

Southwestern Oregon Community College

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Nursing Program

SELF STUDY REPORT

For Oregon State Board of Nursing Fall 2006

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TABLE OF CONTENTS

	PAGE
STANDARDS FOR APPROVAL: ORGANIZATION AND ADMINISTRATION 851-021-0040	3
STANDARDS FOR APPROVAL: NURSING FACULTY 851-021-0045	8
STANDARDS FOR APPROVAL: CURRICULUM 851-021-0050	16
STANDARDS FOR APPROVAL: STUDENTS 851-021-0055	19
STANDARDS FOR APPROVAL: RECORDS 851-021-0060	20
STANDARDS FOR APPROVAL: FACILITIES & SERVICES 851-021-0065	21
STANDARDS FOR APPROVAL: EVALUATION 851-021-0070	24

Standards for Approval: Organization and Administration 851-021-0040

Southwestern Oregon Community College was founded in May of 1961. We are currently celebrating our 45th birthday and hold the pride of being the oldest community college in Oregon. Enrollment has grown from 266 students in 1961 to approximately 14,500 students in 2006. The Associate Degree program began in 1975 with the addition of a second year to the then existing practical nurse program. The program was initially approved by the Oregon State Board of Nursing in 1977.

The most recent prior survey was conducted in 1998 by Louise Shores, RN, PhD, Education Consultant, Oregon State Board of Nursing. This survey resulted in continuing approval for eight years with a progress report due in June 1999 and the Board requested another report of continuing progress and completion of the Board's standards in September 2000. This report recommended that the Board review continuing work on the curriculum with the next scheduled visit in 2006. (Evidence room: item A)

Our first year students are the first class enrolled in the Oregon Consortium of Nursing Education (OCNE) program.

851-021-0040

(1) The controlling body shall be accredited by the Northwest Commission of Colleges and Universities or another appropriate U.S. Department of Education accrediting agency and meet all current standards of the agency.

Southwestern Oregon Community College (SOCC) is accredited by Northwest Commission of Colleges and Universities. The last accreditation process was completed in April 2002. (Evidence Room: item B)

(2) There shall be a description or organizational chart that clearly illustrates communication and decision making processes within the nursing program, and accountability and communication of the nursing program to the controlling body.

Communication and decision making processes within the nursing program and accountability and communication of the nursing program to the controlling body can be found in organizational charts in **Appendix A**. Decisions made in the nursing program are done using a participatory process. Decisions on classroom issues are made with faculty and student representatives in a faculty meeting. For example, faculty heard there was cheating on a drug math test by several of the students. The students involved did decide to admit to the cheating and were asked what the penalty should be in light of what the Student Handbook said about cheating. With the possibility of suspension in mind they met with faculty and with permission developed a video that showed the consequence of drug misuse. (Evidence Room: item C)

Faculty attempt to meet weekly for curriculum planning and the coordinator tries to meet weekly with the faculty. This has been more difficult in light of new curriculum development and meetings out of town. The majority of faculty communication takes place on-line. First and second year student representatives attend the first part of faculty meeting. They present their agendas and are then free to leave. The second part of faculty meeting is around curriculum, faculty activities, student issues, problem solving, and announcements. A brown bag lunch is

held approximately twice per term with students and coordinator. It is a time for them to share, offer advice, and to express what they see as positive and not so positive aspects of the curriculum. No information is taken away from this meeting unless agreed upon by the majority of those present. Each faculty member belongs to a Faculty Senate committee and the frustration comes from the fact that the nursing faculty may be in class at the time of the committee meetings so it is difficult to attend.

Accountability and communication between the nursing program and the controlling body is facilitated through the every other week meeting of Instructional Council which is led by the Vice President of Instruction and Student Services. Other members are Instructional Directors, Assistant to the Vice President, Institutional Researcher, Dean of Students, Faculty Senate representative and Director of Nursing. Issues related to curriculum are discussed at this meeting and decisions are made that affect the interrelated programs. This Council also approves course outlines and Continuous Improvement Plans. The VP of Instruction and Student Services reports to the President of the college. The Board of Education has the final signing authority within the decision making process as they relate to financial, employee contracts, hiring, etc.. The Board approves new programs but does not deal with the curriculum development process. We are fortunate in that the Board has been very interested in the nursing program and several presentations have been requested of staff and students. They are very excited about the direction we are taking in curriculum development. (Evidence room: item D)

(3) There shall be adequate financial support for the development, stability and continuation of the program.

