. However, it did help Dignity Health International with the decision to change their intervention and focus. Finally, before providing any supplemental education and training to improve China's nursing care, further research is needed to fully understand the roles and responsibilities of Chinese nurses.

**Section VI: Other Information****Funding**

This project did not receive any financial assistance, scholarship, award, grant, contribution, or donation from any individuals, organizations, or other commercial entities. The DNP candidate was not funded this practice improvement project.

## Section VII

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**Section: VIII: Appendices****Appendix A****Non-Research Approval Documents (Statement of Determination)****DNP Statement of Non-Research Determination Form****Student Name:** Amy Xiong**Title of Project:**

Development of an Advanced Cardiovascular Program for Chinese Nurse to Meet International Center of Excellence Standards.

**Brief Description of Project:****A) Aim Statement:**

The aim of my project proposal is by Dec 31, 2017 in collaboration with Dignity Health is to develop a cardiovascular competency checklist that meets the requirements for International Center of Excellence. My objective is to perform a gap analysis on Chinese nursing education and practice to advance and achieve International Center of Excellence standards.

**B) Description of Intervention:**

In participation with Dignity Health, I will lead the process of conducting a gap analysis on Chinese nursing education and practices to advance practices and meet international Center of Excellence standards. Interventions to accomplish my gap analysis are:

1. Conduct a focus group with international Chinese nursing students from USF.
2. Perform a literature review on China's nursing degree, education, practice, and cardiovascular care.
3. Meet and interview Chief Nurse Executive from BOE hospital in China to discuss Chinese nursing practices.
4. Meet and interview with R. Stewart (Dignity Health Cardiac Nurse Specialist) on

practices that meet and maintain ICOE.

5. Compare education and practice from China with practices from Dignity Health's Cardiac Center.
6. Develop a pre & post self-administered cardiovascular competency checklist of that fulfill ICOE standards.

### **C) How will this intervention change practice?**

By improving the quality of care given to cardiac patients, this will help establish a structure, process, and culture for Chinese nurses that can lead to outstanding clinical performance and patient outcomes in cardiac services.

The training will be focus on cardiac disease management such as ischemic heart disease, management of acute coronary syndromes (STEMI and non-STEMI) PCI, CABG, cardiac valve disease, valve replacement/repair procedures, arrhythmias, electrophysiology services, advanced heart failure, cardiac arrest, hypothermia/temperature management, etc.

### **D) Outcome measurements:**

The competency checklist will be reviewed and analyzed by Dignity Health International and their cardiovascular clinical specialist to ensure that China's nursing education and practice meet ICEO standard. In addition, provide nursing changes that are within China's rules and regulation.

After completion of program, each participant will evaluate the program through survey monkey. In addition Dignity Health International and their cardiovascular clinical specialist will also evaluate the program.

Another alternative to measuring the program is to evaluate the student's progress and outcome. Observing and auditing the nursing student performance with the developed competency checklist will determine if the desired results are being met. This type of metric can help identify any difficulties and narrow existing problems. This process outcome measure will specifically reflect best practices and evidence-based practices for cardiovascular care.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used:  
(<http://answers.hhs.gov/ohrp/categories/1569>)

This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.

This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.

Comments:

**EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST \***

**Instructions: Answer YES or NO to each of the following statements:**

<b>Project Title:</b>	<b>YES</b>	<b>NO</b>
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	X	
The specific aim is to improve performance on a specific service or program and is <b>a part of usual care</b> . ALL participants will receive standard of care.	X	
The project is <b>NOT</b> designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does <b>NOT</b> follow a protocol that overrides clinical decision-making.	X	
The project involves implementation of established and tested quality standards and/or systematic monitoring, assessment or evaluation of the organization to ensure that existing quality standards are being met. The project does <b>NOT</b> develop paradigms or untested methods or new untested standards.	X	
The project involves implementation of care practices and interventions that are consensus-based or evidence-based. The project does <b>NOT</b> seek to test an intervention that is beyond current science and experience.	X	
The project is conducted by staff where the project will take place and involves staff who are working at an agency that has an agreement with USF SONHP.	X	
The project has <b>NO</b> funding from federal agencies or research-focused organizations and is not receiving funding for implementation research.	X	
The agency or clinical practice unit agrees that this is a project that will be implemented to improve the process or delivery of care, i.e., <b>not</b> a personal research project that is dependent upon the voluntary participation of colleagues, students and/ or patients.	X	
If there is an intent to, or possibility of publishing your work, you and supervising faculty and the agency oversight committee are comfortable with the following statement in your methods section: <i>“This project was undertaken as an Evidence-based change of practice project at X hospital or agency and as such was not formally supervised by the Institutional Review Board.”</i>	X	

**ANSWER KEY:** If the answer to **ALL** of these items is yes, the project can be considered an Evidence-based activity that does NOT meet the definition of research.

**IRB review is not required. Keep a copy of this checklist in your files.** If the answer to ANY of these questions is **NO**, you must submit for IRB approval.

\*Adapted with permission of Elizabeth L. Hohmann, MD, Director and Chair, Partners Human Research Committee, Partners Health System, Boston, MA.

**STUDENT NAME (Please print):**

\_\_\_\_\_Amy Xiong\_\_\_\_\_Signature of Student:                      DATE \_\_\_\_\_12/01/2016

**SUPERVISING FACULTY MEMBER (CHAIR) NAME (Please print):**

\_\_\_\_\_  
Signature of Supervising Faculty Member (Chair):

\_\_\_\_\_  
DATE \_\_\_\_\_

**Appendix B**  
**Method and Data Collection Tools**

**Johns Hopkins Nursing Evidence-Based Practice**  
**Appendix F: Non-Research Evidence Appraisal Tool**

Evidence level and quality rating:		_____	
Article title:		Number:	
Author(s):		Publication date:	
Journal:			
Setting:		Sample (composition and size):	
Does this evidence address my EBP question?		<input type="checkbox"/> Yes	<input type="checkbox"/> No Do not proceed with appraisal of this evidence.
<input type="checkbox"/> <b>Clinical Practice Guidelines LEVEL IV</b> Systematically developed recommendations from nationally recognized experts based on research evidence or expert consensus panel <input type="checkbox"/> <b>Consensus or Position Statement LEVEL IV</b> Systematically developed recommendations, based on research and nationally recognized expert opinion, that guide members of a professional organization in decision-making for an issue of concern			
• Are the types of evidence included identified?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Were appropriate stakeholders involved in the development of recommendations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are groups to which recommendations apply and do not apply clearly stated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Have potential biases been eliminated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Does each recommendation have an identified level of evidence stated?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are recommendations clear?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Complete the corresponding quality rating section.			

**Johns Hopkins Nursing Evidence-Based Practice  
Appendix E: Research Evidence Appraisal Tool**

<p>B. Is this a summary of multiple research studies? <i>If No, go to Non-Research Evidence Appraisal Form.</i></p> <p>1. Does it employ a comprehensive search strategy and rigorous appraisal method (Systematic Review)? <i>If No, use Non-Research Evidence Appraisal Tool; if Yes:</i></p> <p>    a. Does it combine and analyze results from the studies to generate a new statistic (effect size)? (Systematic review with meta-analysis)</p> <p>    b. Does it analyze and synthesize concepts from qualitative studies? (Systematic review with meta-synthesis)</p> <p>        <i>If Yes to either a or b, go to #2B below.</i></p> <p>2. For Systematic Reviews and Systematic Reviews with meta-analysis or meta-synthesis:</p> <p>    a. Are all studies included RCTs? → <input type="checkbox"/> LEVEL I</p> <p>    b. Are the studies a combination of RCTs and quasi-experimental or quasi-experimental only? → <input type="checkbox"/> LEVEL II</p> <p>    c. Are the studies a combination of RCTs, quasi-experimental and non-experimental or non-experimental only? → <input type="checkbox"/> LEVEL III</p> <p>    d. Are any or all of the included studies qualitative? → <input type="checkbox"/> LEVEL III</p> <p><b>COMPLETE THE NEXT SECTION, "STUDY FINDINGS THAT HELP YOU ANSWER THE EBP QUESTION"</b></p> <p><b>STUDY FINDINGS THAT HELP YOU ANSWER THE EBP QUESTION:</b></p>		<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
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**NOW COMPLETE THE FOLLOWING PAGE, "QUALITY APPRAISAL OF RESEARCH STUDIES", AND ASSIGN A QUALITY SCORE TO YOUR ARTICLE**





**Johns Hopkins Nursing Evidence-Based Practice  
Appendix E: Research Evidence Appraisal Tool**

Section I: QuaNtitative			
Level of Evidence (Study Design)			
A. Is this a report of a single research study?		<input type="checkbox"/> Yes	<input type="checkbox"/> No Go to B.
1. Was there manipulation of an independent variable?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Was there a control group?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Were study participants randomly assigned to the intervention and control groups?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to questions 1, 2, and 3, this is a randomized controlled trial (RCT) or experimental study.	<input type="checkbox"/> LEVEL I		
If Yes to questions 1 and 2 and No to question 3, or Yes to question 1 and No to questions 2 and 3, this is quasi-experimental (some degree of investigator control, some manipulation of an independent variable, lacks random assignment to groups, and may have a control group).	<input type="checkbox"/> LEVEL II		
If No to questions 1, 2, and 3, this is nonexperimental (no manipulation of independent variable; can be descriptive, comparative, or correlational; often uses secondary data).	<input type="checkbox"/> LEVEL III		
Study Findings That Help Answer the EBP Question			
Complete the Appraisal of QuaNtitative Research Studies section.			

**Johns Hopkins Nursing Evidence-Based Practice  
Appendix D: Evidence Level and Quality Guide**

Evidence Levels	Quality Ratings
<p><b>Level I</b> Experimental study, randomized controlled trial (RCT) Explanatory mixed method design that includes only a level I quantitative study Systematic review of RCTs, with or without meta-analysis</p>	<p><b>Quantitative Studies</b>  <b>A High quality:</b> Consistent, generalizable results; sufficient sample size for the study design; adequate control; definitive conclusions; consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence.  <b>B Good quality:</b> Reasonably consistent results; sufficient sample size for the study design; some control, fairly definitive conclusions; reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence.  <b>C Low quality or major flaws:</b> Little evidence with inconsistent results; insufficient sample size for the study design; conclusions cannot be drawn.</p>
<p><b>Level II</b> Quasi-experimental study Explanatory mixed method design that includes only a level II quantitative study Systematic review of a combination of RCTs and quasi-experimental studies, or quasi-experimental studies only, with or without meta-analysis</p>	
<p><b>Level III</b> Nonexperimental study Systematic review of a combination of RCTs, quasi-experimental and nonexperimental studies, or nonexperimental studies only, with or without meta-analysis Exploratory, convergent, or multiphasic mixed methods studies Explanatory mixed method design that includes only a level III quantitative study Qualitative study Meta-synthesis</p>	

**Appendix C**  
**Evaluation Table**

Theme	Citation	Design	Sample	Measurement	Finding	Appraisal
<i>China's Types of Nursing Degree</i>	Liu, Y., Rodcumdee, B., Jaing, P., & Sha, L.Y. (2015)	Literature review			China nursing education levels is similar to U.S.	5B
	Ma, C., Howieda, F., Li, J., & D'Antonio., P. (2012)	Comparative Review			China nursing education levels is similar to U.S.	5B
	Wang, C.C., Whitehead, L., & Bayes, S. (2016).	Expert Review			China nursing education levels is similar to U.S.	5A

Theme	Citation	Design	Sample	Measurement	Finding	Appraisal
<i>China's Nursing Education.</i>  <i>(Didactic)</i>	<u>Deng, F.F.</u> (2015)	Comparative Review			China's didactic varies greatly from the U.S.  Uses a biomedical model and nursing model.  Moving away from biomedical & focusing towards nursing model.	5B
	Wang, C.C. (2016)	Comparative Review			Uses a biomedical model and nursing model.  Moving away from biomedical & focusing towards nursing model.	5A
<i>(Clinical Training)</i>	No studies	No studies	No studies	No studies	No studies	No studies

Theme	Citation	Design	Sample	Measurement	Finding	Appraisal
<i>China's Nursing Practice</i>	Wang, C.C. (2016)	Comparative Review			<p>Secondary vocational, colleges, and universities all take the same national examination.</p> <p>Include criteria to become a registered nurse.</p>	5A
Theme	Citation	Design	Sample	Measurement	Finding	Appraisal
<i>Current state on China's nursing education</i>	Wang, C.C. (2016)	Comparative Review			<p>China's nursing education system lacked the ability and competence to train and certify quality nurses.</p> <p>Nursing curriculum lacks the use of evidence-based approach,</p>	5A

					standardized curriculum, research opportunities, and uses a biomedical model instead of a nursing oriented model	
	Wang, C.C., Whitehead, L., & Bayes, S. (2016).	Expert Review			<p>Course content learned is not applicable in the clinical setting.</p> <p>Nursing process is taught in theory courses, hospitals apply the functional nursing model.</p> <p>Propose nursing education have a standardized curriculum, evidence- based approach, use of updated nursing resources, have modified</p>	5A

Theme	Citation	Design	Sample	Measurement	Finding	Appraisal
<i>China's Cardiovascular nursing care</i>	Ding, S., Deng, Y., Lu, S., Lamb, K.V., Zhang, Y., & Wu. Y. (2017).	Cross-sectional study	273 Registered nurses	Voluntary questionnaire	<p>Less than half of Chinese's nurse knew the right target goals for cardiovascular disease risk factor.</p> <p>Inconsistency of identify target goal for cardiovascular disease risk factor.</p> <p>Gap between the knowledge and practice for prevention of cardiovascular disease.</p>	2A
	Wu, Deng, & Zheng (2011)	Cross-sectional	273 Staff nurses 35 nursing faculty	Self-administered questionnaire	Fewer than 58% of nurses correctly answer	2A

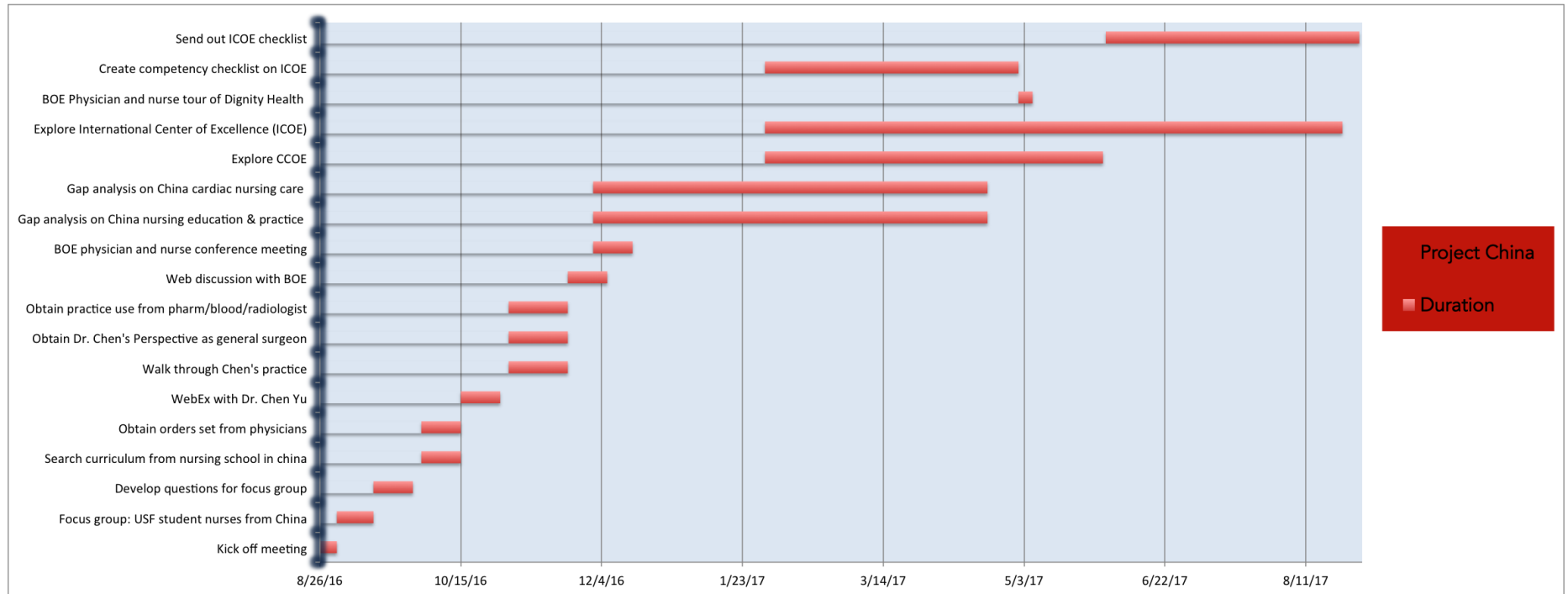
			139 nursing students.		<p>question pertaining to cardiovascular disease risk reduction.</p> <p>One third of nurses could not identify target goals for risk factor reduction.</p> <p>Low staff nurses in responses to calculating the BMI for obesity compared to student nurses.</p> <p>Students were most successful in identifying the need for lifestyle modification.</p>	
	Zhou et al., (2012)	Cross-sectional	734 Nurses	Self-administered questionnaire	Difficulties in identifying rhythms from an electrocardiogram monitor	2A



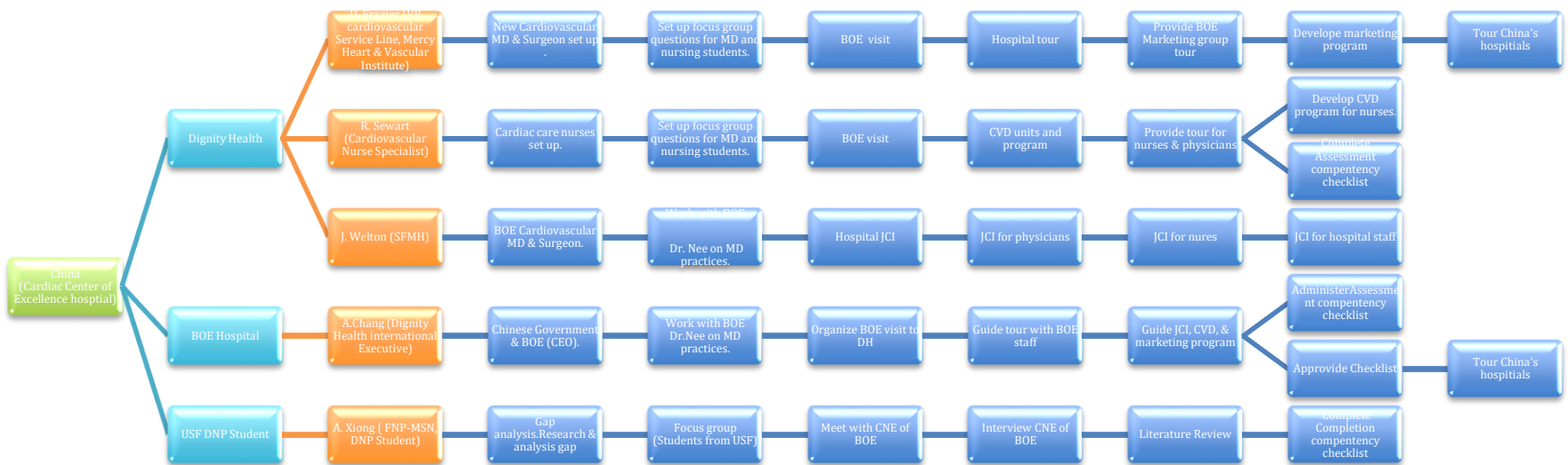
					<p>less than 43 % of intensive care unit nurses could to detect myocardial ischemia using an electrocardiogram monitor.</p> <p>16% of the respondents were able to place all the electrodes at the right location with the right color</p> <p>70% of intensive care unit nurses commonly placed the precordial electrode incorrectly</p>	
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**Appendix D  
Gantt Chart**

<b>Project China</b>	<b>Start date</b>	<b>Length in days</b>	<b>End dates</b>	<b>Adjusted Length of days</b>
<i>Kick off meeting</i>	8/26/16	6	9/1/16	6
<i>Focus group: USF student nurses from China</i>	9/1/16	13	9/14/16	13
<i>Develop questions for focus group</i>	9/14/16	14	9/28/16	14
<i>Search curriculum from nursing school in china</i>	10/1/16	14	10/15/16	14
<i>Obtain orders set from physicians</i>	10/1/16	14	10/15/16	14
<i>WebEx with Dr. Chen Yu</i>	10/15/16	14	10/29/16	14
<i>Walk through Chen's practice</i>	11/1/16	21	11/22/16	21
<i>Obtain Dr. Chen's Perspective as general surgeon</i>	11/1/16	21	11/22/16	21
<i>Obtain practice use from pharm/blood/radiologist</i>	11/1/16	21	11/22/16	21
<i>Web discussion with BOE</i>	11/22/16	14	12/6/16	14
<i>BOE physician and nurse conference meeting</i>	12/1/16	14	12/15/16	14
<i>Gap analysis on China nursing education &amp; practice</i>	12/1/16	140	4/20/17	140
<i>Gap analysis on China cardiac nursing care</i>	12/1/16	140	4/20/17	140
<i>Explore CCOE</i>	1/31/17	120	5/31/17	120
<i>Explore International Center of Excellence (ICOE)</i>	1/31/17	205	8/24/17	205
<i>BOE Physician and nurse tour of Dignity Health</i>	5/1/17	5	5/6/17	5
<i>Create competency checklist on ICOE</i>	1/31/17	90	5/1/17	90
<i>Send out ICOE checklist</i>	6/1/17	90	8/30/17	90



Appendix E  
Work Breakdown Structure.



