



Nursing IV (ADN-604)

Course Information Basics

Semester Hours: 12 Semester Hours (105 Lecture/225 Clinical hours)
Semester and Year: Fall 2017
Location: NIACC main campus
Clinical agencies
Meeting days and times: 08/28/17 through 12/14/17
Monday: Testing on selected days, 10:00 AM-1:00 PM
Lecture: Tuesday and Wednesdays: 8:15 AM-12:45PM
(see topical outline for any time changes)
08/28/17 through 11/2/17
Clinical: Clinical as noted on the clinical schedules.

Weeks 1-10:

Theory: 7 hours per week
Clinical: 15 hours per week

Weeks 11-15:

Theory: 4 hours per week
Clinical: 108 Total hours with preceptor

Time Commitment Expectations:

A minimum of three hours of preparation is often recommended for each one hour of time in a college course. These are approximate hours and are subject to individual needs. Students complete clinical assignments requiring additional time beyond the scheduled clinical hours. Students are required to complete orientation activities beyond scheduled clinical hours to meet agency requirements. Students are required to complete two hours of community service outside of their current employment.

Instructor Contact Information:

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|-------------------------|--|--|
| Instructor: | J. Kolker, RN, MSN | L. DeGroot, RN, MSN |
| Email: | Julie.Kolker@niacc.edu | Laurie.DeGroot@niacc.edu |
| Phone: | 641-422-4219 | 641-422-4322 |
| Office location: | MH109B | MH109C |
| Office hours: | Posted outside office door | Posted outside office door |

Clinical Instructor Contact Information:

Instructor: J. Williams, RN, BSN
Email: Jamie.Williams@niacc.edu
Office hours: Office hours are listed with clinical orientation information

Preferred Method of Communication:

NIACC Email

Expected Response Time:

Faculty office hours are posted outside their office doors. Faculty will respond to NIACC email or phone calls to the office within 36 hours on weekdays.

Course Information Specifics

Course Description:

Prerequisites: Nursing III (ADN-603), Introduction to Sociology (SOC-111)








Corequisites: Composition II (ENG-106)

The students must maintain enrollment in co-requisite course(s) to be enrolled in the nursing course. At least a C is required for support courses to progress in the ADN program.


Nursing IV utilizes the nursing process with emphasis on evaluation in meeting client needs resulting from impairments relating to nutrition, elimination, and sensory stimulation throughout the life span. Pharmacological concepts, diet modification, psychosocial concepts, and health maintenance are integral considerations in the progressive development of the student's knowledge and skills to meet the diverse needs of the client. Concepts of management, legal, and ethical aspects for the nursing profession and issues related to current trends are presented. Clinical experiences will focus on clients with complex needs. The management experience is the culmination of the student's academic and clinical education in which the student will have an opportunity to care for a group of clients and apply basic skills in leadership and conflict management. Clinical experiences will include opportunities to apply nursing roles and the nursing process in a variety of care settings.

Learning Materials:


Required:


-  Halter (Halter): Varcarolis' Foundations of Psychiatric Mental Health Nursing, 7th edition, 2014
-  Lewis, Heitkemper, and Dirkson (L, H, & D): Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 9th edition, 2015
-  Hockenberry/Wilson: Wong's Essentials of Pediatric Nursing, 9th Edition, 2013 (Wong)
-  Lowdermilk/Perry; et al: Maternity & Women's Health Care, 11th edition, 2016 (Lowdermilk) 2014
-  Ackley and Ladwig (Ackley): Nursing Diagnosis Handbook, 10th edition, 2014
-  Potter and Perry (P & P): Fundamentals of Nursing, 8th edition, 2013
-  Perry/Potter (Perry): Nursing Interventions and Clinical Skills, 6th edition, 2016


Assessment Technologies Institute™, LLC, current version for designated class (ATI): Materials will be provided in class.

 SimChart, Elsevier, 2012, web access purchased first day of class
Optional: Diagnostic Tests Textbook and Drug Handbook of choice OR
Any medical dictionary

Rev. 12/2016

 = E-textbook edition or print version available

 = online

 = print copy only

Academic Resources:

Additional web-enhanced activities – Assessment Technologies Institute (ATI) Activities, SimChart, HealthStream, Canvas course activities, National League for Nursing (NLN) testing, Evolve website, NIACC Library (online services), Mercy Health Library, Career Coach, and textbook online resources.

The Student Learning Center services are highly recommended. Students can make an appointment for individual/group tutoring for a variety of subjects including nursing.

Measurable Course Objectives:

Course outcomes give a broad overview of the course and clinical outcomes state expectations relating to nursing roles at the end of the semester.

NURSING IV COURSE OUTCOMES:

Nursing IV (ADN-604) stresses utilization of the nursing process according to best practice standards to develop basic skills in nursing assessment, planning, intervention, and evaluation enabling the student to:

1. Utilize the nursing process, including clinical decision making to assist the client to meet nutrition, elimination, sensory and diverse needs across the life span, with an emphasis on evaluation of the client's response.
2. Care for and support clients during all phases of health maintenance including health promotion, illness prevention, restoration of health and coping with impaired function.
3. Synthesize pharmacological concepts, dietary modifications, and psychosocial/communication concepts into therapeutic nursing interventions according to best practice standards to meet the diverse needs of clients.
4. Incorporate leadership and management principles to effectively interact with the clients, significant others, and the interdisciplinary health care team to manage

client care.

5. Analyze the role of the nurse in various health care delivery systems to effectively manage client care.
6. Analyze conflict situations and utilize effective communication to promote conflict resolution.
7. Incorporates legal/ethical standards of nursing practice into the management of client care including delegation principles.
8. Make clinical decisions recognizing the importance of evidenced-based nursing practice and quality improvement practices to maintain high standards of nursing practice.
9. Analyze caring behaviors that are supportive to all members of the health care team and demonstrate behaviors consistent with caring.

NURSING IV CLINICAL OUTCOMES FOR THE FIRST TWO CLINICAL ROTATION:

At the completion of Nursing IV in an acute care setting, the student will be able to assist multiple clients across the life cycle to meet needs related to comfort, safety, mobility, self-esteem, interpersonal interaction, oxygenation, nutrition, mobility, elimination, and sensory stimulation. Clinical experiences will take place in a variety of structured settings, primarily in acute care, community, or long-term care facilities. The student will be able to utilize the nursing process incorporating best practice standards with an emphasis on evaluation of client outcomes. To achieve clinical outcomes during the first and second clinical rotations, the student will:

Provider of Care

1. Utilize the nursing process and critical thinking with an emphasis on nutrition, elimination, and sensory stimulation to meet the needs of clients appropriate to psychosocial development throughout the life span.
2. Demonstrate a commitment to caring in all professional relationships respecting the dignity, worth, and cultural identity of individuals.
3. Perform therapeutic nursing interventions, according to best practice standards, incorporating pharmacological concepts, dietary modifications, psychosocial concepts, and health maintenance to enhance client care while maintaining safe practices.
4. Demonstrate communication skills to exchange information within the proper lines of authority, complete accurate documentation and interact effectively with others, with an emphasis on listening, open inquiries, reflecting content, reflecting feeling, immediacy, self-disclosure and summarizing.

Manager of Care

5. Function within contemporary health care environments with interdisciplinary collaboration and advocacy utilizing client, family, staff, and instructor resources to provide safe and effective care.
6. Manage the direct care for multiple clients utilizing clinical decision-making and

delegating care appropriately.

Member within the Discipline

7. Implement the various roles of the nurse in relation to the legal and ethical framework of nursing.
8. Demonstrate professional behaviors, language, dress, and attitude with clients, staff, peers, and faculty in all student-related activities.

NURSING IV CLINICAL OUTCOMES FOR THE PRECEPTORSHIP EXPERIENCE:

To achieve clinical outcomes during the preceptorship rotation, the student will:

Provider of Care

1. Utilize the nursing process and critical thinking with an emphasis on nutrition, elimination, and sensory stimulation to meet the needs of clients appropriate to psychosocial development throughout the life span.
2. Demonstrate a commitment to caring in all professional relationships respecting the dignity, worth, and cultural identity of individuals.
3. Perform therapeutic nursing interventions, according to best practice standards, incorporating pharmacological concepts, dietary modifications, psychosocial concepts, and health maintenance to enhance client care while maintaining safe practices.
4. Demonstrate communication skills to interact effectively with others, with an emphasis on listening, open inquiries, reflecting content, reflecting feeling, immediacy, self-disclosure, and structuring.

Manager of Care

5. Function within contemporary health care environments with interdisciplinary collaboration and advocacy utilizing client, family, staff, and instructor resources to provide safe and effective care.
6. Manage the direct care for multiple clients utilizing clinical decision-making and delegating care appropriately.

Member within the Discipline

7. Implement the various roles of the nurse in relation to the legal and ethical framework of nursing.
8. Demonstrate professional behaviors, language, dress, and attitude with clients, staff, peers, and faculty in all student-related activities.

An “Unsatisfactory” rating in any of the listed clinical outcomes will result in an “Unsatisfactory” clinical evaluation for the given term.

Refer to the Clinical Outcomes Handout for additional details describing performance related to these clinical outcomes.

Course Units:

Nursing IV is composed of three units - nutrition, elimination, and sensory. The course will build on the human needs of comfort, safety, mobility, self-esteem, nutrition, interpersonal interaction, and oxygenation, which were emphasized during the previous courses. The nursing process will again be utilized both in clinical and theory discussions. This semester, the fourth step of the nursing process, evaluation, will be stressed. Concepts will refer to differences and similarities throughout the life span.

Concepts of diet modification, pharmacological concepts, psychosocial/communication concepts, and health maintenance are integrated throughout the nursing courses. Course outcomes give a broad overview of the course and clinical outcomes state expectations relating to nursing roles at the end of the semester.

Nursing IV builds on Nursing III and builds on the concepts from previous courses in the curriculum. Students must meet the outcomes for this course to be prepared for future nursing courses.

Units of Instruction –

A. Client needs emphasized are:

1. Nutrition
2. Elimination
3. Sensory
4. Management

B. Units of instruction include:

1. Impairments Involving Nutrition
2. Impaired Elimination
3. Sensory Impairment
4. Caring Concepts
5. Nursing Management
6. Ethical and Legal Aspects
7. Job Seeking Skills

Units of Instruction:

CLIENT NEEDS EMPHASIZED

NUTRITION

The Nutrition unit utilizes the nursing process with an emphasis on implementation in meeting needs resulting from alterations in the ability to ingest, digest, and assimilate nutrients essential for health throughout the life span. Pharmacological agents, diet modifications,

psychological health, and health maintenance are integral considerations in the progressive development of the student's knowledge and skills in assisting clients in meeting nutrition needs.

ELIMINATION

The Elimination unit utilizes the nursing process with an emphasis on implementation in meeting needs resulting from alterations in the urinary structures and functions and renal function essential for health throughout the life span. Pharmacological agents, diet modifications, psychological health, and health maintenance are integral considerations in the progressive development of the student's knowledge and skills in assisting clients in meeting elimination needs.

SENSORY

The Sensory unit utilizes the nursing process with an emphasis on implementation in meeting needs resulting in an impaired response to stimuli, perception, and coordination. Pharmacological agents, diet modifications, psychological health, and health maintenance are integral considerations in the progressive development of the student's knowledge and skills in assisting clients in meeting sensory needs. Consideration for clients with chronic illness are related to the client with sensory needs.

MANAGEMENT

The Management unit applies leadership/management concepts to nursing care in health care delivery systems. Communication principles, conflict resolution, and caring behaviors are applied to the nurse's role in supporting the health care team. The importance of evidence-based nursing practice and quality improvement is emphasized to maintain high standards of nursing practice. Legal and ethical principles of nursing practice, including accountability, advocacy and delegation, are incorporated into the management of client care.

Overview of Major Assignments:

Nursing IV is a lecture/lab course. The course combines large group classes, small group skill practice in a college laboratory setting, and clinical practice in clinical agencies. The course includes web enhanced activities and resources.

Activities Planned:

Theory - There are ten hours of class per week for the first ten weeks. Activities will include lecture, audiovisuals, discussion, critical thinking exercises, reports, online assignments and other student participatory activities. Weekly schedules and assignments are provided and follow the unit objectives in the course outline. Reading material and assigned articles should be completed prior to class and students should be prepared to discuss the current topic. Unit and final examinations are identified on the topical outline

B. **Clinical Laboratory Experience** - There will be two clinical rotations of five weeks each. The rotations will be in the areas of medical-surgical nursing. Clinical practice includes

simulation activities in the Health Simulation Center. The student will complete clinical assignments related to this experience including an online simulated electronic medical record and the clinical progress worksheet.

- C. **Observational Experiences**: Students may be able to attend observational experiences arranged by their clinical instructor to observe and/or assist in meeting client care needs in a variety of nursing settings. These experiences will vary depending upon agency policies and availability. Not every student may be able to attend an observational experience. The opportunity to participate in an observational experience is at the discretion of the clinical instructor.
Students must be in good clinical standing to attend the observational experiences. These may include, but are not limited to: probationary status, attendance concerns, safe practice concerns, documentation concerns.
- D. **Additional web enhanced activities** - Assessment Technologies Institute (ATI) Activities, SimChart, HealthStream, Canvas course activities, National League for Nursing (NLN) testing, Evolve website, NIACC Library (online services), Mercy Health Library, Career Coach, and textbook online resources.
- E. **Preceptor Experiences**: Students will be scheduled to work with a preceptor 96 hours the final five weeks of the semester. Refer to the preceptor rotation handouts for additional requirements and the section on clinical of this overview. Overview with packet to follow in Week 10.

Course Calendar:

Clinical schedules, college lab schedules and a topical outline with classroom schedules are provided with the course orientation information.

Grading:

Nursing courses are composed of theory and clinical laboratory experience. Clinical laboratory experience is the application of theoretical knowledge in the direct care of clients.

The theory grade is based on a percentage of the total accumulated points of unit and final examinations and other scored assignments. The grading scale to the nearest percent is as follows:

90 -100 percent = A
82 - 89 percent = B
77 - 82 percent = C
69 - 76 percent = D
68 and below = F

Methods of Evaluation: Unit and Final Exams
Quizzes, Presentation
Written and Online Assignments (Classroom and clinical)
Lab/Clinical Performance

Test scores and assignment points will be posted on Canvas and accessed with an individual password. Any questions regarding a grade earned must be discussed with the appropriate

instructor within one week after receiving the grade.

NO EXTRA CREDIT POINTS WILL BE OFFERED.

Points earned from clinical assignments will be added to a student's classroom points after completion of the clinical rotation of the semester. Refer to the Guidelines for Clinical Assignments for specific grading criteria. Points for clinical assignments may not be awarded if the student is absent during clinical or submits a late assignment.

The student must achieve 90% on the dosage calculation test or retake the test until achieving a 90% score. Points are awarded for the score on the first test only. The student has three attempts to retake the dosage calculation test or the student does not meet the course requirements and is given an unsatisfactory grade for the course.

Each student on a weekly basis will complete a Clinical progress worksheet. The student will evaluate and reflect on the three roles of the nurse. The clinical instructor will review the progress worksheet and add to the evaluation. Contributing to clinical evaluation are faculty anecdotal notes on student performance, faculty ratings on the progress worksheet, college lab performance, feedback from staff of agencies where students perform and observe, and clinical assignments. Clinical instructors will complete an end-of-rotation and Program Outcome evaluation based on clinical outcomes. An "Unsatisfactory" rating in any of the clinical outcomes will result in an "Unsatisfactory" clinical evaluation for the semester. An unsatisfactory clinical experience for a given term will result in an "F" for the nursing course currently enrolled in, regardless of the grade earned in theory. Students will be placed on probation for inconsistent/unsafe clinical performance and/or attendance. Refer to the ADN Student Handbook and end-of-semester clinical outcomes for additional clinical policies and requirements.

