



SCIENCE & HEALTH PROFESSIONS

NURSING PROGRAM

NUR 202

COURSE OUTLINE

FALL 2009



COURSE OUTLINE

<u>NUR202</u>	<u>Nursing IV</u>
Course Number	Course Title
<u>8</u>	<u>3/2/12</u>
Credits	Hours: lecture/laboratory/other (specify)

Catalog description:

A continuation of Nursing III with emphasis on the client who requires more permanent modification of life style in order to achieve or maintain optimal health. Students will also continue to develop some basic organization skills to enable them to function as a beginning level practitioner.

Prerequisites:

Completion of NUR201 with a grade of "C" or better.

Required texts/other materials:

Textbooks:

Ball, J. and Bindler, R. (2003). **Pediatric Nursing: Caring for Children**. (3rd ed.). Norwalk: Appleton and Lange.

Ignatavicius, Donna and Workman, Linda. (2006)l **Medical Surgical Nursing Critical Thinking for Collaborative Care**. (5th edition). St. Louis: Mosby.

Lilley, L L., Aucker, R. S. and Albanese, J.A. (2005). **Pharmacology and the Nursing Process**. (4th ed.). St. Louis: C. V. Mosby.

Pickar, G. (2004). **Dosage Calculations**. (7th ed.). Albany: Delmar Publishers

Phillips, L. D. (2005). **Manual of I.V. Therapeutics**. (4th ed.). Philadelphia: F. A. Davis Company.

Townsend, Mary C., (2006) **Psychiatric Mental Health Nursing Concepts of Care**, (5th ed.), Philadelphia: FA Davis

Suggested:

Silvestri, L.A. (2002). **Comprehensive Review for NCLEX-RN**. (2nd ed.). Philadelphia: W.B. Saunders Co.

Bucher, L. and Melander, S. (1999). **Critical Care Nursing**. (1st ed.) Philadelphia:: W.B. Saunders Co.

Nursing Drug Handbook, Springhouse: Springhouse Publishers. (*any current book*)

Smith, S. and Duell, D. (2001). **Clinical Nursing Skills**. (6th ed.). Appleton Century Crafts.

Plus all other textbooks utilized in Nursing I, Nursing II, and Nursing III.

Revised:

July 2008

Reviewed:

August 2009

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Course goals:

Nursing Practice at Level IV is concerned with those at different age levels who require nursing approaches which support the client through periods of crisis, disability and death based on an integration of nursing knowledge, intervention skills, rehabilitative techniques and understanding of the human needs.

At Level IV, these approaches are:

Hygiene and Comfort Needs

Concerned with those at different age levels who have multi-systems alterations which bring about overwhelming interferences in self care and require comprehensive nursing intervention to meet the hygienic and comfort needs of daily living.

Safety Needs

Concerned with those at different age levels who meet with hazards from crisis situations or diminished senses or perceptions, and require constant protection for a protracted period of time.

Human Sexuality

Concerned with those at different age levels who have irreversible and permanent alteration of sexual patterns due to traumatic or pathological interferences.

Psychosocial Needs

Concerned with those at different age levels who have chronic or irreversible pathological or psychological interferences which require protracted or permanent alteration of life activities.

Activity and Rest

Concerned with those at different age levels who have irreversible traumatic or pathological interferences which require intensive and permanent alteration of life activities.

Oxygen Needs

Concerned with those at different age levels who have continuous interference of the delivery of oxygen to body cells due to acute or chronic multi-systems pathological conditions which require constant management, re-establishment of air exchanges or surgical correction.

Nutritional Needs

Concerned with those at different age levels who require the use of diet as a chief therapeutic measure due to acute or chronic multisystem pathologic and metabolic conditions which affect normal utilization of food, water and minerals.

Elimination Needs

Concerned with those at different age levels who have permanently altered elimination needs due to extensive acute or chronic multisystem pathological interference and require prosthesis, appliances, retraining processes or mechanical assistance.

Course-specific General Education goals and objectives.

In this nursing course, emphasis will be placed on developing knowledge of pathophysiological and psychological interferences to fulfill basic human needs. The effects of these interferences are irreversible, may involve permanent disabilities, multi-systems failure or lead to death. The student will develop nursing approaches utilized in meeting the basic human needs during periods of interference or impairment directed toward maintenance of optimal body function, prevention of potential problems and restoration of health through therapeutic nursing intervention and rehabilitative techniques. **At the conclusion of NUR 202**, the student should be able to implement these objectives with individuals of different age levels and their family constellation.*

The student will:

1. Develop awareness of responsibility for professional development, ongoing learning, and increasing competence through continuing education and participation in professional organizations.
2. Provide safe physical and psychological nursing care along with client advocacy to multiple clients with multi-system problems within the parameters of the Nurse Practice Act, the Nursing Code of Ethics and nursing standards in all nursing care situations.
3. Identify interferences to client's basic needs presented by complex multi-systems, pathophysiological problems or complex, chronic or acute individual or family psychological problems.
4. Consider current legal, socioeconomic and political forces on health care and client/community needs when providing care to multiple clients in a variety of healthcare settings.
5. Assess data from multiple clients in a systematic way in a variety of healthcare settings to determine multi-system problems establishing priorities among these problems in order to meet client outcomes.
6. Perform a developmental and sociocultural economic assessment of healthy clients, acute and chronically ill assigned clients in multiple healthcare settings utilizing concepts based on Maslow, Erikson, Freud and Piaget.
7. Correlate pathophysiologic concepts with nursing actions and client data to develop an individualized nursing plan of care specific for groups of clients, revising that plan based on the client's response to care and achievement of client outcomes.
8. Utilize principles of effective therapeutic communication when providing care to groups of clients from different sociocultural backgrounds with multisystem physiologic problems and complex, chronic or acute individual or family psychological problems.
9. Provide needed information or instruction to clients or groups of clients in a variety of healthcare settings, utilizing a developmental approach based on identified health care needs.
10. Develop organizational skills to implement nursing care plans independently according to established priorities for multiple clients in a coordinated manner within an appropriate timeframe.

11. Create caring activities which assist the client/significant others in dealing with the stress of multisystems failure and end of life issues in various health care settings.
12. Be able to work cooperatively and collaboratively with health team members, including the student team, to effectively implement client care in a cost effective manner.
13. Be able to use clinical judgment when delegating nursing care to assistive personnel.
14. Utilize critical thinking skills in a variety of clinical settings when providing care to multiple clients.

*Family Constellation refers to ethnic, religious, cultural and socioeconomic aspects of the client and his/her significant others.

Classroom Lecture:

Lectures are based on learning objectives from the course syllabus. **Students are expected to have completed assigned readings prior to lecture.** Lectures will be interactive with application of learning as the major focus. A variety of methods will be used: small group work, case studies, lecture and discussion, use of test questions, games. Lectures will be conceptually based and available on the web. No lectures will be handed out in class. Lectures cannot be downloaded and printed in lab.

Clinical Laboratory:

Each student will have clinical experience in 3 areas:

1. Medical Surgical Unit with a focus on leadership development and management of multiple client assignments caring for clients who have multi-system involvement.
2. Pediatrics with emphasis on children with handicaps or complex problems
3. Psychiatry with focus on care of client in a private psychiatric hospital setting.

Preparation for clinical laboratory will focus upon clinical objectives. This course has multiple out of hospital rotations which involve specific objectives to be followed. The student is expected to download all the directions and objectives from the website for the clinical experiences at www.mccc.edu/~martinl. These will not be handed out to the students.

Oral presentations in Clinical Laboratory:

1. **An Oral Case Study** will be presented during the six week Medical Surgical rotation (see Nursing 202 Case Study Guide). This is a pass/fail grade.
2. **An Oral Nursing Care plan** is expected in Psychiatry (see Nursing 202 Psychiatric Nursing Care Plan Guide).
3. **An Oral Teaching Plan** is expected in Pediatrics. This is a pass/fail grade, (see Nursing 202 Pediatric Teaching Plan Guide). Done in pediatric clinical experience.

College Laboratory:

Students are expected to attend all scheduled college laboratories. Objectives and preparation will be available at the beginning of the course.

GRADING POLICY

A variety of means will be used to assess learning throughout the course.

1. **WEEKLY QUIZZES - 5% OF YOUR FINAL GRADE:** A five question quiz will be given at the beginning of each class covering the assigned readings for the lecture of that day. The quizzes will test factual knowledge. The questions will come directly from all three textbooks. Review of the quiz will occur immediately after its completion. One quiz grade will be thrown.
2. **WEEKLY COLLEGE LABORATORY QUIZZES:** 5% of your final grade. A five question quiz will be given at the beginning of each college laboratory from the questions in the Ignatavicius workbook. The questions will come directly from the workbook. Review of the quiz will occur immediately after its completion. One quiz grade will be dropped. For the psych content the quiz will focus on assigned medications.
3. **CLASSROOM TESTS – 40% OF YOUR FINAL GRADE:** There are five classroom tests, one every three weeks. These tests may be comprehensive including previously tested material throughout the course. The questions will be application NCLEX style questions.
4. **FINAL EXAM – 50% OF YOUR FINAL GRADE:** This test averaging 120-125 questions is given the last class day of the course. It will be comprehensive including all course materials.
5. **THE FINAL GRADE: 5% weekly classroom quizzes; 5% weekly college lab quizzes; 40% Classroom Tests; 50% Final Exam.**
6. **ATI RN COMPREHENSIVE PREDICTOR EXAM:**
 - All students must take this exam.
 - If the student earns a 75% or better on this exam the student can **choose** to be exempt from taking the N202 course Final Exam. If so, all faculty and course evaluations must be completed.
 - Also, the student must have a **classroom test average of 75% or higher** in order to qualify for EXEMPTION FROM FINAL EXAM. The student is encouraged to take the FINAL EXAM as a personal indicator of how much has been retained of the course materials.
 - If the student **chooses to be exempt from taking the Final Exam** the grade calculation would be as follows:
 - Test 1
 - Test 2
 - Test 3
 - Test 4
 - Test 5

} These five tests are averaged together.
This average becomes 40% of the grade plus the 5% weekly quiz average and the 5% college laboratory quiz average
This **average is also** taken as your **final exam grade**. Together they form your final grade for the course.

EXAMPLE OF CALCULATIONS OF GRADE IF STUDENT IS EXEMPT FROM FINAL EXAM:

- Test 1 80%
 - Test 2 90%
 - Test 3 75%
 - Test 4 80%
 - Test 5 82%
- } These five tests are averaged together
The average is 81.4% = 40% of grade
 $81.4\% \times .40 = 32.56$ points
- Weekly quiz average is 75% = 5% of the grade = $75 \times .05 = 3.75$ points
College lab quiz average is 78% $\times 0.05$ points = 3.9 points
Now add the test points and quiz points to come up with the final test grade: $32.56 + 3.75 = 40.21 \times 2 = 80.42 =$ Final grade.

- ATI TESTING: ATI non proctored tests are available for the student to take to practice for the three proctored tests – mental health nursing, nursing care of the child and the RN comprehensive predictor. It is recommended that the student make a commitment to working extensively on the non proctored tests. This will not only lead to the possibility of earning a 75% on the RN comprehensive predictor with exemption of the final exam, but will also make it easier for the student to be successful on the NCLEX exam.

The student is expected to provide proof of taking the ATI non proctored test to the laboratory instructor one week in advance of the scheduled proctored test. If this proof is provided to the lab instructor, after passing the course with a 75% or better, the student will receive 1 point per test (for a total of 3 possible points) added to the final grade. The proof will not be accepted later than the scheduled date.

The mental health nursing ATI will be taken in lab during week 6, after completion of the mental health lecture materials.

The nursing care of children ATI will be taken in the last lab of the semester during week 13 of the course.

The RN comprehensive predictor will be taken by all students in the computer labs as scheduled. The score earned on this test determines the student's eligibility to be exempt from the final exam.

