

COURSE DESCRIPTION

NUR-290 Adult Health Nursing C is a fourth level course in the nursing sequence which focuses on the health care of individuals, families and groups who have self-care deficits related to mobility and neuro-sensory problems. Students will use the nursing process in a variety of health care settings to assist individuals, families and groups achieve optimum health. Professional Role Management content will be integrated within this course during clinical conference time. Students will examine principles and skills inherent in advanced nursing practice, case management, health care economics and leadership. Critical thinking exercises, patient care scenarios, role play and discussion will be utilized.

4 lec., 12 lab.x 7.5 wks, 4 credits

PREREQUISITES: NUR-284 and NUR-285

CO-REQUISITE: NUR-291

COURSE OBJECTIVES

1. Provides comprehensive nursing care based on Orem's Model to two or more individuals and families with a focus on deficits in Neuro-Sensory function and protection from Hazards.
2. Integrates principles of growth and development within nursing care individuals.
3. Appraises oral and written communications to ensure professional and therapeutic results when interacting with individuals, families, groups, and health team members.
4. Integrates biological, psychological, sociological, cultural, spiritual, and economic factors in the provision of nursing care to individuals, families, and groups.
5. Evaluates professional and educational activities necessary for entrance into nursing practice.
6. Integrates professional, ethical and legal standards in effecting nursing practice in the current healthcare environment.
7. Assesses technological resources and skills necessary for nursing practice.
8. Incorporates critical thinking by reasoning, analyzing, synthesizing, and evaluating information in clinical situations in relation to care of individuals with deficits in neuro-sensory function and protection from hazards.
9. Correctly calculates drug and solution medication problems accordingly in the clinical setting and passes the Level IV Pharmacological Math Computation Exam (PMCE) with a score of 80% or higher.
10. Plans care based on the teaching and learning needs of individuals, groups, and families.

LEARNING EXPERIENCES

Lecture

Group Discussion

Audio Visual Aids

Clinical Practice:

Short Term Care Community

Facilities, Alternate Clinical

Observation areas

Computer Assisted Instruction

Field Observation

Case Studies

Assigned and Self-Directed Readings

LEVEL REQUIREMENT

Passing a Pharmacological Math Computation Exam (PMCE) with a score of 80% is a level requirement. The PMCE will be given in the first course of each level. If the student does not attain the required 80% passing grade, he/she will be provided two retake opportunities within the confines of that course. Failure to achieve an 80% in the PMCE will result in an "F" for the course in which the test was administered. Calculators may be used at Level IV.

COURSE REQUIREMENTS

- | | | |
|----|---------------------------------------|---|
| 1. | Exams | 3 unit exams, each composed of 50 questions |
| 2. | Nursing Care Plan | Completion of one 3-need <u>Satisfactory</u> Nursing Care Plan |
| 3. | Process Recording | Completion of one <u>Satisfactory</u> Process Recording |
| 4. | Clinical Care Conferences | Refer to Professional Role Development Module |
| 5. | Clinical Component | Must receive "3.0" on clinical evaluations. |
| 6. | Pharmacological Math Computation Exam | Must receive an 80% to pass. |
| 7. | Teaching Plan | Refer to Teaching Plan Evaluation Criteria & Format, p. 17. |
| 8. | Community Agency Visit/Report | To be arranged. |
| 9. | Attendance Policy | Students are expected to attend all classes & clinical sessions regularly and punctually. |

COURSE EVALUATION

- Course Grade will be determined by:
- | | | |
|----|---------------------------|---|
| 1. | Theory Grade: | There will be 3 multiple choice, 50 question tests. The student must achieve 75% or greater to pass NUR-290. |
| 2. | Clinical Component Grade: | <ul style="list-style-type: none"> • In order to pass clinical, the final grade must reflect an average of 3.0 (75%) or greater on all areas of the clinical evaluation. A student who receives a cumulative grade of less than 3.0 (75%) on all areas will not pass the clinical component and will receive a final grade of "F" in the clinical nursing course regardless of the theory grade. Attendance is a part of the scoring of the clinical grade. In the category regarding professional behaviors, the following rules apply: <ol style="list-style-type: none"> 1. No absences = rating of 4 2. One absence = rating of 3 3. Two absences = rating of 2 and a make-up assignment 4. Three absences = rating of 1 and failure of course • Exceptional circumstances for clinical absences may be reviewed by the clinical instructor, team and Program Director at the request of the student. • "Pass" grade on all written assignments. • Students must achieve a passing grade in the clinical component in order to pass NUR-290. |

3. Grading System:	A	=	89.5% or greater
	B+	=	84.5% - 89.4%
	B	=	79.5% - 84.4%
	C+	=	74.5% - 79.4%
	F	=	74.4 and below

* A failure in theory, clinical or Pharmacological Math Computation Exam will result in an "F" grade for the course.