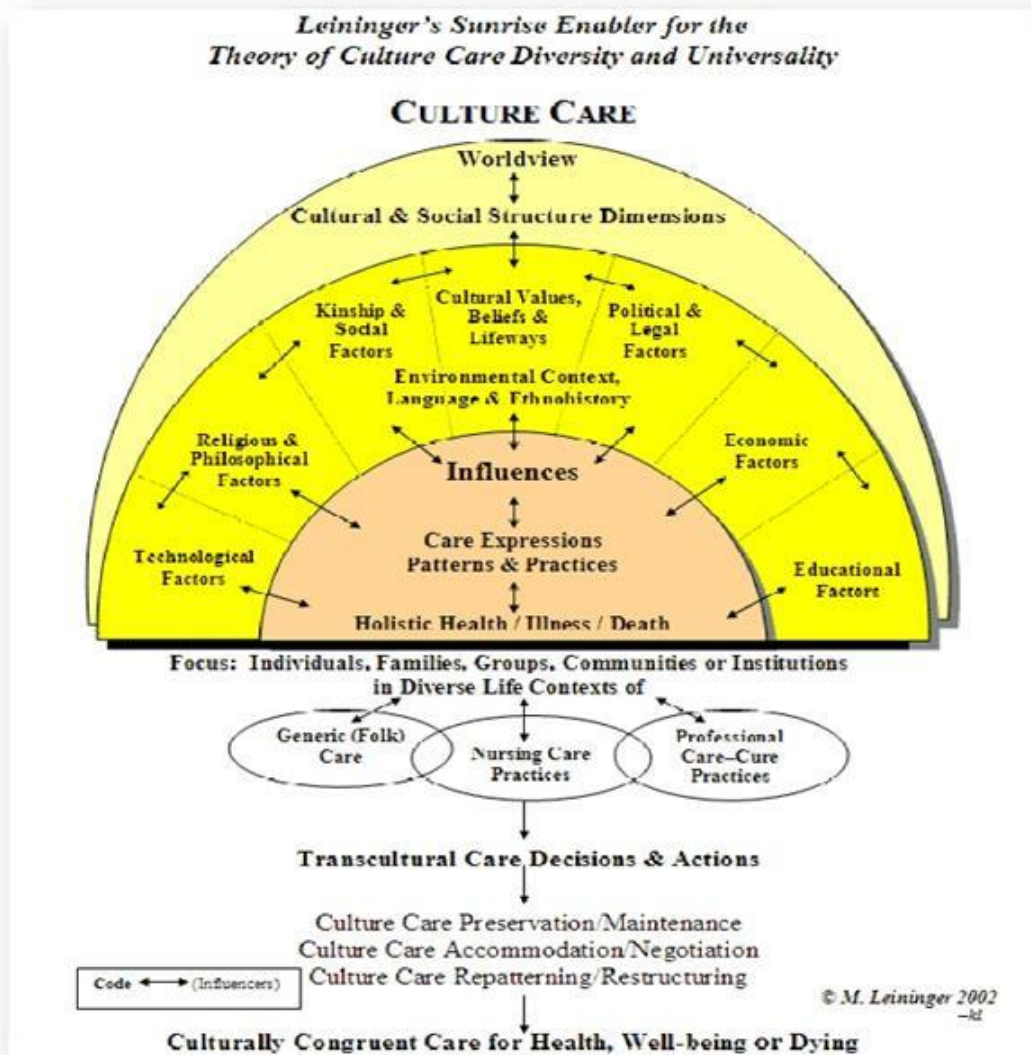
Appendix F  
SWOT ANALYSIS

	Beneficial	Harmful
Internal	<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Collaboration of the U.S. and China nursing profession and healthcare.</li> <li>• Intensifying the nursing profession of China.</li> <li>• Education and training to meet International Center of Excellence.</li> <li>• Dignity Health collaboration and approval.</li> <li>• Approved by Chinese government.</li> <li>• Provide a program to assist Chinese nurses.</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Different culture and healthcare environmental aspect.</li> <li>• Language and communication barriers.</li> <li>• Adequate facilities to provide education and training.</li> <li>• Adequate teaching staff to provide education and training.</li> <li>• Access to the hospital.</li> <li>• Expensive medical technology, products, and devices for teaching.</li> <li>• Large gap of nursing education and training of China nurses.</li> <li>• Adequate Student housing.</li> <li>• Difficulty obtaining travel and work visa within the U.S.</li> </ul>
External	<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Western healthcare expansion.</li> <li>• Advance nursing education for China.</li> <li>• Increase western healthcare leadership job opportunities for the U.S.</li> <li>• U.S. revenue.</li> <li>• Opportunity to exchange healthcare information.</li> </ul>	<p><b>Threats</b></p> <ul style="list-style-type: none"> <li>• Current hospital competitors.</li> <li>• Current University competitors.</li> <li>• Current healthcare practice and system.</li> <li>• Changing healthcare practices and services.</li> <li>• Change in immigration policy.</li> </ul>

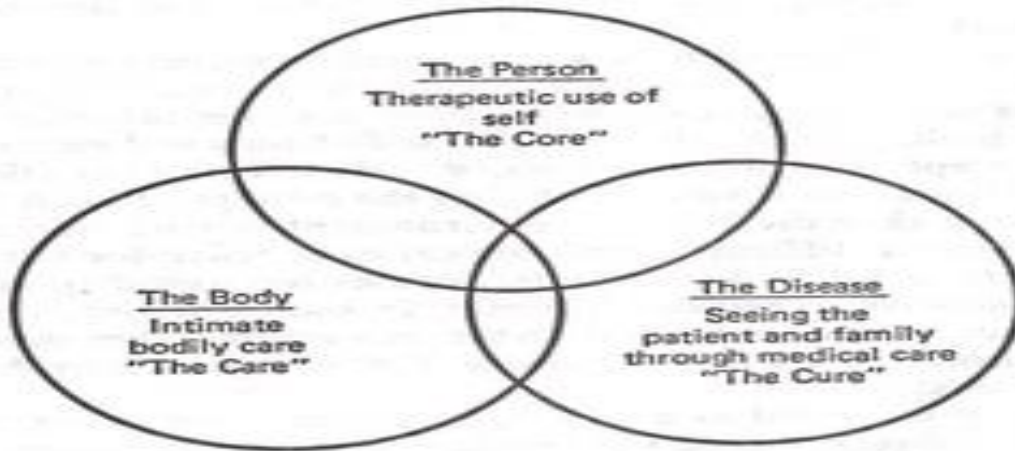
Appendix G  
Budget

Educational budget	Actual Cost	Budget: 59,800
Nursing instructor (2)	48,000	48,000
Flight/transportation/ housing (2)	5,000	5,000
Classroom supply	1,500	5,000
Unexpected cost	0	1,800
Competency checklist		\$200
Print service	0	100
Unexpected Cost	0	100
	0	0
Total operating expenses	54,500	60,000
Total Net Profit		5,500
Variance		
Net income from operations		9%

Appendix H  
Leininger's Sunrise Model



Appendix I  
Lydia Hall's Theory





Appendix J  
Donabedian's levels of quality assessment.



Appendix K  
Chinese Nursing Association  
Nursing Regulation

Chapter I General Provisions

Article 1 This Regulation is formulated to protecting the legitimate rights and interests of nurses, regulating the nursing acts, promoting the development of nursing and guaranteeing the health care service security and the human health.

Article 2 The term "nurses" as mentioned in this Regulation refers to the health technicians who have obtained a registered nurse practicing certificate, are engaged in nursing activities and perform the duties of protecting lives, relieving suffering and promoting health.

Article 3 The personal dignity and safety of nurses shall not be offended. A nurse is protected by law during performing his (her) duties.

The whole society shall respect nurses.

Article 4 The relevant departments of the State Council, the local people's governments at and above the county level and the people's governments of townships (towns) should take measures to improve the working conditions of nurses, guarantee the treatments to nurses, strengthen the construction of the contingent of nurses and promote the development of the nursing cause.

The relevant department of the State Council and the local people's governments at and above the county level shall encourage nurses to work in rural and grassroots health care organizations.

Article 5 The health authorities of the State Council are responsible for the supervision and administration of nurses throughout the country.

The health administrative departments of the people's governments at and above the county level are responsible for the supervision and administration of nurses within their respective administrative area.

Article 6 Relevant departments of the State Council shall the nurses who made an outstanding contribution to the nursing work the honorary title of advanced workers or Bethune Medals. A commended or awarded nurse is entitled to enjoy treatments to model workers or advanced workers at the provincial or ministerial level. A nurse who is engaged in the nursing work for a long term shall be granted an honorary certificate. The measures in detail shall be formulated by the relevant department of the State Council.

The local people's governments at and above the county level and the relevant departments shall commend and award the nurses who have made outstanding contributions within their respective administrative area under pertinent provisions of the people's government of the province, autonomous region or municipality directly under the Central Government.

Chapter II Practitioners Registration

Article 7 Nurse practitioners shall go through the practice registration and obtain a practicing nurse certificate.

An applicant shall satisfy the following qualifications when applying for practice registration as a practicing nurse:

- (1) Having complete civil capacity;
- (2) Having obtained a corresponding education diploma after completing, 3-year full-time study of

courses of nursing or midwifery in a secondary vocational school or higher education institute, including 8-month or longer clinical nursing practice in a teaching or comprehensive hospital, as required by the education administrative department of the State Council and the health administrative department of the State Council;

(3) Having passed the nurse qualification exam organized by the health administrative department of the State Council; and

(4) Satisfying the health requires as prescribed by the health administrative department of the State Council.

An applicant shall file an application for registration within 3 years after he (she) passed the nurse qualification exam. If he (she) fails to file an application within the time limit, he (she) shall, besides the conditions as described in Items (1), (2) and (4) of the preceding paragraph, accept 3-month clinical nursing training in a medical institution, which satisfies the conditions as prescribed by the health administrative department of the State Council, and pass the evaluation.

The administration for the nurse qualification exam shall be formulated by the health administrative department of the State Council jointly with the personnel department of the State Council.

Article 8 An applicant shall file an application for nurse registration with the health administrative department of the local government of the province, autonomous region or municipality directly under the Central Government. The health administrative department shall make a decision within 20 working days after it receives the application. It shall approve the registration if the applicant meets the requirements as described in this Regulation or disapprove the registration if the applicant does not meet the requirements as listed in this Regulation and make a written explanation.

The nurse registration shall be valid for five years.

Article 9 A registered nurse changes his (her) work place within the valid period of nurse registration, he (she) shall report it to the health administrative department of the local government of the province, autonomous region or municipality directly under the Central Government. The health administrative department shall handle the modification formalities for him (her) within 7 working days after it receives the report. If the changeable place is in another province, autonomous region or municipality directly under the Central Government, the local health administrative department which receives his (her) report shall inform the health administrative department of the province, autonomous region or municipality directly under the Central Government where his (her) former practice place is located.

Article 10 Where a registered nurse needs to continue his (her) practices when his (her) valid period of practicing nurse registration expires, he (she) shall, 30 days prior to the expiration of the valid period of nurse registration, file a registration renewal application with the health administrative department of the province, autonomous region or municipality directly under the Central Government. The health administrative department shall approve the renewal if the applicant satisfies the conditions as listed in this Regulation or disapprove the renewal if the applicant does not meet the conditions as listed in this Regulation and make a written explanation.

Where a registered nurse is under a deregistration circumstance as prescribed in provisions on administrative licensing, the original registration department shall cancel his (her) registration.

Article 11 The health administrative department of the local government at and above the county level shall establish good records and bad records of nurses within their respective administrative area and put such records into the information system of nurses.\_

The good records of a nurse include the commendations, awards, his (her) completion of the tasks commanded by the government and so on. The bad records of a nurse include the administrative punishments, sanctions imposed on him (her) for his (her) violation of this Regulation, laws, other regulations and rules governing health administration, medical technical standards, etc.

#### Chapter III Rights and Obligations

Article 12 A registered nurse is entitled to obtain wage, enjoy welfare and participate in social insurance program under pertinent provisions of the State. No entity or individual may skimp wage to nurses, lower or cancel the welfare or other rights to nurses.\_

Article 13 A registered nurse is entitled to get occupational safety and protection, health care services. A nurse, who is directly exposed to toxic or harmful substances or to danger of infectious diseases, is entitled to accept the occupational protection under relevant laws and administrative regulations. If he (she) suffers from an occupational disease, he (she) is entitled to get compensations under relevant laws and administrative regulations.\_

Article 14 A nurse is entitled, under relevant provisions of the state, to obtain professional technical titles corresponding to his (her) own professional capabilities and academic level, to participate in professional training, to conduct and communicate academic research, and to join associations and professional academic groups.

Article 15 A nurse is entitled to get information about disease diagnoses and treatments as well as nursing, to enjoy other rights corresponding to the performance of nursing duties, and to put forward proposals and suggestions on the work of medical and health institutions and health administrative departments.\_

Article 16 A practicing nurse shall comply with the laws, regulations, rules and diagnosis and treatment technical norms.

Article 17 Where a nurse, during his (her) practice, finds that a patient is in a severe and urgent condition, he (she) immediately inform the doctor; in an emergency, he (she) shall first take necessary urgent rescue measures to save the life of the patient in danger.

When a nurse find that doctor's advice is disobey laws, regulations, rules and diagnosis and treatment technical norms, he (she) shall bring forward to the doctor who make the advice; he (she) shall also report to the manager of the section or staff in charge of health service management in medical and health institutions and health administrative departments if necessary.\_

Article 18 A nurse shall respect and take good care of patients. He (she) shall protect privacy of patients.

Article 19 A nurse has the obligation to attend the work of public health and disease prevention. He (she) shall obey the arrange of governmental medical and health institutions and health administrative departments above county level when emergency affairs occurred such as disaster and public health affairs which can threaten the public health. He (she) shall join to rescue.

#### Chapter 4 Responsibilities of medical and health institutions

Article 20 Quantity of nurses in medical and health institutions can not less than the standard of

regulations planned by health administrative departments of the State Council.

Article 21 Followed staff are not allowed to practice nursing in medical and health institutions:

- (1) Has no certification of nursing
- (2) Has not change place of nursing practice procedure as Article 9
- (3) Registration of nursing is overdue but not transect

Practice nurse shall work under guidance of registered nurses.

Article 22 Medical and health institutions shall provide health protective articles and take effective health protection and medical care methods.

Article 23 Medical and health institutions shall executive regulations of wages and welfare. They shall pay full fees of social assurance for nurses woke in the institution and protect their legal rights.

A nurse, who is directly exposed to toxic or harmful substances or to danger of infectious diseases shall be given subsidies by medical and health institutions according to nation regulations.

Article 24 Medical and health institutions shall constitute and implement in-service training program for nurses. They shall also insure nurses to accept training.

Nursing training program shall focus on application of new knowledge and new technology. They shall develop specific nursing training according to clinical professional nursing development and professional nursing station's needs.

Article 25 Medical and health institutions shall set specific institution or employ special staff to take charge in nursing management.

Article 26 Medical and health institutions shall build work set and supervise it.

While a nurse doesn't implement responsibilities or be complaint for disobeying professional morality, medical and health institution shall investigate. If it is true, medical and health institution shall dispose to this nurse and report instance to accuser.

#### Chapter 5 Responsibilities of laws

Article 27 Staff work in health administrative departments not implement responsibilities as regulations, bend the law for personal gain and engage in fraud, misconduct and breach in office, should be punished. If offending the law, he (she) should bear criminal responsibility.

Article 28 While medical and health institution do one thing as followed, governmental medical and health institutions and health administrative departments above county level shall give alarm to them and ask them to correct in time. If they not correct health administrative departments shall decrease the number of clinical items according to nurse setting standard which health administrative departments of the State Council regulate or stop them to practice for 6 months to 1 year. If do one thing as followed seriously, the director and other managers of medical and health institution should be punished:

- (1) Number of nurses is less than standard which health administrative departments of the State Council regulate;
- (2) Allow nurses who has no certification of nursing, not change place of nursing practice procedures, overdue but not transect the registration of nursing to practice nursing in medical and health institution.

Article 29 While medical and health institution do one thing as followed, it should be punished according to relevant laws and administrative regulations. If do one thing as followed seriously, the

director and other managers of medical and health institution should be punished:

- (1) not implement regulations about wages and welfare;
- (2) not pay full fees of social assurance for nurses work in the institution and protect their legal rights.
- (3) Not provide health protection equipment, or do not implement protection caution.
- (4) Not provide subsidy for nurses working at remote area, or working with toxic materials or have the risk for infecting infection disease.

Article 30 In cases when one of the following situations exists in a medical/health institution, the competent health administrative departments of local people's governments at or above the county level shall issue an order to correct the violations by a deadline and give a warning:

- (1) The on-the- job training plan for nurses does not be established, carried out or nurses training are not guaranteed;
- (2) The administrative responsibility is not be carried out according to the regulations;

Article 31 In cases when one of the following situations exists in the nursing practice, the competent health administrative departments of local people's governments at or above the county level shall issue an order to correct the violations by a deadline and give a warning; for the severe cases, the operation license and business permit shall be suspended for 6 months to 1 year or even revoked by the departments that issue the business permit or the operation license:

- (1) discovering state of illness of a patient severe but not inform the physician immediately; \_
- (2) discovering doctor's advice against law, statute, regulation or diagnosis and treat technical criterion, but do not bring forward or report according to article 17;
- (3) leaking patients' intimacy;
- (4) disobey the arrangement to take part in medical rescue when incidents which threaten public life and health such as natural disaster ,public health event break out.

If medical accident is aroused in nursing practice, nurses should take on criminal liability according to regulations related to medical accident disposal.

Article 32 Nurses with operation license revoked can not apply for enrollment in 2 years from the day operation license being revoked on.

Article 33 In cases when medical order is disturbed, or nurses' legal practice was interfered, or nurses are insulted, threatened, assaulted and battery, or other action invading nurses' legal rights and benefits exist, punishments shall be imposed by public security departments according to the Regulation on Public Security. If a crime is committed, criminal liabilities shall be investigated according to relevant laws.

#### Chapter 6 Supplementary Provisions

Article 34 Nurses with operation license or certain nursing professional technical title and pursuing nursing practice according to national relevant Regulations before this Regulation enter into force should exchange nursing operation license after passing the auditing of the competent health administrative departments of local people's governments.

Medical/health institutions that do not measure up the nursing equipment standard should match this standard according to the prescriptive steps of health administrative departments of State

Department in 3 years after this Regulation enter into force.

Article 35 This Regulation shall enter into force since May 12, 2008.

Guaranteeing nurses' legal rights and interests, standardizing nurses' behavior and promoting development of nursing career

——Principal of Legal Affairs Office of State Department replied reporters as regards Regulation for Nurses

Regulation for Nurses(hereinafter to be referred as Regulation) has been through on January 23, 2008, the 206th State Council executive meeting. Principal of Legal Affairs Office of State Department replied reporters as regards Regulation for Nurses.

Question: Why did State Department establish the specific regulation for nurses?

Answer: Nursing is one of medical and care activities dealing with maintaining and promoting human health which characterized in specialty and service. Nursing in our country has developed greatly recently with development of medical and health and played an active role in maintaining and promoting public health. At the same time, there are some problems existing in nursing field which can not be ignored and the main aspects are shown as the following:

Firstly, nurses' legal rights and interests are lack of juristic guarantee. Nursing profession is lack of enough attraction and nursing team can not meet the demands of public for nursing service. Under the condition of personnel system reform, the old and new system exist at the same time, and some medical/health institutions take two sets of management systems to hire formal and temporary nursing staff at the same time. In order to reduce nursing manpower cost, they decrease the number of formal nursing staff while increase the number of temporary nursing staff at the same time. Temporary nursing staff in some medical/health institutions have not the rights to take part in continual education and can not get their title rising, also they can't enjoy the stated vacation. These problems does not only violate nurses' labor rights, but also affect stability of nursing team severely which all go against the development of nursing career and against providing high-quality nursing care.

Secondly, some nurses can't do their nursing duty comprehensively and strictly, they ignore basic nursing work and are lack of consciousness of serving actively. These all lead to the relationship between nurses and patients tense up, affect medical quality and even lead to medical accidents. Few nurses don't carry out the patient-centered philosophy completely and their attitude towards patients is not passion. Nursing in some hospitals are too simplified and nurses there only pay attention to execute doctor's advice and do such work as injection and medication, while other work such as observing changes in patient's condition, patrolling wards, basic nursing, daily life caring, psychological and mental health caring, rehabilitation instruction, communication with patients and so on are ignored.

Thirdly, some medical/health institutions pay much attention on medical treatment but little attention on nursing. The number of nursing staff is reduced optionally, and doctor-nurse ratio is severe maladjusted. Some hospitals even held such opinion that nurses can not bring great economic benefits for the hospitals, as a result, nursing team construction and nursing development are not included in the development programming of the whole hospitals. Because nurses in wards are few and can not satisfy patients' demands for daily life caring, the quality of

basic nursing can not be guaranteed. In order to meet the needs for patients' daily life caring, hospitals allow them to hire nursing workers, but this kind of intervention brings potential safety problems at the same time,

To maintain the nurses' lawful rights, standardize health-care behavior, promote the harmonious relationship between nurses and patients, and safeguard healthcare safety, it is primitive to formulate the nursing regulations.

Question:

What are the guidelines for this regulation?\_

Answer:\_

There are three guidelines for the regulation:\_

1. To safeguard nurses' lawful rights in a wide scale. To stimulate the enthusiasms of the nurses by specifying their rights and regulating measures to award outstanding nurses; to encourage qualified candidates to engage in nursing work. To form the atmosphere of respecting and caring about nurses.\_
2. To standardize the practice of nursing. To specify legal liability in case of violations of laws and regulations by refining nurses' lawful obligations and practice. To encourage nurses to serve people with heart and soul.
3. To strengthen the sense of duties of the medical organizations. By regulating the duties of these organizations in various aspects to urge the medical organizations to enforce the improvement of nursing team, and safeguard their lawful rights, standardize nursing practice.

Question:\_

What qualifications are required for the nursing work?

Answer:\_

To ensure the nurses engaged in healthcare are well-qualified, the regulation defines that they cannot carry out the practice until they have received the specific training and obtain the registered certificate for professional nursing. To apply for the registration, the candidates are required to fulfill: 1. full capacity for full civil conduct; 2. completion of required courses by Ministry of Education and Ministry of Public Health in three years or over full time vocational schools or colleges, plus eight months or over clinical practice in teaching or general hospitals. 3. pass the examination for the certificate of nursing; 4. in accordance with the healthy standards established by the Ministry of Public Health.

Question:

To stabilize the nursing team and encourage people to engage in this job, what items are presented in the regulation?\_

Answer:\_

For the healthy development of the course of nursing, the regulation puts emphasis on the duty of government: the concerning departments of the National Government, and local governments above county level are supposed to take measures to improve nurses' working conditions and secure their welfare. In addition, the regulation stresses on the lawful rights and awards enjoyed by the nurses.\_

With regard to the lawful rights, the regulation refines that nurses are entitled:\_



1. to obtain wages and rewards, to enjoy welfare and social insurance according to the related regulations issued by Labor and Social Security Department and Ministry of Labor, -- Insurance Regulations regarding Industrial Injuries, Decision on Establishing for Employee Basic Medical Insurances System for Urban Enterprise Employees. \_
2. to receive health protective articles and effective health protection and medical care methods. For those who are directly exposed to toxic or harmful substances or to danger of infectious diseases shall be given subsidies by medical and health institutions according to nation regulations.\_
3. to enjoy the rights to obtain the professional qualifications in accordance with concerning national regulations and the rights to participate in professional training, academic exchange and specialized associations.
4. to get information about disease diagnoses and treatments as well as nursing, to enjoy other rights corresponding to the performance of nursing duties, and to put forward proposals and suggestions on the work of medical and health institutions and health administrative departments. Regarding the rewarding methods, honors and medals shall be granted to the nurses who have made great contributions, in addition, they are also able to enjoy the equal treatments as provincial modal workers; for the nurses with long term service, certificates of honors shall be granted.

Question:

What items are presented in the regulation to standardize health-care behavior, and promote the harmonious relationship between nurses and patients?

To standardize health-care behavior, promote the harmonious relationship between nurses and patients, nurses are supposed to take up the following responsibilities: \_

1. to abide by laws, regulations and technical codes, which are the fundamental rules for nursing. For example, nurses are expected to follow the technical codes while carrying out the nursing practice, to provide sound environments, to listen to patients and their relatives' suggestions so as to improve the healthcare service. To pay attention to the communication with doctors, conduct healthcare education and guide people to form correct concept of health and cultivate healthy behavior, to promote regional and national \_
2. to inform doctors immediately once nurses found the patients' condition is deteriorating ; to provide necessary emergency treatment when patients' life is in danger.
3. Once nurses found doctor order violate law, regulation or treatment code, they should ask explanation from doctors who wrote the order; if necessary, nurses should report to people who in charge of department or health organization.\_
4. respect and caring for patients, protect patients' privacy. Basically, those attitude will build mutual trust between nurses and patients.
5. take part in public health and disease prevention work. Nurses should abide with health organization when nature disaster or public health happens.

Questions: What kind of responsibilities does the medical organization assume in terms of normal nursing behaviors, the protection of the legal rights and interests of nurses, the promotion of the development of the nursing career ?

Answer: The regulation demonstrates three types of functions of the medical organization

First, reasonable equipotent of nurses based on the requirement of the Health Department .The

number of the nurses should not less than that regulated by the Health Department. The medical regulations which have not reached the requirement should equip with a proper number of nurses in three years since the implement of the regulation.

Second ,the protection of the legal rights and interests of nurses (1) provide the nurses with protective equipment (2)pay for the insurance premium based on the regulation for the nurses working for the medical organization(3)grant regulated allowances to the nurses working in the outlying areas , or in the poisonous and harmful fields.(4) institute the training programs for the nurses \_

Third: reinforce the management of the nurses (1) establish special sections or assign professional(part-time) personnel to charge the management (2)establish the responsibility system of posts to normalize the behaviors of the nurses. \_

Appendix L  
Letter of Support

From: Cheung, Anna - SF  
To: Judith Karshmer, Amy Xiong

08/02/16 at 3:31 PM

Dr. Karshmer, Amy, Doris and Jill,

I would like to follow up on our previous discussion to meet and follow up on evaluating the practice gaps between China and US, especially as it relates to advanced cardiac care as practiced at Mercy General Hospital. See my highlight below as a general description of the plan as we discussed in June. I just came back from China last week, and BOE remains very interested in working with us on nursing training and education.

Beth, Margeaux, and Karina,

Can you please do your magic and find a time that Dr. Karshmer, Amy Xiong, Doris Frazier, Jill Welton and I can meet? Beth, may I trouble you to take the lead on this?

I know some of the participants are in Sacramento and some in SF. Perhaps we can have Doris, Amy and I meet in Sacramento, at Mercy General, and have Dr. Karshmer join by phone? I have included Jill Welton, who is a CNO/COO at Saint Francis Hospital. Jill has graciously agreed to assist in this effort – Jill, I will leave it up to you to join by phone or meet with Dr. Karshmer or come to Sac.

If we can have this meeting in August, that would be excellent. Thanks to all for your help.

