

**BERGEN COMMUNITY COLLEGE**  
**DIVISION OF HEALTH PROFESSIONS**  
**DEPARTMENT OF NURSING**

**NUR 291**

**LEVEL IV**

**ADULT HEALTH NURSING - D**

**COURSE OUTLINE**

**4 CREDITS**

**LECTURE: 4 HOURS PER WEEK**

**CLINICAL: 10 HOURS PER WEEK**

**CLINICAL CONFERENCE: 2 HOURS PER WEEK**

**FOR USE DURING THE FALL 2010 and  
SPRING 2011 SEMESTERS ONLY**

**ALL POLICIES AND COURSE REQUIREMENTS ARE SUBJECT TO REVISION ON A SEMESTER BY SEMESTER-BASIS. STUDENTS WILL BE NOTIFIED OF ANY REVISION(S) AT THE BEGINNING OF THE SEMESTER IN WHICH THE POLICY OF REQUIREMENTS IS/ARE TO BE IMPLEMENTED DURING THE FIRST MEETING OF THE APPROPRIATE NURSING CLASS.**

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 ADULT HEALTH NURSING - D

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## NUR 291, Adult Health Nursing D

**COURSE DESCRIPTION**

NUR 291, Adult Health Nursing D is a fourth level course in the nursing sequence which focuses on the health care of individuals and families who have self care deficits related to cellular regulation, sexual practices and endocrine and immune function. Students will use the nursing process in a variety of healthcare 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 exercise, patient care scenarios, role play and discussion will be utilized.

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

PREREQUISITES: NUR 284 and NUR 285

CO-REQUISITE: NUR-290

**COURSE LEARNING OUTCOMES**

1. Provides comprehensive care based on Orem's Self- Care Model to two or more adult clients and families with deficits in the USCR Protection from Hazards related to immune function, cellular regulation, endocrine function and sexual practices.
2. Integrates principles of growth and development within nursing care of adults and families.
3. Appraises oral and written communications to ensure professional and therapeutic results.
4. Integrates biological, psychological, sociological, cultural, spiritual, and economic factors in the provision of nursing care to adults, families and groups.
5. Evaluates professional and educational activities necessary for entrance into nursing practice.
6. Integrates professional, legal and ethical standards embodied in the New Jersey Nurse Practice Act within nursing practice.
7. Assesses technological resources and skills necessary for nursing practice.
8. Incorporates critical thinking by analyzing and evaluating information in clinical situations in relation to care of adults with deficits in the USCR Protection from Hazards related to immune function, cellular regulation, endocrine function and sexual practices.
9. Correctly calculates drug and solution medication problems 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 adults, groups and families.

**LEARNING EXPERIENCES**

Lecture	Computer Assisted Instruction
Group Discussion	Field Observation
Audio Visual Aids	Case Studies
Clinical Practice:	Assigned and Self-Directed Readings
Short Term Care and	
Community Facilities	
Alternate Clinical Observational	
areas	

**LEVEL REQUIREMENTS**

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. | Pharmacology Computation Exam | Must receive an 80% to pass   |
| 3. | Nursing Care Plan(s)          | Completion of one 3 problem satisfactory Nursing Care Plan with, BCF assessment accompanying each care plan..<br>- One Teaching Plan<br><br>- One Discharge Plan. (refer to p. 4 for specific guidelines) |
| 4. | Process Recording             | Completion of one satisfactory Process Recording.   |
| 5. | Community Agency Visit Report | To be arranged.   |
| 6. | Clinical Component            | Refer to Clinical Evaluation Tool.  |
| 7. | Clinical Care Conferences     | Refer to professional Role Development Module.  |
| 8. | Attendance Policy             | Students are expected to attend all class and clinical sessions punctually.   |