- CLINICAL LABORATORY PERFORMANCE EVALUATION: Clinical objectives are graded twice during the med surg rotation, once during the pediatric rotation and once during the psychiatric rotation. THE STUDENT MUST PASS ALL THREE ROTATIONS INDEPENDENTLY IN ORDER TO PASS THE CLINICAL COMPONENT OF THE COURSE.

The final clinical grade must indicate that all objectives are met.

During the clinical experience, the student may receive a remediation plan if at any time the clinical objectives are “not met.” A conference will be held with the student and a written plan reviewed.

If the student demonstrates unsafe practice, this will result in a clinical failure, thus failing the course.

- Failure to complete all the above criteria results in a failure of Nursing 202.
- Any student in this class who has special needs because of disability is entitled to receive accommodations. Eligible students at Mercer County Community College are assured services under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. If you believe you are eligible for services, please contact Arlene Stinson, the Director of Academic Support Services. Ms. Stinson's office LA217 and she can be reached at (609) 570-3525. Special arrangements for testing are made by appointment through this office. At the beginning of the semester the student needs to make arrangements in advance for the 5 tests and the final exam. This information must then be passed on to the Coordinator and Nursing Program Specialist, Stephanie Hernandez.

Written: 8/23/07

Reviewed: 12/07

Revised: 7/08, 12/08, 8/08

STUDENT WORKSHEET
TO CALCULATE GRADES:

UNIT TESTS

TEST #1 _____

TEST #2 _____

TEST #3 _____

TEST #4 _____

TEST #5 _____

CLASSROOM QUIZZES

QUIZ WK 1 _____

QUIZ WK 2 _____

QUIZ WK 3 _____

QUIZ WK 4 _____

QUIZ WK 5 _____

QUIZ WK 6 _____

QUIZ WK 7 _____

QUIZ WK 8 _____

QUIZ WK 9 _____

One quiz grade will be thrown

LABORATORY QUIZZES

QUIZ WK 1 _____

QUIZ WK 2 _____

QUIZ WK 3 _____

QUIZ WK 4 _____

QUIZ WK 5 _____

QUIZ WK 6 _____

QUIZ WK 7 _____

QUIZ WK 8 _____

QUIZ WK 9 _____

One quiz grade will be thrown

AVERAGE OF

FIVE TESTS: _____ X 40% = _____ points

AVERAGE OF

EIGHT CLASSROOM QUIZZES: _____ X 5% = _____ points

AVERAGE OF

EIGHT COLLEGE LAB QUIZZES: _____ X 5% = _____ points

SUMMARY OF POINTS OF UNIT TESTS & QUIZZES = _____

FINAL EXAM

GRADE: _____ X 50% = _____ points

ADD THE TOTAL OF THE

POINTS FROM THE

CALCULATIONS ABOVE: _____ FINAL GRADE POINTS

TESTING

1. There will be a **50 question test given every three weeks in an assigned room possibly other than the lecture room. The room assignment will be posted on the web.**
2. Each test will cover content presented during the **previous 3 weeks** of lecture and lab and all textbooks.
3. Each test **will** include **previously** tested content at the discretion of the instructor.
4. A **post test review** will occur immediately after the test to go over test taking skills and reinforce content. Attendance is required.
5. **An individual test review** may be requested by the instructor and is **expected** for any **failing grade before going on to the next test.** **These students are required to see the instructor before taking the next test.**
6. The final exam **will not be reviewed** immediately after it has been taken by the student. Students may bring a self-addressed stamped envelope to the exam to have the grade mailed to the student.

Guidelines For Tests

All tests may be reviewed by student, but must be returned to the instructor.

During Tests:

1. Students will be seated by instructor.
2. A #2 pencil, eraser are allowed at the seat.
All other belongings go in front of the room (including coats, backpacks, etc.).
3. Please go to the restroom before coming to test.
4. ALL CELL PHONES MUST BE TURNED OFF AND PLACED IN THE FRONT OF THE ROOM. NO RECORDING OR VISUAL RECORDING DEVICES ARE PERMITTED IN ROOM.
5. No questions will be answered during the test unless there is a structural problem with the test.
6. When test is completed, bring to the front of room and leave quietly. Leave test booklet at your seat, bringing only the answer sheet to the front of the room. All belongings must remain in the test room.
7. Return for test review.
8. If the student cheats during the test, the student will receive a "0" on that test.

During Test Review:

1. Students will be seated by instructor.
2. Students may not leave seat/room until test booklets have been collected and counted.
3. Nothing but test booklet and pen/pencil may be at desk during review.

BEHAVIOR DURING TEST REVIEW:

The objective of the test review is for the student to have immediate feedback about knowledge accuracy and knowledge deficits. The instructor will convey respect for the student's concerns and it is expected that the student will convey the same respect to the instructor during all communication during a test review. If there is a disrespectful communication during the test review, the review will be stopped immediately.

It is important that students understand why they chose an incorrect option so that this does not occur on the next test. It is hoped that students will share this information so each of you can learn from your mistakes. It is better to make these mistakes on the unit tests than on the NCLEX.

Plagiarism

See MCCC Nursing Program Information Packet. If a quote is taken from a text, journal, article, etc. it is expected that the student will provide an explanation in his/her own words as well.

Attendance

Mercer County Community College does not have a cut system. Students are expected to attend all lecture, college laboratory and clinical laboratory sessions. Records will be maintained for attendance at all lectures, college and hospital labs. Clinical Laboratory absences prevent an instructor from having an adequate opportunity to evaluate a student and prevent the student from achieving clinical objectives.

Please refer to the full Attendance Policy in the Nursing Program Information Packet Appendix which was recently revised. Please make sure you are aware of the current policy about absence and being late.

Revised: 7/08, 12/08, 8/09

NUR 202 CLINICAL OBJECTIVES

MEDICAL SURGICAL NURSING CLINICAL OBJECTIVES

BY THE END OF THE MEDICAL SURGICAL ROTATION STUDENTS WILL:

1. Be prepared to begin a career as a new graduate
2. Develop a more mature level of professionalism
3. Develop beginning leadership skills
4. Develop an increase in confidence in role as a beginning practitioner
5. Develop a sense of assertiveness
6. Develop an ability to care for multiple patient assignments
7. Learn to identify priority needs in multiple patient assignments for patients with multi-systems problems
8. Provide care to up to four patients in an organized fashion
9. Increase confidence and competence with technical skills
10. Learn to work collaboratively with your student group and the staff
11. Understand the steps necessary to make change
12. Advance your critical thinking skills
13. Utilize effective communication with peers, instructors, health care personnel and patients

PEDIATRIC CLINICAL OBJECTIVES

BY THE END OF THE PEDIATRIC ROTATION STUDENTS WILL:

1. Be able to provide a developmentally appropriate assessment of pediatric patients and their families.
2. To correlate the expected developmental stages with the observations seen of the pediatric patients in the various clinical/observation settings.
3. Be able to make developmental comparisons when observing well children in non hospital settings
4. Apply the nursing process when providing care to children in acute care settings.
5. Utilize critical thinking when correlating assessments of children and families with ordered therapies and medications.
6. Provide a developmentally appropriate teaching plan to groups of pediatric patients and their families.

MENTAL HEALTH CLINICAL OBJECTIVES

BY THE END OF THE MENTAL HEALTH ROTATION STUDENTS WILL:

1. Be able to communicate effectively with patients having various psychosocial alterations in various settings.
2. Be able to perform a mental health assessment to patients with psychosocial alterations.
3. Be able to develop a nursing care plan for a patient with psychosocial alterations utilizing the nursing process effectively.
4. Be able to develop personal self-awareness skills by summarizing experiences in a journal format.
5. Develop/facilitate and evaluate a group program for hospitalized psychiatric patients.
6. Be able to utilize critical thinking when correlating assessments of patients with ordered therapies and medications.
7. Understand the roles of the multidisciplinary treatment team members.

Written 2000

Reviewed 2001,2002, 2003, 2004, 2005, 2006, 2007, 2008

Revised 2009

NUR 202 MEDICAL SURGICAL CASE STUDY GUIDELINES

Objectives:

The student will:

1. Collect data about a complex med-surg client with multisystem problems.
2. Research all medical diagnosis, laboratory tests and diagnostic tests and medications showing relationships.
3. Apply the nursing process.
4. Present findings, sharing the responsibility with other students

Procedure:

1. Review chief complaint and treatment on admission (ER, Critical Care Unit, etc.). Include in this section a physical assessment upon admission and a brief medical history, including medications that the client was taking prior to hospitalization and during hospitalization.
2. Describe the pathophysiology of the disease process, incorporating lab tests, and procedures performed.
3. Briefly review the client's hospitalization...any problems encountered, progression of treatment.
4. Relate your physical assessment on the day(s) of care comparing it to the assessment done on admission by the MD. Was the client getting better? Worse? How was this determined? Identify medications the client was taking during the hospitalization and why.
5. What other members of the health care team were involved with this client's care? What recommendations were made by them? Why were they involved?
6. What discharge planning took place for this client? What considerations had to be factored in prior to releasing this client from the hospital?
7. Identify three (3) nursing diagnoses with the highest priority for this client and four (4) other nursing diagnoses. Have the group chose them. Have the group set goals and identify nursing actions appropriate to the nursing diagnoses.
8. Would you have done anything different in caring for this client than what was done during his/her hospitalization?

DIRECTIONS

1. This is not a written presentation. The student is expected to choose a client that is of interest because of the client's multisystem involvement.
2. Each case study should take no more than 15-20 minutes. No more than 3 and no less than 2 students per case study presentation. Presentations will be made orally. No written papers need be handed in.

3. Approval needed by clinical instructor.
4. All medical diagnoses are to be researched and presented in your own words.
5. Significant laboratory tests and diagnostic tests are to be explained, showing relationships to diagnoses.
6. Client medications before and during hospitalization are to be explained in relationship to diagnoses.

Revised: 12/03, 12/06, 7/07, 7/08

Reviewed 6/04, 12/04, 6/05, 12/05, 6/06, 1/08, 6/08, 12/08, 8/09

NUR 202 NURSING PROCESS AND TEACHING PEDIATRIC TEACHING PLAN

Teaching is a common practice of the nursing process. Instruction can be formal or informal, and often require a teaching plan in order to meet the client's learning needs. This handout provides a brief overview of the development and implementation of a teaching plan.

Objectives:

The student will:

1. Utilize concepts of teaching and learning when implementing a pediatric teaching plan.
2. Utilize the nursing process to collect data, set goals for the teaching plan, implement the plan and evaluate the results.
3. Research information to teach a pediatric client.
4. Present a teaching plan in a developmentally appropriate manner.

Assessment Phase:

1. The first step of the teaching plan is the assessment of the client, the teacher and the teaching situation.
2. Collect data about the client. Assessment of client includes the client's age and developmental level, education, cultural background, economic background, physiological readiness to learn, psychological readiness to learn, willingness to learn, personal priorities and their level of understanding.
3. Identify your own learning needs, capabilities and readiness to teach.

Planning Phase: (Review with instructor)

1. Develop 2–3 measurable and reasonable client oriented objectives.
2. Research topic that you plan to teach.
3. Develop a specific teaching plan that will facilitate accomplishment of the objectives.

Implementation Phase:

1. Implement the teaching plan to preschool children.
2. If you use handouts, clear these with your instructor first. No balloons or stickers are allowed.

Evaluation Phase:

Discuss effectiveness and teaching and if your goals were met in post conference.

Grading:

Satisfactory / Unsatisfactory – grade included on performance evaluation

Topic Selection:

Student needs approval from instructor for topic selection.