REQUIRED TEXTS

Catalano, Joseph T. Nursing Now! Today's Issues, Tomorrow's Trends. 3rd edition, Philadelphia, PA. F.A. Davis Co., 2003.

Grodner, Anderson and DeYoung. Foundations and Clinical Application of Nutrition: A Nursing Approach. Mosby, 2000.

Jarvis, Carolyn. Physical Examination and Health Assessment. Philadelphia, PA: W.B. Saunders Company, 1996.

Smeltzer, Suzanne; Bare, Brenda; Hinkle, Janice; Cheever, Kerry, Brunner & Suddarth's Book of Medical-Surgical Nursing, Lippincott Williams & Wilkins, Eleventh Edition, 2008.

Pharmacology text as for previous nursing courses.

Laboratory test reference and drug reference as for previous nursing courses.

UNITS OF STUDY

- Unit I Musculoskeletal Function: Maintenance of Activity/Rest and Prevention of Hazards
- Unit II Neurological Function: Maintenance of Activity/Rest and Prevention of Hazards
- Unit III Sensory Function: Maintenance of Activity/Rest and Prevention of Hazards

Unit I**PERIODICALS:**

Estok, Patricia, etal. ""Structural Model for Osteoporosis Preventing Behavior in Postmenopausal Women," Nursing Research, May/June 2007.

Harvey, Carol. "Orthopaedic Complications," Orthopaedic Nursing, November/December, 2006.

Kobziff, Lydia. "Traumatic Pelvic Fractures," Orthopaedic Nursing, July/August, 2006.

"Preparation For Joint Replacement Surgery Begins At Home!", Orthopaedic Nursing, 2009 Jan-Feb; 28: 3-8

"Orthopedic and Trauma Nursing: Past, Present, and Future", Nursing, 2008 Nov; 12 (3-4).

"Nurse-Led Spinal Services-Fifteen Year's Reflection, Journal of Orthopedic Nursing", 2008 Nov; 12 (3-4)

"Pain Diaries For Providers, Nuanced Data; For Patients, A Sense of Control, AJN, 2008, June; 108:36-9.

"Best Practice. Eye Care For Patients In The ICU", AJN, 2006 Jan; 106 (1).

Unit II**PERIODICALS:**

Bell, V. and Troxel, D. "The Best Friends Model of Alzheimer's Care – A Brief History and Update," Alzheimer's Care Quarterly2007, April-June 8(2), 148-156.

Flaad, D. "Subcortical vascular dementia," Geriatric Nursing, 2005, March-April 26(2), 117-121.

Forbes, A.; Taylor, M. "What People With Multiple Sclerosis Perceive To Be Important To Meeting Their Needs," Journal of Advanced Nursing, 2007 April. 58 (1): 11-22

Frock, T.L. and McCaffrey, R. "Postauricular pain with bell's palsy," The American Journal of Primary Health Care, 2005 April, 30(14), 58-61.

Goodall, D. "Environmental changes increase hospital safety for dementia patients," Holistic Nursing Practice, 2006, March – April 20(2), 80-84.

Goyata, SLT; Rossi, LA. "Nursing Diagnoses of Burned Patients and Relatives' Perceptions of Patients' Needs," International Journal of Nursing Terminologies & Classifications, 2009 January-March 20 (1) 16-24

Haynes, D. "Patient education series: Viral meningitis in adults," Nursing, 2006 February 36(2), 62-64.

Williams, C. "Successful Assessment and Management of Burn Injuries", Nursing Standard, 2009 April 15-21, 23 (32): 53-4, 56, 58.