Appendix M.  
Assessment Competency Checklist

<p><b>Competency Assessment - Performance Behaviors</b> 能力评定- 表现行为</p>	<p><b>Competency describes nursing practice in China</b> 能力特征描述中国护理实践</p>	<p><b>Nursing practice is satisfactory, no need to include in education plan</b> 护理实践是令人满意, 无需列入教育计划</p>	<p><b>Nursing practice is satisfactory, but like access to DH training materials</b> 护理实践是令人满意, 但喜欢获得DH 培训材料</p>	<p><b>Need to include in education plan for nurses</b> 需要在护士的教育计划中包括</p>	<p><b>Competency is expected of another discipline - state which disciplines</b> 能力由另一学科实行- 学科的名称</p>	<p><b>Need to include in education plan for other disciplines</b> 需要在其他学科的教育计划中包括</p>
<p><b>General Competencies – All units and departments</b> 一般能力——所有病房和部门</p> <ul style="list-style-type: none"> <li>Unit Specific Safety, Regulatory and General Orientation Form</li> <li>设备具体安全、监管和一般定位形式</li> </ul>						
<p><b>Information Technologies – Demonstrate use of communication systems and Electronic Medical Record.</b> 信息技术——演示通信系统和电子病历的用法。</p>	<p>Dignity Health materials and training not appropriate unless using the same electronic health record system. Dignity Health 材料和培训不适当, 除非使用相同的电子健康记录系统</p>					
<p><b>Patient Rights – Demonstrate knowledge and understanding of patient rights and patient confidentiality, acting as a patient advocate at all times.</b> 患者权益——展示对患者权益和患者隐私的知悉和了解, 始终充当患者权益维护者的角色。</p> <ul style="list-style-type: none"> <li>Verbalize role and responsibility in maintaining patient confidentiality and enforcing patient rights</li> <li>语言描述保护患者隐私, 维护患者权益过程中的责任与义务。</li> <li>Verbalize role and responsibility in Advance Directives</li> <li>在预设医疗指示 (预先指示) 中用语言描述义务和责任。</li> <li>Inform patient and healthcare team members of patient changes in condition or treatment</li> <li>将患者病症或者治疗的变化通知患者和医疗保健团队成员。</li> <li>Verbalize legal basis, implications, and nursing responsibility for patients on 5150, 5250, or Riese holds</li> <li>用语言描述 5150、5250 或者 Riese 拥有患者的法律根据、涵义和护理义务。</li> <li>Document patient belonging accurately on admission/transfer/discharge and identify safeguards to protect patients' valuables and belongings</li> </ul>						

**Core Nursing Competency Assessment (for Education/Training Planning)**  
 基 的 理能力 定 (供教 划)

<p><b>Competency Assessment - Performance Behaviors</b> 能力评定 - 表现行为</p>	<p><b>Competency describes nursing practice in China</b> 能力特征描述中国护理实践</p>	<p><b>Nursing practice is satisfactory, no need to include in education plan</b> 护理实践是令人满意, 无需列入教育计划</p>	<p><b>Nursing practice is satisfactory, but like access to DH training materials</b> 护理实践是令人满意, 但喜欢获得DH培训材料</p>	<p><b>Need to include in education plan for nurses</b> 需要在护士的教育计划中包括</p>	<p><b>Competency is expected of another discipline - state which disciplines</b> 能力由另一学科实行 - 学科的名称</p>	<p><b>Need to include in education plan for other disciplines</b> 需要在其他学科的教育计划中包括</p>
<ul style="list-style-type: none"> <li>• 用文件准确地记录患者的入院/转院/出院的行李财物, 并且指定安保人员保护患者的贵重及一般物品。</li> </ul>						
<p><b>Population Specific Considerations – Demonstrates knowledge and understanding of population related considerations when working with patients.</b>                      人员具体注意事项——在护理患者时, 展示对人员相关要素的了解和认识。</p> <ul style="list-style-type: none"> <li>• Identify special care considerations and communication needs for patients of different populations, including but not limited to, age, gender, race, diagnosis, culture, economic status and/or acuity of care</li> <li>• 识别不同人员患者的特别护理因素和沟通需求, 包括但不限于年龄、性别、种族、诊断、护理文化、经济地位和/或护理敏感度。</li> <li>• Identify and demonstrate sensitivity to cultural needs of all patients, physicians and staff</li> <li>• 识别并展示对所有患者、医生和工作人员的文化需求敏感度。</li> <li>• Involve patient/family/significant other in the plan of care as appropriate</li> <li>• 在护理计划中包含患者/家人/重要他人 (如适用)</li> </ul>						

**Core Nursing Competency Assessment (for Education/Training Planning)**  
基 的 理能力 定 (供教 划)

<p align="center"><b>Competency Assessment - Performance Behaviors</b> 能力评定- 表现行为</p>	<p>Competency describes nursing practice in China 能力特征描述中国护理实践</p>	<p>Nursing practice is satisfactory, no need to include in education plan 护理实践是令人满意, 无需列入教育计划</p>	<p>Nursing practice is satisfactory, but like access to DH training materials 护理实践是令人满意, 但喜欢获得DH 培训材料</p>	<p>Need to include in education plan for nurses 需要在护士的教育计划中包括</p>	<p>Competency is expected of another discipline - state which disciplines 能力由另一学科实行- 学科的名称</p>	<p>Need to include in education plan for other disciplines 需要在其他学科的教育计划中包括</p>
<p><b>Performance Improvement</b> 绩效改进</p> <ul style="list-style-type: none"> <li>• Verbalize responsibilities related to organizational performance improvement measures</li> <li>• 语言描述有关组织绩效改善措施的义务与责任。</li> <li>• Verbalize responsibilities for data collection of performance improvement indicators for unit projects/programs</li> <li>• 语言描述设备项目/方案的绩效改进指标的数据收集的责任。</li> <li>• Document performance improvement activities under the direction of the unit director</li> <li>• 记录在病房主管指导下的绩效改进活动。</li> <li>• Verbalize importance of patient satisfaction and describe methods used to assure a positive patient experience in the hospital</li> <li>• 语言描述患者满意度的重要性, 并描述用于确保提高患者的住院感受愉悦度的方法。</li> </ul>						
<p><b>Educating Patient/Family – Actively engage patient/family in the teaching process.</b> 指导患者/家属——让患者/家属积极参与教学过程。</p> <ul style="list-style-type: none"> <li>• Assess the educational needs of the patient and family</li> <li>• 评估患者和家庭的培训需求</li> <li>• Select and implement appropriate teaching interventions based on the assessment</li> <li>• 基于评估选择并实施适当的教学干预措施。</li> <li>• Use teach back as a way of evaluating the effectiveness of teaching to the patient/family</li> <li>• 运用教回法来评估指导患者/家属的有效性。</li> </ul>						
<p><b>Teamwork – Understand and practice the principles of teamwork, delegation, and accountability.</b> 团队合作——理解并实践团队合作、委派和责任的原则。</p> <ul style="list-style-type: none"> <li>• Participate as a member of multidisciplinary team rounds</li> <li>• 作为多学科团体巡回训练的成员积极参与。</li> </ul>						

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<p><b>General Competencies – All units and departments</b> 一般能力——所有病房和部门</p>						
<ul style="list-style-type: none"> <li>• Unit Specific Safety, Regulatory and General Orientation Form</li> <li>• 设备具体安全、监管和一般定位形式</li> </ul>						
<p><b>Information Technologies – Demonstrate use of communication systems and Electronic Medical Record.</b> 信息技术——演示通信系统和电子病历的用法。</p>	<p>Dignity Health materials and training not appropriate unless using the same electronic health record system. Dignity Health 材料和培训不适当, 除非使用相同的电子健康记录系统</p>					
<p><b>Patient Rights – Demonstrate knowledge and understanding of patient rights and patient confidentiality, acting as a patient advocate at all times.</b> 患者权益——展示对患者权益和患者隐私的知悉和了解, 始终充当患者权益维护者的角色。</p> <ul style="list-style-type: none"> <li>• Verbalize role and responsibility in maintaining patient confidentiality and enforcing patient rights</li> <li>• 语言描述保护患者隐私, 维护患者权益过程中的责任与义务。</li> <li>• Verbalize role and responsibility in Advance Directives</li> <li>• 在预设医疗指示 (预先指示) 中用语言描述义务和责任。</li> <li>• Inform patient and healthcare team members of patient changes in condition or treatment</li> <li>• 将患者病症或者治疗的变化通知患者和医疗保健团队成员。</li> <li>• Verbalize legal basis, implications, and nursing responsibility for patients on 5150, 5250, or Riese holds</li> <li>• 用语言描述 5150、5250 或者 Riese 拥有患者的法律根据、涵义和护理义务。</li> <li>• Document patient belonging accurately on admission/transfer/discharge and identify safeguards to protect patients' valuables and belongings</li> </ul>						

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<p>• Malignant Hyperthermia 恶性高热</p>						



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<p><b>Nursing Specific – All units and departments</b> 具体护理——所有病房和部门</p>						
<p><b>Nursing Process – Utilize the nursing process in the provision of patient care.</b> 护理过程——在向患者提供护理服务过程中, 充分运用护理过程。 <b>Assessment:</b> 评价:  <ul style="list-style-type: none"> <li>Perform a comprehensive history and initial nursing physical assessment and screening of all systems and identify actual/potential problems</li> <li>对于各种系统进行综合历史和初始护理体质评估和筛选, 并识别实际/潜在的问题</li> <li>Perform patient assessment upon discharge or transfer</li> <li>在患者出院或转院时评估患者。</li> <li>Perform regular ongoing patient physical assessments focusing on actual/potential problems related to the patient's admitting diagnosis per policy</li> <li>进行常规持续的患者体质评估, 侧重于患者按规章制度入院诊断时存在的实际/潜在问题。</li> </ul> </p>						
<p><b>Care Planning:</b> 护理计划:  <ul style="list-style-type: none"> <li>Develop nursing diagnoses and nursing interventions to address patient problems in individualized patient plan of care</li> <li>开展护理诊断和护理干预措施, 以解决患者在患者护理个性化规划中出现的问题。</li> <li>Update and revise patient's plan of care</li> <li>更新并修改患者的护理计划</li> <li>Incorporate psychological needs and population specific considerations in the plan of care</li> <li>将心理需求和人员具体问题包含到护理计划当中。</li> </ul> </p>						

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<ul style="list-style-type: none"> <li>Consider patient discharge plans and appropriate referrals on admission</li> <li>考虑患者出院计划及入院后时转诊意见。</li> <li>Integrate nursing plan for patient care with medical plan of care by routinely reviewing physician orders, progress notes and lab studies and modifying nursing plan of care as appropriate</li> <li>通过定期检查医嘱、病程记录、实验室研究, 修改护理计划(如适用), 将有关患者的护理计划整合到医疗计划当中。</li> </ul>						
<p><b>Implementation:</b> 执行:</p> <ul style="list-style-type: none"> <li>Implement and review nursing and multidisciplinary team interventions (PT, OT, Dietary, etc.)</li> <li>执行并评估护理和多学科小组的干预活动(PT,OT、饮食等)。</li> <li>Review and verify accuracy of physician orders throughout assigned shift</li> <li>审核并验证在指定的班次中医嘱的精确度。</li> </ul>						
<p><b>Evaluation:</b> 评估:</p> <ul style="list-style-type: none"> <li>Evaluate patient responses to nursing and multidisciplinary team interventions</li> <li>评估患者对护理和多学科小组干预的反应</li> <li>Modify, update, or resolve plan of care in response to changing patient conditions</li> <li>根据不断变化中的患者状况, 修改、更新或解决护理计划。</li> </ul>						
<p><b>Documentation:</b> 文件编制:</p> <ul style="list-style-type: none"> <li>Document assessment of assigned patient's condition on admission and on an ongoing basis according to unit/discipline standards and medical record standards.</li> <li>记录所负责患者入院时的病情评估, 并持续地遵守设病房/学科专业标准和医疗记录标准</li> <li>Document required "Shift Screening" form in AdHoc Forms</li> <li>AdHoc 表格所需“筛选班次”表单中的文件。</li> </ul>						

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<ul style="list-style-type: none"> <li>Document interventions and patient's response to interventions</li> <li>记录干预以及患者对于干预措施的反应</li> <li>Document patient health information, consents, and reports in various nursing specific forms not in the electronic medical record</li> <li>在未出现于电子病历中的各种具体护理详表中, 记录患者的健康信息、同意书及报告。</li> </ul>						
<p><b>Orientation Expectations</b> 定位期望</p> <ul style="list-style-type: none"> <li>Preceptee/Preceptor agree to complete "Initial Competency Validation" during probationary period</li> <li>受训人/指导医师同意在试用期完成“初始能力验证”。</li> <li>Preceptee recognize appropriate cell phone use, demonstrate "ready for learning" attitude, maintain punctuality, engage/encourage open communication</li> <li>受训人识别正确的使用手机, 演示“乐于了解”的态度, 保持守时, 参与/鼓励积极有效的沟通。</li> </ul>						
<ul style="list-style-type: none"> <li>Care for patients with Core Measure diseases (Congestive Heart Failure, Acute MI, Pneumonia, Stroke, Venous Thromboembolism) based on the level of care (ED, critical care, medical-surgical, surgical care)</li> <li>基于护理级别 (ED, 急救护理, 外科手术护理), 护理属于核心监测疾病 (充血性心力衰竭、急性心肌梗死、肺炎、中风、静脉血栓栓塞) 的患者。</li> <li>Recognize National Patient Safety Goals interventions and rationale</li> <li>辨别国家患者安全目标干预措施和基本原理</li> </ul>						

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<p><b>Physical Assessments and Implementation of Nursing Interventions – Perform and document each patient’s physical, psychological, social, and spiritual needs focusing on actual/potential problems related to patient’s diagnosis on admission and ongoing throughout hospitalization.</b> 体质评估并执行护理干预措施——为每位患者进行体质、心理、社会和精神需求方面的评估，并记录患者入院诊断和住院期间治疗的实际/潜在问题。</p>						
<p><b>Neurological System:</b> 神经系统:</p> <ul style="list-style-type: none"> <li>• Baseline level of consciousness, orientation, sensorium, muscle tone/activity/reflexes, pupil reactivity to differentiate between new and old neurological deficits</li> <li>• 意识、定位、感觉器官、肌肉张力/活动/反应能力,瞳孔反应的基准值, 以便区分新旧神经病缺陷的差异。</li> <li>• Potential causes for confusion and altered mental status (dementia, metabolic changes, delirium, etc.)</li> <li>• 意识模糊和意识状态可能改变的原因 (痴呆、代谢变化、谵妄等。)</li> <li>• Recognize signs and symptoms of stroke and performing the National Institutes of Health Stroke Scale</li> <li>• 识别中风症状和体征, 执行美国国立卫生研究院的脑卒中量表。</li> </ul>						
<ul style="list-style-type: none"> <li>• Recognize signs and symptoms of impending seizure activity (aura), acute psychosis (paranoia, hallucinations), mood disorders (depression, suicidal ideation)</li> <li>• 认识到即将发作的癫痫 (aura),急性精神病 (偏执狂、幻觉),情绪障碍 (抑郁、自杀意</li> </ul>						

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<ul style="list-style-type: none"> <li>Note decorticate/decerebrate posturing</li> <li>注意去皮质分析征 /去脑样患者姿势</li> <li>Recognize signs of/potential for withdrawal symptoms from alcohol, benzodiazepines, opiates</li> <li>识别患者戒断酒精、苯二氮卓类、鸦片制剂等迹象/可能。</li> </ul>						
<ul style="list-style-type: none"> <li>Implement withdrawal protocol as appropriate per physician order</li> <li>按照医嘱执行戒除协议 (如适用)。</li> <li>Obtain psychiatric evaluation as appropriate</li> <li>进行精神鉴定 (如适用)</li> </ul>						
<p><b>Respiratory System:</b> 呼吸系统:</p> <ul style="list-style-type: none"> <li>Baseline respiratory status, breath sounds, difficulties in breathing, tissue oxygenation, presence/history of disease, TB testing status, trauma</li> <li>呼吸状态、呼吸音、呼吸困难、组织氧结合、病情现状/历史、TB 测试状态、外伤性症状等的基准值。</li> <li>Note respiratory rate, depth, pattern</li> <li>注意呼吸频率、深度、模式</li> </ul>						
<ul style="list-style-type: none"> <li>Presence of sputum</li> <li>痰</li> <li>Differentiate normal breath sounds from abnormal breath sounds (crackles, wheezing, rhonchi, etc.)</li> <li>区分正常呼吸音和异常呼吸音 (噼啦声、喘鸣、鼾音等)。</li> <li>Identify abnormal findings (use of accessory muscles, shortness of breath, nasal flaring,</li> </ul>						



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<p>etc.) • 识别异常的观察结果 (运用辅助肌、呼吸急促、鼻翼煽动等)。</p>						
<ul style="list-style-type: none"> <li>• Determine need for supplemental oxygen</li> <li>• 确定是否需要呼吸用氧气。</li> <li>• Recognize symptoms of potential respiratory infection and potential need for isolation precautions</li> <li>• 识别潜在的呼吸道感染的症状, 以及是否需要隔离措施。</li> <li>• Recognize complications related to suctioning</li> <li>• 识别与抽吸相关的并发症</li> </ul>						
<ul style="list-style-type: none"> <li>• Presence of tracheostomy</li> <li>• 是否接受气管造口术</li> <li>• Presence of thoracic vent</li> <li>• 胸腔排气状况</li> <li>• Presence of chest tube noting leaks, fluctuation, bubbling, character and amount of drainage</li> <li>• 注意胸腔管, 查看是否有泄露、脉动、起泡、特点和排水量</li> </ul>						
<ul style="list-style-type: none"> <li>- Perform oropharyngeal and nasopharyngeal suctioning using single-use suction catheter</li> <li>- 使用一次性抽吸导管, 进行口咽和鼻咽抽吸测试。</li> <li>- Provide tracheostomy care, perform sterile tracheostomy suctioning, verbalize precautions required when using fenestrated tracheostomy tube</li> <li>- 提供气管造口护理, 进行无菌气管造口吸入, 语言描述所需要的运用有孔的气管造口管所进行的防护措施。</li> </ul>						
<ul style="list-style-type: none"> <li>- Implement appropriate interventions for alterations in oxygen saturation</li> <li>- 在氧饱和状态下进行适当改动干预。</li> <li>- Use ambu-bag properly, attaches O2 line to bag from O2 tank</li> </ul>						

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<p><b>Competency Assessment - Performance Behaviors</b> 能力评定 - 表现行为</p>	<p>Competency describes nursing practice in China 能力特征描述中国护理实践</p>	<p>Nursing practice is satisfactory, no need to include in education plan 护理实践是令人满意, 无需列入教育计划</p>	<p>Nursing practice is satisfactory, but like access to DH training materials 护理实践是令人满意, 但喜欢获得DH培训材料</p>	<p>Need to include in education plan for nurses 需要在护士的教育计划中包括</p>	<p>Competency is expected of another discipline - state which disciplines 能力由另一学科实行 - 学科的名称</p>	<p>Need to include in education plan for other disciplines 需要在其他学科的教育计划中包括</p>
<ul style="list-style-type: none"> <li>- 正确使用手按式急救气囊, 将储氧槽的氧气导管连接到气囊。</li> <li>- <i>Insert and titrate O2 flow rate via wall unit or portable tank</i></li> <li>- 通过墙壁设备或移动式容器插入并滴定氧气流。</li> </ul>						
<ul style="list-style-type: none"> <li>- <i>Assist with chest tube insertion, set up and maintain chest tube drainage system, reinforce chest tube dressing, adjust drainage system as needed, assess for crepitus</i></li> <li>- 借助胸管插入, 设置并保持胸管排放系统, 加固胸腔管绷带, 调整排泄系统 (如有必要), 评定摩擦音。</li> <li>- <i>Maintain thoracic vent</i></li> <li>- 保持胸腔排气</li> <li>- <i>Ensure tracheostomy obturator is visible at the bedside</i></li> <li>- 确保气管造口术的填充体在床边清晰可见。</li> </ul>						
<p><b>Cardiovascular System:</b> 心血管系统:</p> <ul style="list-style-type: none"> <li>• Baseline heart sounds, heart rate, blood pressure, apical pulse, peripheral pulses (presence and quality)</li> <li>• 心音、心率、血压、心尖搏动、周围脉搏的基准值 (症状有无与质量)</li> <li>• Presence of jugular distention, pain, edema</li> <li>• 是否有颈静脉扩张、疼痛、水肿等症状</li> <li>• Family history of heart/vascular disease and/or presence of cardiac risk factors</li> <li>• 心脏/血管病 de 家族史和/或心脏的风险因素是否存在。</li> </ul>						
<ul style="list-style-type: none"> <li>• Presence of S3, S4 gallop, murmurs, pericardial rub, distant heart sounds</li> <li>• 是否存在 S3、S4 疾驰, 杂音、心包摩擦音、心音较弱等症状</li> <li>• Note skin color, temperature, appearance, capillary refill</li> <li>• 注意皮肤颜色、温度、外表, 毛细血管再充填</li> <li>• Obtain normal and orthostatic blood pressures</li> <li>• 获得正常和直立性血压</li> </ul>						



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<ul style="list-style-type: none"> <li>Evaluate effects of medications and fluids related to heart rate and blood pressure</li> <li>评估药物和药液对心搏率和血压的效果。</li> </ul>						



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<ul style="list-style-type: none"> <li>- Utilize compression devices, blood warming devices, and pulse oximetry devices as ordered</li> <li>- 利用压缩设备、温血设备和血氧饱和仪 (按照医嘱)。</li> <li>- Apply hypo/hyperthermia blankets</li> <li>- 应用低温/高热毯子</li> </ul>						
<p><b>Gastrointestinal System:</b> 消化系统:</p> <ul style="list-style-type: none"> <li>• Baseline presence and quality of bowel sounds (all quadrants), nutritional status, abdominal distention, location of pain/masses, elimination pattern, weight loss/gain, complaints of nausea or vomiting, changes in mucous membranes, hepatomegaly</li> <li>• 肠鸣音 (各象限)、营养状况、腹胀、疼痛/肿块的位置、排泄型态、体重减轻/体重增加、恶心或呕吐、粘膜变化、肝肿大的基准值和质量</li> <li>• Palpate for guarding, ascites, tenderness</li> <li>• 触诊诊断是否存在腹壁紧张、腹腔积液、压痛等症状。</li> </ul>						
<ul style="list-style-type: none"> <li>• Assess for amount and character of gastric secretions (residual amount, color, odor, consistency)</li> <li>• 评估胃分泌物的数量和特征 (剩余量、颜色、气味、稠度)</li> <li>• Presence and patency of feeding tubes (nasogastric, PEG, etc.) noting tube feed residuals</li> <li>• 虹吸浇口 (鼻饲、PEG 等) 的情况, 以及是否闭合, 注意管饲残留物。</li> <li>• Presence and patency of flexiseal tube</li> <li>• 挠性密封管及是否闭合</li> </ul>						
<ul style="list-style-type: none"> <li>- Administer proper diet, fluids, tube feedings, enemas as ordered</li> <li>- 饮食、流体、管道进食、灌肠剂是否投喂正确 (按照医嘱)。</li> <li>- Insert enteral feeding tube, check for placement, check residuals, administer tube feeding</li> <li>- 插入肠内喂养管, 检查其定位, 检查是否有残余物, 执行管道进食。</li> <li>- Properly set up and administer Total Parenteral Nutrition</li> <li>- 正确地设置和服用完全肠胃外营养。</li> </ul>						