Due to concerns for client safety and the importance of application of theoretical knowledge to clinical practice, students must achieve a 77 percent theory grade or better to enter the final rotation with a preceptor. A student may not enter the preceptor rotation on a probationary status. Students unable to progress clinically will receive a maximum of a D for the nursing course. Students unable to progress clinically will have individual conferences with an instructor to discuss options for possible future re-entry.

Students must submit agency identification badges and a self-assessment prior to this conference. Failure to comply with these requirements will result in an "Incomplete" with final grades being withheld until such requirements are fully met. An "Incomplete" will be given to the student if required assignments are not completed by the end of the semester. An "Incomplete" will also be given to students who have not returned materials loaned to them during the nursing course. An "Incomplete" will be changed to an "F" according to faculty decision. This is consistent with overall college policy.

In order to satisfactorily complete a nursing course, the student must obtain a "C" or better grade. Students must attain a "C" grade in **all** nursing courses and **all** co-requisites courses to

continue sequential progression in the ADN program. Students unable to progress will have individual conferences with an instructor to discuss options for possible future re-entry. Please see the current ADN Student Handbook for policies regarding probation, withdrawal, and readmission.

Community Project: Students are required to complete two hours of community service this semester. Community service is any non-compensated service to others in one's community. Examples include immunization clinics, visiting elderly in care facilities, teaching Sunday school, taking blood pressures voluntarily, or any kind of community service performed. Service hours and a written synopsis of the experience should be completed by the end of the second week of the last clinical rotation. Completion of this activity must occur during the semester, not before or after. Failure to do community service will result in an "Incomplete".

Nursing IV Course Requirements: - Students must complete the Virtual ATI Review Course and provide proof of completion to faculty. This is done by emailing the green light status from the online proctor to Mrs. Kolker. Upon completion of ATI's Virtual Review course, the incomplete grade status will be changed to the actual grade earned for Nursing IV. If you have not completed the ATI Virtual Review by the end of the semester, the grade status change will be submitted once a week to the Registrar's Office upon completion of the review.

Additional Testing Standards:

- Student must achieve a score greater than a mastery level 8 on the Lippencott Pass Point.
- Students must also achieve an above average performance score (70 percent or greater) on the National League of Nursing Diagnostic Readiness Test.
- And, students must achieve a level two or greater score on the ATI proctored testing.
- **Failure to meet any of these standards will result in the student receiving an incomplete grade for Nursing IV.**

If one testing standard is not met, the incomplete grade status will be reversed upon:

- Receipt of documentation of completion of a 500 question faculty chosen computer review program at a 100 percent achievement level.

If two testing standards are not met, the incomplete grade status will be reversed upon:

- Receipt of documentation of completion of a 1000 question faculty chosen computer review program at a 100 percent achievement level.

If all testing standards are not met, the incomplete grade status will be reversed upon:

- Receipt of documentation of completion of a 1500 question faculty chosen computer review program

You must attain the designated passing score of level 2 on American Testing Institute (ATI) activities to complete course requirements. Refer to handouts.

You must complete NLN tests, the Lippencott Pass Point test, and ATI post-tests designated on the topical outline to meet course requirements.

An “Incomplete” will be given to the student if required assignments are not completed by the end of the semester. (This includes the ATI Virtual Review Course.) An Incomplete will also be given to students who have not returned materials loaned to them during the nursing course. An “Incomplete” will be changed to an “F” according to faculty decision. This is consistent with overall college policy.

Attendance and Tardiness Policy:

Classroom and clinical attendance and tardiness will be recorded on the student’s end of semester clinical evaluation and end of program final evaluation which is made available to future employers.

Class Attendance: Attendance is highly recommended and is monitored. Students who are absent from any session must notify the instructor prior to the start of the session by email or calling the instructor’s office. Do not leave a message at the NIACC switchboard.

Students are responsible for all classroom content, announcements, and assignments. Choose a peer to pick up handouts and relay classroom announcements if absent. Instructors will not make extra copies of any handouts. Students should make their own copies from a peer. Students are responsible for all content presented and/or announcements given in class.

Clinical Experience: The student will have an equivalent of fifteen hours a week of clinical laboratory experience the first ten weeks and 96 hours of clinical laboratory experience with a preceptor. A clinical instructor will be present to assist, guide, and supervise student performance. If at any time, the instructor determines the student to be unprepared or unsafe, the student may be dismissed from the clinical area.

Absentee Policy - Students who are absent for one clinical day during the first two rotations will be required to attend a scheduled a make-up day and will also be placed on probation. This make-up day will be completed prior to the preceptorship experience. Students absent two clinical days or more may be unsuccessful with clinical performance. Students tardy three times will be placed on probation. A preclinical absence counts as 1/3 day of absence.

Students will complete eight twelve hour shifts with a preceptor the final five weeks of the semester. This may include evenings, overnights, and/or weekends. If a student is absent during a portion of the shift, a student must reschedule the entire shift. Once a schedule with a preceptor is established, the student may only change the schedule for illness or emergency situations. It may be necessary to extend preceptorship beyond graduation to fulfill the 96 hours.

Rationale: A part of career preparation is learning skills and acquiring the knowledge necessary

to competently perform on the job. Attendance and punctuality are essential in this preparation. Classroom and clinical attendance will be recorded on the student's final evaluation which is made available to future employers.

A test review time for unit tests will be designated on the topical outline. Attendance is expected during these sessions for the opportunity to review the test. If the student attends the class period prior to test review and does not also attend the test review, the student may forfeit the opportunity to review the test. If the student is absent on the day of test review, the student must contact the instructor to schedule a test review time within one week of the scheduled test date. No test review will be held for final comprehensive tests at the end of each semester. Refer to the test review policy provided in the orientation information at the start of the semester.

Individual students' conferences with assigned clinical instructors are required at the completion of each semester. Students should not bring children to conferences with faculty.

Late Work Policy:

The student will be required to complete any missed test or hand in any required assignments prior to the start of the first scheduled class after an absence, unless the instructor gives permission. Once a test is handed in, a student will not be allowed to make additions or corrections to the test. If a test is missed, an alternative test may be given upon the discretion of the instructor. Make up testing may be scheduled in the Student Learning Center (SLC) or in the Health Division office area as determined by the instructor. Students will be required to complete a make-up test when the instructor or SLC testing time is available. A picture ID is required prior to testing in the SLC. If unable to be present for a test, students must call the instructor prior to the start of class to arrange to take a make-up test.

A student is allowed to complete two tests per semester outside the scheduled testing time without penalty. Missing more than two test days or failure to notify the instructor prior to the start of class on test days will result in the following consequence:

- student will be given an alternative item examination

Announced and unannounced quizzes may be given and only those students in attendance may take them. There will be a "missed quiz make-up assignment" available for absent students. Students are responsible to contact the instructor for this make-up quiz, if so desired. This assignment must be completed within the next day the student attends class after the missed quiz.

Refer to the Guidelines for Clinical Assignments for specific grading criteria. Points for clinical assignments may not be awarded if the student is absent during clinical or submits a late assignment.

Required web-based activities related to lab content must be completed prior to skills testing. The student will be counted tardy if the assigned preparation is not completed prior to the lab.

Online HealthStream courses and orientation activities will be assigned throughout the semester. Students must have all courses completed by the assigned date or they will not be allowed in the clinical area.

Contributing to clinical evaluation are faculty anecdotal notes on student performance, feedback from staff of agencies where students perform and observe, and any assigned clinical written assignments. Points earned from clinical assignments will be added to a student's classroom points after completion of each clinical rotation. Each student on a weekly basis will complete a progress worksheet online, evaluating and reflecting on their clinical performance in regards to the three roles of the nurse. **Students who are absent from the clinical week will forfeit clinical points for that week.**

The first week of the first rotation, no clinical points will be awarded – feedback only. The last week of the second rotation, no points will be given as your grade will be calculated after the final exam.

Submission Policy:

Requirements for submission of clinical assignments are outlined in the clinical guidelines provided during orientation. Scheduled tests are identified on the topical outline provided during orientation. Classroom assignments will be announced in class.

Classroom Policies:

Personal conduct and professional behaviors are addressed in the ADN Student Handbook. If you have questions regarding issues like grade appeals, grievance policies, academic probation, nondiscrimination policies, and NIACC's ADA Disability Statement, refer to the NIACC Student Handbook, which can be accessed at <http://www.niacc.edu/student-life/>.

Class Recording and Social Media Policies:

Refer to the current NIACC ADN Student Handbook. In the event of an emergency, students are to leave the classroom to take the phone call. No texting is permitted during class time.

Academic Integrity Policy:

According to the Student Conduct Code, (see the NIACC Student Handbook, found at <http://www.niacc.edu/student-life/>) academic dishonesty, including but not limited to:

- cheating
- plagiarism
- knowingly furnishing false information to the college
- forgery

- alteration, or misuse of college documents or records shall be subject to disciplinary procedures.

If cheating on any test or assignment is determined, the score for that test or assignment will be nullified. Refer to the policy for testing and test review provided in this syllabus.

Course Specific Safety Procedures:

Safety information is provided to students at the start of the program and fall semester in these documents and the course website:

- NIACC Student Handbook
- Campus Emergency Procedures
- Blood Borne Pathogens Exposure Control Plan
- MMC-NI Nurse Epidemiologist Presentation at the beginning of Nursing I and fall semester

Safety information is provided in these documents prior to related experiences in the college lab, simulation center, or clinical agencies:

- College Lab Policies
- Simulation Center Orientation
- Agency specific orientation information

Proctored Testing Procedures:

Guidelines for Testing, Test Review and Test Item Analysis

Guidelines for Computerized Testing:

1. All Nursing IV tests will be taken in MH110B computer lab, unless notified by the instructor.
2. Students are to wait to enter the testing room until faculty are present.
3. Students arriving after the designated start time will not be given additional time for testing.
4. All belongings will be placed in the front of the room on the floor. (including cell phones).
5. No head coverings (hats, hoods, caps, etc.) or sunglasses may be worn during the testing session.
6. Students are to sit every other computer if space allows.
7. Ear plugs may be used with instructor approval.
8. No student may bring food, drinks, gum or candy to their seat.
9. Use a cover screen if requested by the instructor.
10. When the allocated time for testing has expired, the student will be required to submit the test. No additional time will be allowed beyond the scheduled and documented testing session.

11. An incomplete test if submitted will be scored including the incomplete items. (The computer will prompt you prior to submitting that you have incomplete items and do you want to submit.)
12. Only one submission is allowed per test.
13. If an unexpected need arises that a student has to leave the room before they are finished with the test, the student may not be allowed to return and finish the exam.
14. Only calculators issued by NIACC can be utilized during the dosage calculation exam.
15. Once the test has been submitted the student is free to leave the testing area.

Official Test Review Policy:

1. Students will meet in MH 110B for test review.
2. Only student present at the beginning of the test review will be given their test booklet and the code to log on to the test.
3. Students are not to log onto the computer until the instructor has entered the room and provided the password.
4. Instructors may use the first few minutes of this test review to discuss rationale for questions, which seemed to pose difficulty for a number of students (as identified by the test analysis.)
5. Only written comments with rationale and **a reference** will be considered for additional points. Each student must write an individual rationale.
6. Please write your rationale on the test booklet provided and indicate to the instructor that you have written rationale.
7. Verbal discussion pertaining to test questions or rationale will be kept to a minimum with the instructor administering the test review or other students.
8. Test review will last no longer than on-half hour.
9. Student must place all personal belongings including cell phones in a designated place. Students may review textbooks and handouts when preparing a written rationale in the view of the instructor supervising the test review.
10. All students are expected to remain seated until the last student is finished reviewing their test.
11. Log-off the test promptly when the review is completed.

After Test Review:

12. Faculty will review all written comments and make decisions regarding the validity of the written rationale.
13. If student's rationale is judged to be valid, the student will be notified and the additional point will be added to their test score.
14. If instructors judge a question to be lacking in validity and reliability, it is their prerogative to eliminate those questions from the test, thus possibly reducing the total number of questions for that test.
15. If the student misses test review due to illness, the student may review the test within one week of the test review as arranged with the instructor.

NO TEST REVIEW IS OFFERED FOR FINAL SEMSTER TESTS

Disclaimer Statement:

The ADN faculty reserve the right to alter this course's syllabus, policies, grading scale, texts, and calendar as needed at any time during the semester. Faculty will alert you to any changes.

Interim Division Chair Information:

Division Chair: Laurie DeGroot
Email: Laurie.DeGroot@niacc.edu
Phone: 641-422-4322

Tech Expectations and Support:

Microsoft Word is used for submission of clinical progress worksheets and other designated assignments.

Links to the web sites utilized by this course (ATI, Elsevier/Evolve, HealthStream and SimChart) including technical support are provided on the NIACC Canvas course in the folder labeled "Website Links and Technology Support". Specific web browsers are recommended for optimal function on these sites.

Technical Support:

NIACC's Helpdesk can help with technical problems related to NIACC passwords, logging in to lab computers, MyNIACC, E-mail, Canvas (online course management system), NIACC wireless, WebAdvisor, lab computers, office computers for staff, software issues, and more. NIACC Technology Services does not repair nor support personal computers. For many problems you may get the fastest results if you call our toll-free number below (24 hours – seven days per week).
On campus: 641-422-4357 Toll free: 866-614-5020 helpdesk@niacc.edu
[Technology Support Access](#)
(www.niacc.edu/student-life/technology-services/help-desk/)

College Policies:

If you have questions regarding issues like grade appeals, grievance policies, and academic probation, refer to the NIACC Student Handbook, which can be accessed at

[Student Life](#)
<http://www.niacc.edu/student-life/>.

NONDISCRIMINATION

It is the policy of North Iowa Area Community College to not discriminate on the basis of race, color, national origin, sex (including pregnancy) , disability, age, sexual orientation, gender identity, genetic information, creed, religion, actual or potential parental, family or marital

status or veteran's status in its programs, activities or employment practices as required by the Iowa Code sections 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

Individuals having questions or complaints related to compliance with this policy should contact Shelly Schmit, EEO/AA Officer, 500 College Drive, Mason City, IA 50401 or via telephone at 641-422-4211. Inquiries may also be directed to the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312/730-1560, fax 312/730-1576.

DISABILITY SERVICES

North Iowa Area Community College strives to provide an accessible environment for students, faculty, and staff. A student needing accommodations should register with NIACC Disability Services and speak to Lisa Vance, the Disability Services Counselor, in the Student Access Office, AB106. For additional information, contact us at 1-888-466-4222, Ext. 4413, and ask for a brochure regarding Disability Services or to request a meeting with the Disability Services Counselor. You may also contact Lisa Vance directly at 641-422-4296 or vancelis@niacc.edu, or the [disabilities website](#).

<http://www.niacc.edu/student-life/disability-services/>.

If you have concerns regarding equal access to NIACC's services, programs, and activities you may contact NIACC Disability Services or learn more about filing a grievance at the [grievance-procedures website](#)

<http://www.niacc.edu/student-life/disability-services/policies-procedures/grievance-procedure/>.

A Disability Services Student Handbook can be found on our website at [disability services student handbook](#) (full link below) or can be provided in hard copy (or an alternate format), upon request, and lists contact information for NIACC's ADA Coordinator and ADA Compliance Officer, along with other helpful information.