Revised: 7/01, 12/03, 7/07, 1/08

Reviewed: 6/04, 12/04, 6/05, 12/05, 6/06, 12/06, 7/08, 12/08, 8/09

**NUR 202 NURSING PROCESS AND TEACHING
PSYCHIATRIC NURSING CARE PLAN**

Objectives:

The student will be able to:

1. Demonstrate application of the nursing process of a psychiatric patient.
2. Utilize provided forms found on NUR202 website.
3. Present the care plan orally in an organized method.
4. Utilized effective oral communication.
5. Apply critical thinking when presenting the oral care plan.
6. Identify choice of:
 - a. identified problems
 - b. goal/objectives
 - c. intervention

Reviewed: 12/03, 6/04, 12/04, 6/05, 12/05, 6/06, 12/06, 7/07, 1/08, 7/08, 12/08
Revised: 8/09

Units of study in detail.

**UNIT I
THERAPEUTIC APPROACHES FOR INTERFERENCES OF PSYCHOLOGICAL FUNCTIONS**

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITES
At the conclusion of this learning sequence the student will be able to:	I. <u>Therapeutic Approaches to Psychiatric Nursing Care</u>	<u>Readings:</u> Review Chaps. 7-9 Read Chaps. 10-17, 19, 20, 22, 23, 24
Understand therapeutic approaches in psychiatric nursing care.	A. Therapeutic Groups	
	B. Family	
Be able to define the therapeutic functions of each approach specific to psychiatric alterations.	C. Mileu Therapy	Townsend, Mary C. (2006) <u>Psychiatric Mental Health Nursing Concepts of Care.</u> (5 th ed.) Philadelphia: F.A. Davis
Discuss the nurse's responsibility within each approach.	D. Crisis Intervention	
	E. Relaxation Therapy	
Explain limitations of each therapeutic approach.	F. Assertiveness Therapy	
	G. Promoting Self-Esteem	
	H. Behavioral Therapy	
	I. Cognitive Therapy	
	J. Electroconvulsive Therapy	
	K. Complementary Therapy	
	L. Client Education	

UNIT II
INTERFERENCE TO PSYCHOLOGICAL FUNCTION DUE TO SUBSTANCE RELATED DISORDER

UNIT III

ALTERATIONS IN PSYCHOSOCIAL ADAPTATION

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITES
At the conclusion of this Learning sequence the student will:	I. <u>Drug Abuse, Alcoholism</u>	<u>Readings:</u> Substance Related Disorders, Chap. 27
Discuss trends in the use of alcohol, drugs, the abuse, dependence, intoxicant and withdrawal behavior.	A. Define the term addiction, dependency, abuse, intoxication, detoxification and withdrawal.	Townsend, Mary C. (2006) <u>Psychiatric Mental Health Nursing Concepts of Care.</u> (5 th ed.). Philadelphia: F.A. Davis
Describe applications of the nursing process for an individual with substance abuse.	B. Discuss substance use disorders.	
Describe the behaviors associated with abuse, dependence and withdrawal.	C. Describe the DSM IV criteria used to classify substance abuse disorders.	
Discuss methods of assessing for substance abuse.	D. Identify the classes of substances abused.	
Analyze predisposing factors including developmental influences and precipitating stressors related to substance abuse.	E. Describe the psychological, biological and sociocultural predisposing factors which influence predisposition for abuse of substances.	
Discuss the use of pharmacological agents for clients withdrawing from harmful substances.	F. Define the assessments indicating substance abuse and withdrawal	
	G. Identify appropriate nursing diagnosis by analyzing data collected during assessment of substance abuse client.	
	H. Describe nursing interventions appropriate for a client with substance abuse.	
	I. Formulate a teaching plan for a substance abuse client.	
	J. Review the professional responsibility of the nurse when dealing with the substance impaired nurse.	

Discuss alterations in psychosocial adaptations related to development of eating disorders.

Describe appropriate nursing interventions for behaviors associated with eating disorders.

Apply the nursing process when caring for a client with eating disorders.

- I. Eating Disorders
 - A. Define obesity, anorexia nervosa, bulimia nervosa.
 - B. Describe holistic assessment approach indicating an eating disorder.
 - C. Identify developmental, genetic and family influences on individuals who develop eating disorders.
 - D. List nursing diagnoses for clients with an eating disorder.
 - E. Describe outcome criteria used for measurement of outcomes for care of clients with eating disorders.
 - F. Explain a teaching plan for a client with an eating disorder.
 - G. Design a plan of nursing intervention for a client with an eating disorder.

Readings: Eating Disorders, Chap. 34

Townsend, Mary C. (2006) Psychiatric Mental Health Nursing Concepts of Care. (5th ed.). Philadelphia: F.A. Davis

Eating Disorders (continued)

- H. Describe differences in treatment approach for acute and chronic eating disorders.
- I. Identify information to provide clients with eating disorders based on current research and available community resources.
- J. Explain the nurse's responsibility when administering medications used for associated symptoms seen in clients with eating disorders.
- K. Be aware of community support agencies available for eating disorder clients.

INTERFERENCES IN PSYCHOLOGICAL FUNCTIONING DUE TO ALTERATIONS IN COGNITIVE MEMORY

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITES
<p>Discuss disorders which cause a significant deficient in cognition or memory exists representing a significant change in previous level of functioning.</p> <p>Determine nursing care to use with clients with cognitive disorders.</p> <p>Describe supportive approaches needed to be used with families of clients with cognitive disorders.</p>	<p>II. <u>Delirium, Dementia and amnesic Disorders</u></p> <p>A. Define delirium, dementia and amnesic disorders.</p> <p>B. Identify predisposing factors causing delirium, dementia and amnesic disorders.</p> <p>C. Compare the health trends of the past and present showing the increase incidence of delirium, dementia and animistic disorders.</p> <p>D. Define the assessment which indicates delirium, dementia and amnesic disorders.</p> <p>E. Show the relationship of other disorders to delirium, dementia, and amnesic disorders.</p> <p>F. List nursing diagnosis appropriate for delirium, dementia, and amnesic disorders.</p> <p>G. Review list of topics for client and families education related to cognitive disorders.</p> <p>H. Define the highest level of functioning for the client with a cognitive disorder in order to identify appropriate nursing interventions.</p> <p>I. Determine how to assess the family in dealing with a chronic progressive cognitive disorder.</p> <p>J. List community support groups for cognitive disorders.</p> <p>K. Describe pharmacological approaches for symptom management of clients with cognitive disorders.</p>	<p>Readings: Delirium, Dementia and Amnesic Disorders, Chapt. 26</p> <p>Townsend, Mary C. (2006) <u>Psychiatric Mental Health Nursing Concepts of Care</u>. (5th ed.). Philadelphia: F.A. Davis</p>

UNIT V

INTERFERENCE TO PSYCHOLOGICAL FUNCTION DUE TO MOOD DISORDER

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITES
<p>Discuss alternations in psychosocial adaptations seen in mood disorders as manifestations of dysfunctional grieving.</p> <p>Discuss the psychopharmacology in the treatment of mood disorders.</p> <p>Analyze the relationship between coping resources and positive outcomes in depression.</p> <p>Discuss ECT as a somatic therapy for treatment of mood disorders.</p>	<p>I. <u>Bipolar and Depressive Disorders</u></p> <p>A. Define Depressive Disorders.</p> <p>B. Identify behaviors which can be assessed for by the nurse indicating a depressive mood disorder.</p> <p>C. Discuss biological and psychologic theories of predisposing factors causing mood disorders.</p> <p>D. Developmental differences in how clients develop mood disorders.</p> <p>E. Apply the nursing process to clients with mood disorders.</p> <p>F. Describe nursing responsibility in administering medications to clients with mood disorders.</p> <ol style="list-style-type: none"> 1. antidepressants 2. monoamine oxidase inhibitors 3. antimanic agents 	<p>Readings: Mood Disorders, Chapt. 29</p> <p>Townsend, Mary C. (2006) <u>Psychiatric Mental Health Nursing Concepts of Care</u>. (5th ed.). Philadelphia: F.A. Davis</p>

LEARNING OBJECTIVES**CONTENT OUTLINE****LEARNING ACTIVITIES**

Assess for suicidal maladaptive responses.

Analyze the relationship between suicide and a caring therapeutic environment.

Discuss concepts of anger and aggression in psychiatric nursing

Identify predisposing factors leading to maladaptive expression of anger.

Apply the nursing process as a means of delivery of care to clients in management of anger and aggression.

II. Suicide

- A. List risk factors leading to suicide.
- B. Review predisposing factors explained by psychological, sociological and biological theories as to the cause of suicide.
- C. Identify assessments which indicate risk for suicide.
- D. Describe how the nurse provides a caring therapeutic environment.
- E. Provide appropriate follow up referrals after the crisis has resolved.

III. Anger/Aggression

- A. Define anger and aggression
- B. Predisposing factors to anger and aggression
 - 1. biological
 - 2. environmental
- C. Assessment of risk factors and behaviors indicating potential anger in order to prevent violence.
- D. Identify nursing diagnosis considered for clients demonstrating inappropriate expression of anger or aggression.
- E. Define outcomes/criteria utilized to measure care of clients needing assistance with management of anger and aggression.
- F. Legal limitations of use of restraints for aggressive clients.

Readings: The Suicidal Client, Chap. 18

Townsend, Mary C. (2006) Psychiatric Mental Health Nursing Concepts of Care. (5th ed.). Philadelphia: F.A. Davis

Readings: Anger/Aggression Management, Chap. 17

Townsend, Mary C. (2006) Psychiatric Mental Health Nursing Concepts of Care. (5th ed.). Philadelphia: F.A. Davis

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITES
Discuss the problems associated with abuse and neglect.	IV. <u>Abuse and Neglect</u> A. Review historical perspectives related to abuse.	Readings: Problems Related to Abuse and Neglect, Chap. 40
Compare the theories of predisposing factors for abuse to the assessments of client data.	B. Identify predisposing factors. 1. biological theories 2. psychological theories 3. sociocultural theories	Townsend, Mary C. (2006) <u>Psychiatric Mental Health Nursing Concepts of Care</u> . (5 th ed.). Philadelphia: F.A. Davis
Apply crisis intervention concepts to problems of abuse.	C. Review specific types of abuse. 1. spouse abuse 2. child abuse 3. sexual abuse 4. sexual assault D. Combine assessment data, predisposing factors and background information to determine nursing diagnosis appropriate for abuse. E. Develop educational plans for clients experiencing abuse. F. Assist client and family member to deal with the crisis of abuse. G. Provide supportive referrals for clients experiencing abuse.	

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITES
Discuss theoretical perspectives on grief and loss.	V. <u>Grief and Loss</u> A. Discuss the grief response. B. Explain maladaptive responses to loss. C. Describe theoretical viewpoints about death and dying D. Define the developmental variations of responses to death and dying. E. Assessment of dying client and family. F. Nursing interventions which facilitate the mourning process. G. Supportive measures focused on the dying client and family. H. Supportive measures focused on the nurse/caregiver. I. Describe physiology of dying. J. Hospice care. K. End of life moral and ethical issues.	Readings: Bereaved Individual, Chap. 43 Townsend, Mary C. (2006) <u>Psychiatric Mental Health Nursing Concepts of Care</u> . (5 th ed.). Philadelphia: F.A. Davis
Discuss the meaning of loss to the client, family and health care providers.		