**EVALUATION**

- |    |                    |  |
|----|--------------------|--|
| 1. | Theory Grade       | Final grade calculation as follows:<br>3 unit exams = 100% of grade<br>Students must achieve 75% or greater to pass NUR 291.   |
| 2. | Clinical Component | In order to pass clinical, the final grade must reflect an average of <b>3.0 (75%)</b> or greater on all areas of the clinical evaluation. A student who receives a cumulative grade of less than <b>3.0 (75%)</b> 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"> <li>1. No absences = rating of 4</li> <li>2. One absence = rating of 3</li> <li>3. Two absences = rating of 2 and a make-up assignment</li> <li>4. Three absences = rating of 1 and failure of course</li> </ol> Exceptional circumstances for clinical absences may be reviewed by the clinical instructor, team and Program Director at the request of the student. |

**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 Pharmacology Math Computation Exam will result in an "F" grade for the course.

Note: With the exceptions of Test #3, test grades and test review will be provided no sooner than the next day/night of class after the test and no later than 1 week after the test. Grades will not be posted.

**REQUIRED TEXTS**

Brunner & Suddarth, Textbook of Medical-Surgical Nursing,(Volume I &II), Philadelphia: Lippincott, 2008,11<sup>th</sup> edition.

Catalano, Joseph T. Nursing Now! Today's Issues, Tomorrow's Trends. 5TH edition, Philadelphia, PA. F.A. Davis Co., 2008.

Pharmacology, Nutrition and Health Assessment texts as for previous nursing courses.

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

**GUIDELINES FOR NURSING CARE PLAN**

- I. Care Plan:
  - A. Complete Basic Conditioning Factor Assessment Sheet on selected client.
  - B. Select 3 priority problems from the following Universal Self-Care Requisites: Air, Water, Food, Elimination, Activity and Rest, Prevention of Hazards, Normalcy, Solitude – Social Interaction. (One Problem must address one USCR under Normalcy and/or Solitude/Social Interaction).
- II. Teaching Plan
  - A. Select one Self-Care Deficit that requires nursing teaching intervention.
  - B. Develop teaching plan to include the following:
    1. Identify learning need of patient
    2. Characteristics of learner
    3. Objectives of teaching session – **must be patient centered**
    4. Methods of teaching selected
    5. Content selected - actual development of teaching content
    6. Methods of evaluation selected
    7. Document source of information presented (requires minimum of 2 sources other than course textbook)
- III. Discharge Plan (to be submitted with one Care Plan)
  - A. Assess patient's abilities to achieve self-care after discharge
    1. Home environment
    2. Support systems
    3. Economic and insurance resources
    4. Health state - **see Orem**
  - B. Identify needed resources
    1. Referral agencies - be specific - How does patient contact agency; name of contact person. Identify and describe the specific services provided by the agency and how it will meet the needs of the patient.
    2. Support groups - be specific - How does patient contact group; name of contact person.  
Identify and describe the type of support provided by the group and how it will meet the needs of your patient.
    3. Equipment needs
  - C. Identify discharge instructions (for the following areas as applicable)
    1. Special procedures
    2. Activity modifications
    3. Dietary modifications
    4. Medication instructions (including drug name, therapeutic uses, dosage, route, frequency, and most significant side effects) **explained at patient's level of understanding.**
    5. Signs and symptoms to report to doctor
    6. Follow up care appointments

**UNITS OF STUDY**

- Unit I Cellular Regulation/Prevention of Hazards
- Unit II Sexual practices and Immune Function/Prevention of Hazards
- Unit III Endocrine Function/ Activity-Rest and Prevention of Hazards