<http://www.niacc.edu/student-life/disability-services/disability-services-student-handbook/>

INCLEMENT WEATHER

Here is the [inclement-weather information on the website](#) (full link below). NIACCAlerts is a free service that alerts you immediately when a decision is made to close campus or delay classes due to weather conditions. This is your best and most accurate means of communication. Sign up here for [NIACC Alerts](#).

<http://www.niacc.edu/about/campus-safety/niaccalerts/>

<http://www.niacc.edu/about/campus-safety/inclement-weather/>

I hereby give permission to have my instructor schedule me into college laboratory/simulation for all activities requiring a return demonstration with another student as listed on the College Laboratory Schedule and/or course handouts. I will contact my college laboratory instructor of any concerns related to these activities. I will voluntarily participate in skill performance activities such as performing injections, venipuncture, and capillary blood samples while acknowledging potential risks for which I will assume responsibility should post-intervention be required.

I also acknowledge that I have received a copy of the College Laboratory Policies during the orientation to the program and agree to follow the procedural steps defined for each skill performance.

I give permission for video recording in the classroom, college lab and simulation. The video may be used for the evaluation of clinical outcomes. I will obtain instructor permission before making any audio or video recordings during student related activities.

I acknowledge I have access to the resources on the Canvas website.

I have reviewed and understand the Course Syllabus including the post testing requirements and the policies stated on this page and course orientation information.

****All students must complete the ATI virtual review course and achieve the "green light" status from their individual coach and have completed any assigned additional questions. Your grade will be an Incomplete until these assignments are complete.****

I agree/do not agree to have my name and address released to potential employers and/or nursing related requests by the NIACC faculty. Please circle the appropriate and sign name.

Name (Please Print) _____

Email Address: _____

(Please provide a personal email address for additional communication after you have graduated.)

Student Signature _____

Social Security Number: _____

(For identification purposes)

Date _____

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|--|---|--|---|
| Upon completion of this unit, the student will be able to: | | | | In the clinical area, with emphasis on evaluation, the student will be able to: |
| | <u>SENSORY STIMULATION: HEARING LOSS</u> | | | |
| 1. Describe cues that suggest hearing impairment. | 1. Behavior assessment that suggest hearing impairment a. Infant b. Preschooler c. School age d. Adult | Review Anatomy and Physiology of the ear. L, H, & D: pp. 377-385, 402-413 P/P: Ch. 49 | Learning stations: Practice hearing assessment, use of otoscope and ear irrigations | |
| 2. Discuss auditory screening for detecting hearing loss. | 2. Methods of auditory screening a. Audiometric tests b. Weber test (bone conduction) c. Rinne test (air conduction) | Wong: p. 209 | | |
| 3. Instruct parents on precautionary measures to prevent hearing loss. | 3. Precautionary measures for children a. Congenital b. Immunization schedules c. Injury d. Infections e. Excessive noise | Wong: pp. 717-719. "The Diagnosis and Management of Acute Otitis Media", <i>Pediatrics</i> , March 2013, pp 964-99 | | |
| 4. Discuss sources and effects of excessive noise on the organ of Corti and prevention methods used to conserve hearing. | 4. Sources, effects and precautionary methods a. Industry b. Entertainment settings | | | |
| 5. Evaluate communication techniques for the hearing impaired. | 5. Communication techniques | | | |
| 6. Contrast the pathophysiology of the different types of hearing impairments. | 6. Classification of hearing loss a. Organic 1) Conductive 2) Sensorineural 3) Mixed loss b. Related interventions. | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|--|---|--|--|
| 7. Describe the nurse's responsibility in the care of a hospitalized client's hearing aid, cochlear implants, and other hearing assistive devices. | 7. Care for a client's hearing aid, cochlear implants and hearing assistive devices. | | Demonstrate proper use of hearing aid and cochlear implant | |
| 8. Discuss common health problems across the life cycle affecting the ear resulting in nursing diagnosis of alterations in comfort and sensory perception. | 8. Nursing diagnoses, goals, and intervention for common health problems a. External otitis b. Otitis media c. Otosclerosis d. Presbycusis e. Labyrinthitis f. Meniere's Syndrome g. BPPU h. Acoustic neuroma i. Obstructions | "The Ins and Outs of Meniere Disease", <u>Nursing Made Incredibly Easy</u> , January/February 2012, pp. 47-51 | | Implementing care for a client with a hearing impairment or an ear disorder modifying the nursing care plan as needed. |