**UNIT VI
INTERFERENCES TO SAFETY NEEDS DUE TO
SENSORY DEPRIVATION AND AGING**

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITIES
Identify diagnostic tests utilized to assess the structures of the eye as well as vision.	I. Anatomy and Physiology	<u>READINGS:</u>
Describe the components of any eye assessment.	A. Structures of the External Eye	<u>Ball and Bindler:</u>
Define the nursing care of clients having surgery for corneal disorders and for detached retina.	B. Structures of the Anterior Chamber	Alterations in Eye, Ear, Nose, Throat
Utilizing the nursing process as a framework, outline the care to be given to clients undergoing cataract surgery.	C. Structures of the Posterior Chamber	
Describe the care for a client diagnosed with glaucoma.	D. Gerontologic Considerations	
Identify the pathophysiology behind Meniere's Disease.	II. Ophthalmic Assessment	<u>Lilley:</u>
Using the nursing process as a framework, identify the nursing care for a client with Meniere's Disease.	A. History	<u>Chapter 53</u> Ophthalmic Agents
Identify the pathophysiology of retinal degeneration and the nursing needs for an individual with this diagnosis.	B. Gerontologic Considerations	<u>Chapter 54</u> Otic Agents
Describe the degenerative changes in the ear caused by aging.	C. Physical Assessment	
Identify interventions utilized to improve hearing/halt hearing loss.	D. Diagnostic Evaluation	<u>Ignatavicious/Workman:</u>
	E. Refraction/Accommodation	<u>Chapter 49 - 52:</u> Eye/Ear
	III. Conditions of the Eye	Review of A&P, assessment, impaired vision, glaucoma, cataracts
	A. Cataracts	Retinal Detachment
	1. Pathophysiology	Macular Degeneration
	2. Clinical Manifestations	Orbital Trauma
	3. Diagnostic Evaluations	Diabetic Retinopathy
	4. Management	Ocular Medication
	5. Client Education	Ear
	6. Perioperative Care	Review of A & P, assessment and evaluation
	B. Glaucoma	Meniere's
	1. Classification	
	2. Assessment and Clinical Manifestations	
	3. Diagnostic Evaluation	
	4. Management	
	5. Client Education/Home Care	
	6. Gerontologic Considerations	
	C. Retinal Detachment	
	1. Clinical Manifestations	
	2. Management	
	D. Diabetic Retinopathy	
	E. Age-Related Macular Degeneration	
	F. Ocular Emergencies	

- IV. Ophthalmic Laser Surgery
 - A. Client Education
 - B. Nursing Assessment
 - C. Nursing Interventions

- V. Ophthalmic Nursing Care
 - A. Special Eye Care
 - B. General Eye Care

- VI. Anatomy and Physiology of the Ear (review)

- VII. Assessment of Hearing Ability
 - A. Examination of the Ear
 - B. Auditory/Vestibular Diagnostic Procedures
 - C. Communication

- VIII. Conditions of the Inner Ear
 - A. Meniere's Disease
 - 1. Clinical Manifestations
 - 2. Diagnostic Evaluation
 - 3. Management

UNIT VII
INTERFERENCES TO OXYGEN NEEDS:
CONGENITAL HEART ANOMALIES AND CARDIOVASCULAR SURGERY

<u>LEARNING OBJECTIVES</u>	<u>CONTENT OUTLINE</u>	<u>LEARNING ACTIVITIES</u>
Compare and contrast fetal circulation with neonatal circulation addressing both anatomical and hemodynamic functioning.	I. Transition from fetal to pulmonary circulation	<u>Ball and Bindler:</u> <u>Chapter 12</u> Alterations in Cardiovascular function, pg. 466-511
Identify distinctive clinical manifestations found in the following congenital heart defects: Coarctation of the aorta Patent ductus arteriosus Atrial septal defect Ventricular septal defect Tetralogy of fallot Transposition of the great vessels Aortic stenosis Pulmonic stenosis	II. Congenital heart disease A. Acyanotic defects 1. patent ductus arteriosus 2. arterial septal defect 3. ventricular septal defect 4. aortic stenosis 5. pulmonic stenosis 6. coarctation of the aorta B. Cyanotic defects 1. Tetralogy of Fallot 2. Transposition of the Great Vessels C. Diagnostics 1. Cardiac catheterization 2. Chest x-ray 3. ECG D. Congestive Heart Failure 1. Pathophysiology 2. Clinical manifestations 3. Diagnostics 4. Nursing assessment 5. Medical management E. Surgical Intervention 1. Types of surgeries 2. Nursing care	<u>Lilley:</u> <u>Chapter 20</u> Positive Inotropic Agents <u>Chapter 21</u> Antidysrhythmic Agents <u>Chapter 26</u> Coagulation Modifier Agent <u>Chapter 24</u> Diuretic Agents
Identify and explain the diagnostic tests frequently employed to identify anatomical changes in the heart, and the nursing implications.		<u>Ignatavicious/Workman:</u> <u>Chapter 36</u> Cardiac Assessment <u>Chapter 38</u> Review CHF, valvular heart disease, infective endocarditis, pericarditis, rheumatic carditis, transplant <u>Chapter 39</u> Abdominal aortic aneurysm
Identify the nurse care for the client (pediatric and adult) undergoing a cardiac catheterization.		
List the points to make when performing discharge teaching for the cardiac catheterization client.		
Outline the plan of care (including rationales) for an infant or child with congestive heart failure.	III. Acquired Valvular Disorders of the Heart A. Types of valvular problems (mitral stenosis, mitral valve prolapse, aortic stenosis, aortic regurgitation) B. Valve repair and replacement	
Explain how infective endocarditis effects the client systematically.		

LEARNING OBJECTIVES

CONTENT OUTLINE

LEARNING ACTIVITIES

Describe the following palliative/corrective surgical procedures and identify for which congenital defect they are used:

- Arterial switch
- Fontan
- Modified Blalock-Taussig
- Mustard or senning
- Norwood
- Patent ductus arteriosus ligation
- Rashkind
- Valvuloplasty

Define the various types of valvular heart disorders describing the pathophysiology, clinical manifestations and management of each one.

Identify the various types of valvuloplasty.

Identify the types of valve replacements and the advantages/disadvantages of each.

Identify the microorganisms that may cause cardiac valve disease and their port of entry.

Define chemoprophylaxis in relation to cardiac valve disease and nursing implications.

Compare the infectious disease of the heart, identifying their causes, pathologic changes, clinical manifestations, management and prevention.

Describe how a heart-lung bypass machine is utilized during cardiac surgery.

Identify the problems associated with cardiopulmonary bypass.

Using the nursing process as a framework,

C. Infectious diseases of the heart
(endocarditis, pericarditis)

IV. Cardiopulmonary bypass

- A. Transplantation
- B. Mechanical assist devices and total artificial hearts
- C. Pre-op nursing management
- D. Intro-op nursing management
- E. Post-op nursing management
- F. Complications of cardiac surgery

V. Aortic Aneurysms

- A. Classifications
- B. Thoracic
- C. Abdominal
- D. Dissecting

VI. Medications Used

- A. Cardiac glycosides
- B. Dysrhythmics
- C. Anticoagulants

LEARNING OBJECTIVES

CONTENT OUTLINE

LEARNING ACTIVITIES

identify the care given to a client pre- and post-op for cardiac surgery.

Describe the classifications used for aortic aneurysms.

Compare and contrast thoracic aortic aneurysms, abdominal aortic aneurysms, and dissecting aneurysms.

Explain what the mechanism of action of the cardiac glycosides is and why they are used in congestive heart failure.

Identify other classes of drugs used in congestive heart failure and how they work.

Identify how the following anti-dysrhythmics work and are used in the client having cardiac surgery:

- Atropine
- Propranolol
- Amiodarone
- Lidocaine
- Procainamide

Identify the adverse effects of heparin and coumadin and associate with what the nurse would be looking for on client assessment.

UNIT VIII
INTERFERENCE TO NUTRITIONAL NEEDS DUE TO DEGENERATION AND INFLAMMATION:
BILIARY AND PANCREATIC DISORDERS, GASTRO-DUODENAL ULCERS

<u>LEARNING OBJECTIVES</u>	<u>CONTENT OUTLINE</u>	<u>LEARNING ACTIVITIES</u>	
Identify the possible causes of gallbladder disease.	<ul style="list-style-type: none"> I. Biliary Conditions <ul style="list-style-type: none"> A. Cholecystitis B. Cholelithiasis <ul style="list-style-type: none"> 1. Pathophysiology 2. Clinical manifestations 3. Diagnostic evaluation 4. Medical management 5. Surgical management II. The Pancreas <ul style="list-style-type: none"> A. Pancreatitis <ul style="list-style-type: none"> 1. Acute pancreatitis <ul style="list-style-type: none"> a. pathophysiology b. clinical manifestations c. diagnostic evaluation d. management 2. Chronic pancreatitis <ul style="list-style-type: none"> a. causes b. clinical manifestations c. diagnostic evaluation d. management III. Peptic Ulcer <ul style="list-style-type: none"> A. Etiology and Incidence B. Pathophysiology C. Clinical Manifestations D. Diagnostic Evaluation E. Medical Management <ul style="list-style-type: none"> 1. Lifestyle modification 2. Diet 3. Medications <ul style="list-style-type: none"> a. antacids b. H2 blockers c. antibiotics and bismuth salts d. Proton pump inhibitor e. Cytoprotective agents 	<p><u>Ignatavicious/Workman:</u> <u>Chapter 56</u> Assessment of the gastrointestinal system <u>Chapter 63</u> Cholecystitis, pancreatitis <u>Chapter 59</u> Interventions for clients with stomach disorders, peptic, gastric, duodenal and stress ulcers.</p>	
List signs and symptoms of gallbladder disease.			
Compare approaches to management of cholelithiasis.			
Using the nursing process as a framework, identify the care of clients with cholelithiasis and those undergoing cholecystectomy.			<p><u>Lilley:</u> <u>Chapter 47</u> Cytoprotective Agents, Antacids, Antiflatulents, H2 Antagonists, Proton Pump Inhibitors, Cytoprotective Agents, Anticholinergics, Antimuscarins</p>
Explain the anatomy and physiology of the pancreas.			
Differentiate between acute and chronic pancreatitis.			<p><u>Ball and Bindler:</u> Peptic Ulcer, pg. 616 Biliary Atresia, pg. 629-630</p>
Using the nursing process as a framework, identify the care for clients with acute pancreatitis.			
List the predisposing factors of a gastro-duodenal ulcer.			
Describe the pathophysiologic process of peptic ulcer.			
Identify the dietary, pharmacologic and surgical treatment of peptic ulcer disease.			
Using the nursing process as a framework, outline a plan of care for the client undergoing gastric surgery.			

LEARNING OBJECTIVES

CONTENT OUTLINE

LEARNING ACTIVITIES

- f. Anticholinergics/antimuscarins
- F. Surgical Management
 1. vagotomy
 2. bilroth I
 3. bilroth II
 4. subtotal gastrectomy

UNIT IX
INTERFERENCE TO NUTRITIONAL NEEDS DUE TO DEGENERATION AND INFLAMMATION:
CIRRHOSIS OF THE LIVER AND HEPATITIS

<u>LEARNING OBJECTIVES</u>	<u>CONTENT OUTLINE</u>	<u>LEARNING ACTIVITIES</u>
Identify metabolic functions of the liver.	I. Physiologic Overview	<u>Ball and Bindler:</u> <u>Chapter 15</u> Acute Hepatitis, pg. 630-635
Explain liver function tests and clinical manifestations of liver dysfunction in relation to pathophysiologic alterations of the liver.	A. Liver anatomy B. Liver physiology 1. Metabolic functions 2. Medication metabolism 3. Bile formation 4. Bile excretion 5. Gallbladder function	<u>Ignatavicious/Workman:</u> <u>Chapter 62</u> Cirrhosis, hepatitis, liver transplant, cancer of the liver
Compare and contrast the various types of hepatitis: cause, clinical manifestations, management, prognosis, home health care needs and prevention.	C. Pathophysiology 1. Causes 2. Manifestations 3. Hematologic effects 4. Endocrine imbalances	<u>Lilley:</u> <u>Chapter 43</u> Immunosuppressant Agents
Identify precipitating factors in cirrhosis.	D. Gerontologic Considerations	
Describe the pathophysiology of cirrhosis and correlate clinical manifestations with these processes.	II. Diagnostic Evaluation of Hepatic Function	
Using the nursing process as a framework, outline a plan of care for the client with cirrhosis.	A. Examination of liver B. Liver function tests C. Other diagnostic tests	
Identify the connection between portal hypertension, cirrhosis and esophageal varices.	III. Clinical Manifestations of Hepatic Dysfunction	
Discuss the mechanism of action, contraindications, cautions, side effects and toxicity associated with the most commonly used immunosuppressives.	A. Jaundice B. Hyperbilirubinemia C. Portal hypertension D. Hepatic encephalopathy and hepatic coma	
Discuss the education guidelines for clients receiving an immunosuppressant agent.	IV. Hepatic Disorders	
	A. Viral hepatitis 1. Hepatitis A 2. Hepatitis B	