The nursing program is part of the Health and Human Development division. The nursing program and BNA course are under one budget that is established by the Director of Nursing, area Instructional Director and the Vice President with input from faculty through the Faculty Senate. It then goes to the President and on to the college Budget Committee. The final product then goes to the Board of Education. Each year goals and objectives are developed by all staff and the budget is developed to support these. We are also fortunate in that we have a very active College Foundation on campus that has contributed dollars to scholarships for nursing students. A \$2000/yr fee was added to the nursing program two years ago to assist in purchasing much needed up-to-date equipment, WebCT, and Computer CD's, etc for students and faculty.

The next building under design is a Health Technology building. The Director, with input from nursing faculty, designed the nursing classrooms and labs for this building. Evidence of the financial support is found in the annual budget document (Evidence room: item E)

(4) The authority and responsibility for the direction of the program shall be vested in a qualified nurse administrator who is accountable to the controlling body, either directly or through appropriate administrative channels.

The Director of the Nursing program is Barbara Davey, RN, MS, ABD. She has been an RN since 1965 as a graduate from then Sacramento State College. She has three years active duty in the Navy Nurse Corps and 9 years as a Navy Reservist. Her clinical areas included ICU, Orthopedics, Communicable Disease and Pediatrics. In 1969 she was employed

by Napa State Hospital and was on loan to Napa Colleges Psychiatric Technician Program. During the 1969 year she developed the ADN program for Napa College and became the Assistant Administrator and Instructor the next year teaching Pediatric Nursing her clinical Specialty. She received her Masters of Science through UC San Francisco where she specialized in pediatric nursing with a minor in Nursing Education. In 1978 she became employed by SOCC as Director of Health Occupations with half time in Nursing and half time developing other health occupations programs. She then was promoted to Interim Dean of Instruction for one year. She was then appointed to the position of Associate Dean of Professional Technical Education a position she held until her retirement in 1998. The nursing program Director left precipitously during summer term and she was asked to return temporarily until a new Director could be hired. Given the rural nature of our community and the lack of qualified applicants she resumed the position part time in fall of 1998. Currently other changes in positions have been made as can be seen by the new organization chart (Appendix B). The most recent job description can be seen in Appendix C. The current Director plans to retire in June 2009.

- (5) The nurse administrator shall be responsible for administration of the program, including:
 - (a) Leadership within the faculty for the development, implementation, and evaluation of the program, including curriculum;

The nursing program director is responsible to the Instructional Director and subsequently to the VP of Instruction and Student Services for recruitment, hiring and work assignments of full and part time nursing faculty; orienting, mentoring and evaluating all part time faculty; assists faculty in planning, developing and evaluating courses and programs; represents college on state and local consortiums; maintains an active advisory committee meeting at least twice per year; prepares and administers budgets with Instructional Director and works with the grant writer to apply for grants.

The major focus for faculty and coordinator over the past few years has been their commitment to the Oregon Consortium for Nursing Education (OCNE) curriculum. The development of the organization making OHSU and community college working partners in revising the Associate Degree curricula will allow Associate Degree graduates the opportunity to earn a BSN degree in their own communities. This has been a time consuming process and difficult for our small faculty. It has meant long hours of travel for the Director and for the faculty. The faculty at SOCC manage to provide quality instruction to students on campus and at the same time enlarge their own scope of nursing education, practice and assessment. We all get our continuing education credits for the past three years and soon to be four. The nursing director has been able to secure extra funding for faculty travel to educational events and to take part in several conferences. Part of the funding has to do with a grant that will allow us to distance deliver our new curriculum to several of the smaller hospitals where we might have 1-2 students each. Faculty has been supported by providing time for them to learn Web CT and a summer contract to do curriculum development. The OSBN visitor will be given the opportunity to experience the WebCT instruction developed thus far.