SENSORY STIMULATION SENSORY ALTERATIONS

| | | | | |
|--|---|---|---|---|
| 1. Compare sensory deprivation and sensory overload. | 1. Define and compare terms used in sensory alterations research | | | |
| 2. Predict clients at risk for sensory alterations across the life span. | 2. Client groups who commonly experience sensory alterations a. Clients who have reduced sensory function related to disease or trauma b. Immobilized clients with reduced quantity or quality of sensory input c. Clients who are physically isolated from people and familiar surroundings | "Emergency Management of Delirium in the Elderly", <u>Western Journal of Emergency Medicine</u> , 2012, pp. 194-201 | | Evaluate assigned high risk client for sensory alterations. |
| 3. Evaluate the effects of sensory alterations on the client's ability to function. | 3. Functional ability of client with sensory alterations a. Decreased cognitive alertness and functioning b. Decreased performance in motor abilities c. Increased daydreaming, disorientation and anxiety | | Discussion of personal past experiences | |
| 4. Collect data which is useful in the identification of a sensory alterations experience. | 4. Data supportive to the presence of sensory alterations (Confusion Assessment Method) | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|---|------------------------|------------------------|--|
| 5. Plan nursing implementation which can prevent the occurrence of a sensory alterations situation and determine methods of evaluating effectiveness of the implementation. 6. Develop supportive nursing approaches to assist clients in coping with sensory alterations while they are experiencing them. | 5. Planning and evaluation of nursing measures used to decrease incidence of sensory alterations 6. Supportive independent nursing measures to assist the client in dealing with the sensory alterations experience a. Communication enhancement b. Cognitive care c. Environmental modifications | | | Implement nursing measures to prevent and decrease sensory alterations, modifying the client's nursing care plan as needed. Observe for sensory overload during CCU-ICU assignment. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|---|--|---|---------------------------------------|--|
| <u>SENSORY STIMULATION: DEMENTIA/DELIRIUM</u> | | | | |
| 1. Differentiate between the pathophysiology of neurocognitive disorders, depressive disorders, and delirium. | 1. Major and minor neurocognitive disorders a. Dementia b. Delirium c. Depressive disorder | L, H, & D: Ch. 60, pp. 1443-1462 Handout: DSM V terminology | Video: "Assessment of Delirium" | Identify assessment findings of a client with delirium |
| 2. Contrast interventions appropriate for clients with delirium. | 2. Delirium management a. Environmental modifications b. Collaborative management | | | |
| 3. List assessment data common to neurocognitive disorders. | 3. Symptoms a. Demographics b. Course of disease c. Atypical dementias d. Stages | Halter: Ch. 23 | | Care of client with Alzheimers (packet) Dementia Care Unit |
| 4. Cite relevant nursing diagnoses related to clients/families dealing with neurocognitive disorders. | 4. Nursing diagnoses a. Chronic confusion b. High risk for injury c. Anxiety d. Self care deficits | | | |
| 5. Discuss the caregiver stress experienced by families/ caregivers of clients with neurocognitive disorders disease and discuss appropriate responses. | 5. Caregiver Stress a. Hostility and aggression b. Guilt c. Nervousness d. Wary e. Fatigue f. Depression | Canvas Website Link: Alzheimer's Association Guidelines | Advancing Care for Seniors Simulation | |
| 6. Evaluate various nursing interventions designed to demonstrate physical and emotional caring toward clients with neurocognitive disorders. | 6. Management a. Support cognitive function b. Promote physical safety c. Reduce anxiety and agitation d. Improve communication e. Promote independence f. Caregiver support | "Best Practices for Engaging Patients with Dementia, <u>Nursing 2014</u> , November 2014, pp. 44-51 | | |
| 7. Discuss pharmacological interventions appropriate for the client with neurocognitive disorders. | 7. Pharmacological interventions a. Cholinesterase inhibitors b. Anticholinesterase inhibitors c. Memantine d. Antipsychotics e. Antidepressants | ATI: Pharmacology, Neuro I: Alzheimers Handouts on recent research and medications in class. | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|--|---|---------------------|---|
| <p><u>SENSORY</u> <u>NURSING CARE OF THE CLIENT WITH SENSORY DISORDERS: CHRONIC ILLNESS</u></p> | | | | |
| <p>1. Identify clients having chronic health problems according to established criteria.</p> | <p>1. Criteria for a health problem to be considered chronic (one or more have to be present)</p> <ul style="list-style-type: none"> a. The problem must be permanent b. The problem must have residual disability c. The problem must be caused by a nonreversible pathologic condition d. The problem must require special rehabilitative training e. The problem must require long-term supervision and care | <p>Wong: pp. 537-555 L, H, & D: pp. 61-75</p> | | <p>Identify if assigned client has a chronic health problem.</p> |
| <p>2. Choose appropriate nursing intervention for each of the four phases of adaptation to a chronic health problem.</p> | <p>2. Supportive nursing care of a chronically ill client passes through four phases of adaptation</p> <ul style="list-style-type: none"> a. Denial and disbelief b. Developing awareness c. Reorganization d. Resolution or identify change | | | <p>In assigned client, with chronic health problem, identify the phase of adaptation and utilize supportive nursing techniques.</p> |
| <p>3. Discuss factors to be considered in discharge planning for the client with a chronic health problem.</p> | <p>3. Discharge planning for a client with a chronic problem</p> <ul style="list-style-type: none"> a. Presence of significant other b. S/O and family reaction c. Financial support d. Community support groups: I Can Cope, M.S. Society, etc. e. Employment ability f. Ability to manage physical environment (steps, etc.) | | | <p>Prepare discharge plan for client, considering factors which affect client's coping abilities.</p> |
| <p>4. Implement techniques which enhance therapy compliance for the chronically ill client.</p> | <p>4. Factors which enhance compliance to medical regime</p> | | | <p>Utilize techniques which enhance compliance when preparing a discharge plan for client.</p> |
| <p>5. Describe impact of chronic illness on developmental stages of childhood.</p> | <p>5. Age groups discussed</p> <ul style="list-style-type: none"> a. Infancy b. Toddler c. Preschooler d. School Age e. Adolescent | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|---|---|---|---------------------|--|
| | <ul style="list-style-type: none"> f. Young to middle adulthood g. Older adulthood | | | |
| <u>SENSORY STIMULATION: SIGHT LOSS</u> | | | | |
| 1. Discuss the nurse's role in the promotion of eye health. | 1. Nurse's role <ul style="list-style-type: none"> a. Inform clients on difference of various eye specialists b. Proper eye care c. Prevention of injuries d. First aid principles e. Danger signals of visual disorders | Review anatomy and physiology of the eye Wong: pp. 121-125, 586B & 679 Review skill for instillation of eye drops or ointments P & P: pp. 596-597 Wong: pp. 121-125 | | |
| 2. Describe the action of pharmacological agents instilled in the eye. | 2. Eye medications <ul style="list-style-type: none"> a. Mydriatics b. Miotics c. Local anesthetics d. Dyes | L, H, & D: pp. 386-402 ATI: Pharmacology 2.0, Drug Therapy for Glaucoma | | |
| 3. Identify agencies and schools available to assist parents who have a blind child. | 3. Sources of assistance through National Society for the Blind and state schools | | | |
| 4. Plan and implement the pre and post-op nursing intervention of client undergoing retinal attachment. | 4. Nursing diagnosis, goals, and intervention including discharge instructions | "Can You See Me? Posterior Vitreous Detachment", <u>Nursing Made Incredibly Easy</u> , July/August 2010, pp. 11-14 | | |
| 5. Describe the pathophysiology and assessment of a client with an opaque lens. | 5. Assessment based on pathophysiology <ul style="list-style-type: none"> a. History of frequent change in glasses b. Foggy vision c. Gray pupil | "Uncloud Your Cataract Knowledge", <u>Nursing Made Incredibly Easy</u> , September/October 2011, pp. 5-8 | | Plan and implement pre-op and post-op care for a client having an opaque lens removed. |
| 6. Develop a post-operative teaching plan for client having a lens removed. | 6. Teaching plan <ul style="list-style-type: none"> a. Effect of coughing and sneezing b. Effect of rapid movements and bending | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|---|--|---------------------|------------------------------------|
| 7. Develop a discharge plan for client having a lens removed. | 7. Discharge plan a. Encourage independence b. Instillation of eye drops c. Diversional activities d. Delaying with frustration e. Distortion of peripheral vision f. Community resources for visually impaired | | | |
| 8. Differentiate between acute and chronic increase in intraocular pressure on a pathophysiological basis. | 8. Pathophysiological changes including predisposing factors a. Acute b. Chronic | | | Administer pharmacological agents. |
| 9. Discuss preventive measures to control intraocular pressure. | 9. Preventive measures a. Pharmacological agents b. Emotional control c. Activity restrictions d. Clothing | "Making Sense of Sensory Changes in Older Adults", <u>Nursing Made Incredibly Easy</u> , 2013, pp. 20-24 | | |
| 10. Identify the danger signals of increased intraocular pressure. | 10. Danger signals identified by the National Society for Prevention of Blindness | | | |
| 11. Utilize the nursing process to care for a client undergoing surgery to maintain normal intraocular pressure. | 11. Nursing diagnoses, goals, and intervention related to pre and post-operative care | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|---|---|--|--|
| <p><u>SENSORY</u> <u>NURSING CARE OF THE CLIENT WITH CHRONIC NEUROLOGICAL PROBLEMS</u></p> | | | | |
| <p>1. Identify the various mobility problems associated with dopamine deficiency and prepare a client discharge teaching plan supportive to the health maintenance needs of the client.</p> | <p>1. Supportive nursing implementation directed to the impaired mobility as a result of dopamine deficiency</p> <ol style="list-style-type: none"> a. Facial expression b. Gait problems c. Tremors and impaired movement of the upper extremities d. Defecation problems e. Difficulty in chewing and swallowing f. Effort of speech g. Decreased rib cage excursion h. Fatigue and frustration | <p>L, H, & D: Ch. 59, pp. 1413-1442</p> <p>“Perioperative Experiment Patients with PD”, <u>AJN</u>, February 2013, pp. 32, 36</p> | <p>Video: “Assessment of Clients with Parkinson’s”</p> | <p>Update assigned client’s care plan, indicating the measures used to increase mobility.</p> |
| <p>2. Discuss the pharmacological agents used, common side effects, associated nursing interventions, and related client education needs.</p> | <p>2. Drug Therapy</p> <ol style="list-style-type: none"> a. Levodopa b. Anticholinergic agents c. Antihistamines d. Antidepressants | <p>ATI: Pharmacology Neuro I: Parkinson’s</p> | <p>Video: “Evaluation of Pharmacological Agents”</p> | <p>Implement a teaching plan to assist client and significant others to understand and cope with potential side effects of pharmacological agents.</p> |
| <p>3. Describe the differences between tension-type, migraine, and cluster headaches, including collaborative and nursing interventions.</p> | <p>3. Headaches</p> <ol style="list-style-type: none"> a. Diagnostics b. Collaborative care c. Nursing Interventions | | <p>Video Case Study</p> | |
| <p>4. Identify the etiology, clinical manifestations, diagnostic tests, and management of seizure disorders, including collaborative care and nursing interventions for seizure disorders.</p> | <p>4. Seizure precautions and management</p> | | <p>Video of Seizure types</p> | |
| <p>5. Discuss pharmacological agents used for seizure disorders.</p> | <p>5. Anticonvulsants</p> | <p>ATI: Pharmacology, Neuro I: Seizure Disorder</p> | <p>Seizure Management Learning Station</p> | |
| | | <p>Wong: pp. 956-966</p> | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|--|--|-----------------------------|--|
| 6. Describe the effect of lack of acetylcholine at the myoneural junction in terms of nursing intervention to meet the client's needs. | 6. Nursing intervention a. Cholinergic agents b. Level of activity c. Personal safety d. Coping ability e. Health maintenance | ATI: Pharmacology, Neuro II: Introduction Neurotransmitters "MG Vs GBS", <u>Nursing Made Incredibly Easy</u> , July/August, 2014, pp. 20-30 | Video Case Study: MG | Care for client with demyelination or lack of acetylcholine. |
| 7. Describe the effect of demyelination of nerve pathway in terms of nursing intervention to meet the client's needs. | 7. Nursing intervention a. Personality changes b. Adjustment in life style c. Activity level d. Retain independence e. Cholinergics | Nursing Case Studies: MS and MG Canvas Web Site: Neurological Med ATI: Pharmacology, Neuro I: Multiple Sclerosis | Video: "Multiple Sclerosis" | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|---|--|---|---|
| <u>SENSORY</u> <u>NURSING CARE OF THE CLIENT WITH SPINAL CORD INJURY</u> | | | | |
| 1. Discuss the etiology and pathophysiology of spinal cord injury. | 1. Spinal cord injury a. Types of injury b. Pathophysiology c. Levels of injury d. Classifications of injury | L, H, & D: Ch. 61, 1469-1488 Spinal Cord Injury Worksheet | | |
| 2. Identify initial areas for assessment of the client with spinal cord injuries. | 2. Assessment for development of spinal shock and neurogenic shock | | | |
| 3. Describe collaborative care for clients with SCI to prevent further cord damage. | 3. Immediate nursing interventions for SCI a. Airway management b. Nonoperative stabilization c. Surgical therapy d. Drug therapy | | | Care for a client in cervical traction. |
| 4. Discuss the assessment of the spinal cord injured client for breathing difficulties. | 4. Immediate assessment of airway and breathing pattern a. Complications in cervical injury b. Complications in thoracic injury | | Virtual Clinical Excursions: Case Study: Spinal Cord Injury | Assessment of client with spinal cord injury. |
| 5. Evaluate and document motor and sensory changes. | 5. Assessment of the client a. Motor and sensory changes below cervical level b. Incomplete spinal cord injury | | | |
| 6. Discuss positioning and alignment in spinal cord injured clients. | 6. Positioning and alignment to prevent injury and contracture deformities | | | |
| 7. Plan nursing care to prevent the development of pressure ulcers. | 7. Assessment of skin condition to prevent ischemia | | | |
| 8. Discuss complication, some of which are emergencies, and appropriate intervention. | 8. Assessment of complications in the spinal cord injured client a. Autonomic hyperreflexia b. Hyperthermia c. Vein thrombosis/pulmonary embolism d. Stress ulcers e. Intractable pain | | Videocassette: "Complications of Spinal Cord Impairment" | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|---|---------------------|---|---------------------|
| 9. Discuss the nurse's role in the rehabilitation of the paraplegic or quadriplegic client. | 9. Nursing intervention in the rehabilitation of the paraplegic/quadriplegic client a. Psychological support through stages of adjustment b. Preparation for weight bearing activities c. Initiation of bladder and bowel training d. Involvement in exercise program to prepare for transfer activities e. Dyreflexia management f. Support of counseling services for client and family | | | |
| 10. Describe the rehabilitation potential for the client in relation to the level of injury. | 10. Rehabilitation a. Level of nerve damage b. Breathing c. Mobility d. Self-care | | Video Case Studies of Clients with Spinal Cord Injury | |
| 11. Discuss the assessment and management of bowel dysfunction in spinal cord injured clients. | 11. Bowel dysfunction and bowel management | | | |
| 12. Contrast sexual alterations caused by a lower CNS lesion with that caused by an upper lesion. | 12. Motor neuron lesions affecting sexual function a. Level of nerve damage b. Terminology c. Interventions | | | |
| 13. Describe a neurogenic bladder training program. | 13. Bladder training in a client with a CNS lesion a. Areflexic b. Hyperreflexic c. Dyssynergia | | | |
| 14. Identify drugs used in the treatment of incontinence and discuss their actions. | 14. Drug therapy a. Cholinergics b. Antispasmodics-anticholinergics c. Antiseptics | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|--|---|---|--|---|
| <u>SENSORY</u> <u>NURSING CARE OF THE CLIENT WITH DISTURBANCES IN PERCEPTION AND COORDINATION</u> | | | | |
| 1. Identify common reasons for head trauma across the life span. | 1. Head traumas of: a. Infant and child b. Adolescent c. Early and late adult | | | |
| 2. Differentiate between the pathophysiology of concussion and contusion. | 2. Pathophysiology of: a. Concussion b. Contusion | Nursing Care Plans: Immobility or Unconsciousness | | |
| 3. Discuss elements to be assessed when doing an admission interview on a child or adult with head trauma. | 3. Assessments directed toward: a. Increased intracranial pressure b. CSF leakage c. Family anxiety d. Possibility of child or spouse abuse | | | |
| 4. Differentiate between subdural and epidural bleeding. | 4. Significance of origin and location of bleeding | | | |
| 5. Describe the physiological consequences of head trauma. | 5. Factors affected by head trauma a. Metabolic b. Respiratory c. Cardiovascular d. Gastrointestinal | Wong: pp. 928-956 | | |
| 6. Predict clients at risk for increased intracranial pressure (ICP) across the life span. | 6. Clients likely to develop increased ICP a. TBI b. Meningitis | | Video: "Traumatic Brain Injury" | |
| 7. Describe assessment to be made in determining the presence of increased ICP. | 7. Assessment of neurological function a. Level of consciousness b. Pupil response c. Motion and strength d. Vital signs e. Mental and emotional status f. Cranial nerves | L, H, & D: Chs. 56 & 57, pp. 1356-1387 | Video: Cranial Nerves Practice Neurological/ Cranial Nerve Assessment | Assess and document the neurological status of an assigned client with the potential for increased intracranial pressure. |
| 8. Explain critical elements to be included in the documentation of the client's level of consciousness. | 8. Documentation of level of consciousness a. Stimulus b. Response of client c. Use of checklists and descriptions of | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|--|---------------------|---------------------|--|
| | client behaviors | | | |
| 9. State nursing responsibilities when changes are noted in the neurological status of the clients. | 9. Neurological monitoring a. Trends (subtle changes) b. Major changes c. ICP-CPP | | | Evaluate nursing intervention for activities which may increase intracranial pressure. |
| 10. Define and relate pathophysiology of decorticate and decerebrate postures. | 10. Unusual posturing and neurological significance a. Decorticate b. Decerebrate | | | |
| 11. Describe a positive Babinski response and its neurological significance. | 11. Significance of Babinski response a. Infant b. Adult | | | |
| 12. Relate pathophysiology to the particular assessment made of the client. | 12. Assessment is related to: a. Location of lesion b. Generalized disturbances cerebral function | | | |
| 13. Describe goals of care in the emergency management of head trauma clients. | 13. Priority goals in immediate care: a. Prevent further injury to brain and spinal cord b. Maintain airway c. Maintain circulation | | | Care for head trauma client |
| 14. Discuss rationale of nursing implementation that protects clients at risk from sudden increase in ICP. | 14. Nursing diagnoses, goals and intervention a. Airway b. Positioning and movement c. Pharmacological | | | |
| 15. Describe nursing implementation when caring for a client undergoing common neurological diagnostic testing. | 15. Teaching, supporting, assisting, and assessing nursing implementation related to the following common procedures: a. Lumbar puncture b. Brain scan and CT scan c. Angiography d. EEG and Echoencephalography e. MRI | | | Accompany client to diagnostic exam. |
| 16. Explain the pharmacological agents used to treat increased intracranial pressure. | 16. Drug treatment for increased ICP a. Steroids b. Dehydrating and diuretic medications c. Barbituates d. Neuromuscular blocking agents | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|--|---|-----------------------------------|---|
| 17. Discuss nursing intervention for clients having surgical relief of increased intracranial pressure. | 17. Cerebral edema management a. Burr holes b. Shunts c. Ventriculostomy care d. Neurological positioning e. Activity management f. Intracranial pressure monitoring | Brain Trauma Foundation Website: https://www.braintrauma.org/coma-guidelines/ (Link on Canvas) | | |
| 18. Plan post-operative nursing implementation specific to observing for, preventing or minimizing complications of cranial surgery. | 18. Nursing measures regarding: a. Increased intracranial pressure b. Airway or ventilation problems c. Fever d. Fluid imbalance e. Seizure f. Infection g. Behavior changes | | Case Studies for clients with ICP | |
| 19. Predict high incidence nursing diagnoses of clients with space occupying lesions of the brain and plan relevant independent nursing implementation. | 19. Nursing implementation for common nursing diagnoses a. Self care deficit b. Sensory perception alterations c. Alteration in thought process d. Fear e. Ineffective coping | | | |
| 20. Describe pathophysiology of conditions leading to interruption of blood supply to the brain. | 20. Major predisposing conditions: a. Artery obstruction related to atherosclerosis b. Artery obstruction related to thrombus c. Blocking by embolus d. Rupture of artery e. Prolonged hypotension/hypertension | L, H, & D: Ch. 58, pp. 1388-1412 "Aneurysmal Hemorrhage Guidelines," <u>Nursing 2013</u> , pp. 43-50 | Stroke risk assessment | Care for a client with interruption of blood supply to the brain. |
| 21. Differentiate between cerebral ischemia and cerebral infarction. | 21. Comparison of severity: a. Ischemia b. Infarction | | Video: "Brain Attack" | |
| 22. Describe the assessments which would indicate that a person is experiencing cerebral ischemia. | 22. Indications of cerebral ischemia a. Assessment scales b. Diagnostics | "Recognizing Acute Stroke", <u>Nursing 2012</u> , pp. 30-36 | | |
| 23. Discuss intervention which is done to prevent cerebral ischemia from progressing to cerebral infarction. | 23. Cerebral perfusion management a. Stroke code protocols b. Thrombolytics c. Antiplatelets | ATI: Pharmacology, Hematologic: Drug Therapy to Dissolve Thrombi | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|--|--|--|--|---|
| 24. Determine the priority nursing implementations in the acute stage of suspected infarction. | d. Surgical management 24. Priority nursing implementation a. Maintenance of airway b. Observation of changes in deficits c. Emotional support d. Maintain optimal condition for rehabilitation | General Stroke Guidelines http://www.strokecenter.org/prof/guidelines.htm | Simulation of Acute Ischemic Stroke Management | |
| 25. Assess the evaluation of the client for deficits commonly experienced after infarction of the brain. | 25. Deficit evaluation in the ability to perform the following functions: a. Motor b. Sensory c. Integrative | | | |