**COURSE OUTLINE**

Theoretical Content	Teaching/Learning Activities
<p><b>Unit I: USCR: Prevention of Hazards Cellular Regulation</b></p>	<p><u>Textbook readings:</u> Brunner &amp; Suddarth, Chapter 16.</p>
<p>I. Introduction and definition of hazards to cellular regulation</p> <ul style="list-style-type: none"> <li>A. Disease trends                             <ul style="list-style-type: none"> <li>1. Major cancers</li> <li>2. Major causes of cancer deaths</li> </ul> </li> <li>B. Prevention                             <ul style="list-style-type: none"> <li>1. Promoting healthy behaviors</li> <li>2. Protection from hazards</li> <li>3. Early detection</li> </ul> </li> </ul> <p>II. The diagnosis of cancer as a threat to meeting self-care requisites</p> <ul style="list-style-type: none"> <li>A. Physical effects of neoplasm on the individual                             <ul style="list-style-type: none"> <li>1. Assessment of signs and symptoms</li> <li>2. Diagnostic procedures to confirm diagnosis</li> <li>3. Grading of tumor</li> <li>4. Staging of disease</li> <li>5. Process of metastasis</li> </ul> </li> <li>B. Developmental Self-Care Requisites affected by diagnosis                             <ul style="list-style-type: none"> <li>1. Reaction to diagnosis</li> <li>2. Decision-making dilemmas</li> <li>3. Modification of self-concept</li> <li>4. Life-style changes and surviving cancer</li> <li>5. Confrontation with issues of mortality</li> </ul> </li> </ul> <p>III. Role of the nurse in partially-compensatory, wholly-compensatory and supportive/educative systems related to the treatment of cancer</p> <ul style="list-style-type: none"> <li>A. Standard treatment                             <ul style="list-style-type: none"> <li>1. Surgical interventions</li> <li>2. Radiotherapy</li> <li>3. Chemotherapy</li> <li>4. Immunotherapy</li> </ul> </li> <li>B. Clinical trials</li> <li>C. Alternative therapies</li> <li>D. Anticipating and preventing side effects and complications                             <ul style="list-style-type: none"> <li>1. Cancer emergencies</li> </ul> </li> <li>E. Relief of pain</li> <li>F. Referral to resources</li> <li>G. Care of the dying</li> </ul>	<p>Refer to Brunner for readings on the specific cancers to be covered.</p> <p>Refer to appropriate chapters in nutrition book.</p>

**Theoretical Content**

- IV. Nursing diagnoses that reflect altered Universal Self-Care Requisites
  - A. Air
  - B. Water and food
  - C. Elimination
  - D. Activity and rest
  - E. Normalcy
  - F. Protection from hazards
  
- V. Nursing role in the management of care of individuals with selected cancers
  - A. Leukemia
  - B. Breast cancer
  - C. Lung cancer
  - D. Prostate Cancer

**Unit II: USCR: Prevention of Hazards  
Sexual Practices and Immune Function**

- I. Immune function
  - A. Introduction and overview of the immune system in preventing hazards to well being.
    - 1. Specialized cells
    - 2. Humoral immunity
    - 3. Cell-mediated immunity
    - 4. Immune response
    - 5. Types of immunity
    - 6. Hypersensitivity & Allergic reactions
  - B. The diagnosis of impaired immune response as a threat to meeting Universal Self Care Requisites
    - 1. History and physical assessment
      - a. Health state/perception and self-care practices
      - b. Nutrition
      - c. Activity and rest
      - d. Role relationships and sexuality
    - 2. Selected diagnostic tests
    - 3. Nursing diagnoses

**Teaching/Learning Activities**

Periodical:

Wilkes, Gail. "Nutrition: The Forgotten Ingredient in Cancer Care." AJN, April, 2000. pp. 46-51.

Bialous, S & Sarna, L. "Sparing a Few Minutes for Tobacco Cessation", AJN, December 2004, pp.54-59.

Brunner & Suddarth. Chapter 50, Hypersensitivity & Allergic reactions Chap.53 . Chapter 63, Lupus and Systemic Sclerosis, pp. 1909-1913.

Refer to appropriate chapters in nutrition text.

Brunner & Suddarth. HIV, Chapter 52.