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<ul style="list-style-type: none"> <li>- Connect nasogastric tube to suctioning apparatus for continuous or intermittent suctioning</li> <li>- 将鼻饲管连接到吸入装置以连续或间歇抽吸</li> <li>- Insert flexiseal tube</li> <li>- 插入挠性密封管</li> </ul>						
<p><b>Genitourinary System:</b> 泌尿生殖系统:</p> <ul style="list-style-type: none"> <li>• Note elimination pattern, changes in metabolic processes, lab value abnormalities</li> <li>• 注意排泄型态、代谢过程变化、试验室数值异常情况。</li> <li>• Note character, color, quality and quantity of urine output or discharge, burning, frequency, sores</li> <li>• 注意排尿的特点、颜色、质量和数量, 或者排出物、烧灼、频率、溃疡。</li> <li>• Presence, patency, size of foley/suprapubic catheters or nephrostomy tube</li> <li>• 导尿管/耻骨上导尿管或者肾造口术管道的情况、不闭合、尺寸。</li> <li>• Presence of dialysis access noting bruit/thrills in AV fistula</li> <li>• 透析管道的情况, 注意 AV 瘘管的杂音/震颤。</li> </ul>						
<ul style="list-style-type: none"> <li>- Maintain AV shunt and peritoneal access</li> <li>- 保持 AV 旁通管和腹膜通道</li> <li>- Recognize complications related to dialysis access</li> <li>- 识别与透析通道相关的并发症</li> <li>- Insert indwelling catheter, perform straight catheterization, apply condom catheter</li> <li>- 插入留置导管, 进行直导管插入术, 运用导尿管。</li> </ul>						
<ul style="list-style-type: none"> <li>- Provide catheter and urostomy care, irrigate catheter as indicated</li> <li>- 提供导管和尿道造口术护理, 冲洗导尿管 (按照标示)</li> <li>- Set up and maintain continuous or intermittent bladder irrigation with 3-lumen catheter</li> <li>- 设置并持续采用借助 3 腔导尿管进行连续或间歇性膀胱灌注法</li> <li>- Set up and demonstrate CAPD</li> <li>- 设置并展示 CAPD (持续不卧床腹膜透析)</li> </ul>						

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<ul style="list-style-type: none"> <li>- Properly tape catheter to the abdomen of a male patient and to the thigh of a female patient</li> <li>- 正确地用带子将导液管捆绑到男患者的下腹部, 绑扎到女患者的大腿骨处。</li> <li>- Maintain drainage bag in a dependent position</li> <li>- 使引流袋处于下垂的位置。</li> <li>- Demonstrate use of bladder scan</li> <li>- 使用膀胱扫描仪演示</li> <li>- Properly remove foley catheter</li> <li>- 正确除去导尿管。</li> </ul>						
<p><b>Metabolic System:</b> 代谢系统:</p> <ul style="list-style-type: none"> <li>• Obtain finger stick blood glucose with use of glucometer as a point of care test (POCT)</li> <li>• 以血糖仪为护理检测产品 (POCT) 进行血糖测量。</li> <li>• Interpret blood glucose (POCT) and administer insulin as ordered</li> <li>• 解释血糖 (POCT) 并施用胰岛素 (按照医嘱)</li> <li>• Document insulin as high risk medication with two RN signatures after 2 RN independent double check</li> <li>• 将胰岛素作为高危药物记录, 在 2 位注册护士各自进行复核后, 带有两个注册护士的签名。</li> </ul>						

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<p><b>Integumentary System:</b> 皮肤系统:</p> <ul style="list-style-type: none"> <li>Note distinguishing marks, bruises, scars, wounds, pressure ulcers, degree and percentage of body area burned, presence of scabies/lice, general condition</li> <li>注意印记、撞伤、斑疤、伤口、褥疮、身体被烧伤区域的程度和百分比、疥疮/虱子是否出现、一般情况</li> <li>Adhere to Present on Admission policy for pressure ulcers</li> <li>依据所出示的入院材料, 检查褥疮情况。</li> <li>Implement Skin Care Protocol based on assessment</li> <li>基于评估执行皮肤护理协议</li> </ul>						
<ul style="list-style-type: none"> <li>Document use of EZ-graph and wound camera and printer to properly document findings</li> <li>记录 EZ 图、创伤摄像和打印机的使用, 正确记录检查结果。</li> <li>Note pressure ulcers for tunneling, size, color, odor, drainage</li> <li>注意褥疮, 检查是否形成洞坑、尺寸、颜色、气味以及排泄系统。</li> <li>Monitor and prevent device related skin impairments due to IV, tube feeding, foley, nasal cannula, etc.</li> <li>监控并防止因为 IV、管道进食、导尿管、输氧鼻管等导致的设备相关的皮肤损伤。</li> </ul>						
<ul style="list-style-type: none"> <li>Use Braden Scale to assess risk for pressure ulcer development</li> <li>运用贝登量表来评估褥疮形成的风险</li> <li>Perform wound cleansing and dressing changes as appropriate</li> <li>进行清创, 必要时更换绷带。</li> <li>Obtain wound cultures</li> <li>获得创伤培养物</li> </ul>						
<ul style="list-style-type: none"> <li>Set up for suture removal, discontinue staples, apply steri-strips</li> <li>准备缝线拆除, 中断钉合, 运用无菌扎带。</li> <li>Apply heat and/or cold measures properly</li> <li>正确地采用加热和/或冷却措施。</li> </ul>						

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<p>- Apply anti-embolism stockings properly - 正确运用抗栓塞压力袜</p>						
<p><b>Musculoskeletal System:</b> 肌肉骨骼系统:  <ul style="list-style-type: none"> <li>Note functional assessment for safety, gait, mobility, balance, risk for falls 注意在安全、步态、运动性、平衡、摔倒的风险方面进行功能性评估。</li> <li>Note posture, movement, body symmetry, skin changes 注意姿势、运动、身体匀称、皮肤方面的变化</li> <li>Assess muscle tone, strength, joint range of motion, crepitus, contour, tenderness 评估肌肉、力量、关节活动范围、骨擦音、外形、压痛等方面。</li> <li>Note use of assistive devices, braces, splints, immobilizers 注意使用支撑设备、吊带、托板、麻醉器等。</li> </ul> </p>						
<p>- Perform active and/or passive ROM - 进行主动或被动 ROM - Apply soft neck collar, braces, immobilizers, slings - 运用柔软的轴颈环、吊带、麻醉器、悬带。 - Verbalize and/or demonstrate care of a patient in a halo brace - 语言描述和/或演示用孔环托架护理患者。 - Apply Ace wrap - 运用弹性绷带</p>						
<p><b>Psychosocial System:</b> 社会心理系统:  <ul style="list-style-type: none"> <li>Presence of suicidal ideation or assaultive ideation, mood disorder, psychosis, anger, fear, grief 自杀意念或攻击性意念、情绪障碍、精神病、愤怒、恐惧、悲伤</li> <li>Assess patient's understanding of disease process 评估患者对病情过程的理解</li> <li>Presence of support persons</li> </ul> </p>						





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<ul style="list-style-type: none"> <li>• 是否有支持者</li> <li>• Note and review implications of code status and/or end of life concerns</li> <li>• 注意并评估抢救意愿和/或寿命终止问题的涵义。</li> <li>• Assess cultural/religious preferences/practices</li> <li>• 评估文化/宗教信仰偏爱/实践</li> </ul>						
<p><b>Pain:</b> 疼痛:</p> <ul style="list-style-type: none"> <li>• Note location of pain, current level of pain, causative/aggravating factors, quality of pain, acceptable pain level, treatment modalities to manage pain, patients' past response to treatment</li> <li>• 注意疼痛的位置、疼痛的当前程度、诱发或加重因素、疼痛性质、可接受的疼痛程度、疼痛的治疗方式、患者以往对治疗的反应。</li> <li>• Utilize pain assessment scales appropriate for patient and situation (numeric, Wong-Baker, PainAD, Non-Verbal Pain Scale)</li> <li>• 利用适用于患者和病症的评估量表 (数字、疼痛强度量表、晚期痴呆者疼痛评估量表、非言语疼痛量表)</li> </ul>						
<ul style="list-style-type: none"> <li>• Assess and document physiologic response to pain treatment</li> <li>• 评估和记录疼痛治疗的生理反应</li> </ul>						
<ul style="list-style-type: none"> <li>- <i>Intervene early and regularly in the administration of pain relieving medications</i> - 早期干预, 以及在止痛药服用过程中的定期干预</li> <li>- <i>Modifies plan of care based on patient's verbal and physiological response to treatment</i> - 基于患者对治疗的语言和生理反应调整护理计划。</li> <li>- <i>Combine pharmacological and non-pharmacological interventions in the management of pain</i> - 将药理和非药理学的干预整合到疼痛管理中。</li> <li>- <i>Implements the Chain of Command in addressing pain management as necessary</i> - 在控制疼痛过程中, 执行控制链系统 (如有必要)</li> </ul>						

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<p><b>Laboratory and Diagnostic Tests:</b>                  实验室和诊断测试:</p> <ul style="list-style-type: none"> <li>Obtain sterile or aseptic specimens and select correct/appropriate tubes, sterile containers, and devices needed for specific tests (includes RN blood draws as appropriate)</li> <li>获得无菌或防腐标本，选择适当/正确的导管、无菌容器和具体测试所需的设备（包括注册护士的抽血，必要时）</li> <li>Interpret laboratory and diagnostic results within the context of the patient's diagnosis and treatment</li> <li>在患者的诊断和治疗范围内解释实验室和诊断结果。</li> <li>Monitor and interpret electrolyte values and call the physician for replacement orders as indicated</li> <li>监测和解释电解质数值，并且要求医生更换医嘱（根据标示）</li> </ul>						
<ul style="list-style-type: none"> <li>Monitor coagulation profiles, chemistry panels, lactic acid, complete blood counts, liver panel, peaks and troughs, therapeutic/toxic drug levels, MRSA surveillance, culture results, sputum, etc.</li> <li>监测凝固情况、血液生化检查、乳酸、全部血球数、肝脏检测、尖点和凹点、治疗的/毒性药品水平、MRSA（抗甲氧西林金黄色葡萄球菌）监测、培养物结果、唾液等。</li> <li>Monitor/evaluate culture and sensitivity (C &amp; S) reports and continue/discontinue isolation as indicated</li> <li>监控/评估培养物和敏感性（C &amp; S）报告，并且继续/中断隔离（按照标示）</li> <li>Obtain sterile sputum specimens for C &amp; S using sterile mucous trap, ETT, or by sputum induction</li> <li>运用无菌粘液取样器、ETT 或者诱导痰设备进行无菌痰取样以便进行 C &amp; S 测试。</li> </ul>						
<ul style="list-style-type: none"> <li>Verbalize normal and expected changes in cardiac enzymes following acute myocardial infarction and/or thrombolytic therapy</li> <li>在急性心肌梗塞和/或溶血栓疗法后，语言描述对心肌酶的正常和预期变化。</li> <li>Identify normal and expected values for hemoglobin and hematocrit and monitor values in view of blood loss, dehydration and blood product administration</li> <li>识别血红蛋白和血细胞比容的正常和预期数值，并且监测失血、脱水和血液产品服用方面的数值。</li> </ul>						
<ul style="list-style-type: none"> <li>Monitor PT/PTT and anticipate treatment if values are prolonged</li> <li>监控 PT / PTT，如果数值时效延迟，预测治疗效果。</li> <li>Identify abnormal BUN/Creatinine and relate abnormalities to renal function</li> <li>识别异常 BUN（血尿素氮）/肌酐，并且将异常情况与肾功能相联系</li> <li>Document required Critical Test Result documentation in AdHoc Forms</li> <li>记录 AdHoc 格式所需的关键测试结果文件</li> </ul>						

**Core Nursing Competency Assessment (for Education/Training Planning)**  
 基 的 理能力 定 (供教 划)

<p><b>Competency Assessment - Performance Behaviors</b> 能力评定 - 表现行为</p>	<p>Competency describes nursing practice in China 能力特征描述中国护理实践</p>	<p>Nursing practice is satisfactory, no need to include in education plan 护理实践是令人满意, 无需列入教育计划</p>	<p>Nursing practice is satisfactory, but like access to DH training materials 护理实践是令人满意, 但喜欢获得DH培训材料</p>	<p>Need to include in education plan for nurses 需要在护士的教育计划中包括</p>	<p>Competency is expected of another discipline - state which disciplines 能力由另一学科实行 - 学科的名称</p>	<p>Need to include in education plan for other disciplines 需要在其他学科的教育计划中包括</p>
<p><b>Medication Administration:</b> 给药:</p> <ul style="list-style-type: none"> <li>• Verify physician orders for medication administration • 验证给药方面医嘱。</li> <li>• Verify patient history of medication allergies • 验证患者的药物过敏史</li> <li>• Evaluate appropriateness, compatibility, and proper dose range of medications ordered • 评估医嘱规定药物的适当性、相容性以及适当的剂量范围。</li> <li>• Calculate medication doses • 计算给药剂量</li> </ul>						
<ul style="list-style-type: none"> <li>• Administer medications according to the five rights • 根据五项权利来配药</li> <li>• Demonstrate use of the Omnicell and BarCoding for medication administration • 演示 Omnicell 和 BarCoding 的使用, 进行给药。</li> <li>• Accurately state indication, side effects, potential hazards of medications, locate medication reference • 准确的说明药物的示值、副作用、潜在危害, 确定药物参考资料。</li> <li>• State process for medication refusal • 说明药物优先次序的过程</li> </ul>						
<ul style="list-style-type: none"> <li>• Document medication administration and the PRN response to medications • 记录给药剂量以及 PRN 对药物的反应。</li> <li>• Dispose of medications appropriately in medication waste bins, including narcotics and high risk meds • 在药物垃圾桶处正确地处置药物, 包括麻醉药和高风险药物。</li> <li>• Provide patient education of medications administered and document Teach Back when appropriate</li> </ul>						

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<ul style="list-style-type: none"> <li>• 为患者提供服药方面的知识, 记录回教方法 (如必要)</li> </ul>						
<ul style="list-style-type: none"> <li>• Implement IV therapy, including TPN, per physician orders and policy (except BHU)</li> <li>• 进行输液治疗, 包括 TPN, 按照医嘱和规章制度 (BHU 除外)</li> <li>• Set up and program IV pump (primary line, secondary line, bolus, etc. (except BHU)</li> <li>• 设置并准备静脉输液泵 (初级, 中级, 丸剂等)。(BHU 除外)</li> <li>• Locate IV Push List</li> <li>• 确定静脉注射推送列表</li> </ul>						
<ul style="list-style-type: none"> <li>• Administer medications via the following routes (or verbalize, demonstrate how to administer):</li> <li>• 通过以下途径进行给药 (或者用语言描述, 演示如何服药):                             <ul style="list-style-type: none"> <li>➢ Oral, intramuscular, subcutaneous</li> <li>➢ 口服、肌注、皮下注射</li> </ul> </li> </ul>						
<ul style="list-style-type: none"> <li>➢ Nasal, otic, ophthalmic, rectal, dermatological</li> <li>➢ 鼻、耳、眼、直肠、皮肤</li> </ul>						
<ul style="list-style-type: none"> <li>➢ Nasogastric/intestinal, gastrostomy (except BHU)</li> <li>➢ 胃/肠、胃造口术 (BHU 除外)</li> </ul>						
<ul style="list-style-type: none"> <li>➢ Intravenous (Except BHU)</li> <li>➢ 静脉注射 (BHU 除外)</li> </ul>						
<ul style="list-style-type: none"> <li>➢ PCA, epidural (except BHU)</li> <li>➢ PCA, 硬膜外的 (BHU 除外)</li> </ul>						

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<p><b>Blood/Blood Product Administration: (except BHU)</b> 血液和血液产品服用: (BHU 除外)</p> <ul style="list-style-type: none"> <li>Adhere to established procedures for the proper identification of patients prior to administration of blood/blood products (PRBC's, FFP, platelets)</li> <li>在服药血液/血液制品 (RBC FFP,血小板) 之前, 遵守有关正确识别患者的已有协议。</li> <li>Review transfusion orders, consent, blood compatibility, and patient identification with lab and at the patient's bedside with a second RN prior to administration of blood/blood products</li> <li>在服用血液/血液制品之前, 与第二名注册护士审核输血订单、许可、血液相容性, 以及患者在试验室的标志和在患者床边的标志。</li> </ul>						
<ul style="list-style-type: none"> <li>Assess, document, and administer blood/blood product as specified by policy, including vital signs, start date and time, end date and time</li> <li>根据协议的规定评估、记录和服用血液/血液制品, 包括生命体征,开始日期和时间、结束日期和时间</li> <li>Recognize reactions to the administration of blood/blood products and initiate nursing interventions</li> <li>识别对血液/血液制品的服用的反应, 并且启动护理干预措施</li> <li>Accurately and thoroughly document blood administration</li> <li>准确而彻底记录血液服用情况。</li> <li>Dispose of blood/blood product appropriately</li> <li>妥善处置 血液/血液制品。</li> </ul>						
<p><b>Palliative Care:</b> 临终关怀:</p> <ul style="list-style-type: none"> <li>Review Palliative Care Screening Form from AdHoc Forms, POLST, advance directives, durable power of attorney for healthcare, verbally appointed surrogate decision maker, "Comfort Care" order set</li> </ul>						

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<ul style="list-style-type: none"> <li>• 审查 AdHoc 形式的临终关怀筛选表单, POLST、预先指示、医疗保健授权书的有效期、口头任命的代理决策人、“舒适护理”医嘱系统。</li> </ul>						
<b>Patient Care Equipment/Device Management:</b> 患者护理设备/设备管理:						
<ul style="list-style-type: none"> <li>• Understand reporting of non-functioning patient care equipment</li> <li>• 了解无功能的患者护理设备的报告</li> <li>• Locate basic unit supplies/devices/equipment</li> <li>• 定位基准病房的物资/设施/设备</li> <li>• Become familiar with vital sign monitor systems, bed set up (zero bed, weighing, bed alarm), patient call light, phone and paging system, patient room set up</li> <li>• 熟悉生命体征监测系统、病床设置 (零床、称重、床报警), 患者呼叫灯, 电话和寻呼系统, 病房设置</li> </ul>						
<b>Code Cart Management</b> 急救车管理						
<ul style="list-style-type: none"> <li>• Recognize importance to complete code cart supply checklist (full O2 tank, suction, AED/defibrillator, intact code cart lock, AED pads, expiration date of medications)</li> <li>• 识别完善急救车供应一览表的重要性 (储氧箱、吸入、AED /除颤器、完整的手推车轮、AED 衬垫、药物到期日)</li> <li>• Perform portable suction machine check while unit is unplugged</li> <li>• 当设备断电的时候, 进行便携式抽吸机检查。</li> <li>• Perform AED/Defibrillator maintenance check</li> <li>• 进行 AED /除颤器维护检查</li> <li>• Perform proper replacement of defibrillator AED chart paper</li> <li>• 更换适当的除颤器 AED 记录纸</li> <li>• Demonstrate use of AED/Defibrillator (use of pacer function and cardioversion in critical care areas)</li> </ul>						

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<ul style="list-style-type: none"> <li>• 演示 AED /除颤器 (危重护理区域使用起搏器功能和心脏复律) 的使用。</li> <li>• Verbalize process for Code Cart exchange during and after a code</li> <li>• 语言描述急救时和之后急救车更换的过程。</li> </ul>						
<p><b>Respiratory Equipment Management</b> 呼吸设备管理</p> <ul style="list-style-type: none"> <li>• Utilize nasal cannula with/without humidifier, aerosol mask, non-rebreather mask, oxymizer, Venturi mask, O2 ventimask, AmbuBag</li> <li>• 运用有/没有加湿器的鼻插管, 气雾剂面罩、非不能回吸面罩、氧鼻管、文丘里管面罩、氧气换气口罩、呼吸袋。</li> <li>• Insert and adjust O2 flow rate on wall mounted O2 unit and/or portable O2 tank</li> <li>• 插入和调整壁挂式的氧气设备和/或便携式储氧箱的氧气量。</li> </ul>						
<ul style="list-style-type: none"> <li>• Use of pulse oximetry</li> <li>• 使用脉动测氧器</li> <li>• Adhere to policy and procedures for use of Negative Pressure isolation rooms</li> <li>• 遵守有关负压隔离室使用的制度和程序</li> </ul>						
<ul style="list-style-type: none"> <li>• Set up and use of suction equipment and devices</li> <li>• 设置和使用抽吸设备和装置。</li> <li>• Tracheostomy collar</li> <li>• 气管造口套圈</li> <li>• Passey-Muir valve with speech therapy</li> <li>• Passey-Muir 品牌的阀门, 带有语言矫正功能</li> <li>• Perform sterile tracheostomy/ETT suctioning with in-line or single-use suction catheter</li> <li>• 进行无菌气管造口术/ ETT 吸入, 带有植入式或一次性抽吸导管</li> </ul>						
<p>Vascular Access Device (except BHU) 血管接入装置 (BHU 除外)</p> <ul style="list-style-type: none"> <li>• Note central catheter/peripherally inserted central catheter/peripheral line/dialysis catheter</li> </ul>						



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location, date of insertion, date of dressing change, date of tubing change, appearance at insertion site, dressings dry and intact, device patent and intact • 注意中央导液管/外围插入的中央的导管/外围线/透析导管位置, 插入日期、换药日期、管道更换日期、插入位点外观、敷料剂干燥而完整、专利设备等。 • Assess patency of dialysis access and note presence of bruit/thrill in an AV fistula • 评估透析通道是否闭合, 注意 AV 瘘管的杂音/震颤。 • Assess insertion sites for infiltration and/or infection • 评估插入位点是否有渗滤和/或传染现象。						
• Insert, maintain (proper flushing and dressing change), discontinue peripheral IV's, saline locks, tubing • 插入、维护 (适当的冲洗和换药), 中断外围静脉注射、外围静脉注射、盐水锁、油管 • Assist physician with central line insertion • 协助医生沿着中央线插入 • Maintain central lines per protocol • 按照协议维护中央线						
IV Pump Management (except BHU) 静脉泵管理 (BHU 除外) • Set up and program • 设置和程序						
PCA and Epidural Pump Management (except BHU) PCA 和硬膜外泵管理 (BHU 除外) • Set up and program pump • 泵设置和编程 • Accurately document cumulative dose of medication administered, number of patient attempts/demands, loading dose administered via the PCA pump • 准确记录所服用药物的累计剂量、患者尝试/要求次数、通过硬膜外泵的负荷剂量。 • Accurately document cumulative dose of medication administered via the Epidural pump						

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<ul style="list-style-type: none"> <li>• 准确记录通过硬膜外泵所服用药物的累计剂量。</li> <li>• Maintain and discontinue per policy</li> <li>• 按照协议维护和中断。</li> </ul>						
<p>On-Q Pain Pump Management (except BHU) 必要时的镇痛泵管理 (BHU 除外)</p> <ul style="list-style-type: none"> <li>• Monitor patient response to therapy (pain level, vital signs, side effects)</li> <li>• 监控患者对治疗的反应 (疼痛程度、生命体征、副作用)</li> <li>• Assess the pump bulb and ensure clamp on the tube near the bulb us open for medication delivery</li> <li>• 评估泵灯泡, 确保灯泡附近导管上的夹具及时打开便于输送药物</li> <li>• Maintain and discontinue per policy</li> <li>• 按照协议维护和中断。</li> </ul>						

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<p><b>SPECIALTY CLINICAL COMPETENCIES – Ortho Unit</b> 主要临床能力——内外科/骨科神经科病房</p>						
<p><b>CPM Management</b> CPM 管理</p> <ul style="list-style-type: none"> <li>• Verbalize rationale for using CPM post TKR</li> <li>• 说明全膝关节置换术后运用 CPM 的根本理由。</li> <li>• Locate, interpret, and verify a typical order for initial CPM settings</li> <li>• 定位、解释并验证初始 CPM 设置的标准顺序。</li> <li>• Demonstrate proper positioning of the patient's upper and lower leg</li> <li>• 演示患者大腿和小腿的确切位置。</li> </ul>						
<ul style="list-style-type: none"> <li>• Review the cycle, range of motion setting, force setting, 0-45 degrees</li> <li>• 0-45 度检查关节活动设置的循环、范围、作用力。</li> <li>• Adjust CPM for flexion, extension, speed</li> <li>• 根据弯曲、延长、速度调整 CPM。</li> <li>• Demonstrate proper use of on/off controls</li> <li>• 演示打开/关闭控制器的正确使用。</li> </ul>						
<p><b>OrthoPat Reinfusion</b> OrthoPat 再输液</p> <ul style="list-style-type: none"> <li>• Verbalize understanding for the use of the OrthoPAT reinfusion system</li> <li>• 阐述对 OrthoPat 再输入系统使用的理解。</li> </ul>						