| 26. Plan specific nursing interventions to assist a client in coping with deficits. | 26. Interventions directed to the following motor, sensory, and integrative deficits: a. Communication enhancement b. Homonymous hemianopsia c. Unilateral neglect management | Assess local community resources which supply supportive and rehabilitative services CVA Terminology | Case Studies with rehabilitation focus | |
| 27. Evaluate client and family rehabilitative needs and determine acute care, extended care and community resources which can be utilized. | 27. Rehabilitation resources a. Acute care b. Acute rehab c. Skilled care d. Community | "Better Outcomes After Out-Patient Stroke", <u>AJN</u> , April 2016, p. 62 | | Assist with transfer form for client discharged to an extended care facility. Observe stroke rehabilitation team and attend team conference. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|--|---|---------------------|---|
| <u>NUTRITION</u> <u>NURSING CARE OF THE CLIENT WITH PHYSIOLOGICAL BALANCE NEEDS – 1</u> | | | | |
| 1. Review the characteristics and role of hormones in integration of body functions. | 1. Integration of body functions by the Nervous and Endocrine systems a. Hormonal control - positive and negative feedback systems b. Neurological control | L, H, & D: pp. 1134-1139, 1189-1195 ATI: Pharmacology, Endocrine Therapy: Hypothalamic Disorders | | |
| 2. Describe nursing assessments which would indicate an endocrine dysfunction. | 2. Nursing assessment related to endocrine dysfunction a. Nonspecific manifestations which may develop in some endocrine disorders b. Implications for nursing assessment | Wong: pp. 977-981 | | |
| 3. Choose priorities in nursing intervention for clients with endocrine dysfunction of the pituitary gland. | 3. Types of nursing interventions necessary while caring for clients with endocrine dysfunction: a. Emotional support for adjustments and reaction to illness b. Skills in assisting with diagnostic testing c. Safe administration of hormones d. Client teaching | | | Implement plan of care for client with endocrine dysfunction. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|---|---|--|---------------------------------------|---|
| <u>NUTRITION</u> <u>NURSING CARE OF THE CLIENT WITH NUTRITION NEEDS: IMPAIRED HEPATIC FUNCTION</u> | | | | |
| 1. Review normal liver function anticipating that these functions will be diminished in liver impairment. | 1. Functions of the liver a. The liver as a manufacturing or processing plant b. The liver as a warehouse c. The liver as a waste removal plant | L, H, & D: pp. 1006-1029 | Bring Lewis to class | |
| 2. Identify three functions of the liver which when impaired have special significance for nursing practice. | 2. Impairment of liver function has specific significance for nursing a. Impairment of blood related functions b. Impairment of metabolic functions c. Impairment of detoxifying functions | Wong: pp. 794-798 Durham: pp. 167, 380-381, 405, 515 | | |
| 3. Identify laboratory and diagnostic tests used to evaluate liver function and relate the significance of each abdominal test. | 3. Tests used to evaluate liver function a. Laboratory tests b. Diagnostic tests | L, H, & D: pp. 869-870, 877-884 Review liver functions Review function of Kupffer cell | | Compare lab test and diagnostic study results of assigned clients with normal values. |
| 4. Assess the client with impairment of liver function. | 4. Nursing assessment a. Health history b. Subjective data c. Objective data | | | Assess assigned client who has impaired liver function. |
| 5. Discuss possible feelings or attitudes of the jaundiced or distended client related to body image as well as the reaction of others to his appearance. | 5. Body image changes | | CDC Handouts Cirrhosis Handout | |
| 6. Discuss the pathophysiology associated with liver parenchymal cell death. | 6. Pathophysiology of liver degeneration | | Study questions | |
| 7. List high incidence nursing diagnoses associated with liver degeneration. | 7. High incidence nursing diagnoses | | | |
| 8. Develop nursing interventions designed to compensate for impaired liver function. | 8. Nursing intervention related to impaired liver function | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|---|---|---|---------------------|---|
| 9. List the nursing implications related to the liver's marginal blood supply of oxygenated blood. | 9. Potential for liver impairment a. Circulation to liver b. Nursing implications | "Puzzled About Cirrhosis?", Nursing Made Incredibly Easy , October 2012, pp. 6-10 | | |
| 10. Discuss the effect on the body of portal hypertension. | 10. Portal hypertension a. Major sequelae b. Congestion of entire area drained by portal system | | | |
| 11. Describe varices and identify sites at which hemorrhage may occur. | 11. Varices a. Definition and characteristics b. Anastomoses with general circulation | | | |
| 12. List factors contributing to the rupture and hemorrhage of varices which should be included in a teaching plan for clients. | 12. Factors contributing to rupture and hemorrhage of varices | | | Implement a preventive teaching plan for a client with varices. |
| 13. Assess the client who is suspected of having bleeding varices. | 13. Assessment of client for varices | | | Assess assigned client who is having hematemesis or melena. |
| 14. Discuss nursing intervention related to the treatment of bleeding esophageal varices. | 14. Dependent nursing intervention | | | |
| 15. Describe the Sengstaken-Blakemore tube used in treatment of bleeding varices and list its purpose. | 15. Construction and functions of Sengstaken-Blakemore tube a. Types b. Nursing responsibility | | | |
| 16. Identify danger or complications associated with the use of the Sengstaken-Blakemore tube. | 16. Complications with the Sengstaken-Blakemore tube a. Ulcer development b. Tube rupture c. Possible asphyxiation | | | |
| 17. Plan nursing assessment and intervention in caring for the client with ascites. | 17. Nursing assessment and intervention when ascites is present a. Assessment b. Intervention | | | Care for a client with ascites. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|---|---|--|--|
| 18. Identify the type of diet ordered for the client with impaired liver function associated with nutritional deficiency. | 18. Dietary requirements | | | Assist client in selection of dietary items appropriate for prescribed diet. |
| 19. Identify the role and responsibilities of the nurse in caring for a client before, during, and after liver biopsy and paracentesis. | 19. Assisting with special procedures a. Liver biopsy b. Paracentesis | | | Care for assigned client undergoing liver biopsy and/or paracentesis. |
| 20. Compare Types A, B, C, D, and E viral induced liver inflammation/infection. | 20. Types of liver inflammation/infection a. Toxic or drug induced b. Viral c. Comparison of types | Hepatitis Information www.hepatitisfoundation.org | | |
| 21. Discuss the pathophysiology involved in inflammation/infection of the liver. | 21. Pathophysiology of hepatitis | | | |
| 22. Describe the isolation of the client with viral-caused liver inflammation/infection and identify how the nurse can best protect self and others. | 22. Isolation of the viral client a. Enteric precautions b. Blood precautions | | | Care for client in isolation with enteric or blood precautions. |
| 23. Consider what questions would be pertinent in eliciting the health history of a client suspected of having liver inflammation/infection of viral origin. | 23. Pertinent health history | | "Autoimmune Hepatitis: When Your Patient's Liver is the 'Enemy'", <u>Nursing Made Incredibly Easy</u> , December 2013, pp. 30-37 | |
| 24. Identify the three phases of liver involvement and assess for objective and subjective data during each phase. | 24. Assessment of liver involvement a. Prodromal or pre-icteric phase b. Icteric phase c. Recovery phase | | | |
| 25. Formulate high incidence nursing diagnoses found in clients with liver inflammation/infection. | 25. High incidence diagnoses related to inflammation of liver | | | |
| 26. Describe interventions common to all types of liver inflammation/infection. | 26. Common interventions a. Fluids b. Rest/activity c. Nutrition d. Drug therapy | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|---|---|---------------------|---------------------|--|
| 27. Indicate those drugs contraindicated for clients with liver inflammation/infection. | 27. Contraindicated drugs a. Short-acting barbiturates b. Opiates c. Oral contraceptives d. Acetaminophen | | | |
| 28. Plan and correlate nursing intervention with the medical regime. | 28. Nursing Intervention Liver Transplantation | Wong: pp.798 | | |
| 29. Identify the characteristic feature of hepatic coma. | 29. Characteristic feature of portal systemic encephalopathy | | | |
| 30. Discuss the pathophysiology related to hepatic coma. | 30. Pathophysiology a. Damage liver cells b. Cerebral intoxication | | | |
| 31. Identify aggravating and precipitating factors which may induce coma in clients with impaired liver function. | 31. Aggravating and precipitating factors a. Increased protein in intestine b. Fluid, electrolyte, and acid-base disturbances c. Hypoxia d. Infection | | | |
| 32. List those drugs which should be used judiciously or avoided in clients with advanced liver dysfunction. | 32. Consciousness altering drugs metabolized by liver a. Narcotics b. Sedatives c. Tranquilizers | | | Evaluate prescribed drugs for hazards of administration. |
| 33. Discuss factors which decrease ammonia absorption from the gastrointestinal tract and reduce serum ammonia. | 33. Factors which decrease absorption of ammonia from the GI tract and/or decrease serum ammonia a. Diet b. Drug therapy c. Electrolytes | | | |
| 34. Assess the client with advanced liver dysfunction for the development of hepatic coma. | 34. Assessment and intervention a. Neurologic status b. Behavioral changes c. Physical changes | | | Assess client with advanced liver dysfunction. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|---|--|---|---------------------|--|
| <p><u>NUTRITION</u> <u>NURSING CARE OF THE CLIENT WITH DISTURBANCES IN GASTRIC SECRETIONS</u></p> | | | | |
| <p>1. Discuss the physiology and management of gastric esophageal reflux disease (GERDs).</p> | <p>1. GERDs a. Clinical manifestations b. Complications c. Pharmacological management</p> | <p>L, H, & D: Review Ch. 42, "Gastrointestinal System", pp. 931-957 Wong: pp.782-784</p> | | |
| <p>2. Discuss the pathophysiology involved in ulcer formation.</p> | <p>2. Pathophysiology - digestive ability of gastric secretions exceed mucosal defenses a. Clinical manifestations b. Infection c. Stress</p> | | | |
| <p>3. Contrast the characteristics of gastric and duodenal ulcers.</p> | <p>3. Differentiation between gastric and duodenal ulcers a. Gastric b. Duodenal</p> | <p>Wong: pp. 792-793</p> | | |
| <p>4. Assess the client for subjective and objective data relative to the ulceration of the upper GI tract.</p> | <p>4. Assessment of the client a. Pain/discomfort b. Family history c. Occupation and work routine d. Life style and coping mechanisms e. Stresses and their relation to pain</p> | | | <p>Provide nursing care for the client with ulceration of the gastrointestinal tract. Interview the client with GI ulceration regarding characteristics of pain.</p> |
| <p>5. Discuss the preparatory nursing actions and the aftercare required for the client undergoing diagnostic tests of the upper gastrointestinal tract.</p> | <p>5. Diagnostic tests - preparation and after care</p> | <p>L, H, & D: pp. 871-884</p> | | <p>Compare gastric analysis of assigned client with normal values. Accompany assigned client for upper GI, x-rays, gastroscopy.</p> |
| <p>6. Discuss the drugs used in the treatment and prevention of upper gastrointestinal ulceration, including their use, mode of action, side effects, and nursing implications.</p> | <p>6. Nursing implications of drug therapy a. Anti-infectives b. Non-systemic antacids c. Anticholinergic drugs d. Sedatives e. Anticholinergic drugs antagonists f. Sucralfate (Carefate)</p> | <p>ATI: Pharmacology 2.0, Gastrointestinal: Drug Therapy for Peptic Ulcers</p> | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|---|---|---------------------|---------------------|---|
| 7. Identify high incidence nursing diagnoses in clients with upper gastrointestinal ulceration and goals of care related to each diagnosis. | 7. High incidence nursing diagnoses found in clients with ulcerations and related goals of care a. Immediate b. Long term | | | Discuss high incidence nursing diagnoses and goals of care in clients with upper gastrointestinal ulceration. |
| 8. Select high priority items to be included in a comprehensive teaching plan for a client with upper gastrointestinal ulceration. | 8. Comprehensive teaching plan a. Rationale for medications b. Stress management c. Follow-up care | | | Implement teaching plan prepared for client with upper gastrointestinal ulceration. |
| 9. Identify chemical, mechanical, and thermal irritants to the mucosa of the stomach and duodenum. | 9. Client teaching | | | |
| 10. Identify drugs known to predispose to ulceration by either increasing acid production or decreasing mucosal resistance. | 10. Drugs which predispose to ulceration | | | Client assessment and teaching regarding ulcerogenic drugs. |
| 11. List items to be included in the nursing assessment in common complications occurring with an ulcer. | 11. Nursing assessment for complications of ulcer a. Hemorrhage b. Perforation c. Pyloric obstruction | | | |
| 12. Identify the nursing interventions for GI hemorrhage. | 12. Bleeding reduction: GI | | | Assist in preparing the client for gastric surgery. |
| 13. Describe common surgical procedures related to ulcers and gastric carcinoma and pre-op teaching for the surgery. | 13. Surgical procedures a. Rationale b. Pre-op teaching | | | Provide care for client having gastric resection, vagotomy, pyloroplasty. |
| 14. Identify and explain the nutrition therapy necessary following total gastrectomy. | 14. Nutrition therapy for total gastrectomy | | | |
| 15. Describe the nasogastric drainage expected post-operatively. | 15. Special aspects of post-op care | | | Care for a post-op client who has a nasogastric tube. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|---|---|------------------------|---------------------|--|
| 16. Discuss the progression and adjustment of the client to oral intake following gastric surgery. | 16. Resumption of food/fluids post-op | | | Monitor oral intake of client post-operatively. |
| 17. Assess the client for the dumping syndrome and design a teaching plan which will minimize the adverse effects. | 17. Dumping syndrome a. Assessment b. Client teaching | | | Instruct post-gastrectomy client how to minimize symptoms of dumping syndrome. |
| 18. Define and discuss the pathophysiology of herniation of the stomach through the diaphragm. | 18. Herniation of the stomach through the diaphragm a. Definition b. Types c. Causes d. Pathophysiology | L, H & D: pp. 935-937 | | |
| 19. Discuss subjective and objective clinical manifestations related to hiatal hernia. | 19. Assessment a. Pain description b. Feeling of fullness c. Respiratory distress d. Weakness and fatigue | | | |
| 20. Design nursing intervention to meet client needs in correlation with medical management. | 20. Nursing intervention a. Independent actions b. Dependent actions | | | Explain diagnostic tests to assigned client. |
| 21. Select high priority items to be included in the teaching plan for a client with diaphragmatic hernia. | 21. Discharge teaching | | | Implement teaching plan. |
| 22. Discuss nursing intervention during the post-operative period after surgical treatment of diaphragmatic hernia. | 22. Post-operative nursing intervention | | | Provide care for client having Nissen fundoplication. |
| 23. Discuss treatment for cancer of the esophagus. | 23. Treatment a. Cure b. Palliative | | | |
| 24. Identify nursing interventions indicated for client with esophageal cancer. | 24. Nursing interventions a. Assessment b. Nursing diagnosis c. Goals | L, H, & D: pp. 937-940 | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|--|--------------------------|------------------------|---|
| <u>NUTRITION</u> | | | | |
| <u>NURSING CARE OF THE CLIENT WITH DISTURBANCES IN INTESTINAL SECRETIONS</u> | | | | |
| 25. Define and discuss the pathophysiology associated with inflammation and stone formation of the gall bladder. | 25. Inflammation and stone formation of the gall bladder a. Definition b. The five "F's" c. Pathophysiology | L, H, & D: pp. 1036-1041 | Lecture and discussion | Assignment to clients with biliary disorders, inflammation and stone formation. |
| 26. Assess the client with gall bladder inflammation including health history and collection of subjective and objective data. | 26. Assessment a. Health history and subjective data b. Objective data | | | |
| 27. Describe nursing responsibilities related to diagnostic tests. | 27. Diagnostic tests a. Oral cholecystogram b. Ultra sound | | | |
| 28. Identify laboratory tests which are abnormal in inflammation and/or biliary tract obstruction. | 28. Laboratory tests | | | Compare assigned clients' laboratory tests to normal values. |
| 29. Identify high incidence nursing diagnoses related to gall bladder disease and formulate short-term goals for each. | 29. High incidence nursing diagnoses in inflammation of gall bladder or biliary tract obstruction | | | Provide skin care to the client with jaundice. |
| 30. Plan nursing intervention to meet identified needs of the client with inflammation of the gall bladder correlating intervention with medical plan of care. | 30. Nursing intervention a. Independent b. Dependent | | | Care for client preoperatively who is scheduled for removal of gall bladder or common bile duct exploration (T-tube). |
| 31. Plan pre-op teaching aspects to be included in preparing the client for removal of gall bladder. | 31. Pre-op teaching plan | | | Promote deep breathing and coughing in client with high abdominal incision. |
| 32. Design post-operatively nursing intervention to meet the special needs of clients undergoing gall bladder removal and biliary duct exploration. | 32. Post-op nursing intervention a. Adequate pain relief b. Penrose drain/Jackson Pratt suction c. T-tube | | | Assess pain in the surgical client with high abdominal incision. Provide care for client with T-tube/surgical drain. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|---|--|---------------------|--|
| 33. Select high priority items to be included in home care instructions following gall bladder and biliary tract surgery. | 33. Home care instructions | | | Implement teaching plan of home-care instructions. |
| 34. Discuss the pathophysiology involved in the development of inflammation of the pancreas. | 34. Pathophysiology of inflammation of the pancreas | L, H, & D: pp. 1030-1036 | | |
| 35. Assess the client with possible inflammation of the pancreas including health history and collection of subjective and objective data. | 35. Assessment | "Understanding Acute Pancreatitis", <u>Nursing</u> , January 2010, pp. 32-37 | | |
| 36. Identify diagnostic tests which may be abnormal in inflammation of the pancreas and discuss the significance of each test. | 36. Diagnostic tests | | | Compare assigned clients' laboratory values to normal values. |
| 37. Formulate high incidence nursing diagnoses associated with inflammation of the pancreas and prepare short-term and long-term goals for nursing care. | 37. High incidence nursing diagnoses related to inflammation of the pancreas | | | |
| 38. Develop nursing care plan for client with inflammation of the pancreas. | 38. Nursing intervention a. Independent b. Dependent | | | Implement plan of care for client with inflammation of the pancreas and evaluate its effectiveness. Plan nursing intervention in correlation with medical therapy designed to meet the needs of the client with inflammation of the pancreas. |
| 39. Evaluate the effectiveness of the nursing intervention in its independent and dependent aspects. | 39. Evaluation a. Effectiveness of nursing intervention b. Recognition of complications | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|---|------------------------------------|------------------------|------------------------|--|
| 40. Discuss pharmacological agents which are used in the treatment of inflammation of the pancreas. | 40. Drug therapy | Wong: p. 751 | | |
| 41. Develop a teaching plan for follow-up care which will focus on preventing reoccurrence. | 41. Client teaching/follow-up care | | | Implement teaching plan for follow-up care for client with pancreatitis. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|--|---|---|---------------------|---|
| <p><u>NUTRITION</u> <u>NURSING CARE OF THE CLIENT WITH ACQUIRED ALTERATIONS OF THE DIGESTIVE SYSTEM</u></p> | | | | |
| <p>1. Discuss and assess Irritable Bowel Syndrome and related nursing interventions.</p> | <p>1. Irritable Bowel Syndrome a. Etiology of IBS b. Assessment c. Dietary implications d. Pharmacologic Agents</p> | <p>L, H, & D: p. 972 “Making Sense of Abdominal Assessment”, <u>Nursing Made Incredibly Easy</u>, September/October 2009, pp. 15-19 ATI: Pharmacology, Gastrointestinal Module: Drug Therapy for Irritable Bowel Syndrome</p> | | |
| <p>2. Discuss and assess Inflammatory Bowel Disease for specific long and short-term goals.</p> | <p>2. Assessment a. Short-term goals b. Long-term goals</p> | <p>“Fight Back Against Inflammatory Bowel Disease”, <u>Nursing</u>, November 2008, pp. 35-41</p> | | |
| <p>3. Identify nutritional needs of client with Inflammatory Bowel Disease.</p> | <p>3. Nutritional monitoring and management a. Bland b. Fiber</p> | <p>ATI: Pharmacology,, Gastrointestinal Module: Drug Therapy for Inflammatory Bowel Disease L, H, & D: pp. 973-982, 994-1000 Wong: pp. 789-792 Case Study: Patient with Ulcerative Colitis</p> | | <p>Assist with dietary teaching on assigned client with regional ileitis.</p> |
| <p>4. Discuss pharmacological agents administered to a client with Inflammatory Bowel Disease.</p> | <p>4. Pharmacological agents a. Sulfonamides b. Analgesics c. Anticholinergics</p> | | | |
| <p>5. Differentiate between etiology of acute abdominal pain and related nursing interventions.</p> | <p>5. Acute abdominal pain a. Inflammation b. Vascular c. Infectious d. Trauma</p> | <p>L, H, & D: pp. 969-972 “Acute Appendicitis” <u>Nursing</u>, December 2009, p. 72 Wong: pp. 785-786, pp.</p> | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|--|--|---------------------|--|
| | | 787-788, Care Plan | | |
| 6. Describe and discuss management of malabsorption syndromes. | 6. Celiac Disease a. Etiology b. Assessment c. Dietary implications | L, H, & D: pp. 997-999 Wong: pp. 812-815 | | |
| 7. Identify and differentiate between major type of intestinal obstruction. | 7. Intestinal obstructions a. Mechanical b. Non-mechanical | Wong: pp. 808-810 L, H, & D: pp. 982-985 | | |
| 8. Assess the client in relation to the site of the obstruction. | 8. Assessment a. Small bowel obstruction b. Large bowel obstruction | | | |
| 9. Formulate a pre and post-op care plan for the client with an intestinal obstruction. | 9. Planning and implementation a. Pre-op b. Post-op | "Helping Patients Combat Colon Cancer", <u>Nursing</u> , April 2009, pp. 34-37 "The Facts about Colorectal Cancer", <u>Nursing Made Incredibly Easy</u> , September/October 2011, pp. 36-43 | | Evaluate effectiveness of nursing intervention on assigned client with intestinal obstruction. |