LEARNING OBJECTIVES

CONTENT OUTLINE

LEARNING ACTIVITIES

3. Hepatitis C
 4. Hepatitis D
 5. Hepatitis E
 6. Toxic hepatitis and drug-induced hepatitis
 7. Fulminant hepatic failure
- V. Hepatic Cirrhosis
- A. Types
 - B. Pathophysiology
 - C. Clinical manifestations
 - D. Diagnostic evaluation
 - E. Medical management
 - F. Complications
 1. Esophageal varices
 - a. pathophysiology
 - b. diagnostic evaluation
 - c. medical management
 - d. surgical management

UNIT X
INTERFERENCES TO NUTRITIONAL ELIMINATION NEEDS:
INTESTINAL AND URINARY DIVERSIONS

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITIES
Describe the responsibilities of the nurse in meeting the needs of the client with fecal diversion.	I. Types of Fecal Diversions A. Ileostomy B. Continent ileal reservoir C. Ileoanal anastomosis	<u>Ball and Bindler:</u> <u>Chapter 16</u> Renal Failure, pg. 662-675 <u>Chapter 15</u> Ostomies, pg. 585, 6017-608
Using the nursing process as a framework, create a plan of care for the client with cancer of the colon.	II. The Client Requiring an Illeostomy A. Pre-op considerations B. Post-op considerations C. Psychosocial considerations D. Rehabilitation E. Client education/home care considerations F. Complications	<u>Lilley:</u> <u>Chapter 43</u> Immunosuppressant Agents
Compare and contrast the nursing care of a client with a colostomy to one with an ileostomy.		<u>Ignativicious/Workman:</u> <u>Chapter 60</u> Colorectal cancer/colostomy <u>Chapter 61</u> Ileostomy, J-pouch <u>Chapter 72</u> Assessment of renal/urinary system <u>Chapter 73</u> Urothelial cancer/urinary diversions <u>Chapter 75</u> Interventions for clients with acute and chronic renal failure
Compare and contrast hemodialysis and peritoneal dialysis in terms of underlying principles, procedures, complications and missing considerations.	III. Cancer of the Large Intestine: Colon/Rectum A. Risk factors B. Pathophysiology C. Clinical manifestations D. Gerontological considerations E. Diagnostic workup F. Medical management G. Surgical management	
Describe nursing management of the hospitalized dialysis client.		
Using the nursing process as a framework, create a care plan for a client undergoing kidney surgery.	IV. Dialysis A. Hemodialysis 1. Access 2. Long term management 3. Complications 4. Client education 5. Psychosocial considerations 6. Alternatives	
Describe the causes of acute and chronic renal failure.		
Differentiate between acute and chronic renal failure as to pathophysiology, clinical manifestations, management and nursing interventions.		
Develop a post-op nursing care plan and teaching plan for the client undergoing kidney transplantation.		

LEARNING OBJECTIVES**CONTENT OUTLINE****LEARNING ACTIVITIES**

Describe the most common types of urinary diversions in use today. Identify pre- and post-op nursing interventions for a client undergoing a urinary diversion.

- B. Peritoneal
 - 1. goals/indications
 - 2. preparation
 - 3. CAPD
- C. Care of the hospitalized dialysis client
- D. Client undergoing kidney surgery

V. Acute Renal Failure

- A. Pathophysiology
- B. Clinical manifestations/Lab abnormalities
- C. Prevention
- D. Management
- E. Nursing interventions

VI. Chronic Renal Failure

- A. Pathophysiology
- B. Clinical manifestations
- C. Management
- D. Nursing interventions
- E. Gerontologic considerations

VII. Kidney Transplant

- A. Pre-op management
- B. Post-op management

VIII. Urinary Diversions

- A. Ileal conduit urinary diversion
- B. Continent ileal urinary reservoir
- C. Ureterosigmoidostomy
- D. Cutaneous ureterostomy

**UNIT XI
INTERFERENCES TO OXYGEN NEEDS:
HEAD, NECK AND CHEST SURGERY**

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITIES
Identify the risk factors and clinical manifestations for cancer of the larynx.	<ul style="list-style-type: none"> I. Cancer of the Larynx <ul style="list-style-type: none"> A. Demographics <ul style="list-style-type: none"> 1. Who is at risk 2. Causative agents 3. Anatomical areas affected B. Clinical Manifestations <ul style="list-style-type: none"> 1. Early signs 2. Late signs C. Diagnostics <ul style="list-style-type: none"> 1. X-ray studies 2. Biopsies 3. Tumor classifications D. Medical Management <ul style="list-style-type: none"> 1. Radiation 2. Surgery <ul style="list-style-type: none"> a. partial laryngectomy b. supraglottic laryngectomy c. hemivertical laryngectomy d. total laryngectomy E. Nursing Care of the Laryngectomy Client <ul style="list-style-type: none"> 1. Assessment 2. Goals 3. Pre-op interventions 4. Post-op interventions F. Client Education <ul style="list-style-type: none"> 1. Care of tracheostomy 2. Respiratory precautions 3. Discharge concerns G. Radical Neck Dissection <ul style="list-style-type: none"> 1. Anatomical changes 2. Nursing care <ul style="list-style-type: none"> a. goals b. pre-op interventions c. post-op interventions II. Lung Cancer 	<p><u>Lilley:</u> <i>Chapter 45</i> Antineoplastic Agents</p> <p><u>Ignatavicious/Workman:</u> <i>Chapter 31</i> Review tracheostomy and oxygen therapy <i>Chapter 32</i> Cancer of the larynx <i>Chapter 33</i> Lung cancer, chest drainage</p>
Describe the anatomical alterations produced by the various types of laryngeal surgeries for laryngeal cancer.		
Using the nursing process as a framework, identify the nursing concerns (both pre- and post-op) for the client with laryngeal cancer.		
Identify the client education and home care considerations for the laryngectomy client.		
Using the nursing process as a framework, identify the nursing concerns/care (both pre- and post-op) for the client undergoing a neck dissection.		
Describe the nursing interventions to be used with the client undergoing chemotherapy for lung cancer.		
Identify risk factors and clinical manifestations for lung cancer.		
Describe the surgical procedures used to treat/manage lung cancer.		
Using the nursing process as a framework, identify nursing concerns/care (both pre- and post-op) for the client undergoing thoracic surgery.		
Describe the principles of water-seal chest drainage and the nursing responsibilities related		

LEARNING OBJECTIVES**CONTENT OUTLINE****LEARNING ACTIVITIES**

to the care of the client with water-seal chest drainage system.

Describe the client education and home care considerations for clients who have had thoracic surgery.

- A. Demographics
 - 1. Risk factors
 - 2. Classification and staging
- B. Clinical Manifestations
 - 1. Signs and symptoms
- C. Diagnostics
 - 1. Procedures
 - 2. Biopsies
 - 3. Metastasis work-up
- D. Medical Management
 - 1. Surgery
 - a. lobectomy
 - b. sleeve lobectomy
 - c. pneumonectomy
 - 2. Radiation therapy
 - a. benefits
 - b. side effects
 - 3. Chemotherapy
 - a. Agents used
 - b. Client education
 - 1) side effects
 - 2) lab studies
- E. Nursing Care/Interventions
 - 1. Respiratory care modalities
 - 2. Pre-op interventions
 - 3. Post-op interventions
 - a. goals
 - b. chest drainage
 - c. respiratory care
 - d. mobility/arm exercises
- F. Client Education
 - 1. Comfort
 - 2. Arm exercises
 - 3. Rest/Activity
 - 4. Prophylaxis

UNIT XII
INTERFERENCES TO NUTRITIONAL NEEDS DUE TO HEREDITARY FACTORS:
DIABETES MELLITUS, CELIAC DISEASE, CYSTIC FIBROSIS

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITIES
Compare and contrast Type I and Type II diabetes as to cause, clinical manifestations, medical management.	I. Types of Diabetes	<u>Ball and Bindler:</u>
Create a schematic diagram to describe the pathophysiology of diabetic ketoacidosis.	A. Type I	<u>Chapter 20</u> Disorders of Altered Pancreatic Function, pg. 849-854
Using the above schematic diagram, identify clinical signs/symptoms of diabetes.	1. Pathophysiology	<u>Chapter 11</u> Cystic Fibrosis, pg. 454-459
Identify the diagnostic tests utilized to diagnose diabetes mellitus.	2. Clinical characteristics	<u>Chapter 11</u> Alterations in Respiratory Function (review of A&P differences in pediatrics), pg. 408-412
Identify the medications utilized in treating the diabetic client and describe how they work.	3. Diagnostic evaluation	<u>Chapter 13</u> Disorders of Mal-absorption, pg. 627-628
Compare and contrast hypoglycemia, diabetic ketoacidosis and hyperosmolar nonketotic syndrome.	4. Management	<u>Lilley:</u>
Identify the long-term effects of diabetes.	B. Type II	<u>Chapter 35</u> Bronchodilators and Other Respiratory Agents
Using the nursing process as a framework, develop a plan of care for the diabetic client.	1. Pathophysiology	<u>Chapter 34</u> Antihistamines, Decongestants, Antitussives and Expectorants
Describe the pathophysiology of celiac disease and related clinical manifestations.	2. Clinical characteristics	<u>Chapter 30</u> Antidiabetic and Hypoglycemic Agents
Identify the treatment for celiac disease.	3. Diagnostic evaluation	<u>Chapter 48</u> Antidiarrheals and Laxatives
Identify the physiologic effects of cystic fibrosis.	4. Management	<u>Ignatavicious & Workman:</u>
	II. Acute Complications of Diabetes	<u>Chapter 60</u> Malabsorption Syndrome pgs 1334-36
	A. Hypoglycemia	<u>Chapter 68</u> Diabetes Mellitus
	B. Diabetic ketoacidosis	<u>Chapter 33</u> Cystic fibrosis pgs 607-609, 1371
	C. Hyperglycemic Hyperosmolar Nonketotic Coma	
	III. Long-Term Complications of Diabetes	
	A. Macrovascular Complications	
	B. Microvascular Complications	
	C. Foot & Leg Problems	
	IV. Special Issues in Diabetes	
	A. Undergoing Surgery	
	B. The Hospitalized Client	
	C. Sick Day Rules	
	D. Stress	
	E. Gerontologic Considerations	
	V. Celiac Disease	
	A. Definition	
	B. Symptoms	
	C. Diagnosis	
	D. Nursing Management	
	E. Medications	

- VI. Cystic Fibrosis
 - A. Definition
 - B. Clinical Manifestations
 - C. Etiology and Pathophysiology
 - D. Diagnostic Tests
 - E. Medical Management
 - F. Nursing Management