- Kavanagh, D. and Connolly P. "Promoting evidence-based practice: Implementing American Stroke Association's acute stroke," Journal of Nursing Care Quality, 2006 April-June 21(2), 135-142.
- Miceli, D.G. "Falls associated with dementia: How can you tell?" Geriatric Nursing, 2005 March-April, 26(2) 106-110.
- Noble, C. "Understanding Parkinson's Disease," Nursing Standard, 2007 May 2-8, 21 (34) 48-56, 58, 60.
- Palmieri, R. "Hospital nursing: Is it myasthenia gravis or Guillain barre' syndrome," Nursing, 2006, December 35(12), 32-34.
- Pope, S. and Beck, C. "Complementary and alternative therapies for Alzheimer's disease: A conference summary," Alzheimer's Care Quarterly, 2006, Jan-March 7(1), 13-31.
- Pourtney, D. "Parkinson's: Not Early To Detect," Nursing Older People 2008 July 19 (6) 12-13
- Rader, J. and Sloane, P. "The bathing of older adults with dementia," American Journal of Nursing, 2006, April 106(4), 40-48.
- Turner, C; Swain, S; Tyrrell, P; Rudd, A. "The Diagnosis & Initial Management of Stroke and Transient Ischemic Attack," Primary Health Care, 2008 November; 18 (9): 32-6
- Vacca, V. "Action stat: Subdural hematoma," Nursing, 2006, March 36(3), 88-89.

Unit III:

PERIODICALS:

- Cinat, M. and Carson, J. "Burns and motor vehicle crashes," Topics in Emergency Medicine, 2006 Jan-March 28(1), 56-67.
- Jones L. "Photo guide: First aid for burns," Nursing, 2006, January 36(1), 41-43.

UNIT OBJECTIVES

1. Assesses individual and basic conditioning factors when providing care for individuals with Self-Care Deficits in meeting Universal Self-Care Requisites. Assess the individuals experiencing existing or projected Self-Care Deficits related to activity/rest and prevention of hazards.
2. Interprets data collected regarding state of health, Self-Care Agency and Therapeutic Self-Care Demands.
3. Establishes accurate Nursing Diagnosis for individuals with Self-Care Deficits in meeting Universal Self-Care Requisites of activity/rest and prevention of hazards.
4. Identifies the required nursing system to assist individuals in meeting their Therapeutic Self-Care Demands.
5. Formulates the nursing care plan to foster Self-Care Agency in meeting Universal Self-Care Requisites.
6. Identifies care measures that are safe and effective in relation to age, developmental stage, and health state in meeting Self-Care Requisites.
7. Incorporates within the Nursing System previously learned skills and principles of humanities and biophysical, behavioral and nursing sciences.
8. Utilizes therapeutic communication techniques which foster relationships with individuals, their families, colleagues, and health team members in maximizing Self-Care Agency.
9. Differentiates normal growth and development from deviations and their effect on Developmental Self-Care Requisites.
10. Employs the supportive educative role when assessing individuals and families to maintain or achieve Self-Care.
11. Utilizes community resources in assisting individuals to enhance their Self-Care Agency.
12. Applies ethical, legal, and professional standards when managing individual care.
13. Assumes responsibility for ongoing expansion of the knowledge base and competencies necessary for promotion, maintenance, and achievement of individual Self-Care.
14. Evaluates the outcomes of the nursing system and revise plan of care when appropriate.

Theoretical Content	Teaching/Learning Activities
UNIT I: MUSCULOSKELETAL FUNCTION	
<p>I. Introduction and definition of activity/ rest and prevention of hazards relating to musculoskeletal disorders</p>	<p>Prior to the beginning of this unit: Self review of structure and function of the musculoskeletal system musculoskeletal assessment, and musculoskeletal pharmacology.</p>
<p>A. Hazards of immobility</p>	<p>Review: Jarvis, Chapter 20 Lilley, Chapter 42</p>
<p>B. Concepts of rehabilitation</p>	<p>Brunner, Chapter 66</p>
<p>C. Role of the Nurse</p>	
<p>II. Assessment of the musculoskeletal system relating to activity/rest and prevention of hazards</p>	
<p>A. Health history</p>	
<p>B. Physical exam</p>	
<p>C. Developmental Self-Care Requisites</p>	
<p>D. Health Care</p>	
<p>E. Diagnostics-preparation and patient care 1. Radiographics 2. Bone mass measurement 3. Scans 4. Scopes 5. EMG 6. Laboratory data</p>	
<p>III. Nurses role in management of musculoskeletal disorders</p>	<p>Brunner, Chapter 69</p>
<p>A. Skeletal 1. Fractures a. physiology of fractures b. clinical conditions/manifestations 2. Assessment Interventions a. conservative treatment b. surgical treatment c. prevention/teaching</p>	<p>CAI: Adult Health Nursing Concepts & Skills: Musculoskeletal Health Problems Kevin Flynn: Fractured Femur Skeletal Traction Video: RD753.M6 1993 (Assisting with Casts and Traction)</p>