Theoretical Content	Teaching/Learning Activities
<p>II. Sexual practices</p> <p>A. Overview of selected Sexually Transmitted Diseases which pose hazards to well-being</p> <ol style="list-style-type: none"> <li>1. Chlamydia</li> <li>2. Gonorrhoea</li> <li>3. Syphilis</li> <li>4. Hepatitis B</li> <li>5. Genital Warts</li> <li>6. Herpes Simplex Virus</li> </ol> <p>B. Assessment of individuals with Sexually Transmitted Diseases</p> <ol style="list-style-type: none"> <li>1. Clinical manifestations</li> <li>2. Diagnostic studies</li> <li>3. Effect on developmental Self-care Requisites</li> </ol> <p>C. Nursing diagnosis that reflect altered Universal Self-Care Requisites</p> <p>D. Nurse's role in the management of individuals with Sexually Transmitted Diseases</p> <ol style="list-style-type: none"> <li>1. Health promotion and maintenance</li> <li>2. Disease prevention</li> <li>3. Psychosocial support</li> <li>4. Patient/family/public education               <ol style="list-style-type: none"> <li>a. Sexual practices</li> <li>b. Hygienic measures</li> <li>c. Compliance and follow-up</li> </ol> </li> </ol>	<p>Sexually Transmitted Infections            Brunner &amp; Suddarth, pp.1662-1673;            pp.2505-2509;1959.</p> <p>Brunner &amp; Suddarth. HIV, Chapter 52.</p> <p><u>CAI</u>: Care of STD's</p>

**Theoretical Content**

**Teaching/Learning Activities**

**Unit III: Activity & Rest/Prevention of Hazards  
Endocrine Function**

- I. Introduction and definition of problems of activity and rest related to endocrine disorders
  - A. Endocrine glands
    - 1. Anterior and posterior pituitary
    - 2. Thyroid
    - 3. Parathyroid
    - 4. Adrenal Medulla/Cortex
    - 5. Gonads
  - B. Hormonal actions
    - 1. ACTH, TSH, prolactin, FSH and LH, growth hormone, ADH, oxytocin
    - 2. T<sub>3</sub> and T<sub>4</sub>
    - 3. Parathyroid hormone
    - 4. Epinephrine and norepinephrine  
cortisol, aldosterone, adrenal sex steroids
    - 5. Estrogen, progesterone, testosterone
  
- II. Assessment of the Endocrine system
  - A. History and physical assessment
  - B. Selected diagnostic tests and related nursing responsibilities
  - C. Developmental Self-Care Requisites affected by endocrine dysfunctions
    - 1. Threats to normalcy
      - a. Sexual function/identity
      - b. Body image
      - c. Life style changes
      - d. Role functions
  
- III. Nursing diagnosis that reflect altered Universal Self-Care Requisites related to endocrine disorders
  - A. Air
  - B. Water and food
  - C. Elimination
  - D. Activity and rest
  - E. Normalcy
  - F. Protection from hazards

Brunner & Suddarth. Chapter 42  
Peri-menopause/menopause pp.1632-1637.

Periodicals

Ackert, Jacqueline. "Hormone Replacement Therapy," RN, December 2003, pp. 4046.

Sachse, Donna. "Acromegaly," AJN, November 2001, pp. 69-77.

Schori-Ahmed, Debra. "Thyroid Disease: Defenses Gone Awry," RN, June 2003, pp. 38-43.

**Theoretical Content**

- IV. Nursing role in the management of individuals with selected endocrine disorders
- A. Overview of selected endocrine disorders
1. Pituitary: prolactin excess, diabetes insipidus, Syndrome of Inappropriate Antidiuretic hormone Secretion (SIADH)
  2. Thyroid: Graves disease, hypothyroidism
  3. Parathyroid: hypo- and hyperparathyroidism
  4. Adrenal: Addison's disease, Cushing's Syndrome, primary aldosteronism, pheochromocytoma
  5. Menopause
- B. Health promotion and maintenance
1. Stress management techniques
  2. Patient education/health screening
- C. Prevention of endocrine complications
1. Patient education
  2. Safe administration of glucocorticoids

**Teaching/Learning Activities**

CAI: Endocrine Adult Health Concepts & Skills  
Mary Kelley – SIADH  
Jan Schneider – Hypothyroidism

Periodicals

Aschenbrenner, Diane S. "HRT Reconsidered: What should you tell your patients," AJN, June 2004, pp. 51-53.