(b) Creation and maintenance of an environment conducive to teaching and learning;

When the director came back into the nursing program several faculty issues needed to be handled. The issues were around faculty filing grievances about how their workload was not calculated correctly and one of the faculty was named in the grievance without even knowing about it. There was no wrong found on the part of the college so one of the faculty members immediately resigned and the other who claimed she was going to if it wasn't in their favor stayed. The college hired three more faculty over a period of about three years and one left in her third year and the other two after their first year. Faculty turnover has been difficult on everyone and especially the students. Our pass rate did slip over these years but is now on the way up again thanks to the hard work of the faculty full and part time. (Evidence room: item F)

The director has increased the equipment available to the students and faculty over the past several years due to increase in college budget as well as grants. There are three patient simulators. One of these is the baby simulator. The lab area has been remodeled to accommodate the simulators and we secured another classroom next to our current classroom. The second classroom acts as lecture and lab room. The faculty has also secured on-line, lab and classroom multimedia learning tools. Both classrooms have Smart boards with computers and there are 6-7 computers in the lab. The conference room has a large television connected to simulation rooms for review of scenarios. We are currently planning for our space in the Health Sciences Building that is on the drawing board with probably a 3 to 4 year timeline.

(c) Liaison with the central administrator and other units of the institution;

The director's relationship with all the units of the college has been very positive. She represents the Nursing Program presence by serving on Instructional Council and the Education Development Leadership team. This team is composed of all department leaders that are under the supervision of the Dean of Instruction and Student Services. This is really like a crossfunctional team in that we discuss issues, and problems, and praise new developments of individual departments that contribute toward effective approaches to students and others.

(d) Participation in preparation of the budget

All faculty, staff, and administrators have input to the budget within and between respective areas. (Evidence room: item G)

(e) Administration of the budget

The director has responsibility for the Health Occupations budget. All purchases are sent from the Program Director to the Instructional Director and then on to the Vice President of Instruction and Student Services. The Program Director also has responsibility for the funds in grants received for the nursing program.

(f) Facilitation of faculty and faculty member development

Funds have been procured to assist faculty in going to conferences, purchasing up-to-date videos and computer related materials. The faculty has been encouraged to take the Web based instruction courses offered on campus and do so willingly. They have a positive attitude about Web instruction and have done much to assist students through the utilization of the Web. The visitor will have the opportunity to view the on-line information and materials developed by faculty. It is the nurse administrator's desire to provide faculty with tools that will allow them to

be creative in their instruction and to assist them to organize their workloads to allow some time in a way that increases their activity with students. This is called trying to get faculty to use instructional methods that do not totally rely on lecture. Course outlines and class materials support faculty activities with students.

Faculty have also received funds from the Staff Development Committee of the Senate to go to conferences. The Director encourages staff development and with the OCNE partnership there are many opportunities. Committees of OCNE are staff development in themselves. Faculty have been involved in most all of the OCNE committees either in specialty, simulation, administration, course development, clinical tools and/or evaluation.

(g) Participation in faculty member performance review

Because of the large coming and going of faculty over the past three years the three new faculty have been evaluated yearly. The policy is for each year for the first three years of instruction and then every three years thereafter. There are only two faculty members that fall into the every three years. One of those is a full time nursing faculty and the other teaches in the nursing lab, coordinates the BNA program and is currently teaching medical office procedures, medical terminology and non-transferable A&P. (Faculty evaluation is part of the Union Contract: Evidence Room: item H) The Director's input goes to the VP of Instruction and Student Services when requested.

(h) Recommendation for faculty member appointment, promotion, tenure and retention

The program Director makes recommendation to the Instructional Director and to the Vice President for faculty appointments, promotions, tenure and retention. The Director has been involved in all appointments to the faculty and discussions around retention.

(i) Liaison with the Board related to the program's continuing compliance with the required elements of the Board.

The program Director is the liaison to the OSBN for the nursing program at SOCC. She is responsible to assure the Vice President of Instruction and Student Services that the program is compliant with all the rules and regulations of the Board.

(6) The nurse administrator shall have sufficient time provided for carrying out administrative responsibilities. Instructional responsibility and responsibilities for administration of other programs shall be consistent with the scope of the administrative responsibility for the nursing program.

The nursing Director has a halftime contract with the college. The majority of time is spent on nursing program activities in light of the new curriculum work with OCNE. She also has helped to plan for new Health Occupations programs and with the help of the SOCC grant writer develops grants and then administers them. Approximately 35% of the total 50% is spent on the nursing program. Now that the new administrative organization is in place much of the new program development will go to the Instructional Director.

(7) Nursing education program policies and procedures shall be in written form, congruent with those of the institution, and shall be reviewed periodically.