Theoretical Content	Teaching/Learning Activities
III. Nurses role in management of musculoskeletal disorders (continued) <ul style="list-style-type: none"> 3. Osteoporosis 4. Amputations 	Video: RC931.07307 1975 Osteoporosis Video: RD553.F855 1996 Overcoming the Challenges of Amputation Brunner, Chapters 67-68
B. Degenerative joint disorders <ul style="list-style-type: none"> 1. Osteoarthritis 2. Rheumatoid arthritis 	CAI: Adult Health Nursing Concepts & Skills: Musculoskeletal Mrs. Michaels: Rheumatoid Arthritis Videos- RC 933.067.F44 1989 (Feeling Good with Arthritis) RC931.06707 1992 Osteoarthritis/Rheumatoid RC933.P38 1997 Living with Arthritis/Pathways to Better Living with Arthritis
C. Surgical joint procedures <ul style="list-style-type: none"> 1. Total hip replacement 2. Total knee replacement 	CAI: Adult Health Nursing Concepts & Skills: Musculoskeletal Mrs. Morgan: Total Hip
IV. Existing or Projected Self-Care Deficits	Videos: RD753.C37 1985 (Care of the Total Joint Pt)
V. Nursing Diagnoses Related to Universal Self-Care Requisite Activity/Rest/Prevention of Hazards/Musculoskeletal Disorders	RD561.A37 1988 (After Total Knee Replacement) RD549.N8 1995 (Nursing Management of Hip Fractures)
VI. Nursing Agency for Wholly Compensated/Partially Compensated/Supportive Educative Client	Musculoskeletal Case Study
UNIT II: NEUROLOGICAL FUNCTION	
I. Introduction and definition of Activity/Rest and Prevention of Hazards relating to Neurological Disorders	Prior to the beginning of this unit, self-review of structure and function of CNS, neurological assessment and CNS Pharmacology .
A. Altered States of Consciousness	Review: Jarvis, Chapter 21 Lilley, Chapters 8-12, 14-19, 46 Brunner, Chapters 60 & 61
B. Neuro/Sensory Deficits	
C. Role of the Nurse	

Theoretical Content	Teaching/Learning Activities
<p>II. Assessment of the Central Nervous System relating to Activity/Rest and Prevention of Hazards</p>	<p>Brunner, Chapters 60 & 61</p>
<p>A. Health history</p>	
<p>B. Physical exam</p>	
<p>C. Developmental Self-Care Requisites</p>	
<p>D. Health Care</p>	
<p>E. Diagnostics-preparation and patient care</p> <ol style="list-style-type: none"> 1. Radiographics 2. Scans 3. EEG 4. Lumbar puncture 5. Laboratory data 	
<p>III. Nurses Role in Management of Increased Intracranial Pressure (ICP)</p>	<p>Video- RC386.2.A38 1985 (Intracranial Hypertension)</p>
<p>A. Physiology of ICP</p>	<p>Brunner, Chapters 61 & 63</p>
<p>B. Autoregulation/ Compensatory Mechanisms</p>	
<p>C. ICP Monitoring</p>	
<p>D. Clinical Conditions/ Manifestations</p>	
<p>E. Head Injury</p> <ol style="list-style-type: none"> 1. Classification 2. Clinical manifestations 3. Nursing management 	
<p>F. Assessment/Intervention</p> <ol style="list-style-type: none"> 1. Glasgow Coma Scale (GCS) 2. Neuro assessment 3. Non-surgical treatment <ol style="list-style-type: none"> a. Stereotaxic Radiosurgery 4. Surgical treatment <ol style="list-style-type: none"> a. Craniotomy b. Burr holes 5. Pharmacological agents 6. Prevention/Teaching 	
	<p>CAI: Adult Health Concepts & Skills: Neurological Michael Dunne – Subdural Hematoma</p> <p>CAI: Adult Health Nursing Concepts & Skills: Neurological</p> <ol style="list-style-type: none"> a. Mrs. Throne – Subarachnoid Hemorrhage b. Mr. Jim Brown – Subdural Hematoma