<p><b>Competency Assessment - Performance Behaviors</b> 能力评定 - 表现行为</p>	<p>Competency describes nursing practice in China 能力特征描述中国护理实践</p>	<p>Nursing practice is satisfactory, no need to include in education plan 护理实践是令人满意, 无需列入教育计划</p>	<p>Nursing practice is satisfactory, but like to access Dignity Health training materials as needed 护理实践是令人满意, 但喜欢获得 DH 培训材料</p>	<p>Need to include in education plan for nurses 需要在护士的教育计划中包括</p>	<p>Competency is expected of another discipline - state which disciplines 能力由另一学科实行 - 学科的名称</p>	<p>Need to include in education plan for other disciplines 需要在其他学科的教育计划中包括</p>
<ul style="list-style-type: none"> <li>• Verbalize knowledge of the reinfusion protocol</li> <li>• 语言描述对再输液协议的了解。</li> <li>• Demonstrate proper set up for reinfusion and discontinuance of the OrthoPAT system</li> <li>• 演示 OrthoPAT 系统再输液和中断的正确设置。</li> </ul>						
<p><b>Stryker Blood Reinfusion</b> 史赛克 (Stryker) 引流血的回输</p> <ul style="list-style-type: none"> <li>• Verbalize knowledge of intraoperative autologous transfusion and post-operative blood salvage (example: cell saver)</li> <li>• 语言描述对外科手术进行时发生的自体输血和手术后的血液回收的了解 (例如: 细胞回收器)</li> <li>• State the commercial product used at SFMH to collect the patient's own blood and filter and drain the blood into a reinfusion bag</li> <li>• 说明 SFMH 采用的商品, 以便收集患者自体血液, 过滤血液, 并且将其排入回输血袋当中。</li> </ul>						
<ul style="list-style-type: none"> <li>• Set up for collection process to "shed blood" from the reservoir to infusion bag</li> <li>• 设置从储液槽到液袋的“流血”的回收过程。</li> <li>• Monitor patient for possible complications due to reinfusion</li> <li>• 监视患者是否因为引流血而导致并发症</li> </ul>						
<p><b>Total Joint Protocol</b> 全关节协议</p> <ul style="list-style-type: none"> <li>• Identify patients on the Total Joint Protocol</li> <li>• 确定全关节协议中的患者</li> <li>• Verbalize post-operative goals (post-surgery and post-op days 1, 2, 3) based on the protocol (example: labs, pain medications, activity)</li> <li>• 基于协议语言描述手术后的目标 (外科手术后的第 1、2 和 3 天) (例如: 试验室、止痛</li> </ul>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

<p><b>Competency Assessment - Performance Behaviors</b> 能力评定 - 表现行为</p>	<p>Competency describes nursing practice in China 能力特征描述中国护理实践</p>	<p>Nursing practice is satisfactory, no need to include in education plan 护理实践是令人满意, 无需列入教育计划</p>	<p>Nursing practice is satisfactory, but like to access Dignity Health training materials as needed 护理实践是令人满意, 但喜欢获得DH培训材料</p>	<p>Need to include in education plan for nurses 需要在护士的教育计划中包括</p>	<p>Competency is expected of another discipline - state which disciplines 能力由另一学科实行 - 学科的名称</p>	<p>Need to include in education plan for other disciplines 需要在其他学科的教育计划中包括</p>
<p>药、活动) • Verbalize and report signs and symptoms of common complications in total joint patients • 语言描述, 并且报告全关节患者的常见并发症的症状。</p>						
<p>• Evaluate individual outcomes of post-op total joint patients • 评估全关节手术后的患者的个别后果。 • Coordinate discharge planning to prepare total joint patient for discharge • 协调出院计划, 为全关节手术的患者做好出院准备。</p>						
<p><b>Spine Surgery Protocol</b> 脊柱外科手术协议 • Identify patients on the Spine Protocol • 识别脊柱协议中的患者 • Verbalize post-operative goals (post-surgery and post-op days 1, 2, 3) based on the protocol (example: labs, pain medications, activity) • 基于协议语言描述手术后的目标 (外科手术后的第 1、2 和 3 天) (例如: 试验室、止痛药、活动) • Verbalize and report signs and symptoms of common complications in post spine surgery patients • 语言描述, 并且报告全脊柱外科患者的常见并发症症状。</p>						
<p>• Evaluate individual outcomes of post spine surgery patients • 评估脊柱外科手术患者的个别后果。 • Coordinate discharge planning to prepare spine surgery patient for discharge • 配合出院计划, 为脊柱外科手术患者出院做准备。</p>						

**CSICU Competency Assessment (for Education/Training Planning)**

手术室能力定 (供教 划)

**Cardiac Surgery ICU Level I Competency**

心 外科重症 室 I 能力

*Instructions: These competencies reflect the expected performance of nurses in Dignity Health. They may not apply to practices in other institutions or countries. This document is to be completed by the medical leadership of the hospital with assistance from other departments as appropriate. The results of this assessment will be used to develop an education plan appropriate to the needs of the Institution.*

明 些能力反映在 **Dignity Health** 士期待的性能。他 可能不适用在其他机构或国家的做法。 本档是由医院的医 与其他部 酌 情 助填写的。 种 估的 果将用于制定适当的机构需要的教育 划。

<p><b>Competency Statement</b> 能力陈述</p>	<p><b>Competency describes medical practice in China</b> 能力特征描述中国医 践</p>	<p><b>Medical practice is satisfactory, no need to include in education plan</b> 医 践是令人意, 无需列入教育 划</p>	<p><b>Medical practice is satisfactory, but like access to DH training materials</b> 医 术实践是令人满意, 但喜欢获得 DH 培训材 料</p>	<p><b>Need to include in education plan for nurses</b> 需要在护 士的教育 计划中包 括</p>	<p><b>Competency is expected of another discipline - state which disciplines</b> 能力由另一 学科实行- 学科的名 称</p>	<p><b>Need to include in education plan for other disciplines</b> 需要在其他 学科的教育 计划中包 括</p>
<p><b>CARDIOVASCULAR</b> 心 血管</p>						
<ul style="list-style-type: none"> <li>Analysis of rhythm strips: Interpret cardiac rate, rhythm and calculate PR, QRS, and QT intervals.</li> <li>心率条分析: 解 心率、 奏并 算 PR、 QRS 和 QT 隔。</li> </ul>						
<ul style="list-style-type: none"> <li>Arrhythmia Interpretation (SVT, AF/Afib/Blocks, VT/VF, paced)</li> <li>心律失常解 (室上性心 速、 AF/心房 /阻滞、 心室 /室性心 速、 奏均匀)</li> </ul>						
<ul style="list-style-type: none"> <li>Perform 12 Lead with basic Interpretation focusing on changes from baseline and ischemia presentations.</li> </ul>						

Cardiac Surgery ICU Level I Competency 心外科重症室I能力

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<ul style="list-style-type: none"> <li>行12心 及基本解 , 关注基 及缺血表的 化。</li> </ul>						
<ul style="list-style-type: none"> <li>Care of patient with sepsis- Early Signs and Goal Directed Therapy.</li> <li>理患有 血症的病人-早期迹象和以目 向的治 。</li> </ul>						
<p><b>LINES</b></p> <p>管路</p>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

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<ul style="list-style-type: none"> <li>Zeroing Lines</li> <li>零管路</li> </ul>						
<ul style="list-style-type: none"> <li>Using CVP "Bridge"</li> <li>使用中心静脉 “ ”</li> </ul>						
<ul style="list-style-type: none"> <li>Drawing blood from arterial line</li> <li>从 脉管路抽血</li> </ul>						
<ul style="list-style-type: none"> <li>Insertion of Lines- Procedure Cart –Recommend assisting with at least one insertion procedure. CLIP form for insertions</li> <li>管路插入-手 建 至少 助一个插入手 。 CLIP 形式用于插入</li> </ul>						
<ul style="list-style-type: none"> <li>Central Lines: Preventing Bloodstream Infection-daily documentation requirements and MD signature sheet</li> <li>中心静脉： 防血流感染-日常文件要求和医 名表</li> </ul>						
<ul style="list-style-type: none"> <li>Changing Pressure tubings</li> <li>更 力管</li> </ul>						
<ul style="list-style-type: none"> <li>Performing a Cardiac Output</li> <li>行心排血量</li> </ul>						
<ul style="list-style-type: none"> <li>Obtaining a Hemodynamic Profile-Calculations (CO/CI, SVR)</li> <li>得血流 力学 料- 算 (心排血量/心排血指数、外周血管阻力)</li> </ul>						
<ul style="list-style-type: none"> <li>Correct waveform analysis/interpretation (Arterial Line, Pulmonary Artery-CVP)</li> <li>正确的波形分析/解 ( 脉管、肺 脉-中心静脉)</li> </ul>						
<ul style="list-style-type: none"> <li>Discontinuing Pulmonary Artery Catheter – Observation</li> <li>停止肺 脉 管 - 察</li> </ul>						
<ul style="list-style-type: none"> <li>Types of PICC lines-</li> <li>外周静脉穿刺中心静脉置管 管路的 型-</li> <li>- when to have inserted – transfer to PCU and still on IV Amiodarone/Dopamine – ICU after 5-7 days and central line still required for TPN- vasoactive drips</li> </ul>						



Cardiac Surgery ICU Level I Competency 心 外科重症 室 I 能力

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<ul style="list-style-type: none"> <li>- 何 插入 - 移到 渡 病房且仍然静脉注射胺碘 /多巴胺 - 重症 室 5-7 天后, 中心静脉仍需要 合非口服 养液- 血管活性点滴</li> <li>- Drawing blood and flushing</li> <li>- 采血和冲洗</li> </ul>						
<p><b>MEDICATIONS</b> 物</p>						
<ul style="list-style-type: none"> <li>• Performing Drug Calculations – Return Demonstration Required</li> <li>• 行 物 算 - 要求返回演示 mcg/kg/min    mcg/min    mg/min 微克/公斤/分    微克/分    毫克/分</li> </ul>						
<ul style="list-style-type: none"> <li>• <b>Discuss Drug Dosages, titration, indications and weaning:</b></li> <li>• 物 量、 滴定、 适 症和撤机： Amiodarone 胺碘    Cardizem 地 硫卓    Corlopam 非 多泮 Dopamine 多巴胺    Heparin- nomograms 肝素-列 EpiCal    Epinephrine 上腺素    Natrecor 奈西立 Primacor 米力    Nipride 硝普 Levophed 酸式酒石酸降    上腺素    Propofol 异丙酚 Neuromuscular Blockade 神 肌肉阻滞 Nitroglycerin 硝酸甘油    Insulin 胰 素    Fentanyl Drip 芬太尼点滴 Vasopressin 加 素    Esmolol 艾司洛    Pain Medications 止痛 物 Ibllla (ReoPro, Integrilin) Ibllla (阿昔 抗、 依替巴 ) Versed drip 咪达 点滴</li> </ul>						
<p><b>PACEMAKERS</b> 起搏器</p>						
<ul style="list-style-type: none"> <li>• Performs post permanent pacemaker insertion care</li> </ul>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

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<ul style="list-style-type: none"> <li>行永久性起搏器插入 后 理</li> </ul>						
<ul style="list-style-type: none"> <li>Performs venous access temporary pacer care</li> <li>行静脉通路 起搏器 理</li> </ul>						
<ul style="list-style-type: none"> <li>Performs temporary pacer care with epicardial wires</li> <li>行 心外膜 的 起搏器 理</li> </ul>						
<ul style="list-style-type: none"> <li>Performs the following:</li> <li>行以下操作 :                             <ul style="list-style-type: none"> <li>Changes the temporary pacer battery</li> <li>更 起搏器 池</li> <li>Set Pacer Modes – VVI, AAI, DDD, (emergency pacing), VOO, DOO</li> <li>置起搏器模式 – VVI、AAI、DDD, ( 急起搏)、VOO、DOO</li> <li>Sets mA (output), mV (sensitivity)</li> <li>置毫安 ( 出)、毫伏 (灵敏度)</li> </ul> </li> </ul>						
<ul style="list-style-type: none"> <li>Troubleshoots pacer rhythm strips</li> <li>排除起搏器心率条故障</li> </ul>						
<p><b>CARDIAC ARREST</b> 心 停</p>						
<ul style="list-style-type: none"> <li>Code blue buttons and *star 8</li> <li>色警 按 和 *8</li> </ul>						
<ul style="list-style-type: none"> <li>Crash Carts</li> <li>急救</li> </ul>						
<ul style="list-style-type: none"> <li>Initiating CPR – use of backboard</li> <li>启 心肺复 - 使用背板</li> </ul>						
<ul style="list-style-type: none"> <li>Emergency Drugs</li> <li>急 品</li> </ul>						
<ul style="list-style-type: none"> <li>Defibrillation with paddles and hands-free</li> <li>除 , 使用踏板和免持式除 器</li> </ul>						

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<ul style="list-style-type: none"> <li>Initiating Pacing function</li> <li>启 起搏功能</li> </ul>						
<ul style="list-style-type: none"> <li>Accessing Anesthesia for assistance with emergent intubation</li> <li>系麻醉 , 得 急气管插管援助</li> </ul>						
<ul style="list-style-type: none"> <li>Code Blue Unit Rotations and roles</li> <li>色警 病房 替和角色</li> </ul>						
<ul style="list-style-type: none"> <li>Documentation</li> <li>文档</li> </ul>						
<p><b>PULMONARY</b> 肺 脉</p>						
<ul style="list-style-type: none"> <li>Emergent intubation – Orange box procedure</li> <li>急气管插管 – 橙色框手</li> </ul>						
<ul style="list-style-type: none"> <li>Assist with extubation- airway management</li> <li>助拔管- 呼吸道管理</li> </ul>						
<ul style="list-style-type: none"> <li>Draw ABG</li> <li>抽血 行 脉血气分析</li> </ul>						
<ul style="list-style-type: none"> <li>Correct Interpretation of ABG Results-</li> <li>正确解 脉血气分析 果-</li> </ul>						
<ul style="list-style-type: none"> <li>Correctly Identifies Weaning parameters- per protocol</li> <li>正确 撤除参数 – 按照治 方案</li> </ul>						
<ul style="list-style-type: none"> <li>Care of the Ventilated Patient- VENT BUNDLE</li> <li>呼吸机病人的 理- VENT BUNDLE</li> <li>(HOB at least 30 degrees oral care q 2-4 hours, Ulcer prophylaxis, DVT Prevention, and Nutrition, skin care)</li> <li>(HOB 至少 30 度每 2-4 小 口腔 理, 防 , 防深静脉血栓形成和 养, 皮肤 理)</li> </ul>						



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<ul style="list-style-type: none"> <li>• Correct Application of Hollister ETT securement device and skin assessment- watch video and take test.</li> <li>• 正确 用 Hollister ETT 固定装置和皮肤 估 - 看 , 并 行 。</li> </ul>						
<ul style="list-style-type: none"> <li>• Pulmonary Assessment – including Chest-X-ray evaluation</li> <li>• 肺 脉 估 - 包括胸部 X 射 估</li> </ul>						
<ul style="list-style-type: none"> <li>• Chest Tube Insertion – special procedure cart supplies</li> <li>• 胸管插入 - 特 手 供</li> </ul>						
<ul style="list-style-type: none"> <li>• Changing out the chest tube drainage unit</li> <li>• 更 胸管引流装置</li> </ul>						
<ul style="list-style-type: none"> <li>• Chest Tube D/C – Start standardized procedure paper-work with 3 return demonstrations</li> <li>• 胸管撤除 - 在 3 次返回演示后开始 准化手 文 工作</li> </ul>						
<ul style="list-style-type: none"> <li>• NT/ETT suction procedures</li> <li>• NT/气管内插管 抽吸</li> </ul>						
<ul style="list-style-type: none"> <li>• Perc Trach insertion (Jewels)</li> <li>• Perc 气管插入 (Jewels)</li> </ul>						
<ul style="list-style-type: none"> <li>• Care of the Patient with a trach</li> <li>• 理插入气管的病人</li> </ul>						
<ul style="list-style-type: none"> <li>• Basic Ventilator Management</li> <li>• 基本呼吸机管理</li> </ul>						
<ul style="list-style-type: none"> <li>• Ventilator Sedation Powerplan</li> <li>• 呼吸机 静 划</li> </ul>						
<ul style="list-style-type: none"> <li>• Ventilator Machine Orientation</li> <li>• 呼吸机培</li> </ul>						
<ul style="list-style-type: none"> <li>• Use of Restraints – Review orders and flow sheet. REQUIREMENTS</li> <li>• 使用 束装置 - 看指令和流程表。 要求。</li> </ul>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

<p><b>Competency Statement</b> 能力陈述</p>	<p><b>Competency describes medical practice in China</b> 能力特征描述中国医 践</p>	<p><b>Medical practice is satisfactory, no need to include in education plan</b> 医 践是令人 意, 无需列入教 育 划</p>	<p><b>Medical practice is satisfactory, but like access to DH training materials</b> 医 术实践是令人满意, 但喜欢获得 DH 培训材 料</p>	<p><b>Need to include in education plan for nurses</b> 需要在护 士的教育 计划中包 括</p>	<p><b>Competency is expected of another discipline - state which disciplines</b> 能力由另一 学科实行- 学科的名 称</p>	<p><b>Need to include in education plan for other disciplines</b> 需要在其他 学科的教育 计划中包 括</p>
<p><b>GATROINTESTINAL</b></p>						
<p>胃 道</p>						
<ul style="list-style-type: none"> <li>• NG Insertion</li> <li>• 鼻胃管插入</li> </ul>						
<ul style="list-style-type: none"> <li>• NG drainage- low suction vs. Intermittent</li> <li>• 鼻胃管引流- 低吸入与 歇性</li> </ul>						
<ul style="list-style-type: none"> <li>• TPN +/- Lipids - Review standard orders and Lab Draws</li> <li>• 全胃 外 养+/- 油脂 - 看 准指令和 室抽血化</li> </ul>						
<ul style="list-style-type: none"> <li>• Dobhoff placement and X-Ray</li> <li>• Dobhoff 放置和 X 射</li> </ul>						
<ul style="list-style-type: none"> <li>• Tube Feeds</li> <li>• 管喂食料</li> </ul>						
<p><b>RENAL</b></p>						
<ul style="list-style-type: none"> <li>• Care of the Acute Renal Failure patient</li> <li>• 急性 功能衰竭病人的 理</li> </ul>						
<ul style="list-style-type: none"> <li>• Care of the patient during Hemodialysis- DaVita Process</li> <li>• 血液透析 程中 患者的 理-DaVita 程</li> </ul>						
<ul style="list-style-type: none"> <li>• Continuous Renal Replacement Therapy- Show were cart is and basic supplies-explain it is therapy offered in ICU in collaboration with DaVita.</li> <li>• 性 替代治 - 指出推 在哪里以及基本用品-解 它是与 DaVita 合作在重症 室中 提供的治 。</li> </ul>						
<ul style="list-style-type: none"> <li>• Assessment of a shunt</li> <li>• 分流的 估</li> </ul>						
<ul style="list-style-type: none"> <li>• Using a dialysis Catheter- care of, flushing, dressing changes etc</li> </ul>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

<p><b>Competency Statement</b> 能力陈述</p>	<p><b>Competency describes medical practice in China</b> 能力特征描述中国医 践</p>	<p><b>Medical practice is satisfactory, no need to include in education plan</b> 医 践是令人 意, 无需列入教育 划</p>	<p><b>Medical practice is satisfactory, but like access to DH training materials</b> 医 术实践是令人满意, 但喜欢获得 DH 培训材 料</p>	<p><b>Need to include in education plan for nurses</b> 需要在护 士的教育 计划中包 括</p>	<p><b>Competency is expected of another discipline - state which disciplines</b> 能力由另一 学科实行- 学科的名 称</p>	<p><b>Need to include in education plan for other disciplines</b> 需要在其他 学科的教育 计划中包 括</p>
<ul style="list-style-type: none"> <li>• 使用渗析 管- 理、冲洗、 等</li> <li>• Dialysis Catheter Placement- go over special procedure cart</li> <li>• 透析 管放置- 看特殊手 推</li> </ul>						
<p><b>NEURO</b> 神 系</p>						
<p>Basic neuro assessment in the cardiovascular patient: 心血管病人基本神 系 估:</p> <ul style="list-style-type: none"> <li>• Pupils, grips, toe wiggles, tongue deviation, facial symmetry, strength +/- bilaterally</li> <li>• 瞳孔、抓握、脚趾 、伸舌偏斜、面部 称、 度/ - 两</li> </ul>						
<ul style="list-style-type: none"> <li>• LOC changes and expectations in the post-operative patient- anesthesia, narcotics, post pump run, etc</li> <li>• 后 LOC 化和期望- 麻醉、麻醉 、 柱塞 运行等</li> </ul>						
<ul style="list-style-type: none"> <li>• Neuromuscular Blockade and TOF Protocol</li> <li>• 神 肌肉阻滞和 TOF 方案</li> </ul>						
<ul style="list-style-type: none"> <li>• Sedation Protocols and Sedation Vacation</li> <li>• 静方案和 静</li> </ul>						
<ul style="list-style-type: none"> <li>• Accessing the Stroke Team</li> <li>• 系中</li> </ul>						
<p><b>INFECTION CONTROL</b> 感染控制</p>						
<p><b>Review the Isolation System which includes:</b> 看隔离系 , 其中包括:</p>						
<ul style="list-style-type: none"> <li>• Droplet Isolation</li> <li>• 沫隔离</li> </ul>						
<ul style="list-style-type: none"> <li>• Contact Isolation</li> <li>• 接触隔离</li> </ul>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

<p><b>Competency Statement</b> 能力陈述</p>	<p><b>Competency describes medical practice in China</b> 能力特征描述中国医 践</p>	<p><b>Medical practice is satisfactory, no need to include in education plan</b> 医 践是令人 意, 无需列入教育 划</p>	<p><b>Medical practice is satisfactory, but like access to DH training materials</b> 医 践是令人满意, 但喜欢获得 DH 培训材料</p>	<p><b>Need to include in education plan for nurses</b> 需要在护士的教育计划中包括</p>	<p><b>Competency is expected of another discipline - state which disciplines</b> 能力由另一学科实行-学科的名称</p>	<p><b>Need to include in education plan for other disciplines</b> 需要在其他学科的教育计划中包括</p>
<ul style="list-style-type: none"> <li>Airborne Isolation</li> <li>空气 播隔离</li> </ul>						
<ul style="list-style-type: none"> <li>Location of the Infection Control Manual with Patient and Staff Resource Materials</li> <li>具有病人和工作人员 源材料的感染控制手册位置</li> </ul>						
<ul style="list-style-type: none"> <li>How to access the Infection Control Practitioner</li> <li>如何 系感染控制医生</li> </ul>						
<ul style="list-style-type: none"> <li>Location and use of aerobic and anaerobic culture supplies</li> <li>需氧和 氧培养用品的位置和使用</li> </ul>						
<p><b>WOUND CARE</b></p> <p><b>口 理</b></p>						
<ul style="list-style-type: none"> <li>Dressing changes sternal, leg, arm, chest tube sites and temporary pacing wires. Refer to Cardiac Surgery Incisional Care Protocol.</li> <li>胸骨, 腿, 胳膊, 胸部管站点和 起搏 。 参 心 手 切口 理 。</li> <li>Thorough skin assessment required every shift and upon receiving and transferring patients.</li> <li>每次 班以及在接收和 移病人 要求 病人皮肤 行全面 估。</li> </ul>						
<ul style="list-style-type: none"> <li>Review wound care protocols and procedures AND REPORTING any wound integrity issues to charge nurse.</li> <li>口 理方案和程序, 并向主管 告任何 口完整性 。</li> </ul>						
<ul style="list-style-type: none"> <li>Review Skin and Wound Documentation</li> <li>皮肤和 口文档</li> </ul>						
<ul style="list-style-type: none"> <li>Review of wound care documentation, notification reports, physician orders, and consent to photograph</li> <li>口 理文件、通知 告、医嘱以及拍 同意</li> </ul>						
<ul style="list-style-type: none"> <li>Review appropriate resources: Wound Care Team, Clinical Coordinator, Clinical Specialist/</li> </ul>						



Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

<p><b>Competency Statement</b> 能力陈述</p>	<p><b>Competency describes medical practice in China</b> 能力特征描述中国医 践</p>	<p><b>Medical practice is satisfactory, no need to include in education plan</b> 医 践是令人意, 无需列入教育划</p>	<p><b>Medical practice is satisfactory, but like access to DH training materials</b> 医 践是令人满意, 但喜欢获得DH培训材料</p>	<p><b>Need to include in education plan for nurses</b> 需要在护士的教育计划中包括</p>	<p><b>Competency is expected of another discipline - state which disciplines</b> 能力由另一学科实行-学科的名称</p>	<p><b>Need to include in education plan for other disciplines</b> 需要在其他学科的教育计划中包括</p>
<p>Educator.</p>						
<ul style="list-style-type: none"> <li>看相的源: 口理、床、床家/教育。</li> </ul>						
<ul style="list-style-type: none"> <li>Review specialty bed protocols and criteria</li> <li>看病床方案和准</li> </ul>						
<ul style="list-style-type: none"> <li>Review wound photography requirements</li> <li>看口拍要求</li> </ul>						
<p><b>PAIN ASSESSMENT AND MANAGEMENT</b></p>						
<p>疼痛估和管理</p>						
<ul style="list-style-type: none"> <li>Recognizes importance of appropriate pain management</li> <li>到适当疼痛管理的重要性</li> </ul>						
<ul style="list-style-type: none"> <li>Review the Acute Pain Management Protocol and Cardiac Surgery Post-operative Powerplans</li> <li>看急性疼痛管理方案和心外科后划</li> </ul>						
<ul style="list-style-type: none"> <li>Utilizes the Pain Scale as the 5<sup>th</sup> Vital Sign and documents on the IVIEW. Demonstrates understanding of the Pain and Sedation Scales</li> <li>使用疼痛等作 IVIEW 上的第五生命体征和文件。演示理解疼痛和静等</li> </ul>						
<ul style="list-style-type: none"> <li>Documents pain scale or patient response after each pain intervention</li> <li>在每次疼痛干后, 疼痛等或病人反</li> </ul>						
<ul style="list-style-type: none"> <li>Procedural Sedation Module/ Certification- See June Lujano to schedule class.</li> <li>手静模 / - 参六月份 Lujano 程表。</li> </ul>						
<p><b>IV FLUID MANAGEMENT EQUIPMENT</b></p>						
<p>静脉注射 - 流体管理</p>						
<ul style="list-style-type: none"> <li>IV pump equipment set up (includes the Infusion Pump Checklist)</li> <li>静脉注射置(包括液表)</li> </ul>						
<ul style="list-style-type: none"> <li>IV supplies and location</li> <li>静脉注射用品和位置</li> </ul>						

Appendix N.  
Completion Competency Checklist



<b>Completion Competency - Performance Behaviors</b>	<b>Strongly Disagree</b> 1	<b>Disagree</b> 2	<b>Neither</b> 3	<b>Agree</b> 4	<b>Strongly Agree</b> 5	<b>Comments</b>
<b>General Competencies – All units and departments</b> 一般能力——所有病房和部门						
<ul style="list-style-type: none"> <li>Unit Specific Safety, Regulatory and General Orientation Form</li> <li>设备具体安全、监管和一般定位形式</li> </ul>						
<b>Information Technologies – Demonstrate use of communication systems and Electronic Medical Record.</b> 信息技术——演示通信系统和电子病历的用法。	Dignity Health materials and training not appropriate unless using the same electronic health record system. Dignity Health 材料和培训不适当，除非使用相同的电子健康记录系统					
<b>Patient Rights – Demonstrate knowledge and understanding of patient rights and patient confidentiality, acting as a patient advocate at all times.</b> 患者权益——展示对患者权益和患者隐私的知悉和了解，始终充当患者权益维护者的角色。 <ul style="list-style-type: none"> <li>Verbalize role and responsibility in maintaining patient confidentiality and enforcing patient rights</li> <li>语言描述保护患者隐私，维护患者权益过程中的责任与义务。</li> <li>Verbalize role and responsibility in Advance Directives</li> <li>在预设医疗指示（预先指示）中用语言描述义务和责任。</li> <li>Inform patient and healthcare team members of patient changes in condition or treatment</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

<p><b>Completion Competency - Performance Behaviors</b></p>	<p><b>Strongly Disagree</b> 1</p>	<p><b>Disagree</b> 2</p>	<p><b>Neither</b> 3</p>	<p><b>Agree</b> 4</p>	<p><b>Strongly Agree</b> 5</p>	<p><b>Comments</b></p>
<ul style="list-style-type: none"> <li>• 将患者病症或者治疗的变化通知患者和医疗保健团队成员。</li> <li>• Verbalize legal basis, implications, and nursing responsibility for patients on 5150, 5250, or Riese holds</li> <li>• 用语言描述 5150、5250 或者 Riese 拥有患者的法律根据、涵义和护理义务。</li> <li>• Document patient belonging accurately on admission/transfer/discharge and identify safeguards to protect patients' valuables and belongings</li> <li>• 用文件准确地记录患者的入院/转院/出院的行李财物，并且指定安保人员保护患者的贵重及一般物品。</li> </ul>						
<p><b>Population Specific Considerations – Demonstrates knowledge and understanding of population related considerations when working with patients.</b></p> <p>人员具体注意事项——在护理患者时，展示对人员相关要素的了解和认识。</p> <ul style="list-style-type: none"> <li>• Identify special care considerations and communication needs for patients of different populations, including but not limited to, age, gender, race, diagnosis, culture, economic status and/or acuity of care</li> <li>• 识别不同人员患者的特别护理因素和沟通需求，包括但不限于年龄、性别、种族、诊断、护理文化、经济地位和/或护理敏感度。</li> <li>• Identify and demonstrate sensitivity to cultural needs of all patients, physicians and staff</li> <li>• 识别并展示对所有患者、医生和工作人员的文化需求敏感度。</li> <li>• Involve patient/family/significant other in the plan of care as appropriate</li> <li>• 在护理计划中包含患者/家人/重要他人（如适用）</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<p><b>Performance Improvement</b> 绩效改进</p> <ul style="list-style-type: none"> <li>• Verbalize responsibilities related to organizational performance improvement measures</li> <li>• 语言描述有关组织绩效改善措施的义务与责任。</li> <li>• Verbalize responsibilities for data collection of performance improvement indicators for unit projects/programs</li> <li>• 语言描述设备项目/方案的绩效改进指标的数据收集的责任。</li> <li>• Document performance improvement activities under the direction of the unit director</li> <li>• 记录在病房主管指导下的绩效改进活动。</li> <li>• Verbalize importance of patient satisfaction and describe methods used to assure a positive patient experience in the hospital</li> <li>• 语言描述患者满意度的重要性，并描述用于确保提高患者的住院感受愉悦度的方法。</li> </ul>						
<p><b>Educating Patient/Family – Actively engage patient/family in the teaching process.</b> 指导患者/家属——让患者/家属积极参与教学过程。</p> <ul style="list-style-type: none"> <li>• Assess the educational needs of the patient and family</li> <li>• 评估患者和家庭的培训需求</li> <li>• Select and implement appropriate teaching interventions based on the assessment</li> <li>• 基于评估选择并实施适当的教学干预措施。</li> <li>• Use teach back as a way of evaluating the effectiveness of teaching to the patient/family</li> <li>• 运用教回法来评估指导患者/家属的有效性。</li> </ul>						
<p><b>Teamwork – Understand and practice the principles of teamwork, delegation, and accountability.</b> 团队合作——理解并实践团队合作、委派和责任的原则。</p> <ul style="list-style-type: none"> <li>• Participate as a member of multidisciplinary team rounds</li> <li>• 作为多学科团体巡回训练的成员积极参与。</li> <li>• Understand scope of practice when delegating tasks</li> <li>• 委派任务时，懂得活动范围。</li> <li>• Offer to help co-workers</li> <li>• 主动帮助同事</li> </ul>						
<p><b>Communication – Communicate effectively, assertively, and clearly with</b></p>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<p><b>patients, family, visitors, and multidisciplinary team members.</b>                      沟通——有效、自信和明确地与患者,家人、探望者及多学科团队成员沟通。</p> <ul style="list-style-type: none"> <li>• Establish open communication with the patient and family members</li> <li>• 与患者和家属搭建坦诚沟通的桥梁。</li> <li>• Communicate changes in patient condition to the physician in a timely manner or activates emergency response teams appropriately</li> <li>• 及时向医生通报患者病情的变化情况, 或及时启动应急响应团队。</li> <li>• Utilize SBAR communication tool for all patient hand-offs (shift-to-shift or service –to-service)</li> <li>• 将 SBAR 通信工具用于所有患者的协调护理 (班次交接或转换服务)。</li> </ul>						
<p><b>Emergency Response – Demonstrate role and responsibility in activating and managing actual/potential emergent situations.</b>                      应急响应——展示在启动和管理实际/潜在紧急情况中的义务和职责。</p> <ul style="list-style-type: none"> <li>• Code Blue 急救代码</li> <li>• RRT RRT</li> <li>• Chest Pain/RRT 胸痛/ RRT</li> <li>• Stroke Alert 中风警报</li> <li>• Sepsis 脓毒症</li> <li>• Malignant Hyperthermia 恶性高热</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<b>Nursing Specific – All units and departments</b> 具体护理——所有病房和部门						
<b>Nursing Process – Utilize the nursing process in the provision of patient care.</b> 护理过程——在向患者提供护理服务过程中，充分运用护理过程。 <b>Assessment:</b> 评价： <ul style="list-style-type: none"> <li>• Perform a comprehensive history and initial nursing physical assessment and screening of all systems and identify actual/potential problems</li> <li>• 对于各种系统进行综合历史和初始护理体质评估和筛选，并识别实际/潜在的问题</li> <li>• Perform patient assessment upon discharge or transfer</li> <li>• 在患者出院或转院时评估患者。</li> <li>• Perform regular ongoing patient physical assessments focusing on actual/potential problems related to the patient’s admitting diagnosis per policy</li> <li>• 进行常规持续的患者体质评估，侧重于患者按规章制度入院诊断时存在的实际/潜在问题。</li> </ul>						
<b>Care Planning:</b> 护理计划： <ul style="list-style-type: none"> <li>• Develop nursing diagnoses and nursing interventions to address patient problems in individualized patient plan of care</li> <li>• 开展护理诊断和护理干预措施,以解决患者在患者护理个性化规划中出现的问题。</li> <li>• Update and revise patient’s plan of care</li> <li>• 更新并修改患者的护理计划</li> <li>• Incorporate psychological needs and population specific considerations in the plan of care</li> <li>• 将心理需求和人员具体问题包含到护理计划当中。</li> </ul>						
<ul style="list-style-type: none"> <li>• Consider patient discharge plans and appropriate referrals on admission</li> <li>• 考虑患者出院计划及入院后时转诊意见。</li> <li>• Integrate nursing plan for patient care with medical plan of care by routinely reviewing physician orders, progress notes and lab studies and modifying nursing plan of care as appropriate</li> <li>• 通过定期检查医嘱、病程记录、实验室研究，修改护理计划（如适用），将有关患者的护理计划整合到医疗计划当中。</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

<b>Completion Competency - Performance Behaviors</b>	<b>Strongly Disagree</b> 1	<b>Disagree</b> 2	<b>Neither</b> 3	<b>Agree</b> 4	<b>Strongly Agree</b> 5	<b>Comments</b>
<b>Implementation:</b> 执行: <ul style="list-style-type: none"> <li>Implement and review nursing and multidisciplinary team interventions (PT, OT, Dietary, etc.)</li> <li>执行并评估护理和多学科小组的干预活动 (PT,OT、饮食等)。</li> <li>Review and verify accuracy of physician orders throughout assigned shift</li> <li>审核并验证在指定的班次中医嘱的精确度。</li> </ul>						
<b>Evaluation:</b> 评估: <ul style="list-style-type: none"> <li>Evaluate patient responses to nursing and multidisciplinary team interventions</li> <li>评估患者对护理和多学科小组干预的反应</li> <li>Modify, update, or resolve plan of care in response to changing patient conditions</li> <li>根据不断变化中的患者状况, 修改、更新或解决护理计划。</li> </ul>						
<b>Documentation:</b> 文件编制: <ul style="list-style-type: none"> <li>Document assessment of assigned patient's condition on admission and on an ongoing basis according to unit/discipline standards and medical record standards.</li> <li>记录所负责患者入院时的病情评估, 并持续地遵守设病房/学科专业标准和医疗记录标准</li> <li>Document required "Shift Screening" form in AdHoc Forms</li> <li>AdHoc 表格所需“筛选班次”表单中的文件。</li> </ul>						
<ul style="list-style-type: none"> <li>Document interventions and patient's response to interventions</li> <li>记录干预以及患者对于干预措施的反应</li> <li>Document patient health information, consents, and reports in various nursing specific forms not in the electronic medical record</li> <li>在未出现于电子病历中的各种具体护理详表中, 记录患者的健康信息、同意书及报告。</li> </ul>						
<b>Orientation Expectations</b> 定位期望 <ul style="list-style-type: none"> <li>Preceptee/Preceptor agree to complete "Initial Competency Validation" during probationary period</li> <li>受训人/指导医师同意在试用期完成“初始能力验证”。</li> <li>Preceptee recognize appropriate cell phone use, demonstrate "ready for learning" attitude, maintain punctuality, engage/encourage open communication</li> <li>受训人识别正确的使用手机, 演示“乐于了解”的态度, 保持守时, 参与/鼓励积极有效的沟通。</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

<b>Completion Competency - Performance Behaviors</b>	<b>Strongly Disagree 1</b>	<b>Disagree 2</b>	<b>Neither 3</b>	<b>Agree 4</b>	<b>Strongly Agree 5</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>Care for patients with Core Measure diseases (Congestive Heart Failure, Acute MI, Pneumonia, Stroke, Venous Thromboembolism) based on the level of care (ED, critical care, medical-surgical, surgical care)</li> <li>基于护理级别（ED,急救护理,外科手术护理），护理属于核心监测疾病（充血性心力衰竭、急性心肌梗死、肺炎、中风、静脉血栓栓塞）的患者。</li> <li>Recognize National Patient Safety Goals interventions and rationale</li> <li>辨别国家患者安全目标干预措施和基本原理</li> </ul>						



**Core Nursing Completion Competency (for Education/Training Planning)**

<b>Completion Competency - Performance Behaviors</b>	<b>Strongly Disagree 1</b>	<b>Disagree 2</b>	<b>Neither 3</b>	<b>Agree 4</b>	<b>Strongly Agree 5</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>Care for patients with Core Measure diseases (Congestive Heart Failure, Acute MI, Pneumonia, Stroke, Venous Thromboembolism) based on the level of care (ED, critical care, medical-surgical, surgical care)</li> <li>基于护理级别（ED,急救护理,外科手术护理），护理属于核心监测疾病（充血性心力衰竭、急性心肌梗死、肺炎、中风、静脉血栓栓塞）的患者。</li> <li>Recognize National Patient Safety Goals interventions and rationale</li> <li>辨别国家患者安全目标干预措施和基本原理</li> </ul>						

Core Nursing Completion Competency (for Education/Training Planning)

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agreed 5	Comments
<p><b>Physical Assessments and Implementation of Nursing Interventions – Perform and document each patient’s physical, psychological, social, and spiritual needs focusing on actual/potential problems related to patient’s diagnosis on admission and ongoing throughout hospitalization.</b></p> <p>体质评估并执行护理干预措施——为每位患者进行体质、心理、社会和 精神需求方面的评估，并记录患者入院诊断和住院期间治疗的实际/潜在 问题。</p>						
<p><b>Neurological System:</b> 神经系统:</p> <ul style="list-style-type: none"> <li>• Baseline level of consciousness, orientation, sensorium, muscle tone/activity/reflexes, pupil reactivity to differentiate between new and old neurological deficits</li> <li>• 意识、定位、感觉器官、肌肉张力/活动/反应能力,瞳孔反应的基准值，以便区分新旧神经病缺陷的差异。</li> <li>• Potential causes for confusion and altered mental status (dementia, metabolic changes, delirium, etc.)</li> <li>• 意识模糊和意识状态可能改变的原因（痴呆、代谢变化、谵妄等。）</li> <li>• Recognize signs and symptoms of stroke and performing the National Institutes of Health Stroke Scale</li> <li>• 识别中风症状和体征，执行美国国立卫生研究院的脑卒中量表。</li> </ul>						
<ul style="list-style-type: none"> <li>• Recognize signs and symptoms of impending seizure activity (aura), acute psychosis (paranoia, hallucinations), mood disorders (depression, suicidal ideation)</li> <li>• 认识到即将发作的癫痫（aura），急性精神病（偏执狂、幻觉），情绪障碍（抑郁、自杀意念）</li> </ul>						
<ul style="list-style-type: none"> <li>• Note decorticate/decerebrate posturing</li> <li>• 注意去皮质分析征/去脑样患者姿势</li> <li>• Recognize signs of/potential for withdrawal symptoms from alcohol, benzodiazepines, opiates</li> <li>• 识别患者戒断酒精、苯二氮卓类、鸦片制剂等迹象/可能。</li> </ul>						
<p>– Implement withdrawal protocol as appropriate per physician order</p>						

Core Nursing Completion Competency (for Education/Training Planning)

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agreed 5	Comments
<ul style="list-style-type: none"> <li>- 按照医嘱执行戒除协议 (如适用)。</li> <li>- Obtain psychiatric evaluation as appropriate</li> <li>- 进行精神鉴定 (如适用)</li> </ul>						
<p><b>Respiratory System:</b> 呼吸系统:</p> <ul style="list-style-type: none"> <li>• Baseline respiratory status, breath sounds, difficulties in breathing, tissue oxygenation, presence/history of disease, TB testing status, trauma</li> <li>• 呼吸状态、呼吸音、呼吸困难、组织氧结合、病情现状/历史、TB 测试状态、外伤性症状等的基准值。</li> <li>• Note respiratory rate, depth, pattern</li> <li>• 注意呼吸频率、深度、模式</li> </ul>						
<ul style="list-style-type: none"> <li>• Presence of sputum</li> <li>• 痰</li> <li>• Differentiate normal breath sounds from abnormal breath sounds (crackles, wheezing, rhonchi, etc.)</li> <li>• 区分正常呼吸音和异常呼吸音 (囉啦声、喘鸣、鼾音等)。</li> <li>• Identify abnormal findings (use of accessory muscles, shortness of breath, nasal flaring, etc.)</li> <li>• 识别异常的观察结果 (运用辅助肌、呼吸急促、鼻翼煽动等)。</li> </ul>						
<ul style="list-style-type: none"> <li>• Determine need for supplemental oxygen</li> <li>• 确定是否需要呼吸用氧气。</li> <li>• Recognize symptoms of potential respiratory infection and potential need for isolation precautions</li> <li>• 识别潜在的呼吸道感染症状, 以及是否需要隔离措施。</li> <li>• Recognize complications related to suctioning</li> <li>• 识别与抽吸相关的并发症</li> </ul>						
<ul style="list-style-type: none"> <li>• Presence of tracheostomy</li> <li>• 是否接受气管造口术</li> <li>• Presence of thoracic vent</li> <li>• 胸腔排气状况</li> <li>• Presence of chest tube noting leaks, fluctuation, bubbling, character and amount of drainage</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agreed 5	Comments
<ul style="list-style-type: none"> <li>• 注意胸腔管，查看是否有泄露、脉动、起泡、特点和排水量</li> </ul>						
<ul style="list-style-type: none"> <li>- Perform oropharyngeal and nasopharyngeal suctioning using single-use suction catheter</li> <li>- 使用一次性抽吸导管，进行口咽和鼻咽抽吸测试。</li> <li>- Provide tracheostomy care, perform sterile tracheostomy suctioning, verbalize precautions required when using fenestrated tracheostomy tube</li> <li>- 提供气管造口护理,进行无菌气管造口吸入,语言描述所需要的运用有孔的气管造口管所进行的防护措施。</li> </ul>						
<ul style="list-style-type: none"> <li>- Implement appropriate interventions for alterations in oxygen saturation</li> <li>- 在氧饱和状态下进行适当改动干预。</li> <li>- Use ambu-bag properly, attaches O2 line to bag from O2 tank</li> <li>- 正确使用手按式急救气囊，将储氧槽的氧气导管连接到气囊。</li> <li>- Insert and titrate O2 flow rate via wall unit or portable tank</li> <li>- 通过墙壁设备或移动式容器插入并滴定氧气流。</li> </ul>						
<ul style="list-style-type: none"> <li>- Assist with chest tube insertion, set up and maintain chest tube drainage system, reinforce chest tube dressing, adjust drainage system as needed, assess for crepitus</li> <li>- 借助胸管插入，设置并保持胸管排放系统，加固胸腔管绷带，调整排泄系统（如有必要），评定摩擦音。</li> <li>- Maintain thoracic vent</li> <li>- 保持胸腔排气</li> <li>- Ensure tracheostomy obturator is visible at the bedside</li> <li>- 确保气管造口术的填充体在床边清晰可见。</li> </ul>						
<p><b>Cardiovascular System:</b> 心血管系统:</p> <ul style="list-style-type: none"> <li>• Baseline heart sounds, heart rate, blood pressure, apical pulse, peripheral pulses (presence and quality)</li> <li>• 心音、心率、血压、心尖搏动、周围脉搏的基准值（症状有无与质量）</li> <li>• Presence of jugular distention, pain, edema</li> <li>• 是否有颈静脉扩张、疼痛、水肿等症状</li> <li>• Family history of heart/vascular disease and/or presence of cardiac risk factors</li> <li>• 心脏/血管病 de 家族史和/或心脏的风险因素是否存在。</li> </ul>						
<ul style="list-style-type: none"> <li>• Presence of S3, S4 gallop, murmurs, pericardial rub, distant heart sounds</li> <li>• 是否存在 S3、S4 疾驰,杂音、心包摩擦音、心音较弱等症状</li> <li>• Note skin color, temperature, appearance, capillary refill</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agreed 5	Comments
<ul style="list-style-type: none"> <li>• 注意皮肤颜色、温度、外表,毛细血管再充填</li> <li>• Obtain normal and orthostatic blood pressures</li> <li>• 获得正常和直立性血压</li> <li>• Evaluate effects of medications and fluids related to heart rate and blood pressure</li> <li>• 评估药物和药液对心搏率和血压的效果。</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<ul style="list-style-type: none"> <li>- Utilize compression devices, blood warming devices, and pulse oximetry devices as ordered</li> <li>- 利用压缩设备、温血设备和血氧饱和仪（按照医嘱）。</li> <li>- Apply hypo/hyperthermia blankets</li> <li>- 应用低温/高热毯子</li> </ul>						
<p><b>Gastrointestinal System:</b> 消化系统:</p> <ul style="list-style-type: none"> <li>• Baseline presence and quality of bowel sounds (all quadrants), nutritional status, abdominal distention, location of pain/masses, elimination pattern, weight loss/gain, complaints of nausea or vomiting, changes in mucous membranes, hepatomegaly</li> <li>• 肠鸣音（各象限）、营养状况、腹胀、疼痛/肿块的位置、排泄型态、体重减轻/体重增加、恶心或呕吐、粘膜变化、肝肿大的基准值和质量</li> <li>• Palpate for guarding, ascites, tenderness</li> <li>• 触诊诊断是否存在腹壁紧张、腹腔积液、压痛等状况。</li> </ul>						
<ul style="list-style-type: none"> <li>• Assess for amount and character of gastric secretions (residual amount, color, odor, consistency)</li> <li>• 评估胃分泌物的数量和特征（剩余量、颜色、气味、稠度）</li> <li>• Presence and patency of feeding tubes (nasogastric, PEG, etc.) noting tube feed residuals</li> <li>• 虹吸浇口（鼻饲、PEG等）的情况，以及是否闭合，注意管饲残留物。</li> <li>• Presence and patency of flexiseal tube</li> <li>• 挠性密封管及是否闭合</li> </ul>						
<ul style="list-style-type: none"> <li>- Administer proper diet, fluids, tube feedings, enemas as ordered</li> <li>- 饮食、流体、管道进食、灌肠剂是否投喂正确（按照医嘱）。</li> <li>- Insert enteral feeding tube, check for placement, check residuals, administer tube feeding</li> <li>- 插入肠内喂养管，检查其定位，检查是否有残余物，执行管道进食。</li> <li>- Properly set up and administer Total Parenteral Nutrition</li> <li>- 正确地设置和服用完全肠胃外营养。</li> <li>- Connect nasogastric tube to suctioning apparatus for continuous or intermittent suctioning</li> <li>- 将鼻饲管连接到吸入装置以连续或间歇抽吸</li> <li>- Insert flexiseal tube</li> <li>- 插入挠性密封管</li> </ul>						
<p><b>Genitourinary System:</b> 泌尿生殖系统:</p> <ul style="list-style-type: none"> <li>• Note elimination pattern, changes in metabolic processes, lab value abnormalities</li> </ul>						

Core Nursing Completion Competency (for Education/Training Planning)