UNIT XIII
INTERFERENCES TO NUTRITIONAL NEEDS DUE TO REGULATORY MECHANISM DYSFUNCTION:
ENDOCRINE DISORDERS

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITIES
Describe the functions and hormones secreted by each of the endocrine glands.	I. Physiologic Overview	<u>Ball and Bindler:</u> <u>Chapter 22</u> Alterations in Endocrine Function, pg. 821-861
Identify the diagnostic tests used to determine alterations in function of each of the endocrine glands.	A. Pituitary Gland B. Thyroid Gland C. Adrenal Gland D. Parathyroid Gland E. Pancreas	<u>Lilley:</u> <u>Chapter 28</u> Pituitary Agents <u>Chapter 29</u> Thyroid and Antithyroid Agents <u>Chapter 31</u> Adrenal Agents
Compare hypo- and hyperthyroidism as to cause, clinical manifestations, management and nursing intervention.	II. Assessment	<u>Ignatavicious/Workman:</u> <u>Chapter 65</u> Assessment of endocrine
Compare hypo- and hyperparathyroidism as to cause, clinical manifestations, management and nursing interventions.	A. Tests of thyroid function B. Diagnostic evaluation of hyper- and hypoparathyroidism C. Diagnostic evaluation of adrenal glands 1. Pheochromocytoma 2. Addison's disease 3. Cushing's disease	<u>Chapter 66</u> Pituitary & adrenal <u>Chapter 67</u> Thyroid & parathyroid
Compare Addison's Disease with Cushing's Syndrome: causes, clinical manifestations, management and nursing interventions.	III. Diseases	
Identify the teaching needs of clients requiring corticosteroid therapy.	A. Hypothyroidism B. Hyperthyroidism C. Hyperparathyroidism D. Hypoparathyroidism E. Pheochromocytoma F. Addison's disease G. Cushing's disease	
	IV. Corticosteroid Therapy	
	A. Side Effects B. Client Teaching	

UNIT XIV
INTERFERENCES TO REST AND ACTIVITY NEEDS:
CENTRAL NERVOUS SYSTEM DISORDERS

LEARNING OBJECTIVES	CONTENT OUTLINE	LEARNING ACTIVITIES
Describe the pathophysiology of increased intracranial pressure.	I. Increased Intracranial Pressure	<u>Ball and Bindler:</u> <i>Chapter 20</i> Alterations in Neurologic Function, pg. 725-778 <u>Lilley:</u> <i>Chapter 12</i> Antiepileptic Agents <i>Chapter 24</i> Diuretic Agents <u>Ignatavicious/Workman:</u> <i>Chapter 44</i> Assessment of the nervous system <i>Chapter 45</i> Seizures, meningitis, Parkinsons <i>Chapter 46</i> Lumbar spinal surgery, spinal cord injury, multiple sclerosis, amyotrophic lateral sclerosis <i>Chapter 47</i> Guillian-Barré, Bells Palsy, Myasthenia gravis, trigeminal neuralgia
Identify the early and late clinical manifestations of increased intracranial pressure.	A. Pathophysiology B. Clinical Manifestations C. Management D. Complications E. The Client with IICP F. Monitoring Intracranial Pressure G. Nursing Implications of ICP Monitoring H. Causes of IICP	
Identify those situations where the client might experience increased intracranial pressure.	II. The Client with Neurologic Dysfunction	
Identify the special nursing interventions necessary for managing IICP caused by:	A. Assessment B. Goals C. Nursing Interventions	
Brain tumors	III. The Unconscious Client	
Meningitis	A. Diagnostic Evaluation	
Intracranial abscess	B. Medical Management	
Intracranial aneurysm	C. Complications	
Convulsive disorders	D. The Unconscious Client	
Head injuries	IV. Cerebral Hemorrhage	
Hydrocephalus	A. Extradural	
Using the nursing process as a framework, create a care plan for the client with increased intracranial pressure.	B. Subdural	
Describe specific nursing actions and their rationale in caring for an unconscious client.	C. Subarachnoid	
Describe how cerebral hemorrhage might increase intracranial pressure.	D. Intracerebral	
Using the nursing process as a framework, create a plan for the client undergoing intracranial surgery.	V. The Client Undergoing Intracranial Surgery	
Identify the medications commonly used in treating the client with neurologic dysfunction.	A. Surgical Approaches	
	B. Diagnostic Evaluation	
	C. Management	
	D. Nursing Care	
	E. Transphenoidal Surgery	
	VI. Anticonvulsants	
	A. Epilepsy	
	VII. Osmotic Diuretics	

UNIT XV
**INTERFERENCES TO REST AND ACTIVITY NEEDS DUE TO TRAUMA AND DEGENERATIVE DISORDERS, SPINAL CORD INJURIES/
 DEVELOPMENTAL ALTERATIONS, AMPUTATIONS**

<u>LEARNING OBJECTIVES</u>	<u>CONTENT OUTLINE</u>	<u>LEARNING ACTIVITIES</u>
Compare and contrast the pathophysiology of multiple sclerosis. Parkinson's disease and myasthenia gravis.	I. Multiple Sclerosis A. Pathophysiology B. Clinical Manifestations C. Diagnostic Evaluations D. Management E. Nursing Assessment F. Nursing Interventions II. Parkinson's Disease A. Pathophysiology B. Clinical Manifestations C. Diagnostic Evaluations D. Management E. Nursing Assessment F. Nursing Interventions III. Myasthenia Gravis A. Pathophysiology B. Clinical Manifestations C. Diagnostic Evaluations D. Medical Management E. Surgical Management F. Myasthenic Crisis vs. Cholinergic Crisis G. Nursing Assessment H. Nursing Interventions IV. Cranial Nerve Disorders A. Trigeminal Neuralgia B. Bells' Palsy C. Guillan-Barré Syndrome V. Herniation of an Intervertebral Disc A. Clinical Manifestations B. Diagnostic Evaluation C. Management D. Cervical Disc Herniation	<u>Ball and Bindler:</u> <u>Chapter 20</u> Alterations in Neurologic Function, pg. 725-778 <u>Chapter 21</u> Amputations, pg. 816-817 <u>Lilley:</u> <u>Chapter 13</u> Anti-Parkinsonian Agent <u>Chapter 19</u> Cholinergic Agents <u>Chapter 65</u> Brain Tumors, Parkinson's Disease, ALS, Degenerative Disc, Herniated Disc <u>Chapter 69</u> Amputation, pg. 2103-2110 <u>Chapter 63</u> Head Injury, Spinal Cord Injury
Using the nursing process as a framework, identify the care required for the client having multiple sclerosis, Parkinson's disease and myasthenia gravis.		
Describe the medical and nursing management of a client with neurological problems due to cranial nerve involvement.		
Describe the pathophysiology of a herniated intervertebral disc and correlate clinical manifestations.		
Describe the conservative medical and nursing management of a client with a herniated disc.		
Identify the emergency medical goals for a client with a spinal cord injury.		
Explain the nursing actions in caring for a client undergoing treatment for a spinal cord injury.		
Construct a nursing care plan for a client who is a paraplegic including short and long term goals.		
Identify the care to be given to the client having an amputation: pre-op, post-op, rehab and psychological.		
Using the nursing process as a framework, develop care plans for the following pediatric		

LEARNING OBJECTIVES

CONTENT OUTLINE

LEARNING ACTIVITIES

neurologic dysfunctions:
Cerebral Palsy
Spina Bifida

E. Lumbar Disc Herniation

VI. Spinal Cord Injury

- A. Prevention
- B. Pathophysiology
- C. Emergency Management
- D. Clinical Manifestations
- E. Diagnostic Evaluation
- F. Management of Spinal Cord Injuries
- G. Complications of Spinal Injury
- H. Nursing Assessment
- I. Nursing Intervention
- J. The Quadriplegic or Paraplegic Client

Chapter 48 Traumatic brain injury, increased intracranial pressure, hemorrhage, hydrocephalus, brain tumors, craniotomy

VII. Amputation

- A. Factors Affecting Amputation
- B. Management
- C. Nursing Assessment
- D. Nursing Intervention

VIII. Pediatric Neurology

- A. Cerebral Palsy
- B. Spina Bifida

UNIT XVI
INTERFERENCES TO SAFETY NEEDS DUE TO BURNS AND ALLERGIES

<u>LEARNING OBJECTIVES</u>	<u>CONTENT OUTLINE</u>	<u>LEARNING ACTIVITIES</u>
Describe local and systemic effects of a burn injury.	I. Pathophysiology of Burns	<u>Ball and Bindler:</u> <u>Chapter 23</u> Alterations in Skin Integrity, pg. 863-903
Identify the three phases of burn care and the priorities of care for each phase.	A. Systemic Response <ol style="list-style-type: none"> 1. Cardiovascular response 2. Effects of fluids, electrolytes and blood volume 3. Pulmonary 4. Other systemic response 	<u>Lilley:</u> <u>Chapter 10</u> Alterations in Fluid and Electrolyte Balance, pg. 309-353
Using the nursing care process as a framework, outline the care of a client during each phase of burn care.	B. Local Response and Extent of Burns	<u>Chapter 52</u> Topical Anti-Infective Drugs, pg. 756; Epinephrine, pg. 208; Benadryl, pg. 458-464; Steroids, pg. 475-484
Explain the physiology underlying allergic reactions.	C. Emergent/Resuscitative Phase	
Describe the management and nursing care of clients with allergic disorders.	D. Acute/Intermediate Phase	
Plan emergency care for a client experiencing anaphylactic shock.	E. Rehabilitation Phase	<u>Ignatavicious/Workman:</u> <u>Chapter 71</u> Burns <u>Chapter 26</u> Anaphylaxis (pp. 458-460)
	II. Allergic Reaction: Physiologic Overview	
	A. Antibody Production	
	B. Chemical Mediators	
	C. Allergy	
	D. Hypersensitivity	
	III. Assessment and Diagnosis of Allergic Disorders	
	A. Diagnostic Tests	
	B. Allergic Disorders	
	IV. Management of Anaphylactic Shock	

Academic Integrity Statement:

Students are required to perform all the work specified by the faculty and are responsible for the content and integrity of all academic work submitted, such as papers, reports and examinations. A student will be guilty of violating the Rule of Academic Integrity if he or she:

- knowingly represents the work of others as his or her own;
- uses or obtains unauthorized assistance in any academic work;
- gives fraudulent assistance to another student.
- fabricates data in support of an academic assignment
- inappropriately or unethically uses technological means to gain academic advantage

Appendix

Verbs that may be useful in formulating and assessing Student learning goals and objectives

(listed from lower-order to higher-order learning)

Knowledge (list, define, describe, identify, state, name, [who/when/where])

Comprehension (summarize, describe, interpret, contrast, predict, distinguish, discuss, paraphrase)

Application (complete, illustrate, examine, classify, discover, solve, use)

Analysis (analyze, order, connect, arrange, compare, contrast, explain, infer, categorize, discuss)

Synthesis (combine, integrate, create, design, hypothesize, develop, formulate, rewrite)

Evaluation (judge, assess, convince, support, justify, rank, recommend, choose, criticize)

This listing, generally known as Bloom's Taxonomy, relates to cognitive behaviors (B.S. Bloom, "Major Categories in the Taxonomy of Educational Objectives," 1956).

Student learning objectives can also be stated in terms of affective and *psychomotor* Objectives:

- Affective objectives emphasize feeling and emotion (e.g., accept, attempt, challenge, defend, dispute, join, judge, praise, question, share, support and volunteer).
- Psychomotor objectives are concerned with motor skills (e.g., measure, dissect, assemble, ...).