Theoretical Content	Teaching/Learning Activities
G. Seizure Disorder <ol style="list-style-type: none"> 1. Classification 2. Clinical Manifestations 3. Anti-convulsants 4. Nursing Management 	Brunner, Chapters 60 - 64 Video: RC372.E55 1995 (Epilepsy: Breaking the Barrier)
H. Inflammatory Disorders <ol style="list-style-type: none"> 1. Meningitis 2. Encephalitis 	Video: RC376.M4 1996 (Meningitis: The Sudden Illness)
I. Care of the Unconscious Patient	
IV. Intracranial Disorders	Brunner, Chapters 60 - 64
A. Space Occupying Lesion	
B. Vascular <ol style="list-style-type: none"> 1. Hematomas 2. Aneurysm 3. CVA (Brain Attack) <ol style="list-style-type: none"> a. Thrombosis b. Embolism c. Hemorrhage d. Clinical manifestations e. Nursing management 	Video: RC388.5N8 1995 (Nursing Management of CVA) CAI: Adult Health Nursing Concepts & Skills: Neurological Mrs. Stevens - Stroke
C. Common Neurological Disorders <ol style="list-style-type: none"> 1. Paralysis 2. Sensory Deficits 3. Aphasia 4. Visual 5. Cognitive 6. Emotional 	Video: RC348.I33 1989 (Neurological Deficits)

Theoretical Content	Teaching/Learning Activities
<p>V. Spinal Cord Disorders</p> <p>A. Herniated Disk</p> <p>B. Spinal Trauma</p> <p>C. Rehabilitation</p>	<p>Brunner, Chapters 60 - 64</p> <p>CAI: Adult Health Nursing Concepts & Skills: Neurological John Morris – Spinal Cord Injury</p> <p>CAI: Adult Health Nursing Concepts & Skills: Critical Care Mr. John Wright – Spinal Cord Injury</p> <p>Videos: RD594.3A38 1985 (Spinal Cord Injury) RD594.3N85 1995 (Nursing Management of the Patient with Spinal Cord Injury)</p> <p>Brunner, Chapters 60 - 64</p>
<p>VI. Degenerative Neurological and Neuromuscular Disorders</p> <p>A. Multiple Sclerosis</p> <p>B. Parkinson Disease</p> <p>C. Myasthenia Gravis</p>	<p>Neurological Case Study</p>
<p>VII. Existing or Projected Self-Care Deficits</p>	
<p>VIII. Nursing Diagnoses related to Universal Self-Care Requisite - Activity/Rest/Prevention of Hazards/Neurological Disorders</p>	
UNIT III: SENSORY FUNCTION	
<p>I. Introduction and Definition of Activity/Rest and Prevention of Hazards relating to Sensory Disorders</p> <p>A. Visual Alterations</p> <p>B. Acoustic Alterations</p> <p>C. Skin Alterations</p>	<p>Prior to the beginning of this unit, self-review of structure and function of the sensory system, sensory assessment, and sensory pharmacology.</p> <p>Review: Jarvis, Chapters 10, 12, 13 Lilley, Chapters 53, 54, 55</p> <p>Brunner, Chapter 58</p>
<p>II. Assessment of Sensory Function Relating to Activity/Rest and Prevention of Hazards</p> <p>A. Health History</p> <p>B. Physical Exam</p> <p>C. Developmental Self-Care Requisites</p>	