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<ul style="list-style-type: none"> <li>• 注意排泄型态、代谢过程变化、试验室数值异常情况。</li> <li>• Note character, color, quality and quantity of urine output or discharge, burning, frequency, sores</li> <li>• 注意排尿的特点、颜色、质量和数量，或者排出物、烧灼、频率、溃疡。</li> <li>• Presence, patency, size of foley/suprapubic catheters or nephrostomy tube</li> <li>• 导尿管/耻骨上导尿管或者肾造口术管道的情况、不闭合、尺寸。</li> <li>• Presence of dialysis access noting bruit/thrills in AV fistula</li> <li>• 透析管道的情况，注意 AV 瘘管的杂音/震颤。</li> </ul>						
<ul style="list-style-type: none"> <li>- Maintain AV shunt and peritoneal access</li> <li>- 保持 AV 旁通管和腹膜通道</li> <li>- Recognize complications related to dialysis access</li> <li>- 识别与透析通道相关的并发症</li> <li>- Insert indwelling catheter, perform straight catheterization, apply condom catheter</li> <li>- 插入留置导管,进行直导管插入术, 运用导尿管。</li> </ul>						
<ul style="list-style-type: none"> <li>- Provide catheter and urostomy care, irrigate catheter as indicated</li> <li>- 提供导管和尿道造口术护理, 冲洗导尿管 (按照标示)</li> <li>- Set up and maintain continuous or intermittent bladder irrigation with 3-lumen catheter</li> <li>- 设置并持续采用借助 3 腔导尿管进行连续或间歇性膀胱灌注法</li> <li>- Set up and demonstrate CAPD</li> <li>- 设置并展示 CAPD (持续不卧床腹膜透析)</li> </ul>						
<ul style="list-style-type: none"> <li>- Properly tape catheter to the abdomen of a male patient and to the thigh of a female patient</li> <li>- 正确地用带子将导尿管捆绑到男患者的下腹部, 绑扎到女患者的大腿骨处。</li> <li>- Maintain drainage bag in a dependent position</li> <li>- 使引流袋处于下垂的位置。</li> <li>- Demonstrate use of bladder scan</li> <li>- 使用膀胱扫描仪演示</li> <li>- Properly remove foley catheter</li> <li>- 正确除去导尿管。</li> </ul>						
<p><b>Metabolic System:</b> 代谢系统:</p> <ul style="list-style-type: none"> <li>• Obtain finger stick blood glucose with use of glucometer as a point of care test (POCT)</li> <li>• 以血糖仪为护理检测产品 (POCT) 进行血糖测量。</li> <li>• Interpret blood glucose (POCT) and administer insulin as ordered</li> <li>• 解释血糖 (POCT) 并施用胰岛素 (按照医嘱)</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

<b>Completion Competency - Performance Behaviors</b>	<b>Strongly Disagree 1</b>	<b>Disagree 2</b>	<b>Neither 3</b>	<b>Agree 4</b>	<b>Strongly Agree 5</b>	<b>Comments</b>
<ul style="list-style-type: none"> <li>Document insulin as high risk medication with two RN signatures after 2 RN independent double check</li> <li>将胰岛素作为高危药物记录，在 2 位注册护士各自进行复核后，带有两个注册护士的签名。</li> </ul>						



Core Nursing Completion Competency (for Education/Training Planning)

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<p><b>Integumentary System:</b>                      皮肤系统:</p> <ul style="list-style-type: none"> <li>• Note distinguishing marks, bruises, scars, wounds, pressure ulcers, degree and percentage of body area burned, presence of scabies/lice, general condition</li> <li>• 注意印记、撞伤、斑疤、伤口、褥疮、身体被烧伤区域的程度和百分比、疥疮/虱子是否出现、一般情况</li> <li>• Adhere to Present on Admission policy for pressure ulcers</li> <li>• 依据所出示的入院材料，检查褥疮情况。</li> <li>• Implement Skin Care Protocol based on assessment</li> <li>• 基于评估执行皮肤护理协议</li> </ul>						
<ul style="list-style-type: none"> <li>• Document use of EZ-graph and wound camera and printer to properly document findings</li> <li>• 记录 EZ 图、创伤摄像和打印机的使用，正确记录检查结果。</li> <li>• Note pressure ulcers for tunneling, size, color, odor, drainage</li> <li>• 注意褥疮，检查是否形成洞坑、尺寸、颜色、气味以及排泄系统。</li> <li>• Monitor and prevent device related skin impairments due to IV, tube feeding, foley, nasal cannula, etc.</li> <li>• 监控并防止因为 IV、管道进食、导尿管、输氧鼻管等导致的设备相关的皮肤损伤。</li> </ul>						
<ul style="list-style-type: none"> <li>- Use Braden Scale to assess risk for pressure ulcer development</li> <li>- 运用贝登量表来评估褥疮形成的风险</li> <li>- Perform wound cleansing and dressing changes as appropriate</li> <li>- 进行清创，必要时更换绷带。</li> <li>- Obtain wound cultures</li> <li>- 获得创伤培养物</li> </ul>						
<ul style="list-style-type: none"> <li>- Set up for suture removal, discontinue staples, apply steri-strips</li> <li>- 准备缝线拆除，中断钉合，运用无菌扎带。</li> <li>- Apply heat and/or cold measures properly</li> <li>- 正确地采用加热和/或冷却措施。</li> <li>- Apply anti-embolism stockings properly</li> <li>- 正确运用抗栓塞压力袜</li> </ul>						
<p><b>Musculoskeletal System:</b>                      肌肉骨骼系统:</p> <ul style="list-style-type: none"> <li>• Note functional assessment for safety, gait, mobility, balance, risk for falls</li> <li>• 注意在安全、步态、运动性、平衡、摔倒的风险方面进行功能性评估。</li> <li>• Note posture, movement, body symmetry, skin changes</li> <li>• 注意姿势、运动、身体匀称、皮肤方面的变化</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<ul style="list-style-type: none"> <li>Assess muscle tone, strength, joint range of motion, crepitus, contour, tenderness</li> <li>评估肌肉、力量、关节活动范围、骨擦音、外形、压痛等方面。</li> <li>Note use of assistive devices, braces, splints, immobilizers</li> <li>注意使用支撑设备、吊带、托板、麻醉器等。</li> </ul>						
<ul style="list-style-type: none"> <li>Perform active and/or passive ROM</li> <li>进行主动或被动 ROM</li> <li>Apply soft neck collar, braces, immobilizers, slings</li> <li>运用柔软的轴颈环、吊带、麻醉器、悬带。</li> <li>Verbalize and/or demonstrate care of a patient in a halo brace</li> <li>语言描述和/或演示用孔环托架护理患者。</li> <li>Apply Ace wrap</li> <li>运用弹性绷带</li> </ul>						
<p><b>Psychosocial System:</b> 社会心理系统:</p> <ul style="list-style-type: none"> <li>Presence of suicidal ideation or assaultive ideation, mood disorder, psychosis, anger, fear, grief</li> <li>自杀意念或攻击性意念、情绪障碍、精神病、愤怒、恐惧、悲伤</li> <li>Assess patient's understanding of disease process</li> <li>评估患者对病情过程的理解</li> <li>Presence of support persons</li> <li>是否有支持者</li> <li>Note and review implications of code status and/or end of life concerns</li> <li>注意并评估抢救意愿和/或寿命终止问题的涵义。</li> <li>Assess cultural/religious preferences/practices</li> <li>评估文化/宗教信仰偏爱/实践</li> </ul>						
<p><b>Pain:</b> 疼痛:</p> <ul style="list-style-type: none"> <li>Note location of pain, current level of pain, causative/aggravating factors, quality of pain, acceptable pain level, treatment modalities to manage pain, patients' past response to treatment</li> <li>注意疼痛的位置、疼痛的当前程度、诱发或加重因素、疼痛性质、可接受的疼痛程度、疼痛的治疗方式、患者以往对治疗的反应。</li> <li>Utilize pain assessment scales appropriate for patient and situation (numeric, Wong-Baker, PainAD, Non-Verbal Pain Scale)</li> <li>利用适用于患者和病症的评估量表（数字、疼痛强度量表、晚期痴呆者疼痛评估量</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
表、非言语疼痛量表)						
<ul style="list-style-type: none"> <li>Assess and document physiologic response to pain treatment</li> <li>评估和记录疼痛治疗的生理反应</li> </ul>						
<ul style="list-style-type: none"> <li>Intervene early and regularly in the administration of pain relieving medications</li> <li>早期干预,以及在止痛药服用过程中的定期干预</li> <li>Modifies plan of care based on patient's verbal and physiological response to treatment</li> <li>基于患者对治疗的语言和生理反应调整护理计划。</li> <li>Combine pharmacological and non-pharmacological interventions in the management of pain</li> <li>将药理和非药理的干预整合到疼痛管理中。</li> <li>Implements the Chain of Command in addressing pain management as necessary</li> <li>在控制疼痛过程中,执行控制链系统(如有必要)</li> </ul>						
<b>Laboratory and Diagnostic Tests:</b>						
<p>实验室和诊断测试:</p> <ul style="list-style-type: none"> <li>Obtain sterile or aseptic specimens and select correct/appropriate tubes, sterile containers, and devices needed for specific tests (includes RN blood draws as appropriate)</li> <li>获得无菌或防腐标本,选择适当/正确的导管、无菌容器和具体测试所需的设备(包括注册护士的抽血,必要时)</li> <li>Interpret laboratory and diagnostic results within the context of the patient's diagnosis and treatment</li> <li>在患者的诊断和治疗范围内解释实验室和诊断结果。</li> <li>Monitor and interpret electrolyte values and call the physician for replacement orders as indicated</li> <li>监测和解释电解质数值,并且要求医生更换医嘱(根据标示)</li> </ul>						
<ul style="list-style-type: none"> <li>Monitor coagulation profiles, chemistry panels, lactic acid, complete blood counts, liver panel, peaks and troughs, therapeutic/toxic drug levels, MRSA surveillance, culture results, sputum, etc.</li> <li>监测凝固情况、血液生化检查、乳酸、全部血球数、肝脏检测、尖点和凹点、治疗的/毒性药品水平、MRSA(抗甲氧西林金黄色葡萄球菌)监测、培养物结果、唾液等。</li> <li>Monitor/evaluate culture and sensitivity (C &amp; S) reports and continue/discontinue isolation as indicated</li> <li>监控/评估培养物和敏感性(C &amp; S)报告,并且继续/中断隔离(按照标示)</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

<ul style="list-style-type: none"> <li>Obtain sterile sputum specimens for C &amp; S using sterile mucous trap, ETT, or by sputum induction</li> <li>运用无菌粘液取样器、ETT 或者诱导痰设备进行无菌痰取样以便进行 C &amp; S 测试。</li> </ul>						
<ul style="list-style-type: none"> <li>Verbalize normal and expected changes in cardiac enzymes following acute myocardial infarction and/or thrombolytic therapy</li> <li>在急性心肌梗塞和/或溶血栓疗法后，语言描述对心肌酶的正常和预期变化。</li> <li>Identify normal and expected values for hemoglobin and hematocrit and monitor values in view of blood loss, dehydration and blood product administration</li> <li>识别血红蛋白和血细胞比容的正常和预期数值，并且监测失血、脱水和血液产品服用方面的数值。</li> </ul>						
<ul style="list-style-type: none"> <li>Monitor PT/PTT and anticipate treatment if values are prolonged</li> <li>监控 PT / PTT，如果数值时效延迟，预测治疗效果。</li> <li>Identify abnormal BUN/Creatinine and relate abnormalities to renal function</li> <li>识别异常 BUN（血尿素氮）/肌酐，并且将异常情况与肾功能相联系</li> <li>Document required Critical Test Result documentation in AdHoc Forms</li> <li>记录 AdHoc 格式所需的关键测试结果文件</li> </ul>						

Core Nursing Completion Competency (for Education/Training Planning)

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<p><b>Medication Administration:</b>                      给药:</p> <ul style="list-style-type: none"> <li>• Verify physician orders for medication administration</li> <li>• 验证给药方面医嘱。</li> <li>• Verify patient history of medication allergies</li> <li>• 验证患者的药物过敏史</li> <li>• Evaluate appropriateness, compatibility, and proper dose range of medications ordered</li> <li>• 评估医嘱规定药物的适当性、相容性以及适当的剂量范围。</li> <li>• Calculate medication doses</li> <li>• 计算给药剂量</li> </ul>						
<ul style="list-style-type: none"> <li>• Administer medications according to the five rights</li> <li>• 根据五项权利来配药</li> <li>• Demonstrate use of the Omnicell and BarCoding for medication administration</li> <li>• 演示 Omnicell 和 BarCoding 的使用，进行给药。</li> <li>• Accurately state indication, side effects, potential hazards of medications, locate medication reference</li> <li>• 准确的说明药物的示值、副作用、潜在危害，确定药物参考资料。</li> <li>• State process for medication refusal</li> <li>• 说明药物优先次序的过程</li> </ul>						
<ul style="list-style-type: none"> <li>• Document medication administration and the PRN response to medications</li> <li>• 记录给药剂量以及 PRN 对药物的反应。</li> <li>• Dispose of medications appropriately in medication waste bins, including narcotics and high risk meds</li> <li>• 在药物垃圾桶处正确地处置药物,包括麻醉药和高风险药物。</li> <li>• Provide patient education of medications administered and document Teach Back when appropriate</li> <li>• 为患者提供服药方面的知识，记录回教方法（如必要）</li> </ul>						
<ul style="list-style-type: none"> <li>• Implement IV therapy, including TPN, per physician orders and policy (except BHU)</li> <li>• 进行输液治疗,包括 TPN，按照医嘱和规章制度（BHU 除外）</li> <li>• Set up and program IV pump (primary line, secondary line, bolus, etc.(except BHU)</li> <li>• 设置并准备静脉输液泵（初级,中级,丸剂等）。（BHU 除外）</li> <li>• Locate IV Push List</li> <li>• 确定静脉注射推送列表</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<ul style="list-style-type: none"> <li>• Administer medications via the following routes (or verbalize, demonstrate how to administer):</li> <li>• 通过以下途径进行给药 (或者用语言描述, 演示如何服药):                             <ul style="list-style-type: none"> <li>➢ Oral, intramuscular, subcutaneous</li> <li>➢ 口服、肌注、皮下注射</li> </ul> </li> </ul>						
<ul style="list-style-type: none"> <li>➢ Nasal, otic, ophthalmic, rectal, dermatological</li> <li>➢ 鼻、耳、眼、直肠、皮肤</li> </ul>						
<ul style="list-style-type: none"> <li>➢ Nasogastric/intestinal, gastrostomy (except BHU)</li> <li>➢ 胃/肠、胃造口术 (BHU 除外)</li> </ul>						
<ul style="list-style-type: none"> <li>➢ Intravenous (Except BHU)</li> <li>➢ 静脉注射 (BHU 除外)</li> </ul>						
<ul style="list-style-type: none"> <li>➢ PCA, epidural (except BHU)</li> <li>➢ PCA,硬膜外的 (BHU 除外)</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

<b>Completion Competency - Performance Behaviors</b>	<b>Strongly Disagree 1</b>	<b>Disagree 2</b>	<b>Neither 3</b>	<b>Agree 4</b>	<b>Strongly Disagree 5</b>	<b>Comments</b>
<p><b>Blood/Blood Product Administration: (except BHU)</b> 血液和血液产品服用：（BHU 除外）</p> <ul style="list-style-type: none"> <li>Adhere to established procedures for the proper identification of patients prior to administration of blood/blood products (PRBC's, FFP, platelets)</li> <li>在服药血液/血液制品（RBC FFP,血小板）之前，遵守有关正确识别患者的已有协议。</li> <li>Review transfusion orders, consent, blood compatibility, and patient identification with lab and at the patient's bedside with a second RN prior to administration of blood/blood products</li> <li>在服用血液/血液制品之前，与第二名注册护士审核输血订单、许可、血液相容性，以及患者在试验室的标志和在患者床边的标志。</li> </ul>						
<ul style="list-style-type: none"> <li>Assess, document, and administer blood/blood product as specified by policy, including vital signs, start date and time, end date and time</li> <li>根据协议的规定评估、记录和服用血液/血液制品，包括生命体征,开始日期和时间、结束日期和时间</li> <li>Recognize reactions to the administration of blood/blood products and initiate nursing interventions</li> <li>识别对血液/血液制品的服用的反应，并且启动护理干预措施</li> <li>Accurately and thoroughly document blood administration</li> <li>准确而彻底记录血液服用情况。</li> <li>Dispose of blood/blood product appropriately</li> <li>妥善处置 血液/血液制品。</li> </ul>						
<p><b>Palliative Care:</b> 临终关怀：</p> <ul style="list-style-type: none"> <li>Review Palliative Care Screening Form from AdHoc Forms, POLST, advance directives, durable power of attorney for healthcare, verbally appointed surrogate decision maker, "Comfort Care" order set</li> <li>审查 AdHoc 形式的临终关怀筛选表单，POLST、预先指示、医疗保健授权书的有效期、口头任命的代理决策人、“舒适护理”医嘱系统。</li> </ul>						
<p><b>Patient Care Equipment/Device Management:</b> 患者护理设备/设备管理：</p>						
<ul style="list-style-type: none"> <li>Understand reporting of non-functioning patient care equipment</li> <li>了解无功能的患者护理设备的报告</li> <li>Locate basic unit supplies/devices/equipment</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Disagree 5	Comments
<ul style="list-style-type: none"> <li>• 定位基准病房的物资/设施/设备</li> <li>• Become familiar with vital sign monitor systems, bed set up (zero bed, weighing, bed alarm), patient call light, phone and paging system, patient room set up</li> <li>• 熟悉生命体征监测系统、病床设置（零床、称重、床报警）、患者呼叫灯、电话和寻呼系统、病房设置</li> </ul>						
<p><b>Code Cart Management</b> 急救车管理</p> <ul style="list-style-type: none"> <li>• Recognize importance to complete code cart supply checklist (full O2 tank, suction, AED/defibrillator, intact code cart lock, AED pads, expiration date of medications)</li> <li>• 识别完善急救车供应一览表的重要性（储氧箱、吸入、AED /除颤器、完整的手推车轮、AED 衬垫、药物到期日）</li> <li>• Perform portable suction machine check while unit is unplugged</li> <li>• 当设备断电的时候，进行便携式抽吸机检查。</li> <li>• Perform AED/Defibrillator maintenance check</li> <li>• 进行 AED /除颤器维护检查</li> <li>• Perform proper replacement of defibrillator AED chart paper</li> <li>• 更换适当的除颤器 AED 记录纸</li> </ul>						
<ul style="list-style-type: none"> <li>• Demonstrate use of AED/Defibrillator (use of pacer function and cardioversion in critical care areas)</li> <li>• 演示 AED /除颤器（危重护理区域使用起搏器功能和心脏复律）的使用。</li> <li>• Verbalize process for Code Cart exchange during and after a code</li> <li>• 语言描述急救时和之后急救车更换的过程。</li> </ul>						
<p><b>Respiratory Equipment Management</b> 呼吸设备管理</p> <ul style="list-style-type: none"> <li>• Utilize nasal cannula with/without humidifier, aerosol mask, non-rebreather mask, oxyimzer, Venturi mask, O2 ventimask, AmbuBag</li> <li>• 运用有/没有加湿器的鼻插管、气雾剂面罩、非不能回吸面罩、氧鼻管、文丘里管面罩、氧气换气口罩、呼吸袋。</li> <li>• Insert and adjust O2 flow rate on wall mounted O2unit and/or portable O2 tank</li> <li>• 插入和调整壁挂式的氧气设备和/或便携式储氧箱的氧气量。</li> </ul>						
<ul style="list-style-type: none"> <li>• Use of pulse oximetry</li> <li>• 使用脉动测氧器</li> <li>• Adhere to policy and procedures for use of Negative Pressure isolation rooms</li> </ul>						



**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Disagree 5	Comments
<ul style="list-style-type: none"> <li>遵守有关负压隔离室使用的制度和程序</li> </ul>						
<ul style="list-style-type: none"> <li>Set up and use of suction equipment and devices</li> <li>设置和使用抽吸设备和装置。</li> <li>Tracheostomy collar</li> <li>气管造口套圈</li> <li>Passey-Muir valve with speech therapy</li> <li>Passey-Muir 品牌的阀门，带有语言矫正功能</li> <li>Perform sterile tracheostomy/ETT suctioning with in-line or single-use suction catheter</li> <li>进行无菌气管造口术/ ETT 吸入，带有植入式或一次性抽吸导管</li> </ul>						
<p>Vascular Access Device (except BHU) 血管接入装置 (BHU 除外)</p> <ul style="list-style-type: none"> <li>Note central catheter/peripherally inserted central catheter/peripheral line/dialysis catheter location, date of insertion, date of dressing change, date of tubing change, appearance at insertion site, dressings dry and intact, device patent and intact</li> <li>注意中央导管/外围插入的中央的导管/外围线/透析导管位置，插入日期、换药日期、管道更换日期、插入位点外观、敷料剂干燥而完整、专利设备等。</li> <li>Assess patency of dialysis access and note presence of bruit/thrill in an AV fistula</li> <li>评估透析通道是否闭合，注意 AV 瘘管的杂音/震颤。</li> <li>Assess insertion sites for infiltration and/or infection</li> <li>评估插入位点是否有渗滤和/或感染现象。</li> </ul>						
<ul style="list-style-type: none"> <li>Insert, maintain (proper flushing and dressing change), discontinue peripheral IV's, saline locks, tubing</li> <li>插入、维护 (适当的冲洗和换药), 中断外围静脉注射、外围静脉注射、盐水锁, 油管</li> <li>Assist physician with central line insertion</li> <li>协助医生沿着中央线插入</li> <li>Maintain central lines per protocol</li> <li>按照协议维护中央线</li> </ul>						
<p>IV Pump Management (except BHU) 静脉泵管理 (BHU 除外)</p> <ul style="list-style-type: none"> <li>Set up and program</li> <li>设置和程序</li> </ul>						
<p>PCA and Epidural Pump Management (except BHU) PCA 和硬膜外泵管理 (BHU 除外)</p> <ul style="list-style-type: none"> <li>Set up and program pump</li> </ul>						

**Core Nursing Completion Competency (for Education/Training Planning)**

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Disagree 5	Comments
<ul style="list-style-type: none"> <li>• 泵设置和编程</li> <li>• Accurately document cumulative dose of medication administered, number of patient attempts/demands, loading dose administered via the PCA pump</li> <li>• 准确记录所服用药物的累计剂量、患者尝试/要求次数、通过硬膜外泵的负荷剂量。</li> </ul>						
<ul style="list-style-type: none"> <li>• Accurately document cumulative dose of medication administered via the Epidural pump</li> <li>• 准确记录通过硬膜外泵所服用药物的累计剂量。</li> <li>• Maintain and discontinue per policy</li> <li>• 按照协议维护和中断。</li> </ul>						
<p>On-Q Pain Pump Management (except BHU) 必要时的镇痛泵管理 (BHU 除外)</p> <ul style="list-style-type: none"> <li>• Monitor patient response to therapy (pain level, vital signs, side effects)</li> <li>• 监控患者对治疗的反应 (疼痛程度、生命体征、副作用)</li> <li>• Assess the pump bulb and ensure clamp on the tube near the bulb is open for medication delivery</li> <li>• 评估泵灯泡，确保灯泡附近导管上的夹具及时打开便于输送药物</li> <li>• Maintain and discontinue per policy</li> <li>• 按照协议维护和中断。</li> </ul>						

Core Nursing Completion Competency (for Education/Training Planning)

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<b>SPECIALTY CLINICAL COMPETENCIES – Ortho Unit</b> 主要临床能力——内外科/骨科神经科病房						
<b>CPM Management</b> <b>CPM 管理</b> <ul style="list-style-type: none"> <li>• Verbalize rationale for using CPM post TKR</li> <li>• 说明全膝关节置换术后运用 CPM 的根本理由。</li> <li>• Locate, interpret, and verify a typical order for initial CPM settings</li> <li>• 定位、解释并验证初始 CPM 设置的标准顺序。</li> <li>• Demonstrate proper positioning of the patient's upper and lower leg</li> <li>• 演示患者大腿和小腿的确切位置。</li> </ul>						
<ul style="list-style-type: none"> <li>• Review the cycle, range of motion setting, force setting, 0-45 degrees</li> <li>• 0-45 度检查关节活动设置的循环、范围、作用力。</li> <li>• Adjust CPM for flexion, extension, speed</li> <li>• 根据弯曲、延长、速度调整 CPM。</li> <li>• Demonstrate proper use of on/off controls</li> <li>• 演示打开/关闭控制器的正确使用。</li> </ul>						
<b>OrthoPat Reinfusion</b> <b>OrthoPat 再输液</b> <ul style="list-style-type: none"> <li>• Verbalize understanding for the use of the OrthoPAT reinfusion system</li> <li>• 阐述对 OrthoPat 再输入系统使用的理解。</li> </ul>						