NUTRITION

NURSING CARE OF THE CLIENT WITH NUTRITION: EATING DISORDERS/OBESITY

| | | | | |
|---|--|--|--|---|
| 1. Assess physical and behavioral characteristics of a client with obesity. | 1. Characteristics of clients with obesity a. Physical care b. Behavioral | L, H, & D: Chapter 41, pp. 906-922 | | Care for a client with anorexia nervosa in Pediatrics or Psych. |
| 2. Assist with implementation of plan for a client with obesity. | 2. Nursing involvement in eating disorders management a. Physical care b. Psychological care | Wong: pp. 489-490, 517-523 "Eating Disorders", <u>Nursing Made Incredibly Easy</u> , May/June 2007, pp. 40-49 "Addressing the Childhood Obesity Crisis", <u>The American Journal of Maternal/Child</u> | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|-----------------------------------|---|--|---------------------|---|
| 3. Discuss management of obesity. | 3. Management of obese clients a. Behavioral modification b. Pharmacological c. Surgical | <u>Nursing</u> , March/April 2008, pp. 111-118 | | Develop a plan of care for assigned client undergoing gastric bypass surgical procedures. |

NUTRITION

NURSING CARE OF THE CLIENT WITH NUTRITION: GI DYSFUNCTION-OBSTRUCTIVE DISORDERS

| | | | | |
|--|---|-------------------|-----------------|--|
| 1. Identify factors commonly related to the occurrence of hypertrophy of the pyloric sphincter. | 1. Factors | Wong: pp. 805-812 | | |
| 2. Describe assessment of the child with hypertrophy of pyloric sphincter. | 2. Assessment a. Feeding history b. Physical assessment c. Laboratory assessment | | Study questions | |
| 3. Describe surgical management of the child with hypertrophy of the pyloric sphincter. | 3. Surgical intervention | | | |
| 4. Discuss pre- and post-goals for caring for the child with hypertrophy of the pyloric sphincter. | 4. Planning and implementation a. Pre-op management b. Post-op management | | | |
| 5. Identify factors related to other obstructive disorders. | 5. a. Intussusception b. Anorectal malformations | | | |

NUTRITION

NURSING CARE OF THE CLIENT WITH NUTRITION NEEDS: OSTOMIES

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|---|--|--|------------------------------------|---|
| 1. Compare the major types of ostomies as to the anatomy involved, reason for the ostomy, and the type of drainage. | 1. Types and sites of ostomies a. Ileal conduit b. Ureterosigmoidostomy c. Ileostomy d. Continent ileostomy (Koch Pouch) e. Colostomy | L, H, & D: pp. 984-994 Wong: pp. 702 | On-line video and images to review | Assist with physical care of the client with an ostomy. |
| 2. Identify influencing factors affecting a client's response to an | 2. Reactions to an ostomy a. Factors influencing response | "The Ins and Outs of Ostomy Management", | | Implement care to meet the self-esteem |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|---|---|--|---|
| ostomy. | b. Common responses | <u>Nursing Made Incredibly Easy</u> , September/October 2013, pp. 33-41 | | needs of the ostomy client. |
| 3. Formulate a plan for nursing intervention in the pre and post-op periods of the ostomy client. | 3. Nursing intervention a. Pre-op teaching b. Post-op care 1) Appliances 2) Irrigations | Case Studies: Colostomy, Ileostomy | **Bring your bandage scissors or small pointed scissors to class to practice | Discuss important aspects of pre and post-op care of the ostomy client. |
| 4. Identify nutrition therapy to reduce complications for the ostomy client. | 4. Nutrition therapy a. Fluids b. Fiber | “Bowel Obstruction: Backup Along”, <u>Nursing Made Incredibly Easy</u> , March/April 2009, pp. 40-52 “Ostomy Basics: A Nurse’s Introduction to Care, Counseling, and Equipment”, <u>Modern Medicine</u> , July 1, 2009 “Peristomal Skin Complications”, <u>AJN</u> , February 2010, 110(2): 42-48 | Ostomy appliance application | Discuss with client diet modifications. |

MANAGEMENT
EVIDENCE-BASED PRACTICE/RESEARCH

| | | | | |
|---|---|--|--|--|
| 1. Identify the importance of Evidence Based Practice to client care. | 1. a. History vs. Current Practice b. Definitions c. Framework | | | |
| 2. Demonstrate a beginning understanding of the application of research findings in the clinical setting. | 2. Research a. Terminology b. Step c. Types d. Ethics e. Application | | Discuss criteria for Research Presentation | Discussion of Research article related to clinical practice. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|---|--|---|---------------------|--|
| <p><u>ELIMINATION</u> <u>NURSING CARE OF THE CLIENT WITH ELIMINATION NEEDS</u> <u>CARE OF THE CLIENT WITH STRUCTURAL ALTERATIONS</u></p> | | | | |
| 1. Discuss common congenital health problems of the neonate and infant affecting urinary output. | 1. Congenital defects a. Pathophysiology of cysts of the kidney b. Failure of kidneys to develop c. Exposure of the bladder | "What's Your Urgency in Treating a Symptomatic Bacteriuria?" <u>Nursing Made Incredibly Easy</u> , May/June 2011, pp. 49-52 | | |
| 2. Discuss factors associated with bladder dysfunction. | 2. Types of a. Urinary incontinence b. Drug therapy c. Management of urinary incontinence | L, H, & D: pp. 1086-1094 Wong: CH.27 pp. 903-926 Durham: pp.389-390 | | |
| 3. Discuss factors contributing to urinary calculi. | 3. Contributing factors to urinary calculi | L, H, & D: Chapter 45, pp. 1046-1063, Ch. 46, p. 1064-1072,1076-1082 Wong: pp. 912; 27-4 | | |
| 4. Discuss assessment of the client with urinary calculi. | 4. Assessment a. Subjective b. Objective | ATI: Pharmacology 2.0, Reproductive and Genitourinary System: Urinary Tract | | Administer pharmacologic agents associated with urinary disorders. |
| 5. Discuss various medications used in treatment of urinary calculi. | 5. Pharmacological agents relating to type of calculi a. Drugs to acidify urine b. Drugs to alkalize urine c. Analgesics and antispasmodics | "Urinary Tract Infection in Older Adults", <u>Nursing 2012</u> , p. 72 | | |
| 6. Discuss the dietary management of the client with urinary calculi. | 1. Dietary management a. Acid Ash b. Alkaline ash c. Calcium restrictions | | | |
| 7. Develop a care plan for the client with possible urinary calculi. | 7. Nursing plan of care for urinary calculi a. Fluid intake b. Consider environmental temperature c. Vitamin ingestion d. Urine pH testing - if pH is a factor e. Avoid long periods of recumbency f. Diet | Nursing Care Plan: Renal Calculi/Lithotripsy "Kidney Stones", <u>Nursing</u> , December 2012, p. 29 | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|--|--------------------------|---------------------------|---|
| 8. Identify assessment of the client with vascular problems of the kidneys. | 8. Assessment of vascular problems a. Urine output b. Hypertension | L, H, & D: pp. 1082-1084 | | Document Input and Output on assigned clients. |
| 9. Identify collaborative care of the client with cancer of the urinary tract. | 9. Collaborative care a. Management of intravesical therapy b. Surgical treatment | L, H, & D: pp. 1085-1086 | | |
| 10. Discuss factors associated with urinary diversion. | 10. Factors of urinary diversion a. Types of urinary diversion procedures b. Management of urinary diversions | | | |
| <u>ELIMINATION</u> <u>NURSING CARE OF THE CLIENT WITH ALTERED GLOMERULAR MEMBRANE PERMEABILITY</u> | | | | |
| 1. Discuss the pathophysiology of minimal change increased glomerular membrane permeability. | 1. Pathophysiology increased glomerular membrane permeability (minimal change) a. Proteinuria b. Hypoproteinemia c. Generalized edema including acites d. Hyperlipidemia | Wong: pp. 912-918 | | Implement and evaluate care for child with renal involvement. |
| 2. Discuss assessment of the child with increased glomerular membrane permeability. | 2. Nursing assessment a. Edema b. Nutritional status c. Blood pressure d. Urinary findings e. Behavioral changes | L, H, & D: pp. 1073-1076 | Mosby Intermediate Skills | |
| 3. Discuss high incidence nursing diagnosis and goals of care for child with increased glomerular membrane permeability. | 3. High incidence nursing diagnosis and goals of care relating to increased glomerular membrane permeability. | | | |
| 4. Plan nursing intervention and criteria for evaluation for the child with increased glomerular membrane permeability. | 4. Nursing intervention and evaluation a. Independent b. Dependent 1) Pharmacological agents 2) Paracentesis c. Evaluation criteria | | | |
| 5. Describe the assessments to be made on a child with decreased glomerular filtration. | 5. Data analysis a. Nursing diagnosis b. Client goals c. Nursing implementation | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCES |
|--|---|--|---|---|
| 6. Describe plans for maintaining fluid balance through nursing management. | <ul style="list-style-type: none"> d. Complications 6. Nursing implementation <ul style="list-style-type: none"> a. Dependent b. Independent | | | |
| <p><u>ELIMINATION</u> <u>NURSING CARE OF THE CLIENT WITH RENAL FAILURE</u></p> | | | | |
| 1. Discuss differences between the two types of renal failure. | <ul style="list-style-type: none"> 1. Acute and chronic renal failure <ul style="list-style-type: none"> a. Pathophysiology b. Description c. Etiology | L, H, & D: Chapter 47 | | Implement and evaluate care of assigned clients with renal failure. |
| 2. Analyze client characteristics in each of the stages of chronic renal failure. | <ul style="list-style-type: none"> 2. Three stages of chronic renal failure <ul style="list-style-type: none"> a. Diminished b. Renal Insufficiency c. Uremia/ESRD | Wong: pp. 918-925 | Video: "Acute and Chronic Renal Failure" Study questions | |
| 3. Analyze client assessment, collaborative care, and nursing management in each of the phases of acute renal failure. | <ul style="list-style-type: none"> 3. Phases of acute renal failure <ul style="list-style-type: none"> a. Oliguric b. Diuretic c. Recovery | "Renal Labs: Putting It All Together", <u>Nursing Made Incredibly Easy</u> , September/October 2011, pp. 15-17 | Handouts | |
| 4. Identify data to place client's care, based on alteration of needs across the life cycle. | <ul style="list-style-type: none"> 4. Plan of Care <ul style="list-style-type: none"> a. Nursing Diagnoses b. Nursing Goals c. Nursing Interventions | | | Compare lab values of assigned clients with renal involvement with normal values. |
| 5. Identify special problems in renal failure and nursing interventions. | <ul style="list-style-type: none"> 5. Special problems <ul style="list-style-type: none"> a. HTN b. Hypo/Hypervolemia c. Electrolyte imbalances d. Metabolic acidosis e. Anemia f. Infection/Injury g. Neurological changes h. Others | "Know the Flow Kidney Disease", <u>Nursing Made Incredibly Easy</u> , September/October 2012, pp. 19-27 | | |
| 6. Contrast principles of peritoneal dialysis and hemodialysis. | <ul style="list-style-type: none"> 6. Principles of dialysis <ul style="list-style-type: none"> a. Purpose b. Indications for use c. Advantages/disadvantages d. Nursing responsibilities | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|--|---|---|---------------------|
| 7. Compare common vascular access sites used for hemodialysis. | 7. Vascular access devices a. Subclavian/femoral access b. Shunt c. Graft d. Fistula | | Video: "Hemodialysis" Video: "Peritoneal Dialysis" | |
| 8. Discuss briefly the criteria utilized in decisions for kidney transplants. | 8. Criteria a. Advantages b. Physiological health c. Psychological health d. Complications e. Compatibility markers | <p>"Organ and Tissue", <u>Nursing Made Incredibly Easy</u>, January/February 2013, pp. 30-36</p> <p>"Living Donor Renal Transplant: A Gift of Life", <u>Nursing</u>, January 2013, pp. 59-62</p> <p>"New Weapons to Snuff Out Kidney Cancer" <u>Nursing 2006</u>, pp. 59-63</p> <p>"Get the Facts on Kidney Cancer", <u>Nursing Made Incredibly Easy</u>, November/December 2010, pp. 34-42</p> | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
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ELIMINATION
NURSING CARE OF THE CLIENT WITH PHYSIOLOGICAL BALANCE NEEDS - 2
CARE OF THE CLIENT WITH ADRENAL IMBALANCE