Theoretical Content	Teaching/Learning Activities
<ul style="list-style-type: none"> D. Health Care E. Diagnostics - Preparation and patient care <ul style="list-style-type: none"> 1. Exams for visual acuity 2. Exams for hearing acuity 3. Laboratory data 	<p>Brunner, Chapter 58 CAI: Adult Health Nursing Concepts & Skills: Eye & Ear Mrs. Hoffman: Cataract Mrs. Russo: Glaucoma</p>
<ul style="list-style-type: none"> III. Nursing Role in Management of Visual Disorders <ul style="list-style-type: none"> A. Glaucoma - Acute/Chronic <ul style="list-style-type: none"> 1. Physiology of glaucoma 2. Clinical manifestations 3. Assessment/intervention <ul style="list-style-type: none"> a. conservative - pharmacological b. surgical c. psychosocial support d. prevention/teaching B. Cataracts <ul style="list-style-type: none"> 1. Physiology of cataracts 2. Clinical manifestations 3. Assessment/interventions <ul style="list-style-type: none"> a. surgery b. psychosocial support C. Retinal Detachment <ul style="list-style-type: none"> 1. Physiology of retinal detachment 2. Clinical manifestation 3. Assessment/intervention <ul style="list-style-type: none"> a. conservative treatment b. surgical treatment c. psychosocial support D. Macular Degeneration <ul style="list-style-type: none"> 1. Physiology of degeneration 2. Clinical manifestations 3. Assessment/intervention <ul style="list-style-type: none"> a. surgical treatment b. experimental treatment c. psychosocial d. preventative/teaching 	

Theoretical Content	Teaching/Learning Activities
VII. Nurses Role in Management of Burn Patient	Brunner, Chapter 57
A. Physiology of burns	Videos: RD96.4.N87 1978 (<u>AJN</u> Care of Burn Pt. - The Acute Phase)
B. Stages of burns	RD96.4N872 1978 (<u>AJN</u> Care of Burn Pt -Intermediate Phase)
C. Clinical manifestations	
D. Assessment/Interventions	
1. Immediate care	
2. Fluid/nutrition replacement	
3. Wound care/infection	
4. Surgical intervention	
a. debridement	
b. grafting	
5. Prevention/teaching	Sensory Case Study
E. Rehabilitation	
1. Psychosocial	
2. Physiological	

TEACHING PLAN EVALUATION CRITERIA

1. Bases teaching plan on identified self-care deficits and patient's abilities to perform self-care.
2. Determines teaching objectives according to self-care deficits.
3. Assesses individual's basic conditioning factors when developing teaching plan.
4. Determines priorities for teaching according to self-care deficits.
5. Utilizes appropriate teaching strategies.
6. Involves client and/or family in all aspects of teaching.
7. Evaluates effectiveness and outcome of teaching plan in terms of maximizing self-care agency.
8. Revise teaching plan based on teaching outcomes assessment.
9. Evaluates effectiveness and outcome of teaching plan. Involves clients and/or family in all aspects of teaching.
10. Revises teaching plan based on outcomes assessment.

FORMAT FOR TEACHING PLAN

AGENCY:

TOPIC: Describe teaching to be done:
 i.e., crutch walking using 3 point gait.
 i.e., safe self-administration of psychotropic medications

LEARNER: Client or family member who requires teaching.

OBJECTIVES: State what is to be accomplished.

METHOD: Depends on developmental level and ability to communicate.
 Methods can include explanation, demonstration, return demonstration.
 Questions and answers.

MATERIAL: Audio visuals, printed materials, i.e. books, pictures.

FORMAT:

		<u>TEACHER & LEARNER</u>	
CONTENT	ACTIVITIES	EVALUATION	

What you intend to teach	Explain	What did the client learn?
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Prepared by: _____

Date: _____

Responses to the following questions are to be submitted by the student to the instructor:

1. Were the objectives met?
2. What methods of teaching were used and why those methods?
3. What materials were used for teaching?
4. How did you evaluate the client's performance?
5. What changes would you make in this plan?

PROFESSIONAL ROLE DEVELOPMENT MODULE

CLINICAL CONFERENCE OBJECTIVES

The student will be able to:

1. Identify attributes and demonstrate necessary behaviors for professional practice and successful role transition.
2. Describe key principles of effective leadership and management.
3. Utilize strategies for implementing successful leadership and management.
4. Utilize principles of delegation.
5. Propose strategies for dealing with ethical and work related challenges.
6. Recognize the changes occurring in the delivery of health care and their effect on client outcomes and on nursing.
7. Describe successful job seeking strategies.
8. Evaluate the needs of clients during end of life care.