For more resources on this topic, many helpful websites are available. For example:
<http://www.humboldt.edu/~tha1/bloomtax.html>

2. Program Objective: Assess the patient's health status in a comprehensive and holistic manner.

Evaluation Period:	Week 4	Week 9
Clinical Competency: Collect and analyzes comprehensive patient assessment data		
<p>Clinical Performance Criteria for multiple patient assignments (includes but not limited to):</p> <ol style="list-style-type: none"> 1. Uses correct techniques for physical assessment. 2. Uses effective interview and data collection techniques. 3. Identifies support systems and relevant laboratory, diagnostics test results, and procedures 4. Validates data collected for accuracy. 5. Adapts assessment techniques for groups of patients based on individual patient needs and characteristics (culture, spiritual, age, developmental level, illness, mental state). 6. Reports abnormal data and changes in patients condition to the instructor and appropriate health care professional. 7. Assesses groups of patients in a timely and efficient manner. 8. Assesses groups of patients and families based on basic human needs. 9. Anticipates changes in health status of groups of patients based on assessments. 10. Utilizes an efficient method of data collection when organizing collected information for multiple patient assignments (student created form, hospital form, course form) 11. Utilizes available technology to collect data necessary to provide appropriate care to groups of patients 		
<p>Comments: : (Areas requiring improvement, areas of strength)</p>		

4. Program Objective: Provide individual patient care in a safe physical and psychological environment.(Medication Administration)

Evaluation Period:	Week 4	Week 9
Clinical Competency: Administers medications safely		
<p>Clinical Performance Criteria for multiple patient assignments (includes but not limited to):</p> <ol style="list-style-type: none"> 1. Recalls patient medication information including classification, indication, action, dosage, side effects, interactions, and nursing implications. 2. Calculates medication dosages and IV rates correctly. 3. Checks “seven” rights and client identifiers prior to medication administration. 4. Performs appropriate assessments prior to, during, and after medication administration. 5. Follows correct procedures in preparing and administering medications. 6. Utilizes critical thinking when administering medications to a group of patients 7. Administers medications within the agency-allotted timeframe. 8. Evaluates the effects of medications administered while identifying if appropriate clinical outcomes have been achieved 9. Incorporates assessment data in decision-making related to medication administration. 10. Relates patients’ medications to their health status. 11. Documents medication administration correctly according to agency policy. 		
<p>Comments: (Areas requiring improvement, areas of strength)</p>		

5 Program Objective: Analyze, synthesize and evaluate patient-related data to develop and implement individualized patient care and teaching plans.

Evaluation Period:	Week 4	Week 9
Clinical Competency: Provide individualized care based on relevant patient data.		
<p>Clinical Performance Criteria for multiple patient assignments (includes but not limited to):</p> <ol style="list-style-type: none"> 1. Determines and supports client preferences when caring for multiple patient assignments. 2. Prepares clients for interventions with multiple patient assignments. 3. Performs nursing skills competently to groups of patients. 4. Demonstrates caring behaviors towards groups of patients and families. 5. Responds to patients in distress in order of priority. 6. Ensures groups of patients' ADLs are completed. 7. Considers patients' family and community when developing and implementing the plan of care. 8. Independently implements nursing care plan to multiple patient assignments in an organized fashion. 9. Utilizes priority patient needs to determine order of care provided to multiple patient assignments. 10. Modifies interventions in a flexible manner to multiple patient assignments based on changing health needs. 11. Independently manages time constructively with multiple patient assignments 12. Assesses multiple patients learning needs. 13. Provides patient teaching when appropriate with multiple patient assignments. 		
<p>Comments: (Areas requiring improvement, areas of strength)</p>		

6. Program objective: Evaluate the achievement of patient outcomes.

Evaluation Period:	Week 4	Week 9
Clinical Competency: Evaluation of patient outcomes using clinical reasoning.		
<p>Clinical Performance Criteria for multiple patient assignments (includes, but not limited to):</p> <ol style="list-style-type: none"> 1. Gathers adequate, relevant information for decision-making for a group of patients. 2. Reports abnormal data and changes in patient condition to the instructor and appropriate health care professional. 3. Responds appropriately to information from team members and/or other sources. 4. Uses data/evidence to support decisions in providing nursing care for a group of patients. 5. Validate nursing decisions with instructor or health care professional when doing new procedures 6. Anticipates patient/family care needs for a group of patients 7. Cluster data to identify patient/nursing problems for groups of patients. 8. Identify priority problems for a group of patients. 9. Plan individualized nursing care with appropriate outcomes for a group of patients. 10. Use critical thinking strategies in decision-making and care planning for a group of patients. 11. Modify patient care based on evaluation for a group of patient 		
<p>Comments: (Areas requiring improvement, areas of strength)</p>		

7. Program objective: Incorporate within nursing practice advocacy for patient's rights taking into consideration cultural diversity, socioeconomic and political forces.

Evaluation Period:	Week 4	Week 9
Clinical Competency: Act as a patient advocate		
<p>Clinical Performance Criteria for multiple patient assignments (includes, but not limited to):</p> <ol style="list-style-type: none"> 1. Promotes access to health care for a group of patients. 2. Protects patients' right to make independent choices. 3. Prevents harm for a group of patients. 4. Eliminates potential sources of injury for a group of patients. 5. Monitors the quality of patient care for a group of patients. 6. Identifies and provides names and numbers of supportive organizations appropriate to medical diagnosis for a group of patients 		
<p>Comments: (Areas requiring improvement, areas of strength)</p>		

8. Program objective: Collaborate with others to respond to the needs of individuals, families, and groups across the health-illness continuum.

Evaluation Period:	Week 4	Week 9
Clinical Competency: Ensure collaborative care.		
<p>Clinical Performance Criteria for multiple patient assignments (includes, but not limited to):</p> <ol style="list-style-type: none"> 1. Uses appropriate channels of communication. 2. Reports complete, accurate, pertinent information to instructor and staff. 3. Maintains effective communication with peers, staff, and instructor. 4. Conveys mutual respect, trust, support, and appreciation for other members of the student team and health care team. 5. Contributes to projects, discussions, and pre and post-conferences. 6. Confers with other health care and student team members regarding patient care needs. 7. Reviews collaborative behaviors when working with student and health team members leading to achievement of patient outcomes 8. Applies conflict resolution and problem solving skills as appropriate. 9. Facilitates continuity of care within and across health care settings (e.g. transfer reports, referrals). 10. Be able to delegate care appropriately 		
<p>Comments: (Areas requiring improvement, areas of strength)</p>		

9A. Program objective: Use effective verbal and written communication skills, incorporating lifespan considerations.

Evaluation Period:	Week 4	Week 9
Clinical Competency: Communicate effectively with patients, families, healthcare staff and groups.		
<p>Clinical Performance Criteria for multiple patient assignments (includes, but not limited to):</p> <ol style="list-style-type: none"> 1. Provides accurate information to patient and families. 2. Uses appropriate and respectful words and tone in verbal communications. 3. Demonstrates appropriate non-verbal communication strategies. 4. Uses communication techniques to assist patients/families in coping with stressful events and changes in health status. 5. Adapts communication strategies based on patients' age, developmental level, disability, and/or culture. 6. Evaluates the effectiveness of therapeutic interactions. 		
<p>Comments: (Areas requiring improvement, areas of strength)</p>		

9B. Program objective: Use effective verbal and written communication skills, incorporating lifespan considerations.

Evaluation Period:	Week 4	Week 9
Clinical Competency: Document effectively.		
Clinical Performance Criteria for multiple patient assignments (includes, but not limited to): <ol style="list-style-type: none"> 1. Documents, completes, accurate, pertinent information in a timely manner. 2. Completes documentation according to agency guidelines (format, timing, abbreviations, etc.) 3. Uses appropriate terminology, spelling and grammar in written communications. 		
Comments: (Areas requiring improvement, areas of strength)		

Student Signature

Faculty Signature

Date

Remediation Plan Instituted _____ **(attach copy)**

Clinical Evaluation Grading Criteria:

- Met** Performance criteria met, performing as expected for this level
Not Met Performance criteria not met, areas needing improvement require remediation plan.
Unsafe Significant concerns for patient safety

Scoring

An evaluation criterion is assigned for each program objective and competency twice during the clinical evaluation period.

A designation of “Not Met” requires a written remediation plan.

Receiving “Unsafe” in any of the competencies will result in a clinical failure for the course.

Faculty reserve the right to document an evaluation at any time during the clinical rotation

Developed June 2009

2. Program Objective: Assess the patient's health status in a comprehensive and holistic manner.

Evaluation Period:	Week 3
Clinical Competency: Collects and analyzes comprehensive client assessment data	
Clinical Performance Criteria (includes but not limited to): <ul style="list-style-type: none">12. Uses developmentally appropriate techniques for pediatric physical assessment.13. Uses effective interview and data collection techniques.14. Identifies support systems and relevant laboratory, diagnostics test results, and procedures15. Validates data collected for accuracy.16. Adapts assessment techniques for pediatric patients based on individual client needs and characteristics (culture, spiritual, age, developmental level, illness, mental state).17. Reports abnormal data and changes in patients condition to the instructor and appropriate health care professional.18. Assesses pediatric patient in a timely and efficient manner.19. Assesses pediatric patient and families based on basic human needs.20. Anticipates changes in health status of pediatric patient based on assessments.21. Utilizes an efficient method of data collection when organizing collected information for pediatric patient (student created form, hospital form, course form)22. Utilizes available technology to collect data necessary to provide appropriate care to pediatric patients	
Comments: (Areas requiring improvement, areas of strength)	

3. Program Objective: Provide individual patient care in a safe physical and psychological environment.

Evaluation Period:	Week 3
Clinical Competency: Adheres to principles of patient safety and infection control.	
Clinical Performance Criteria (includes but not limited to): <ul style="list-style-type: none">7. Comes to clinical mentally and physically prepared to provide safe and effective care to pediatric patients.8. Protects self and others from injury, infection, and harm.9. Maintains a safe, effective care environment.10. Uses available technology in accordance with agency policies and procedures.11. Requests assistance when needed.	
Comments: (Areas requiring improvement, areas of strength)	

4. Program Objective: Provide individual patient care in a safe physical and psychological environment.(Medication Administration)

Evaluation Period:	Week 3
Clinical Competency: Administers medications safely	
<p>Clinical Performance Criteria (includes but not limited to):</p> <ul style="list-style-type: none"> 12. Recalls patient medication information including classification, indication, action, dosage, side effects, interactions, and nursing implications. 13. Calculates medication dosages and IV rates correctly. 14. Checks “seven” rights and patient identifiers prior to medication administration. 15. Performs appropriate assessments prior to, during, and after medication administration. 16. Follows correct procedures in preparing and administering medications. 17. Utilizes critical thinking when administering medications 18. Administers medications within the agency-allotted timeframe. 19. Evaluates the effects of medications administered while identifying if appropriate clinical outcomes have been achieved 20. Incorporates assessment data in decision-making related to medication administration. 21. Relates patient’ medications to their health status. 22. Documents medication administration correctly according to agency policy. 	
<p>Comments: (Areas requiring improvement, areas of strength)</p>	

5. Program Objective: Analyze, synthesize and evaluate client-related data to develop and implement individualized client care and teaching plans.

Evaluation Period:	Week 3
Clinical Competency: Provides individualized developmentally appropriate care based on relevant patient data in the pediatric setting.	
<p>Clinical Performance Criteria (includes but not limited to):</p> <ul style="list-style-type: none"> 14. Determines and supports patient preferences 15. Prepares pediatric patients for interventions in a developmentally appropriate manner 16. Performs nursing skills competently 17. Demonstrates caring behaviors towards pediatric patients and families. 18. Responds to patients in distress in order of priority. 19. Ensures pediatric patients' ADLs are completed. 20. Considers patients' family and community when developing and implementing the plan of care. 21. Independently implements nursing care plan to pediatric patient assignments in an organized fashion. 22. Utilizes priority patient needs to determine order of care provided to pediatric assignments. 23. Modifies interventions in a flexible manner to pediatric assignments based on changing health needs. 24. Independently manages time constructively with pediatric patient assignments 25. Assesses pediatric patient and family learning needs. 26. Provides developmentally appropriate patient teaching when appropriate 27. Applies knowledge about development and patho-physiology of complex health problems in a variety of patient settings 	
<p>Comments: (Areas requiring improvement, areas of strength)</p>	

6. Program objective: Evaluate the achievement of client outcomes.

Evaluation Period:	Week 3
Clinical Competency: Evaluation of pediatric patient outcomes using clinical reasoning.	
Clinical Performance Criteria (includes, but not limited to): <ul style="list-style-type: none">12. Gathers adequate, relevant information for decision-making13. Reports abnormal data and changes in client condition to the instructor and appropriate health care professional.14. Responds appropriately to information from team members and/or other sources.15. Uses data/evidence to support decisions in providing nursing care.16. Validates nursing decisions with instructor or health care professional when doing new procedures17. Anticipates patient/family care needs .18. Clusters data to identify patient/nursing problems.19. Identifies priority problems.20. Plans individualized nursing care with appropriate outcomes.21. Uses critical thinking strategies in decision-making and care planning.22. Modifies patient care based on evaluation .	
Comments: (Areas requiring improvement, areas of strength)	

8. Program objective: Collaborate with others to respond to the needs of individuals, families, and groups across the health-illness continuum.