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<ul style="list-style-type: none"> <li>• Verbalize knowledge of the reinfusion protocol</li> <li>• 语言描述对再输液协议的了解。</li> <li>• Demonstrate proper set up for reinfusion and discontinuance of the OrthoPAT system</li> <li>• 演示 OrthoPAT 系统再输液和中断的正确设置。</li> </ul>						
<p><b>Stryker Blood Reinfusion</b> 史赛克(Stryker)引流血的回输</p> <ul style="list-style-type: none"> <li>• Verbalize knowledge of intraoperative autologous transfusion and post-operative blood salvage (example: cell saver)</li> <li>• 语言描述对外科手术进行时发生的自体输血和手术后的血液回收的了解(例如:细胞回收器)</li> <li>• State the commercial product used at SFMH to collect the patient's own blood and filter and drain the blood into a reinfusion bag</li> <li>• 说明 SFMH 采用的商品,以便收集患者自体血液,过滤血液,并且将其排入回输血袋当中。</li> </ul>						
<ul style="list-style-type: none"> <li>• Set up for collection process to "shed blood" from the reservoir to infusion bag</li> <li>• 设置从储液槽到液袋的“流血”的回收过程。</li> <li>• Monitor patient for possible complications due to reinfusion</li> <li>• 监视患者是否因为引流血而导致并发症</li> </ul>						
<p><b>Total Joint Protocol</b> 全关节协议</p> <ul style="list-style-type: none"> <li>• Identify patients on the Total Joint Protocol</li> <li>• 确定全关节协议中的患者</li> <li>• Verbalize post-operative goals (post-surgery and post-op days 1, 2, 3) based on the protocol (example: labs, pain medications, activity)</li> <li>• 基于协议语言描述手术后的目标(外科手术后的第1、2和3天)(例如:试验室、止痛药、活动)</li> <li>• Verbalize and report signs and symptoms of common complications in total joint patients</li> <li>• 语言描述,并且报告全关节患者的常见并发症的症状。</li> </ul>						
<ul style="list-style-type: none"> <li>• Evaluate individual outcomes of post-op total joint patients</li> <li>• 评估全关节手术后的患者的个别后果。</li> <li>• Coordinate discharge planning to prepare total joint patient for discharge</li> <li>• 协调出院计划,为全关节手术的患者做好出院准备。</li> </ul>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

Completion Competency - Performance Behaviors	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comments
<p><b>Spine Surgery Protocol</b> 脊柱外科手术协议</p> <ul style="list-style-type: none"> <li>Identify patients on the Spine Protocol</li> <li>识别脊柱协议中的患者</li> <li>Verbalize post-operative goals (post-surgery and post-op days 1, 2, 3) based on the protocol (example:labs, pain medications, activity)</li> <li>基于协议语言描述手术后的目标（外科手术后的第 1、2 和 3 天）（例如：试验室、止痛药、活动）</li> <li>Verbalize and report signs and symptoms of common complications in post spine surgery patients</li> <li>语言描述，并且报告全脊柱外科患者的常见并发症症状。</li> </ul>						
<ul style="list-style-type: none"> <li>Evaluate individual outcomes of post spine surgery patients</li> <li>评估脊柱外科手术患者的个别后果。</li> <li>Coordinate discharge planning to prepare spine surgery patient for discharge</li> <li>配合出院计划，为脊柱外科手术患者出院做准备。</li> </ul>						

**CSICU Completion Competency (for Education/Training Planning)**

手术室能力定 (供教 划)

**Cardiac Surgery ICU Level I Competency**

心 外科重症 室 I 能力

*Instructions: These competencies reflect the expected performance of nurses in Dignity Health. They may not apply to practices in other institutions or countries. This document is to be completed by the medical leadership of the hospital with assistance from other departments as appropriate. The results of this assessment will be used to develop an education plan appropriate to the needs of the institution.*

明 些能力反映在 **Dignity Health** 士期待的性能。他 可能不适用在其他机构或国家的做法。 本文档是由医院的医 与其他部 酌 情 助填写的。 种 估的 果将用于制定适当的机构需要的教育 划。

Completion Competency 能力陈述	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comment
<b>CARDIOVASCULAR</b> 心血管						
<ul style="list-style-type: none"> <li>Analysis of rhythm strips: Interpret cardiac rate, rhythm and calculate PR, QRS, and QT intervals.</li> <li>心率条分析: 解 心率、 奏并 算 PR、QRS 和 QT 隔。</li> </ul>						
<ul style="list-style-type: none"> <li>Arrhythmia Interpretation (SVT, AF/Afib/Blocks, VT/VF, paced)</li> <li>心律失常解 (室上性心 速、AF/心房 /阻滞、心室 /室性心 速、 奏均 匀)</li> </ul>						
<ul style="list-style-type: none"> <li>Perform 12 Lead with basic Interpretation focusing on changes from baseline and ischemia presentations.</li> <li>行 12 心 及基本解 , 关注基 及缺血表 的 化。</li> </ul>						
<ul style="list-style-type: none"> <li>Care of patient with sepsis- Early Signs and Goal Directed Therapy.</li> <li>理患有 血症的病人-早期迹象和以目 向的治 。</li> </ul>						
<b>LINES</b> 管路						

Cardiac Surgery ICU Level I Competency 心 外科重症 室 I 能力

Completion Competency 能力陈述	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comment
<ul style="list-style-type: none"> <li>• Zeroing Lines</li> <li>• 零管路</li> </ul>						
<ul style="list-style-type: none"> <li>• Using CVP "Bridge"</li> <li>• 使用中心静脉 " "</li> </ul>						
<ul style="list-style-type: none"> <li>• Drawing blood from arterial line</li> <li>• 从 脉管路抽血</li> </ul>						
<ul style="list-style-type: none"> <li>• Insertion of Lines- Procedure Cart –Recommend assisting with at least one insertion procedure. CLIP form for insertions</li> <li>• 管路插入-手 -建 至少 助一个插入手 。 CLIP 形式用于插入</li> </ul>						
<ul style="list-style-type: none"> <li>• Central Lines: Preventing Bloodstream Infection-daily documentation requirements and MD signature sheet</li> <li>• 中心静脉： 防血流感染-日常文件要求和医 名表</li> </ul>						
<ul style="list-style-type: none"> <li>• Changing Pressure tubings</li> <li>• 更 力管</li> </ul>						
<ul style="list-style-type: none"> <li>• Performing a Cardiac Output</li> <li>• 行心排血量</li> </ul>						
<ul style="list-style-type: none"> <li>• Obtaining a Hemodynamic Profile-Calculations (CO/CI, SVR)</li> <li>• 得血流 力学 料- 算 (心排血量/心排血指数、外周血管阻力)</li> </ul>						
<ul style="list-style-type: none"> <li>• Correct waveform analysis/interpretation (Arterial Line, Pulmonary Artery-CVP)</li> <li>• 正确的波形分析/解 ( 脉管、肺 脉-中心静脉)</li> </ul>						
<ul style="list-style-type: none"> <li>• Discontinuing Pulmonary Artery Catheter – Observation</li> <li>• 停止肺 脉 管 - 察</li> </ul>						
<ul style="list-style-type: none"> <li>• Types of PICC lines-</li> <li>• 外周静脉穿刺中心静脉置管 管路的 型-</li> <li>- when to have inserted – transfer to PCU and still on IV Amiodarone/Dopamine – ICU after 5-7 days and central line still required for TPN- vasoactive drips</li> <li>- 何 插入 - 移到 渡 病房且仍然静脉注射胺碘 /多巴胺 -重症 室 5-7 天后, 中心静脉仍需要 合非口服 养液- 血管活性点滴</li> <li>- Drawing blood and flushing</li> <li>- 采血和冲洗</li> </ul>						
<b>MEDICATIONS</b>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室 I 能力

<b>Completion Competency</b> 能力陈述	<b>Strongly Disagree</b> 1	<b>Disagree</b> 2	<b>Neither</b> 3	<b>Agree</b> 4	<b>Strongly Agree</b> 5	<b>Comment</b>
<b>物</b>						
<ul style="list-style-type: none"> <li>Performing Drug Calculations – Return Demonstration Required</li> <li>行 物 算 – 要求返回演示                              mcg/kg/min    mcg/min    mg/min                              微克/公斤/分    微克/分    毫克/分                         </li> </ul>						
<ul style="list-style-type: none"> <li><b>Discuss Drug Dosages, titration, indications and weaning:</b></li> <li>物 量、滴定、适 症和撤机：</li> <li>Amiodarone 胺碘    Cardizem 地 硫卓    Corlopam 非 多泮</li> <li>Dopamine 多巴胺    Heparin- nomograms 肝素-列</li> <li>EpiCal    Epinephrine 上腺素    Natreacor 奈西立</li> <li>Primacor 米力    Nipride 硝普</li> <li>Levophed 酸式酒石酸降    上腺素    Propofol 异丙酚</li> <li>Neuromuscular Blockade 神 肌肉阻滞</li> <li>Nitroglycerin 硝酸甘油    Insulin 胰 素    Fentanyl Drip 芬太尼点滴</li> <li>Vasopressin 加 素    Esmolol 艾司洛    Pain Medications 止痛 物</li> <li>IlbIIIa (ReoPro, Integrilin) IlbIIIa (阿昔 抗、依替巴 )</li> <li>Versed drip 咪达 点滴</li> </ul>						
<b>PACEMAKERS</b> 起搏器						
<ul style="list-style-type: none"> <li>Performs post permanent pacemaker insertion care</li> <li>行永久性起搏器插入 后 理</li> </ul>						
<ul style="list-style-type: none"> <li>Performs venous access temporary pacer care</li> <li>行静脉通路 起搏器 理</li> </ul>						
<ul style="list-style-type: none"> <li>Performs temporary pacer care with epicardial wires</li> <li>行 心外膜 的 起搏器 理</li> </ul>						
<ul style="list-style-type: none"> <li>Performs the following:</li> <li>行以下操作：</li> <li>- Changes the temporary pacer battery</li> <li>- 更 起搏器 池</li> <li>- Set Pacer Modes – VVI, AAI, DDD, (emergency pacing), VOO, DOO</li> <li>- 置起搏器模式 – VVI、AAI、DDD, ( 急起搏)、VOO、DOO</li> </ul>						



Cardiac Surgery ICU Level I Competency 心 外科重症 室 I 能力

Completion Competency 能力陈述	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comment
<b>物</b>						
<ul style="list-style-type: none"> <li>Performing Drug Calculations – Return Demonstration Required</li> <li>行 物 算 – 要求返回演示 mcg/kg/min    mcg/min    mg/min 微克/公斤/分    微克/分    毫克/分</li> </ul>						
<ul style="list-style-type: none"> <li>Discuss Drug Dosages, titration, indications and weaning:</li> <li>物 量、滴定、适 症和撤机： Amiodarone 胺碘    Cardizem 地 硫卓    Corlopam 非 多泮 Dopamine 多巴胺    Heparin- nomograms 肝素-列 EpiCal    Epinephrine 上腺素    Natreacor 奈西立 Primacor 米力    Nipride 硝普 Levophed 酸式酒石酸降    上腺素    Propofol 异丙酚 Neuromuscular Blockade 神 肌肉阻滞 Nitroglycerin 硝酸甘油    Insulin 胰 素    Fentanyl Drip 芬太尼点滴 Vasopressin 加 素    Esmolol 艾司洛    Pain Medications 止痛 物 Iblllla (ReoPro, Integrilin) Iblllla (阿昔 抗、依替巴 ) Versed drip 咪达 点滴</li> </ul>						
<b>PACEMAKERS</b> 起搏器						
<ul style="list-style-type: none"> <li>Performs post permanent pacemaker insertion care</li> <li>行永久性起搏器插入 后 理</li> </ul>						
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<ul style="list-style-type: none"> <li>Performs temporary pacer care with epicardial wires</li> <li>行 心外膜 的 起搏器 理</li> </ul>						
<ul style="list-style-type: none"> <li>Performs the following:</li> <li>行以下操作： - Changes the temporary pacer battery - 更 起搏器 池 - Set Pacer Modes – VVI, AAI, DDD, (emergency pacing), VOO, DOO - 置起搏器模式 – VVI、AAI、DDD, ( 急起搏)、VOO、DOO</li> </ul>						



Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

Completion Competency 能力陈述	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comment
- Sets mA (output), mV (sensitivity) - 置毫安 ( 出)、毫伏 (灵敏度)						
• Troubleshoots pacer rhythm strips • 排除起搏器心率条故障						
<b>CARDIAC ARREST</b> 心 停						
• Code blue buttons and *star 8 • 色警 按 和 *8						
• Crash Carts • 急救						
• Initiating CPR – use of backboard • 启 心肺复 - 使用背板						
• Emergency Drugs • 急 品						
• Defibrillation with paddles and hands-free • 除 , 使用踏板和免持式除 器						
• Initiating Pacing function • 启 起搏功能						
• Accessing Anesthesia for assistance with emergent intubation • 系麻醉 , 得 急气管插管援助						
• Code Blue Unit Rotations and roles • 色警 病房 替和角色						
• Documentation • 文档						
<b>PULMONARY</b> 肺 脉						
• Emergent intubation – Orange box procedure • 急气管插管- 橙色框手						
• Assist with extubation- airway management • 助拔管- 呼吸道管理						
• Draw ABG • 抽血 行 脉血气分析						

Cardiac Surgery ICU Level I Competency 心 外科重症 室 I 能力

Completion Competency 能力陈述	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comment
<ul style="list-style-type: none"> <li>• Correct Interpretation of ABG Results-</li> <li>• 正确解 脉血气分析 果-</li> </ul>						
<ul style="list-style-type: none"> <li>• Correctly Identifies Weaning parameters- per protocol</li> <li>• 正确 撤除参数 -按照治 方案</li> </ul>						
<ul style="list-style-type: none"> <li>• Care of the Ventilated Patient- VENT BUNDLE</li> <li>• 呼吸机病人的 理- VENT BUNDLE</li> </ul>						
<ul style="list-style-type: none"> <li>• (HOB at least 30 degrees oral care q 2-4 hours, Ulcer prophylaxis, DVT Prevention, and Nutrition, skin care)</li> <li>• (HOB 至少 30 度每 2-4 小 口腔 理, 防 , 防深静脉血栓形成和 养, 皮肤 理)</li> </ul>						
<ul style="list-style-type: none"> <li>• Correct Application of Hollister ETT securement device and skin assessment- watch video and take test.</li> <li>• 正确 用 Hollister ETT 固定装置和皮肤 估 - 看 , 并 行 。</li> </ul>						
<ul style="list-style-type: none"> <li>• Pulmonary Assessment – including Chest-X-ray evaluation</li> <li>• 肺 脉 估 -包括胸部 X射 估</li> </ul>						
<ul style="list-style-type: none"> <li>• Chest Tube Insertion – special procedure cart supplies</li> <li>• 胸管插入 -特 手 供</li> </ul>						
<ul style="list-style-type: none"> <li>• Changing out the chest tube drainage unit</li> <li>• 更 胸管引流装置</li> </ul>						
<ul style="list-style-type: none"> <li>• Chest Tube D/C – Start standardized procedure paper-work with 3 return demonstrations</li> <li>• 胸管撤除-在 3 次返回演示后开始 准化手 文 工作</li> </ul>						
<ul style="list-style-type: none"> <li>• NT/ETT suction procedures</li> <li>• NT/气管内插管 抽吸</li> </ul>						
<ul style="list-style-type: none"> <li>• Perc Trach insertion (Jewels)</li> <li>• Perc 气管插入 (Jewels)</li> </ul>						
<ul style="list-style-type: none"> <li>• Care of the Patient with a trach</li> <li>• 理插入气管的病人</li> </ul>						
<ul style="list-style-type: none"> <li>• Basic Ventilator Management</li> <li>• 基本呼吸机管理</li> </ul>						
<ul style="list-style-type: none"> <li>• Ventilator Sedation Powerplan</li> <li>• 呼吸机 静 划</li> </ul>						
<ul style="list-style-type: none"> <li>• Ventilator Machine Orientation</li> <li>• 呼吸机培</li> </ul>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

Completion Competency 能力陈述	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comment
<ul style="list-style-type: none"> <li>Use of Restraints – Review orders and flow sheet. REQUIREMENTS</li> <li>使用 束装置 – 看指令和流程表。 要求。</li> </ul>						
<b>GATROINTESTINAL</b>						
胃 道						
<ul style="list-style-type: none"> <li>NG Insertion</li> <li>鼻胃管插入</li> </ul>						
<ul style="list-style-type: none"> <li>NG drainage- low suction vs. Intermittent</li> <li>鼻胃管引流- 低吸力与 歇性</li> </ul>						
<ul style="list-style-type: none"> <li>TPN +/- Lipids - Review standard orders and Lab Draws</li> <li>全胃 外 养+/- 油脂 - 看 准指令和 室抽血化</li> </ul>						
<ul style="list-style-type: none"> <li>Dobhoff placement and X-Ray</li> <li>Dobhoff 放置和 X 射</li> </ul>						
<ul style="list-style-type: none"> <li>Tube Feeds</li> <li>管喂食料</li> </ul>						
<b>RENAL</b>						
<ul style="list-style-type: none"> <li>Care of the Acute Renal Failure patient</li> <li>急性 功能衰竭病人的 理</li> </ul>						
<ul style="list-style-type: none"> <li>Care of the patient during Hemodialysis- DaVita Process</li> <li>血液透析 程中 患者的 理-DaVita 程</li> </ul>						
<ul style="list-style-type: none"> <li>Continuous Renal Replacement Therapy- Show were cart is and basic supplies-explain it is therapy offered in ICU in collaboration with DaVita.</li> <li>性 替代治 - 指出推 在哪里以及基本用品-解 它是与 DaVita 合作在重症 室中提供的治 。</li> </ul>						
<ul style="list-style-type: none"> <li>Assessment of a shunt</li> <li>分流的 估</li> </ul>						
<ul style="list-style-type: none"> <li>Using a dialysis Catheter- care of, flushing, dressing changes etc</li> <li>使用渗析 管- 理、冲洗、 等</li> </ul>						
<ul style="list-style-type: none"> <li>Dialysis Catheter Placement- go over special procedure cart</li> <li>透析 管放置- 看特殊手 推</li> </ul>						
<b>NEURO</b>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室I 能力

Completion Competency 能力陈述	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comment
<b>神 系</b>						
Basic neuro assessment in the cardiovascular patient: 心血管病人基本神 系 估:						
<ul style="list-style-type: none"> <li>Pupils, grips, toe wiggles, tongue deviation, facial symmetry, strength +/- bilaterally</li> <li>瞳孔、抓握、脚趾、伸舌偏斜、面部 称、 度/ - 两</li> </ul>						
<ul style="list-style-type: none"> <li>LOC changes and expectations in the post-operative patient- anesthesia, narcotics, post pump run, etc</li> <li>后 LOC 化和期望-麻醉、麻醉、 柱塞 运行等</li> </ul>						
<ul style="list-style-type: none"> <li>Neuromuscular Blockade and TOF Protocol</li> <li>神 肌肉阻滞和 TOF 方案</li> </ul>						
<ul style="list-style-type: none"> <li>Sedation Protocols and Sedation Vacation</li> <li>静方案和 静</li> </ul>						
<ul style="list-style-type: none"> <li>Accessing the Stroke Team</li> <li>系中</li> </ul>						
<b>INFECTION CONTROL</b>						
<b>感染控制</b>						
<b>Review the Isolation System which includes:</b>						
<u>看隔离系，其中包括：</u>						
<ul style="list-style-type: none"> <li>Droplet Isolation</li> <li>沫隔离</li> </ul>						
<ul style="list-style-type: none"> <li>Contact Isolation</li> <li>接触隔离</li> </ul>						
<ul style="list-style-type: none"> <li>Airborne Isolation</li> <li>空气 播隔离</li> </ul>						
<ul style="list-style-type: none"> <li>Location of the Infection Control Manual with Patient and Staff Resource Materials</li> <li>具有病人和工作人 源材料的感染控制手册位置</li> </ul>						
<ul style="list-style-type: none"> <li>How to access the Infection Control Practitioner</li> <li>如何 系感染控制医生</li> </ul>						
<ul style="list-style-type: none"> <li>Location and use of aerobic and anaerobic culture supplies</li> <li>需氧和 氧培养用品的位置和使用</li> </ul>						
<b>WOUND CARE</b>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室 I 能力

Completion Competency 能力陈述	Strongly Disagree 1	Disagree 2	Neither 3	Agree 4	Strongly Agree 5	Comment
<b>口 理</b>						
<ul style="list-style-type: none"> <li>Dressing changes sternal, leg, arm, chest tube sites and temporary pacing wires. Refer to Cardiac Surgery Incisional Care Protocol.</li> <li>胸骨, 腿, 胳膊, 胸部管站点和 起搏 。 参 心 手 切口 理 。</li> <li>Thorough skin assessment required every shift and upon receiving and transferring patients.</li> <li>每次 班以及在接收和 移病人 要求 病人皮肤 行全面 估。</li> </ul>						
<ul style="list-style-type: none"> <li>Review wound care protocols and procedures AND REPORTING any wound integrity issues to charge nurse.</li> <li>口 理方案和程序, 并向主管 告任何 口完整性 。</li> </ul>						
<ul style="list-style-type: none"> <li>Review Skin and Wound Documentation</li> <li>皮肤和 口文档</li> </ul>						
<ul style="list-style-type: none"> <li>Review of wound care documentation, notification reports, physician orders, and consent to photograph</li> <li>口 理文件、通知 告、医嘱以及拍 同意</li> </ul>						
<ul style="list-style-type: none"> <li>Review appropriate resources: Wound Care Team, Clinical Coordinator, Clinical Specialist/Educator.</li> <li>看相 的 源: 口 理 、 床 、 床 家/教育 。</li> </ul>						
<ul style="list-style-type: none"> <li>Review specialty bed protocols and criteria</li> <li>看 病床方案和 准</li> </ul>						
<ul style="list-style-type: none"> <li>Review wound photography requirements</li> <li>看 口拍 要求</li> </ul>						
<b>PAIN ASSESSMENT AND MANAGEMENT</b>						
<ul style="list-style-type: none"> <li>Recognizes importance of appropriate pain management</li> <li>到适当疼痛管理的重要性</li> </ul>						
<ul style="list-style-type: none"> <li>Review the Acute Pain Management Protocol and Cardiac Surgery Post-operative Powerplans</li> <li>看急性疼痛管理方案和心 外科 后 划</li> </ul>						
<ul style="list-style-type: none"> <li>Utilizes the Pain Scale as the 5<sup>th</sup> Vital Sign and documents on the IVIEW. Demonstrates understanding of the Pain and Sedation Scales</li> <li>使用疼痛等 作 IVIEW 上的第五生命体征和文件。演示理解疼痛和 静等</li> </ul>						

Cardiac Surgery ICU Level I Competency 心 外科重症 室 I 能力

<p><b>Completion Competency</b> 能力陈述</p>	<p><b>Strongly Disagree</b> 1</p>	<p><b>Disagree</b> 2</p>	<p><b>Neither</b> 3</p>	<p><b>Agree</b> 4</p>	<p><b>Strongly Agree</b> 5</p>	<p><b>Comment</b></p>
<ul style="list-style-type: none"> <li>Documents pain scale or patient response after each pain intervention</li> <li>在每次疼痛干 后, 疼痛等 或病人反</li> </ul>						
<ul style="list-style-type: none"> <li>Procedural Sedation Module/ Certification- See June Lujano to schedule class.</li> <li>手 静模 / - 参 六月份 Lujano 程表。</li> </ul>						
<p><b>IV FLUID MANAGEMENT EQUIPMENT</b> 静脉注射 - 流体管理</p>						
<ul style="list-style-type: none"> <li>IV pump equipment set up (includes the Infusion Pump Checklist)</li> <li>静脉注射 置 (包括 液 表)</li> </ul>						
<ul style="list-style-type: none"> <li>IV supplies and location</li> <li>静脉注射用品和位置</li> </ul>						