ROLE MANAGEMENT CLINICAL CONFERENCE GUIDE

1. Punctual and regular attendance is required. A Professional Role absence is considered a clinical absence.
2. Students are expected to actively participate in scheduled weekly clinical conferences during their Level IV nursing experience. Students' contributions during conferences will be tracked to establish participation.
3. Students are expected to prepare for clinical conferences by reading the chapters assigned and by viewing the specific CAI.
4. Students will research a current nursing/health issue and participate in a presentation of that topic once in the semester (see page 20).
5. Students are required to attend two continuing education programs (minimum length of 3-4hrs.) or one 6-8 hour program. Students must furnish proof of completion of program requirement by the end of the semester.
6. Students are expected to meet all clinical conference objectives.
7. Final evaluation of student participation in professional role development is an evaluation component appearing on the Clinical Performance Evaluation Tool, E2.
8. Students will complete a minimum of 300 NCLEX Review questions throughout the semester. Ongoing documentation of question completion should be presented to instructor. One-half of the requirement should be completed by mid-semester.

GUIDELINES FOR ORAL PRESENTATIONS

1. Students will be assigned to work in groups of two or more.
2. Students will review readings from Nursing Spectrum, American Nurse, N.J. Nurse and/or appropriate nursing journals for topics relating to current issues and trends affecting nursing practice, client outcomes and/or the health care delivery system.
3. Each member of the class will be expected to participate in each class discussion.
4. Each student has the ability to gain five extra points on **ONE** unit test if all criteria are met satisfactorily.*

	<u>Criteria</u>	<u>Maximum Points Gained</u>
(1)	Each student will submit a separate outline with bibliography at least one week prior to presentation. Bibliography to include text, plus at least 2 other hard-copy references (non-internet)	1
(2)	Minimum of 40 minutes for each group presentation.	1
(3)	Each student will participate equally in oral presentation.	1
(4)	The group generates active class involvement i.e. game, role playing, case studies.	2

* Student may designate points earned to be used in either NUR 290 or NUR 291. Student must indicate preference of designation to instructor by Test #3 in first rotation. If student does not indicate preference, points will be applied to the grade in rotation where presentation is given.

COURSE OUTLINE

Theoretical Content	Teaching/Learning Activities
<u>Unit I:</u> Leadership Skills/Management	Catalano, Chapter 12
I. Empowerment, leadership skills and situational leadership	<u>CAI:</u> Clinical Management Challenge and Basic Management Skills
II. Empowerment behaviors and the characteristics of a change leader	<u>Periodicals:</u>
III. Organizational roles in empowered environments	Sandford, K. "The Ethical Leader," <u>Nursing Administration Quarterly</u> , 2006, Jan-Mar 30(1), 5-10.
IV. Obstacles to empowerment and effective leadership	
V. Goals of empowerment	
VI. Methods of empowering others	
VII. Leadership principles	
<u>Unit II:</u> Delegation	<u>Video:</u> Delegating Effectively: Working through with Assistive Personnel. (Media Center-Library) RT89D44 2002
I. Introduction to delegation in the health care System	<u>CAI:</u> Delegation to Unlicensed Assistive Personnel Effective Delegation
II. What is delegation?	
III. What can and should be delegated? A. State Nursing Practice Act B. Job competencies C. Patient Needs D. Organizational policies and Procedures E. Professional standards of nursing Practice	
IV. Developing safe practices A. The "5" Rights" of delegation B. Explain the task and expected Outcome C. Allow staff member to complete the Task D. Assess job performance	
V. High risk delegation	

Theoretical Content	Teaching/Learning Activities
<p>Unit III Pain Management and Comfort Measures of the Dying Patient</p>	<p>Handouts</p> <p><u>Article:</u> Baron, M. and Jackson, R. "Tube Feeding Decisions in Patients with End-Stage Dementia," <u>Health Care Food and Nutrition Focus</u>, 2006, September 23(9), 1-6</p>
<p>I. Introduction to the Concepts of Pain and Comfort in the Dying Patient</p> <p>II. The Physiology of Deprivation of Fluids</p> <p>III. Medications Used for Pain Management</p>	<p>Organize student presentations as per outline.</p>
<p>Unit IV, V, VI: Student Presentations - Topics to include but not limited to the following</p>	
<p>I. Minimizing Malpractice</p> <p>II. Assessing out Own Attitudes About Cultural Diversity</p> <p>III. The Healthcare Delivery System</p> <p> A. Uninsured population</p> <p> B. Medicaid</p> <p> D. Medicare</p> <p>IV. The Politically Active Nurse</p> <p>V. Ethics in Nursing</p> <p>VI. Reality Shock in the Workplace</p> <p>VII. Nursing Informatics</p> <p>VIII. Bioethical Issues</p> <p>IX. Communication</p> <p>X. Delegation & Supervisor</p> <p>XI. Collective Bargaining & Governance</p> <p>XII. Spirituality</p> <p>XIII. Alternative and Complimentary Practices</p>	

Periodicals**Unit I: Leadership Skills/Management**

Mueller, D. "Becoming influential: A guide for nurses," Journal of Nursing Administration, 2005 Feb., 5(2), 101.