Unit I: Cellular Regulation/Prevention of HazardsPeriodicals

- Brown, Heather. "Action Stat: Cardiac Tamponade." Nursing 2005, March, p. 88.
- Cantril, Cynthia and Haylock, Pamela. "Emergency: Tumor Lysis Syndrome," AJN, April 2004, pp. 49-52.
- Colwell, Janice and Gordon, Barbara. "Helping Patients Combat Colon Cancer," Nursing 2009, April pp.34-38.
- Coyne, Bridget and Leslie, Marjorie. "Chemo's Toll on Memory," RN, April 2004, pp. 40-43.
- Curtiss, Carol. "Improving the Care of Cancer Survivors," AJN, March 2006, pp.48-52.
- Curtiss, C.& Haylock, P. ed. "Managing Late and Long-Term Sequelae of Cancer and Cancer Treatment," March 2006.
- Dell, Deena, "Spread the Word about Breast Cancer," Nursing 2005, October, pp.57-63.
- Dell, Deena, "Caring for a Patient with Lymphedema," Nursing 2006, June, pp.49-51.
- Haughney, Anne. "Nausea and Vomiting in End-Stage Cancer," AJN, November 2004, pp. 40-47.
- Held-Warmkessel, Jeanne. "Caring for a Patient with Metastatic Prostate Cancer," Nursing 2008, June pp.52-56
- Held-Warmkessel, Jeanne. "Managing Three Critical Cancer Complications," Nursing 2005, January, pp. 58-63.
- Held-Warmkessel, Jeanne. "Targeted Cancer Therapies," Nursing 2008, September pp.26-32.
- Jeffries, Marian et.al. "Helping your Patient Combat Lung Cancer," Nursing 2007, December pp.36-41.
- Katz, Anne. "Fertility Preservation in Young Cancer Patients," AJN, April 2009 pp.44-47.
- Martin, Virginia R. "Straight Talk About Ovarian Cancer," Nursing 2005, April, pp. 36-41.
- Nagel, Teresa. "Help Patients Cope with Chemo," RN, October 2004, pp.25-30.
- Nowlin, Anne. "The Promise of Stem Cells," RN, April 2005, pp. 48-52.
- Plaisance, Louise. "Is Your Patient's Cancer Pain Under Control?" Nursing 2005, May, pp 52-55.
- Rogers, Barbara. "Looking at Lymphoma & Leukemia," Nursing 2005, July, pp.57-63.
- Szetela, Anthony F., and Gibson, Denice E. "How the New Oral Antineoplastics Affect Nursing Practice", AJN, December 2007, pp. 40-49.
- Stermer, Cynthia."Helping Your Patient After Breast Reconstruction," Nursing 2008, August pp.29-32.
- Weaver, Carolyn. "Caring for a Patient after Mastectomy," Nursing 2009, May pp.44-48.

Websites:

National Cancer Institute:  
<http://www.nci.nih.gov/>  
<http://rex.nci.nih.gov>

National Institutes of Health:  
<http://www.nih.gov/>

Oncology Data Base/University of Pennsylvania  
(ONCOLINK) <http://cancer.med.upenn.edu/aboutoncolink.html>

National Guideline Clearinghouse  
(Allows healthcare providers to search clinical practice guidelines)  
[www.guideline.gov](http://www.guideline.gov)

New Guidelines for CAM and Cancer Patients  
[www.mdanderson.org/CIMER](http://www.mdanderson.org/CIMER)

American Cancer society  
<http://www.cancer.org>

Unit II: Sexual Practices and Immune Function (Prevention of Hazards)Periodicals: STDS

Cibulka, Nancy. "Mother to Child Transmission of HIV in the United States," AJN, July 2006, pp. 56-62.