Evaluation Period:	Week 3
Clinical Competency: Ensure collaborative care.	
<p>Clinical Performance Criteria (includes, but not limited to):</p> <ol style="list-style-type: none"> 11. Uses appropriate channels of communication. 12. Reports complete, accurate, pertinent information to instructor and staff. 13. Maintains effective communication with peers, staff, and instructor. 14. Conveys mutual respect, trust, support, and appreciation for other members of the student group and health care team. 15. Contributes to projects, discussions, and pre and post-conferences. 16. Confers with other health care and student group members regarding patient care needs. 17. Reviews collaborative behaviors when working with student and health team members leading to achievement of patient outcomes 18. Applies conflict resolution and problem solving skills as appropriate. 19. Facilitates continuity of care within and across health care settings (e.g. transfer reports, referrals). 	
<p>Comments: (Areas requiring improvement, areas of strength)</p>	

9A. Program objective: Use effective verbal and written communication skills, incorporating lifespan considerations.

Evaluation Period:	Week 3
Clinical Competency: Communicate effectively with pediatric patients, families, healthcare staff and groups.	
Clinical Performance Criteria (includes, but not limited to): <ul style="list-style-type: none">7. Provides accurate information in a developmentally appropriate manner to patients and families when present.8. Uses appropriate and respectful words and tone in verbal communications.9. Demonstrates appropriate non-verbal communication strategies.10. Uses communication techniques to assist patients/families in coping with stressful events and changes in health status.11. Adapts communication strategies based on patients' age, developmental level, disability, and/or culture.12. Evaluates the effectiveness of therapeutic interactions.	
Comments: (Areas requiring improvement, areas of strength)	

9B. Program objective: Use effective verbal and written communication skills, incorporating lifespan considerations.

Evaluation Period:	Week 3
Clinical Competency: Document effectively.	
Clinical Performance Criteria (includes, but not limited to): <ol style="list-style-type: none"> 4. Documents, completes, accurate, pertinent information in a timely manner. 5. Completes documentation according to agency guidelines (format, timing, abbreviations, etc.) 6. Uses appropriate terminology, spelling and grammar in written communications. 	
Comments: (Areas requiring improvement, areas of strength)	

Student Signature

Faculty Signature

Date

Remediation Plan Instituted _____ **(attach copy)**

Clinical Evaluation Grading Criteria:

- Met** Performance criteria met, performing as expected for this level
Not Met Performance criteria not met, areas needing improvement require remediation plan.
Unsafe Significant concerns for patient safety

Scoring

An evaluation criterion is assigned for each program objective and competency twice during the clinical evaluation period.

A designation of “Not Met” requires a written remediation plan.

Receiving “Unsafe” in any of the competencies will result in a clinical failure for the course.

Faculty reserve the right to document an evaluation at any time during the clinical rotation

Developed June 2009

Mercer County Community College
 Division of Science & Health Professions
 Nursing Program
 Clinical Laboratory Performance Evaluation

Course: NURS 202 (Nursing IV) 3 week clinical experience in Mental Health Nursing

Student: _____ MCCC ID # _____

Semester: _____ Clinical Facility: _____

1. **Program objective:** Functions within the provisions of the Nurse practice Act while maintaining professional standards, the Code of Ethics and accepting responsibility for self growth and life-long learning

Evaluation Period	Week 3
Clinical competency: Demonstrate professional and ethical behaviors	
Clinical Performance Criteria (includes, but not limited to): <ol style="list-style-type: none"> 1. Complies with agency and MCCC nursing program policies and standards. 2. Treats all individuals with dignity and respect. 3. Is prepared for clinical experiences. 4. Utilizes objectives for clinical experience preparation and verbalizes summaries in post conference 5. Protects patient's rights (privacy, autonomy, confidentiality) 6. Practices within the legal and ethical framework of nursing. 7. Demonstrates appropriate professional behaviors (attendance, punctuality, honesty, appearance, attitude, acceptance of criticism) 8. Reports errors promptly 9. Assumes responsibility for learning. 10. Maintains professional boundaries. 11. Accepts responsibility for assigned clients 12. Demonstrates accountability for actions. 13. Develops personal self-awareness skills. 14. Maintains assigned journaling turning in as directed. 	
Comments: (Areas requiring improvement, areas of strength) 	

2. Program Objective: Assess the client's health status in a comprehensive and holistic manner.

Evaluation Period:	Week 3
Clinical Competency: Collects and analyzes comprehensive client assessment data	
Clinical Performance Criteria (includes but not limited to): <ol style="list-style-type: none">1. Uses correct interviewing technique for mental status assessment and data collection.2. Identifies support systems and relevant laboratory, diagnostics test results, and procedures3. Validates data collected for accuracy.4. Adapts assessment techniques based on individual patient needs and characteristics (culture, spiritual, development level, illness, mental state).5. Report abnormal data and changes in client's condition to the instructor and appropriate health care professional.6. Assesses patients in a timely and efficient manner.7. Assesses patients and families based on basic human needs.8. Anticipates changes in health status of based on assessments.	
Comments: (Areas requiring improvement, areas of strength)	

3. Program Objective: Provide individual client care in a safe physical and psychological environment.

Evaluation Period:	Week 3
Clinical Competency: Adheres to principles of patient safety and infection control.	
Clinical Performance Criteria (includes but not limited to): <ol style="list-style-type: none">1. Comes to clinical mentally and physically prepared to provide safe and effective care2. Protects self and others from injury, infection, and harm.3. Maintains a safe, effective care environment.4. Follows appropriate agency policies and procedures.5. Requests assistance when needed.	
Comments: (Areas requiring improvement, areas of strength)	

4. Program Objective: Provide individual client care in a safe physical and psychological environment.(Medication Administration)

Evaluation Period:	Week 3
Clinical Competency: Demonstrates knowledge of safe mental health medication administration	
<p>Clinical Performance Criteria (includes but not limited to):</p> <ul style="list-style-type: none"> 23. Recalls patient medication information including classification, indication, action, dosage, side effects, interactions, and nursing implications. 24. Performs appropriate assessments after medication administration. 25. Evaluates the effects of medications administered while identifying if appropriate clinical outcomes have been achieved 26. Relates patient medications to their health status. 	
<p>Comments: (Areas requiring improvement, areas of strength)</p>	

5. Program Objective: Analyze, synthesize and evaluate patient-related data to develop and implement individualized patient care and teaching plans.

Evaluation Period:	Week 3
Clinical Competency: Develops an individualized care plan for a mental health patient based on relevant patient data.	
<p>Clinical Performance Criteria (includes but not limited to):</p> <ul style="list-style-type: none"> 28. Determines and supports patients preferences. 29. Demonstrates caring behaviors towards patients and families. 30. Responds to patients in distress in order of priority. 31. Considers patients family and community when developing the plan of care. 32. Independently formulates an organized appropriate care plan delivered in conference verbally. 33. Independently manages time constructively. 34. Assesses learning needs. 35. Provides patient teaching when appropriate. 36. Applies knowledge about psychopathology of complex mental health problems in the high acuity inpatient setting 	
<p>Comments: (Areas requiring improvement, areas of strength)</p>	

6. Program objective: Evaluate the achievement of client outcomes.

Evaluation Period:	Week 3
Clinical Competency: Evaluation of patient outcomes using clinical reasoning.	
Clinical Performance Criteria (includes, but not limited to): <ul style="list-style-type: none">23. Gathers adequate, relevant information for decision-making24. Reports abnormal data and changes in patient condition to the instructor and appropriate health care professional.25. Responds appropriately to information from team members and/or other sources.26. Uses data/evidence to support decisions27. Validates nursing decisions with instructor or health care professional28. Anticipates patient/family care needs29. Clusters data to identify patient/nursing problems30. Identifies priority problems and challenges31. Plans individualized nursing care with appropriate outcomes32. Uses critical thinking strategies in decision-making and care planning	
Comments: (Areas requiring improvement, areas of strength)	

7. Program objective: Incorporate within nursing practice advocacy for patient's rights taking into consideration cultural diversity, socioeconomic and political forces.

Evaluation Period:		Week 3
Clinical Competency: Act as a patient advocate		
<p>Clinical Performance Criteria (includes, but not limited to):</p> <ul style="list-style-type: none"> 13. Supports clients' right to make independent choices. 14. Prevents harm. 15. Eliminates potential sources of injury. 16. Evaluates the quality of patient care. 17. Identifies and provides names and numbers of supportive organizations appropriate to diagnosis 		
<p>Comments: (Areas requiring improvement, areas of strength)</p>		

8. Program objective: Collaborate with others to respond to the needs of individuals, families, and groups across the health-illness continuum.

Evaluation Period:		Week 3
Clinical Competency: Ensures collaborative care.		
<p>Clinical Performance Criteria (includes, but not limited to):</p> <ul style="list-style-type: none"> 20. Uses appropriate channels of communication. 21. Reports complete, accurate, pertinent information to instructor and staff. 22. Maintains effective communication with peers, staff, and instructor. 23. Conveys mutual respect, trust, support, and appreciation for other members of the student group and health care team. 24. Contributes to projects, discussions, and pre and post-conferences. 25. Confers with other health care and student group members regarding client care needs. 26. Reviews collaborative behaviors when working with student group and health team members leading to achievement of client outcomes 27. Applies conflict resolution and problem solving skills as appropriate. 28. Facilitate continuity of care within and across health care settings (eg: transfer reports, referrals) 		
<p>Comments: (Areas requiring improvement, areas of strength)</p>		

9A. Program objective: Use effective verbal and written communication skills, incorporating lifespan considerations.

Evaluation Period:		Week 3
Clinical Competency: Communicates effectively with patients, families, healthcare staff and groups.		
<p>Clinical Performance Criteria (includes, but not limited to):</p> <ul style="list-style-type: none"> 13. Provides accurate information to patients and families if present. 14. Uses appropriate and respectful words and tone in verbal communications. 15. Demonstrate appropriate non-verbal communication strategies. 16. Uses communication techniques to assist patients/families in coping with stressful events and changes in health status. 17. Adapts communication strategies based on patient’s age, developmental level, disability, and/or culture. 18. Evaluates the effectiveness of therapeutic interactions. 		
<p>Comments: (Areas requiring improvement, areas of strength)</p>		

9B. Program objective: Use effective verbal and written communication skills, incorporating lifespan considerations.

Evaluation Period:		Week 3
Clinical Competency: Documents effectively in simulated progress note in mental health setting.		
Clinical Performance Criteria (includes, but not limited to): <ol style="list-style-type: none"> 7. Documents complete, accurate, pertinent information in a timely manner. 8. Completes documentation according to agency guidelines (format, timing, abbreviations, etc.) 9. Uses appropriate terminology, spelling and grammar in written communications. 		
Comments: (Areas requiring improvement, areas of strength)		

Student Signature

Faculty Signature

Date

Remediation Plan Instituted _____ **(attach copy)**

Clinical Evaluation Grading Criteria:

- Met** Performance criteria met, performing as expected for this level
Not Met Performance criteria not met, areas needing improvement require remediation plan.
Unsafe Significant concerns for patient safety

Scoring

An evaluation criterion is assigned for each program objective and competency twice during the clinical evaluation period.

A designation of “Not Met” requires a written remediation plan.

Receiving “Unsafe” in any of the competencies will result in a clinical failure for the course.

Faculty reserve the right to document an evaluation at any time during the clinical rotation

Developed June 2009