O'Malley, P. and Emsley H. "No Brawn Needed to Develop and Implement a Lift Team Policy to Improve Outcomes," Nursing Management, 2006, April 37(4), 26-34.

Sandford, K. "The Ethical Leader," Nursing Administration Quarterly, 2006, Jan-Mar 30(1), 5-10.

Unit II: Delegation**Unit III Pain Management and Comfort Measures of the Dying Patient**

Laskowski-Jones, L. "Should Families be Present during Resuscitation," Nursing 2007, May 37(5), 44-47.

**New Jersey Board of Nursing
Examination Department – Licensure by Examination Grid
Schools of Nursing 2004**

Step	Activity	BON	Timeframe	Comments
1	Mid-semester of the last term, the potential graduate download Licensure Application from the Board website www.state.nj.us/lps/ca/medical/nursing.htm , and the NCLEX application directions and Candidate Bulletin from Pearson/Vue website http://www.pearsonvue.com.nclex	The Board will mail hard copies of these materials if requested, in the event the computer system is not functioning.	1-2 weeks and is volume sensitive.	Board of Nursing Application Packet contains: 1) BON application 2) Sagem Morpho Authorization Form 3) NCLEX application Online NCLEX application contains: 1) Directions to register online or by telephone 2) Candidate Bulletin
2	Applicant returns the following to the BON: 1) Application and fees (\$75 application fee and \$65 license fee) 2) Sagem Morpho Authorization Form	1) Board enters applicant information into L2K 2) Board prints out and mails Sagem Morpho letter with PCN number to applicant. Applicant goes to Sagem Morpho to have prints scanned. 3) Board mails Notification Letter to candidate Confirming receipt Licensure by Examination Application.	Application Receipt Notification Letters and Sagem Morpho Letters are generated and mailed to applicants within 10-15 business days of the receipt of application materials by the Board.	Sagem Morpho guarantees that prints can be done within two weeks with a turn around time of approximately 5-10 business days. All arrests and convictions will come to the Board. This may delay this portion of the process. Note: Hyphenated names may take 6-8 weeks for criminal history review completion.
3	Applicants use Board web site link to register for NCLEX online at Pearson/Vue web site or register with Pearson/Vue by telephone.	Pearson/Vue creates a file in their system.	Depends on how applicant chooses to submit data. Hard copies can be mailed to applicant if requested.	Mail may take 5-10 business days to process. Telephone and online applications are processed immediately with valid credit card.

**New Jersey Board of Nursing
Examination Department – Licensure by Examination Grid
Schools of Nursing 2004**

Step	Activity	BON	Timeframe	Comments
4	School of Nursing has confirmed for each candidate through a letter to the Board of Nursing identifying that the student has met all requirements for graduation.	BON confirms receipt of all required documents and will notify Pearson/Vue that applicant is eligible to test.	2 - 3 weeks	Depends on whether or not all data is received by the Board. Pearson/Vue will send the Admission to Test (ATT) form when applicant is made eligible to test by the Board.
5	Student schedules and takes NCLEX examination and passes or fails.	<ol style="list-style-type: none"> 1) When all requirements are met the applicant is licensed. The Board will send a letter informing the applicant when they are licensed. 2) The Board requests a license to be issued to licensee. 	2 – 3 weeks Note: The licensee will receive the license approximately 10 business days after the Board requests the license to be issued.	<ol style="list-style-type: none"> 1) Applicants must meet all licensing requirements before they will be assigned a license number. These include: passing NLCEX, Criminal History Background Clearance and payment of all fees. 2) A faxed verification of licensure may be obtained by using the license number and calling the Verification Telephone Line at (973) 923-7926. 3) The new licensee may also show the Licensure Notification Letter to the employer as proof of licensure.

Important website:

Board of Nursing website address: www.state.nj.us/lps/ca/medical/nursing.htm

Pearson/Vue website address: www.pearsonvue.com/nclex