Davenport, Andine et al. "How to Protect Yourself after Body Fluid Exposure," May 2009, pp. 22-28.

Kirton, Carl. "Managing Long-Term Complications of HIV Infection," Nursing 2008, August pp.44-49.

Novatnack, E. and Schweon, S. "Herpes, a Bigger Problem Than you Think," RN, June 2002, pp. 31-37.

Pierce, Janet et. al. "Why Should You Care About Free Radicals?" RN, January 2004, pp. 38-42.

O'Rourke, Eileen, and Schweon, Steve. "Syphilis: Still a Public Health Danger", RN, July 2007, p. 40.

Villarreal H. and Fogg, C. "Syringe Exchange Programs and HIV Prevention" AJN, May 2006, pp.58-62.

Web Sites - STDs

Center for Disease Control and Prevention  
<http://www.cdc.gov/>

AIDS Pathfinder  
<http://www.nlm.nih.gov/pnr/etc/aidspath.html>

Periodicals: Lupus and Scleroderma

Leininger, Susan. "Scleroderma," R.N. July 2003 "Scleroderma: Defenses Gone Awry," pp.35-40.

Reilly, A & Synder, B. "Raynaud Phenomenon," AJN , August 2005, pp.56-64.

Rooney, Joan. "Systemic Lupus Erythematosus: Unmasking a Great Imitator," Nursing 2005, November, pp.54-60.

Internet sites for Lupus and Scleroderma

National Institute for Arthritis and Musculo-Skeletal Diseases (NIH)

<http://www.nih.gov/niams>

<http://www.nih.gov/niams/healthinfo/lupus>

Lupus Foundation of America

<http://internet-plaza.net/lupus>

Scleroderma Foundation

<http://www.scleroderma.org>

Scleroderma-Virginia Mason Medical Center

<http://www.vmmc.org/scleroderma>

Autoimmune Diseases and Lupus Website: Our circle of Friends

<http://hometown.aol.com/mycircle/index.htm>

Unit III: Endocrine Function/Activity/Rest and Prevention of Hazards

Adrenal Disorders:

Cook, Linda Kay. "Emergency: Pheochromocytoma," AJN, February 2009, pp. 50-53.

Pfadt, Ellen, and Carlson, Dorothy. "Action STAT: Acute Adrenal Crisis", Nursing2006, August, pg. 80.

Menopause

Aschenbrenner, Diane S. "HRT Reconsidered: What should you tell your patients," AJN, June 2004, pp. 51-53.

Pituitary Disorders

Sachse, Donna. "Acromegaly," AJN, November 2001, pp. 69-77.

Thyroid Disorders:

Malchiodi, Liza. "Emergency: Thyroid Storm," AJN, May 2002, pp. 33-35.

Schori-Ahmed, Debra. "Thyroid Disease: Defenses Gone Awry," RN, June, 2003, pp. 38-43.

Web Sites:

Endocrine Files

<http://www.geocities.com/hotsprings/endocrine.html>

<http://www.endocrine web.com>

**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. Identify nursing responsibilities and complications related to central venous devices.
8. Describe successful job seeking strategies.
9. Identify means of transmission, protective measures, and nursing care for common bioterrorism pathogens.
10. Evaluate the needs of clients during end-of-life care.