| | | | | |
|--|---|---|--|--|
| 1. Review the function of the adrenal medulla hormones. | 1. Effects of Adrenal Medulla Hormone a. Epinephrine b. Norepinephrin | L, H, & D: pp. 1140, 1146-1150, 1207-1215 | | |
| 2. Review the function of the three major types of hormones produced by the adrenal cortex which help regulate the metabolic activity of the body. | 2. Adrenal Cortex hormones: (3 S's) a. Mineralcorticoids b. Glucocorticoids | Wong: pp. 987-992 | | |
| 3. Assess the client with adrenocortical insufficiency, correlating the data with the pathophysiology. | 3. Assessment of adrenocortical insufficiency a. Clinical manifestations b. Relationship to pathophysiology | "Adrenal Cortex Disorder: Hormones Out", <u>Nursing</u> , October 2012, pp. 32-38 | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|--|---|--|---------------------------------------|--|
| 4. Select priority nursing intervention for the client with adrenocortical insufficiency and assess effectiveness. | 4. Nursing intervention a. Goals of care b. Independent and nursing management c. Dependent nursing management d. Evaluation of effectiveness of management | "ACTH Stimulation: Testing the Adrenals", <u>Nursing Critical Care</u> , 2009, Volume 4, #1 , p. 56 (www.nursing2009criticalcare.com) | | |
| 5. Discuss precipitating factors of acute adrenocortical insufficiency. | 5. Factors leading to acute adrenocortical insufficiency | ATI: Pharmacology, Endocrine Module, Drug Therapy for the Adrenal Disorders | | |
| 6. Describe the goals of care for the immediate treatment of acute insufficiency. | 6. Goals of care for the crisis situation | | | |
| 7. Compare common uses of adrenocortical steroid therapy. | 7. Steroid therapy a. Anti-inflammatory b. Anti-allergy c. Adrenal insufficiency | | | |
| 8. Describe the hazards of steroid therapy. | 8. Hazards of steroid therapy: a. Metabolic toxicity b. Pituitary gland suppression c. Changes in function of CNS | | | |
| 9. Evaluate side effects of steroid therapy and implement appropriate nursing intervention. | 9. Side effects and nursing implications a. Acceptable b. Unacceptable | | | Evaluate assigned client for effects of steroid therapy. |
| 10. Compare presenting data of clients receiving inadequate steroid therapy to those receiving an excessive replacement. | 10. Assessment of inadequate and excessive replacement | | | |
| 11. Formulate a teaching plan for clients placed on steroid therapy. | 11. Critical elements to be included on client teaching plan for steroid therapy: a. Scheduling b. Side effects c. Gastric irritation d. Medic alert tag e. Increased stress | | | |
| 12. Choose priority goals of care for the client with an excess of adrenocortical hormones. | 12. Excessive adrenocortical hormones a. High incidence nursing diagnoses b. Related goals of care | | Case Studies: "Hormonal Disorders" | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|---|---|---|---|
| <u>NUTRITION</u> <u>CARE OF THE CLIENT WITH NEOPLASIA</u> | | | | |
| 1. Compare common causation theories for malignant neoplasms. | 1. Causation theories a. Carcinogens b. Ionizing radiation c. Viruses d. Hormones e. Heredity f. Environment g. Promoters | L, H, & D: Ch. 16, pp. 247-283 | Identify environmental factors within community that may be cancer-related. | |
| 2. Identify the major malignant neoplasms for incidence rate and death rate and discuss their implications for health teaching. | 2. Malignant neoplasms a. Incidence rate b. Death rates c. Screening guidelines | | American Cancer Society Statistics | |
| 3. Explain systems of diagnostics and classifying malignant involvement. | 3. Grading malignancy a. Biopsy b. Classifying tumor involvement c. Laboratory studies d. Bone marrow e. Radiologic studies | | Video virtual tour of client experiencing diagnostics | |
| 4. Discuss the three major methods of treating malignancies and how grade of malignancy affects treatment alternatives. | 4. Methods of treatment a. Surgery b. Chemotherapy c. Radiation d. Bone marrow transplant e. Stem cell transplant | | | |
| 5. Classify antineoplastic drugs and describes their major actions and side effects. | 5. Antineoplastic drugs a. Polyfunctional alkylating agents b. Antimetabolites c. Cytotoxic antibiotics d. Steroids e. Miotic inhibitors f. Monoclonal antibodies g. Miscellaneous antineoplastics | ATI: Pharmacology, Immune System: Drug Therapy for Cancer | Video: "A Nurse's Guide to Chemotherapy" | |
| 6. Discuss a plan of care for a client receiving chemotherapy as neoplastic treatment. | 6. Important factors during chemotherapy a. Route of administration b. Alleviation of side effects c. Psychosocial needs e. Attitude toward illness | | Dosage Calculation: Oncology | Assess, plan and implement a nursing care plan for the client receiving chemotherapy. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
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| 7. Differentiate between nursing interventions appropriate for clients receiving various types of radiation therapy. | 7. Radiation therapies a. External radiation b. Internal radiation | | | |
| 8. Analyze abnormal lab findings and relate these to nursing interventions. | 8. Nursing interventions for abnormal findings: a. Anemia b. Thrombocytopenia c. Neutropenia | | | |
| 9. Discuss important factors the nurse should consider in dealing with oncological emergencies. | 9. Oncologic emergencies a. Obstructive b. Metabolic c. Infiltrative | | Case Studies | Assess the emotional needs of clients at various stages in the life cycle. |
| 10. Describe possible responses on the part of the nurse to the interaction needs of a client with a malignancy neoplasm. | 10. Interventions a. Keep communication open b. Plan time in the client's room c. Avoid platitudes and false reassurances | | | Care for a client with a malignancy, meeting his needs for interaction. |
| 11. Discuss the effect the family's involvement and attitudes have on the client with a malignancy and how the nurse can facilitate this relationship. | 11. Family involvement a. Effect on the client 1) Needs support 2) Needs to feel loved and alive 3) Needs interaction b. Nurse as a facilitator 1) Should build rapport with family 2) Should intercede and explain each to the other 3) Encourage family participation | "New Guidelines: Cancer Survivors", <u>Medscape Nurses</u> , June 14, 2014 | Learning Station with resources for clients with cancer | Utilize opportunities to facilitate interaction between the client and his family. |
| 12. Design a plan of care for a client with malignant neoplasms. | 12. Important aspects of nursing a. Optimistic attitude b. Emphasis on present time c. Include client in planning and goal setting d. Consistency by all caregivers on general prognosis and course of disease e. Support of client and family f. Esthetic factors (unsightly wounds, odors, soiled linen and clothing) | "The mystery of leukemia in older adults", <u>Nursing Made Incredibly Easy</u> , 10(1); pp. 39-45 | | Implement a care plan for the client with a malignancy. |
| 13. Evaluate aspects of care and alternatives for the client with neoplasms. | 13. Important considerations in evaluation a. Quality of life b. Comfort care | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|--|---|--|------------------------------|--|
| <u>NUTRITION</u> <u>CARE OF THE CLIENT WITH MALIGNANT NEOPLASMS: BREAST</u> | | | | |
| 1. Discuss factors associated with the occurrence and prognosis of breast diseases. | 1. Factors a. Non-malignant conditions b. Malignancy of the breast c. Factors which cause delay seeking medical attention d. Treatment alternatives | L, H, & D: Chapter 52, pp. 1238-1258 "Targeting the Red-Hot Danger of Inflammatory Breast Cancer", <u>Nursing</u> , September 2010, pp. 58-62 | Handouts | Develop plan of care for client undergoing breast surgery. |
| 2. Describe ways in which self esteem of the client is threatened by excision of the breast. | 2. Threats for self esteem a. Incomplete woman complex b. Disfigurement c. Fear of stigma of cancer | Durham: pp.365-366, 523-524 | | |
| 3. Discuss wound care following removal of the breast. | 3. Wound care a. Care of surgical and donor sites b. Use of hemovac | | | |
| 4. Explain principles in positioning and exercising the arm on the operative side. | 4. Principles of care of arm on operative side a. Prevention of edema b. Prevention of muscle strain c. Preservation of muscle tone and function | | Examination of breast models | |
| 5. Formulate a discharge teaching plan for the client after breast removal. | 5. Home teaching a. How to prevent lymphedema b. Special care to avoid injury and promote protection of arm on operative side c. Importance of continuing exercises prescribed | | | Evaluate effectiveness of discharge teaching regarding lymphedema precautions. |
| 6. Describe the role of self help groups in client education and adaptation. | 6. Self help groups a. "Reach for Recovery" b. "I Can Cope" | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|--|--|---|---------------------|--|
| 7. Appraise the purpose of breast reconstruction. | 7. Purpose of breast reconstruction a. Reduction mammoplasty b. Augmentation mammoplasty c. Post mastectomy reconstruction d. Follow-up care necessary | | | |
| <p>NUTRITION <u>CARE OF THE CLIENT WITH MALIGNANT NEOPLASMS: FEMALE REPRODUCTIVE</u></p> | | | | |
| 1. Identify factors associated with the need for removal of the uterus. | 1. Factors necessitation a. Abnormal bleeding 1) Metorrhagia 2) Menorrhagia b. Uterine displacement (prolapsed) caused by extreme relaxation of pelvic musculature c. Tumors 1) Benign (fibroid) 2) Malignant d. Endometriosis | L, H, & D: Chapter 54, pp. 1280-1282, 1289-1292 L, H, & D: pp. 1300-1301 ATI: Pharmacology, The Reproductive and Genitourinary System module, Female Reproductive Tract | | Develop a plan of care for assigned client with a hysterectomy. |
| 2. Describe changes related to perimenopause and menopause. | 2. Collaborative management of menopause a. Manifestations of menopause | L, H, & D: pp. 1283-1286 Wong: pp. 508-510 Durham: p. 487-495 | | |
| 3. Compare the nursing management of the client with an abdominal versus vaginal excision of the uterus. | 3. Nursing management a. Pre-op and post-op nursing management of the client with vaginal surgery b. Pre-op and post-op nursing management of the client with abdominal surgery | Durham: Chapter 19, pp. 503-506, 511-513, 519-522 | | Evaluate plan of care for a client undergoing female reproductive surgery. |
| 4. Discuss the psychosocial needs resulting from loss of body image and self esteem associated with removal of the uterus. | 4. Fear of loss of sexual functioning | L, H, & D: pp. 1292-1300 Durham: pp. 527-532 | | Assess and implement care for the client experiencing body image changes. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|--|--|---------------------|---|
| 5. Identify risk factors, clinical manifestations, diagnostics, and nursing and surgical interventions of female reproductive malignancies. | 5. Female reproductive malignancies a. Cervical cancer b. Ovarian cancer c. Endometrial cancer d. Vulvular cancer | "Ovarian Cancer: Listen for the Disease", <u>Nursing</u> , November 2010, pp. 24-30 "Uterine Cancer", <u>Nursing</u> , January 2010, p. 31 | | |
| <u>NUTRITION</u> <u>CARE OF THE CLIENT WITH MALIGNANT NEOPLASMS: MALE REPRODUCTIVE</u> | | | | |
| 1. Describe assessment of the client with enlarged prostate. | 1. Assessment of enlarged prostate a. Obstructive symptoms b. Symptoms of recurring UTI and stasis c. Renal symptoms | L, H, & D: Ch. 55, pp. 1307-1331 Wong: pp. 510 "A Look at Erectile Dysfunction Drugs", <u>Nursing Made Incredibly Easy</u> , January/February 2010, pp. 13-15 | | Compare results of lab values for the client with prostate problems. |
| 2. Identify diagnostic procedures used to evaluate an enlarged prostate. | 2. Diagnostic evaluation a. Rectal exam b. Cystoscopy c. IVP | Care Plan: Prostatectomy/TURP | | |
| 3. Discuss the collaborative care for the prostate and factors influencing the choice. | 3. Prostatic removal and factors affecting approach a. Surgical approaches b. Medical therapy | "The ABC's of Male Reproductive Cancer", <u>Nursing Made Incredibly Easy</u> , July/August 2011, pp. 29-37 | | |
| 4. Plan nursing intervention to meet the pre and post-op self-esteem needs of the client with enlarged prostate. | 4. Psychological affects and nursing implications a. Invasive procedures - privacy b. Fear of impotency post-op c. Fear of cancer | ATI: Pharmacology, The Reproductive and Genitourinary Module, Male Reproductive System | | Evaluate the client's response to surgical removal of the prostate gland. |
| 5. Formulate a post-op care plan for the client undergoing prostatic surgery. | 5. Post-op nursing interventions a. Bladder irrigation b. Tube care: urinary | | | Administer pharmacologic agents associated with prostate disorders. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
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NUTRITION

NURSING CARE OF THE CLIENT WITH HEMATOLOGICAL NEOPLASMS

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|--|---|--|---|---|
| 1. Describe pathology of the neoplasms of the hematological system. | 1. Hematological neoplasms a. Leukemia b. Lymphoma c. Multiple myeloma | L, H, & D: pp. 664-680 Wong: pp. 888-893, 899 | <u>Case Studies with lab reports</u> | <u>Compare results of hematological studies of assigned client with normal values.</u> |
| 2. Plan nursing intervention for the client receiving therapy for the hematological neoplasms. | 2. Nursing role in therapeutic interventions for hematological neoplasms | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|--|--|--|-------------------------------|---|
| <p><u>NUTRITION AND SENSORY</u> <u>NURSING CARE OF THE CLIENT WITH PHYSIOLOGICAL BALANCE NEEDS - 3</u></p> | | | | |
| 1. Describe how the Negative Feedback mechanism controls secretions of the thyroid gland. | 1. Production of thyroid hormones | L, H, & D: pp. 1201-1207 ATI: Pharmacology, Endocrine System: Thyroid Disorders | | |
| 2. Plan nursing intervention for the client undergoing thyroid function studies. | 2. Nursing role in the assessment of thyroid function | | Case Studies with lab reports | Compare results of thyroid function studies of assigned client with normal values. |
| 3. Compare the effects of hyposecretion and hypersecretion of the thyroid hormones. | 3. Effects of thyroid dysfunction a. Hyposecretion b. Hypersecretion | Wong: pp. 981-987 | | |
| 4. Establish assessment priorities in order to determine nursing diagnoses and to set goals of care for the client with increased or decreased thyroid secretions. | 4. High incidence nursing diagnoses and goals of nursing care | | In Class Simulation | |
| 5. Identify goals for postoperative nursing intervention following thyroidectomy. | 5. Thyroidectomy a. Implications b. Goals for postoperative care | | | Evaluate client response to the surgical removal of the thyroid gland (partial or total). |
| 6. Justify equipment and medications to be immediately available in order to treat emergency complications of thyroidectomy. | 6. Complications of surgery | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|---|---------------------|---|---|
| <p>Upon completion of this unit, the student will be able to:</p> | <p><u>MANAGEMENT</u> <u>(Text Materials will be provided)</u></p> | | | <p>In the clinical area, with emphasis on the total nursing process, the student will be able to:</p> |
| <p><u>HOW TO LEAD/SUPERVISE/MANAGE/ADVOCACY</u></p> | | | | |
| <p>1. Compare and evaluate major models of nursing according to the criteria for professionalism.</p> | <p>1. Models a. Historical evolution b. Objectives of each modality c. Advantages/disadvantages of each modality</p> | | | <p>Reflect on personal observations and experiences with professionalism in nursing.</p> |
| <p>2. Discuss organizational characteristics of currently used nursing models.</p> | <p>2. Organizational characteristics a. Hierarchy of authority b. Communication channel c. Coordination of services d. Continuity of services e. Quality of care f. Nursing functions and the nursing process</p> | | | <p>Students will begin management experience.</p> |
| <p>3. Discuss appropriate use of directive and creative leadership.</p> | <p>3. Leadership styles a. Types b. Nonproductive styles c. Continuous Quality Improvement (CQI)</p> | | <p>Video: "Teamwork in the Workplace"</p> | |
| <p>4. Describe the principles of effective leadership. Apply leadership and evidence based caring strategies to client scenarios.</p> | <p>4. Principles of leadership a. Planning and organization b. Assignment c. Guidance d. Coordination e. Cooperation f. Participation g. Observation h. Evaluation</p> | | | <p>Utilize principles of leadership in directing a team in the clinical area.</p> |
| <p>5. Describe criteria for effective staff assignment and shift supervision.</p> | <p>5. Criteria of staff assignments a. Staff abilities/differences b. Geographical locale c. Acuity leveling d. Availability</p> | | | <p>Prioritize and organize appropriate client assignments for a minimum of four clients each.</p> |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|--|---------------------|---------------------|--|
| 6. Compare and contrast methods of giving a shift report. | 6. Techniques in shift reporting a. Oral b. Written c. Taped d. Walking | | Report Activity | Utilize effective techniques of reporting in the clinical area. |
| 7. Illustrate leadership principles utilized in conducting client- care conferences and multidisciplinary care. | 7. Principles of leading client-care conferences | | | Attend a client-care conference or discharge rounds in the clinical area. |
| 8. Describe major principles of time management in team leading. | 8. Principles a. Prioritizing b. Planning c. Goal-setting d. Assessment of needs | | | Identify the principles of time management utilized by the student as team leader. |
| 9. Discuss criteria in peer review. | 9. Evaluation criteria for peer review a. Objective description of behaviors b. Strengths and area for improvement c. Daily anecdotal notes | | | Write peer evaluation of selected preceptors' clinical performance. |
| 10. Discuss the role of the manager in client/staff advocacy. | 10. Advocacy a. Client b. Staff | | | |