### ROLE MANAGEMENT CLINICAL CONFERENCE REQUIREMENTS

1. Punctual and regular attendance is required. **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 will research a current nursing/health issue and participate in a presentation on that topic once in the semester. (See guidelines page 16.)
4. Students are required to **attend** two continuing education programs (**minimum length of 3-4hrs.**) or one 6 to 8-hour program. Students must furnish proof of completion of the continuing education program attendance by the end of the semester. **CPR, EMT certification credits and online programs are not acceptable for this continuing education requirement.**
5. Students are expected to meet all clinical conference objectives.
6. Final evaluation of student participation in clinical conferences is an evaluation component appearing on the Clinical Performance Evaluation Tool (Category E2).
7. 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
<b>Unit I: Bioterrorism</b>	<u>Periodicals:</u>
<ul style="list-style-type: none"> <li>I. Introduction                             <ul style="list-style-type: none"> <li>A. Definition                                     <ul style="list-style-type: none"> <li>1. Classification of agents</li> </ul> </li> <li>B. Reporting</li> <li>C. Decontamination and personnel protection</li> </ul> </li>   <li>II. Anthrax                             <ul style="list-style-type: none"> <li>A. Organism and transmission</li> <li>B. Post exposure prophylaxis                                     <ul style="list-style-type: none"> <li>1. CDC guidelines</li> </ul> </li> <li>C. Types of anthrax infection: clinical presentation and treatment                                     <ul style="list-style-type: none"> <li>1. GI anthrax</li> <li>2. Cutaneous anthrax</li> <li>3. Inhalation anthrax</li> </ul> </li> </ul> </li>   <li>III. Smallpox                             <ul style="list-style-type: none"> <li>A. History</li> <li>B. Organism and transmission</li> <li>C. Clinical presentation:                                     <ul style="list-style-type: none"> <li>1. Smallpox vs. chicken pox</li> <li>2. Progression of lesions</li> </ul> </li> <li>D. Treatment and care                                     <ul style="list-style-type: none"> <li>1. Isolation and quarantine</li> <li>2. Supportive care</li> </ul> </li> <li>E. Vaccination                                     <ul style="list-style-type: none"> <li>1. CDC recommendations</li> <li>2. Vaccine   <ul style="list-style-type: none"> <li>a. contraindications</li> <li>b. technique, patient teaching, post vaccination care</li> <li>c. normal vaccination response</li> </ul> </li> <li>3. Adverse reactions and complications of vaccination</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Steinhauer, Rene. "A Readied Response: Bioterrorism," <u>RN</u>, March 2002, pp. 43-54.</li> <li>Persell, Deborah J., et.al. "Preparing for Bioterrorism," <u>Nursing 2002</u>, February, pp. 37-43.</li> <li>Woods, Anne. "New Threat: Anthrax," <u>Nursing 2002</u>, January, pp. 44-45.</li> <li>Reilly, Carolyn and Deason, Dan. "Emergency: Smallpox," <u>AJN</u>, February 2002, pp. 51-55.</li>   <li>Karber, Sharon and Fasano, Nancy. "What You Need to Know About the Smallpox Vaccine," <u>Nursing 2003</u>, June, pp. 36-42.</li> </ul>

Theoretical Content	Teaching/Learning Activities
<p><b>Unit II: Managing Central Venous Access Devices (CVAD's)</b></p>	<p><u>Periodicals:</u></p> <p>Hadaway, Lynn C. "Targeting Therapy with Central Venous Access Devices," <u>Nursing 2008</u>, June pp.34-40.                      Tilton, Diana, "How to Fine-Tune your PICC Care," <u>R.N.</u>, September 2006, pp.30-35.                      Hadaway, Lynn C. "Keeping Central Line Infection at Bay," <u>Nursing 2006</u>, April pp. 58-63.</p>
<p>I. General Facts</p> <ul style="list-style-type: none"> <li>A. Indications for use</li> <li>B. Anatomical placement</li> <li>C. Types of devices                             <ul style="list-style-type: none"> <li>1. Non-tunneled catheter – TLC, PICC</li> <li>2. Tunneled catheters – Hideman, Broviac, Groshong</li> <li>3. Implanted ports</li> </ul> </li> </ul> <p>II. Nursing Management</p> <ul style="list-style-type: none"> <li>A. Preventing infection – site care</li> <li>B. Blood sampling through CVAD's</li> <li>C. Maintaining patency – flushing Procedures</li> <li>D. Accessing implanted ports                             <ul style="list-style-type: none"> <li>1. Use of non-coring needle</li> </ul> </li> <li>E. Managing and preventing Complications</li> </ul>	<p>Class Discussion</p> <p>Dobbins, Elizabeth H. "Helping Your Patient to a Good Death," <u>Nursing 2005</u>, February pp.43-45.                      Mancuso, Lorraine. "Providing Culturally Sensitive Palliative Care," <u>Nursing 2009</u>, May pp.50-53.                      Virani, Rose and Sofer, Dalia. "Improving the Quality of End of Life Care," <u>AJN</u>, May 2003, pp. 52-63.</p>
<p><b>Unit III: End of Life Care</b></p>	
<p>I. The Dying Person's Bill of Rights</p> <p>II. Managing Self-Care Requisites</p> <ul style="list-style-type: none"> <li>A. Physical</li> <li>B. Psychological</li> <li>C. Social</li> <li>D. Spiritual</li> </ul>	
<p><b>Unit IV: Job Skills</b></p>	<p>Handouts</p> <p>Catalano, Chapter 238-249.</p> <p>Catalano, Chapter 10 Chapter 11</p>
<p>I. Selecting an Employer</p> <p>II. Resume Writing</p> <p>III. The Interview</p> <p>IV. Post Interview</p> <p>V. NCLEX &amp; HESI</p> <ul style="list-style-type: none"> <li>A. How NCLEX works</li> <li>B. Tips for success</li> </ul>	<p><a href="http://www.ncsbn.org">www.ncsbn.org</a> Handouts</p>

Theoretical Content	Teaching/Learning Activities
<b>Unit V, VI, VII: Student Presentations - Topics to include but not limited to the following</b>	Organize student presentations as per outline.
I. Minimizing Malpractice	
II. Assessing out Own Attitudes About Cultural Diversity	
III. The Healthcare Delivery System A. Uninsured population B. Medicaid D. Medicare	
IV. The Politically Active Nurse	
V. Ethics in Nursing	
VI. Reality Shock in the Workplace	
VII. Nursing Informatics	
VIII. Bioethical Issues	
IX. Communication	
X. Delegation & Supervision	
XI. Collective Bargaining & Governance	
XII. Spirituality	
XIII. Alternative and Complimentary Practices	

**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 <a href="http://www.state.nj.us/lps/ca/medical/nursing.htm">www.state.nj.us/lps/ca/medical/nursing.htm</a> ), and the NCLEX application directions and Candidate Bulletin from Pearson/Vue website <a href="http://www.pearsonvue.com.nclex">http://www.pearsonvue.com.nclex</a>	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.  <b>Note: Hyphenated names may take 6-8 weeks for criminal history review completion.</b>
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.

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<b>Step</b>	<b>Activity</b>	<b>BON</b>	<b>Timeframe</b>	<b>Comments</b>
<b>4</b>	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.
<b>5</b>	Student schedules and takes NCLEX examination and passes or fails.	<ol style="list-style-type: none"> <li>1) When all requirements are met the applicant is licensed. The Board will send a letter informing the applicant when they are licensed.</li> <li>2) The Board requests a license to be issued to licensee.</li> </ol>	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"> <li>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.</li> <li>2) A faxed verification of licensure may be obtained by using the license number and calling the Verification Telephone Line at (973) 923-7926.</li> <li>3) The new licensee may also show the Licensure Notification Letter to the employer as proof of licensure.</li> </ol>

**Important website:**

Board of Nursing website address: [www.state.nj.us/lps/ca/medical/nursing.htm](http://www.state.nj.us/lps/ca/medical/nursing.htm)

Pearson/Vue website address: [www.pearsonvue.com/nclex](http://www.pearsonvue.com/nclex)