MANAGEMENT
DELEGATION AND PRIORITIZATION

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|--|---|--|---------------------------------|--|
| 1. Define and describe delegation. | 1. Delegation Principles a. Communication b. Mutual agreement c. Transfer of authority | | Video: "Delegating Effectively" | |
| 2. Discuss the Scope of Practice for RNs and LPNs as identified by the Nurse Practice Act. | 2. ANA Standards - Scope of Practice a. RN b. LPN | | | |
| 3. Identify and discuss the UAP's standards of practice. | 3. Standards of Practice a. UAP | | | |
| 4. Discuss the roles of RN, LPN, and UAP in the delegation process. | 4. Role in Delegation a. RN b. LPN c. UA | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|--|---|---------------------|-------------------------|--|
| 5. Discuss and apply delegation concepts and the influence they have on client outcomes. | 5. Client Outcomes related to Delegation a. Safety b. Reduction of Costs c. Access d. Decreased liability | | | |
| 6. Utilize critical thinking skills to enhance decision making while caring for clients with changing health status. | 6. Critical Thinking a. Process b. Accountability c. Outcome | | Critical Thinking Video | |
| 7. Define and discuss prioritization. | 7. Prioritization | | | |
| 8. Discuss criteria utilized to effectively prioritize clients with changing health status. | 8. Prioritization Principles a. Purpose b. Clinical picture c. Client outcome | | | |
| 9. Discuss prioritization evaluation tools. | 9. Prioritization Evaluation a. Critical elements b. Safety c. Client needs | | | |
| ***TOPICS MAY BE PRESENTED IN A DIFFERENT ORDER*** | | | | |
| <u>MANAGEMENT HOW TO RESOLVE CONFLICTS</u> | | | | |
| 1. Identify sources of conflict and strategies used for resolution. | 1. a. Types of conflict b. Symptoms of conflict c. Sources of conflict | | Handout | |
| 2. Identify components of the conflict-solution process. | 2. a. Fact vs. Opinion b. Identify specific problems c. Suggestions and ideas d. Solutions e. Consequences f. Evaluate | | | Utilize the problem-solving method in resolving conflicts. |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
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MANAGEMENT
LEGAL ASPECTS

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| 1. Review sources of law. | 1. Common law vs. statutory law a. Rulings b. Institutional policy |
| 2. Define various classifications of law. | 2. Review a. Criminal law b. Civil law |
| 3. Define and discuss various legal terms. | 3. Terms a. Malpractice b. Negligence c. Liability |
| 4. Identify factors which contribute toward the initiation of a lawsuit against a nurse. | 4. Various factors which make nurses suit prone |
| 5. Discuss actions by the nurse which might prevent a lawsuit. | 5. Identify actions of a reasonably prudent nurse |
| 6. Trace history of nursing licensure. | 6. Licensure a. Permissive b. Mandatory c. National uniformity d. Mutual recognition e. Boards of Nursing |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|--|---|----------------------|----------------------------|
| 7. Discuss the nurse practice act. | 7. Iowa Nurse Practice Act and Model Nurse Practice Act | | | |
| 8. Define certification and its purpose. | 8. Various types of certification, problems, studies. | In Class Articles: "How to AVOID a Lawsuit," <u>American Nursing Student</u> , March/April 2002, pp. 12-14. | | |
| 9. Recall the importance of complete and accurate client records. | 9. Discuss the importance of: a. Prompt recording b. Timed entries c. Proper signature | | | |
| 10. Describe the legal implications of the nurse's contribution to the client's record. | 10. Review current practices of charting in light of legalities | | Video: "Malpractice" | |
| 11. Identify guidelines that help the nurse make complete and accurate records. | 11. Guidelines a. Clear and legible b. Gratuitous statements c. Concise and accurate d. Complete information | | | |
| 12. Describe the legal method of altering an incorrect entry on the client's chart. | 12. Techniques to avoid incorrect entries on a client's chart a. Alertness b. Use of notebook c. Promptness in recording d. Late entry | | | Critical Thinking Exercise |
| 13. List two forms of consent to treatment. | 13. Implied vs. expressed consent | ANA Articles: "Informed Consent", "Nursing Malpractice: Protect Yourself" | | |
| 14. Define implied consent. | 14. Discuss examples of implied consent | | | |
| 15. Define expressed consent. | 15. Value of written consent | | | |
| 16. List three conditions necessary for a valid consent. | 16. Nursing actions necessary to obtain a valid consent | | | |
| 17. Describe the nurse's responsibility when a client decides to revoke consent. | 17. Client's right to retain control | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
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MANAGEMENT
ETHICAL CONCERNS AND ETHICAL DECISION MAKING

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| 1. Discuss why ethical concerns are prominent in nursing. | 1. Issues of good, evil, right, wrong | Review ANA Code of Ethics received in entry semester. | | |
| 2. Discuss the concept of values. | 2. Kohlberg's hierarchy of moral development | | | |
| 3. Discuss ethical conflicts of nurses. | 3. Ethical conflicts a. Personal and professional value b. Client and professional value c. Health professionals | | | |
| 4. List common bases used for ethical decision making. | 4. Examples a. Personal b. Codes for nurses c. Patients' rights d. Basic ethical concepts | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|--|----------------------------|---------------------|---------------------|
| 5. Identify social factors that affect decision making. | 5. Various forces acting on individuals a. Social and cultural attitudes b. Science and technology c. Legislation d. Judicial decisions e. Funding | | Discussion | |
| 6. Discuss occupational factors that affect decision making. | 6. Occupational factors a. Status as an employee b. Collective bargaining contracts c. Collegial relationships d. Authoritarian and paternalistic backgrounds e. Consumer involvement | | | |
| 7. Identify and discuss specific ethical issues related to nursing. | 7. Ethical issues a. Commitment to client/client b. Recommending a care provider c. Dealing with poor care d. Commitment to personal excellence e. Self-evaluation | | | |
| 8. Discuss one's commitment to the nursing profession. | 8. Discuss commitment | | | |
| 9. Define bioethics. | 9. Bioethics | Identify bioethical issues | | |

MANAGEMENT
THE HEALTH CARE DELIVERY SYSTEM

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|---|--|---|------------|--|
| 1. Define the term primary health care provider. | 1. System entry and various providers | Review Chapter 2 of Potter & Perry, <u>Basic Nursing: Essentials for Practice</u> | Discussion | |
| 2. Discuss rationale for and against credentialing. | 2. Institutional licensure, merit recognition | | | |
| 3. Describe various methods of nursing care delivery. | 3. Acute care, LTC, community agencies, HMO's, PPO's | | | |
| 4. Identify problems related to distribution and supply of personnel. | 4. Nursing shortage, nursing registries/pools | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|--|---|---------------------|--|---------------------|
| 5. Discuss impact of cost containment on system. | 5. DRG's, prospective payment, client acuity, managed care | | | |
| 6. Compare and contrast the major avenues of becoming an RN. | 6. Various routes a. Diploma b. ADN c. Baccalaureate | | Prepare to discuss nursing education | |
| 7. Discuss alternate routes for RN education. | 7. Programs a. Generic masters b. Generic doctorate c. External degree d. RN baccalaureate e. Graduate education | | Guest Speaker: Faculty Coordinator RN-BSN Program, University of Iowa College of Nursing | |
| 8. Define and discuss articulated programs. | 8. Types of programs | | | |
| 9. Relate perpetual education to maintaining high standards of nursing practice. | 9. a. Informaties b. Inservice c. Mandatory vs. voluntary continuing education | | | |
| 10. Identify differentiated practice models. | 10. Trace historical development of differentiated practice a. ANA position paper b. State association activity c. North Dakota d. Differentiated practice e. Grandfathering | | | |
| 11. Explore employment opportunities in nursing. | 11. Competencies of new graduates, expanded roles | | | |
| <u>MANAGEMENT DISASTER NURSING</u> | | | | |
| 1. Describe types of disasters and causes and community disaster preparedness. | 1. Community disaster preparedness a. Levels b. Benefits c. Characteristics d. Health care components e. Resources f. Triage disaster | | Handouts Video Guest Speaker | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
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| 2. Identify stages of disaster involvement and the effects of disasters on the community of victims and workers. | 2. Stages a. Mitigation b. Preparedness c. Response d. Recovery | | | |
| 3. Explain levels of prevention, nursing activities, and responsibilities for community risk management. | 3. Community risk management a. Primary b. Secondary c. Tertiary | | | |
| <u>MANAGEMENT</u> <u>PROFESSIONAL PRACTICE</u> | | | | |
| 1. Define nursing. | 1. Identify various definitions of nursing a. Characteristics b. Florence Nightingale c. Virginia Henderson d. ANA e. Legal definitions | | Discuss definitions. | Students relate to and draw from clinical practice. |
| 2. Discuss characteristics of a profession. | 2. Professional characteristics a. Knowledge b. Professional behavior c. Commitment to community d. Standards of Practice e. Professional organizations f. Caring | | | |
| 3. Describe health care practices throughout history. | 3. Major historical images of the nurse a. Folk image b. Religious image c. Servant image d. "Dark Ages" | | | |
| 4. Discuss factors which have affected the image of nursing today. | 4. Highlights of nursing image and their influence a. Media b. Standards of Practice c. Licensure/Certification d. Professional culture | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
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MANAGEMENT
POLITICAL PROCESS AND HEALTH CARE

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| 1. Discuss the importance of power to the nursing profession. | 1. Power a. Sources of power |
| 2. Discuss the political influence in health care. | 2. Political process in nursing |
| 3. Describe stages of politics in nursing. | 3. Stages a. Apathy b. Buy-in c. Self interest d. Political satisfaction e. Leading the way |

MANAGEMENT
MOTIVATION, CHANGE, AND POWER

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| 1. Define motivation and how it relates to Maslow's Hierarchy of Needs. | 1. Motivation a. Definition b. Relationship to Hierarchy of Needs | |
| 2. Discuss motivation in relation to management theory. | 2. Motivation and management a. Theory X b. Theory Y | |
| 3. Identify role relevance of motivation to nursing and the environment. | 3. Motivation and the nursing environment | |
| 4. Discuss change as an influence in nursing. | 4. a. Theories of change b. Factors in creating change | |
| 5. Identify the three stages of changes in the model defined by Kurt Lewin. | 5. Stages of change a. Unfreezing b. Moving c. Refreezing | Discuss change process as it relates to graduation |
| 6. Distinguish between the terms "driving forces" and "restraining forces", giving examples of each. | 6. Forces effecting change a. Driving b. Restraining | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|---|---|---------------------|---|---------------------|
| 7. Identify the stages involved in developing cooperation and support for change. | 7. Reasons for resistance to change strategies for developing support | | | |
| 8. Describe a systematic strategy for change. | 8. Strategies for planned change | | | |
| 9. Define "power" and discuss as an important variable in nursing. | 9. Definition and characteristics | | | |
| 10. Identify and give examples of sources of power. | 10. Types of power a. Authority b. Reward c. Expertise d. Coercion | | | |
| 11. Develop a plan to increase your personal power, identifying appropriate resources available to you. | | | | |
| <u>MANAGEMENT JOB SEEKING SKILLS</u> | | | | |
| 1. Appraise the value of professional goal-setting. | 1. Value of goal-setting | | Guest Speaker: Employment Training Specialist | |
| 2. Identify sources of information in seeking nursing positions. | 2. Sources of nurses' job a. Professional journals b. Newspapers c. Employment agencies d. College placement services | | | |
| 3. Plan job interview strategy. | 3. Components of interview a. Personal impression 1) Appearance 2) Conduct 3) Preparation 4) Presentation b. Agency impression 1) Philosophy 2) Job responsibilities 3) Organizational structure 4) Salary and benefits 5) Opportunities for professional growth 6) Orientation | | | |

| OBJECTIVES | CONTENT | STUDENT PREPARATION | IN-CLASS ACTIVITIES | CLINICAL EXPERIENCE |
|--|---|--|--|---------------------|
| 4. Evaluate existing job opportunities congruent with individual professional goals. | 4. Value clarification in job selection | | | |
| <u>MANAGEMENT</u> | | | | |
| <u>CAPSTONE SIMULATION CARE OF THE CLIENT WITH CHANGING CONDITION</u> | | | | |
| 1. Identify management of seizure disorders. | Seizure Precautions and Management | Review content from Chronic Neurological Disorders | | |
| 2. Perform nursing interventions for client with a seizure. | Pharmacological interventions; Anticonvulsants | ATI review | Video; Cardiac Arrest | |
| 3. Discuss prioritization strategies when managing clients with changing health status. | Prioritization Principles Purpose Clinical Picture Clinical Outcome | Lewis pp 1674-1681 | <u>ACLS Pulseless VT algorithm</u> | |
| 4. Apply delegation concepts and related client outcomes. | Delegation Principles Communication Mutual Agreement Transfer of Authority | "Art & Science of Delegation in Nursing; the workload of the Team should be considered and not be uneven." Nursing.advanceweb.com | | |
| 5. Apply leadership and evidence based caring strategies to various client scenarios in emergency situations. | Principles of Leadership Planning of organization Assignment Guidance Coordination Cooperation Participation Observation Evaluation | "Educating for Teamwork-nursing students coordination in Simulated Cardiac Arrest Situations", <u>The Journal of Advanced Nursing</u> , October 2011, pp.2239-2255 | | |
| 6. Utilize critical thinking skills to enhance decision making while caring for clients with changing Health status. | Principles of Critical Thinking Process Accountability Outcome | PP: page 196-197 | | |

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| | <u>MANAGEMENT REALITY SHOCK</u> | | | |
| 1. Formulate preventive measures to minimize the effect of "reality shock". | 1. Ways of coping a. Evaluation of job orientation/preceptorships b. Socialization into the nursing profession c. Expectations of the nurse's role d. Continuing education/workshops e. Peer support | | Panel Discussion | |
| 2. Develop strategies for personal and professional coping responses. | | | | |
| 3. Identify own concerns of personal hardness upon entering the nursing profession. | | | | |
| 4. Develop strategies for personal and professional coping responses. | | | | |

I hereby give permission to have my instructor schedule me into college laboratory/simulation for all activities requiring a return demonstration with another student as listed on the College Laboratory Schedule and/or course handouts. I will contact my college laboratory instructor of any concerns related to these activities. I will voluntarily participate in skill performance activities such as performing injections, venipuncture, and capillary blood samples while acknowledging potential risks for which I will assume responsibility should post-intervention be required.

I also acknowledge that I have received a copy of the College Laboratory Policies during the orientation to the program and agree to follow the procedural steps defined for each skill performance.

I give permission for video recording in the classroom, college lab and simulation. The video may be used for the evaluation of clinical outcomes. I will obtain instructor permission before making any audio or video recordings during student related activities.

I acknowledge I have access to the resources on the Canvas website.

I have reviewed and understand the Course Syllabus including the post testing requirements and the policies stated on this page and course orientation information.

****All students must complete the ATI virtual review course and achieve the “green light” status from their individual coach and have completed any assigned additional questions. Your grade will be an Incomplete until these assignments are complete.****

I agree/do not agree to have my name and address released to potential employers and/or nursing related requests by the NIACC faculty. Please circle the appropriate and sign name.

Name (Please Print) _____

Email Address: _____

(Please provide a personal email address for additional communication after you have graduated.)

Student Signature _____

Social Security Number: _____

(For identification purposes)

Date _____

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