Most of the program policies and procedures can be found in the Student Handbook (Appendix D). This manual has been reviewed by the college attorney. As faculty minutes are taken and reviewed an attempt is made to highlight those items that reflect a policy. (Evidence room: item I)

STANDARDS FOR APPROVAL: NURSING FACULTY 851-021-0045

(1) The nurse administrator and each nurse faculty member shall hold a current, unencumbered license to practice as a registered nurse in Oregon and to be academically and experientially qualified for the position to which she/he is appointed.

The nurse administrator and each nurse faculty member hold a current, unencumbered license to practice as a registered nurse in Oregon (Appendix E). Each of the nursing faculty is academically and experientially qualified for the position to which she is appointed (Evidence room: item J)

(2) Each non-nurse faculty member shall be academically and experientially qualified for his/her responsibilities.

In the 2005-06 academic year we hired a man who is a retired physician. He was asked to assist with developing scenarios for the lab and to act as the physician in simulation exercises. Initially things seemed to go OK but then he started to get off track making students believe that he could sign them off in the lab and some of our faculty allowed this to happen. After the Director talked with him and he continued the practice, faculty asked that he not be hired the next academic year. We do have nursing students employed through Cooperative Work Experience in the lab doing such tasks as putting linen away, organizing supplies and equipment and noting any broken equipment or lack of supplies.

(3) The nurse administrator and each faculty member shall demonstrate professional competence in nursing and education through such activities as nursing practice, continuing education programs, academic courses, internet and other web based opportunities, research project and professional writings.

The full time nursing faculty and administrator as of late have had a majority of their educational activities through OCNE. They have been able to attend conferences when requested and grant monies have helped. Two of the full time faculty are involved in a Master's degree on line. One of the faculty works on call for Bay Area Hospital and averages 3-4 evenings a month another faculty member spent time this summer working at the Public Health Department. The newest nursing faculty member left her position in ICU and joined the faculty this fall. (Evidence room: item K)

Two of the full time faculty have been actively working on building their internet and Web based instruction skills. It is more difficult for the two faculty who are currently working on their Masters Degree. The majority of our part time faculty are currently working or have worked recently.

(4) Qualifications for practical nurse programs: The last class of students who qualify to take the PN examination are currently in the second year of the program. Over the past three to four years we have experience a decline in the number of students who took the PN exam. The number has dropped to as little as two students last year.

(5) Qualifications for registered nurse programs:

- (a) The nurse administrator shall:
 - (A) Hold at least a master's degree in nursing and documentation of preparation in curriculum and teaching.
 - (B) Have at least five years experience, of which two years shall have been in a teaching or administrative position in a nursing education program.

The nurse administrator has a master's degree in nursing from University of California San Francisco with preparation in curriculum and instruction. She also has 35 doctoral level credits that include courses in curriculum development, student services, educational law and administrative practices. She served four years of active duty in the Navy Nurse Corps and 5 years in the reserves. The majority of the time was spent on acute med surg and pediatrics. Prior to her position in Coos Bay she administered and taught Pediatrics at Napa College in Napa, California. She developed and had approved by the California Board of Nursing the ADN program at Napa College.

(6) Any exceptions to the above rules in subsections (4) or (5) above shall be submitted in writing to the Board and shall include rationale for the request.

Two of our full time faculty have been granted exceptions. One is enrolled in a Master's program online through Phoenix University. Because she changed her focus from Health Administration to Education it will take her a little longer to complete the program (July 2007). The second faculty member hired fall 2006-07 plans to complete Feb. 2007. (Copies of letters requesting exception and Faculty vitae and curriculum plan as Evidence room: item K)

These two faculty members are aware of the fact that they must continue to show progress toward their degree with the goal of completion no longer than two years after employment. (Appendix F) Lists of nursing faculty with academic credentials and appointed role are found in Appendix G and copies of appointment forms submitted to the OSBN for each current faculty members can be found as Evidence room: item L.

Each of the four full time nurse instructors holds a bachelor's degree in nursing and two hold a Masters in Nursing; each of the clinical instructors also holds at least a bachelors and one holds a Masters in Nursing. One of the skills lab instructors has a Bachelors and one holds a Masters in Nursing and is a Pediatric Nurse Practitioner. (Appendix G)

(7) NA

(8) Faculty Member/Student Ratio:

(a) The faculty /student ratio is at most 1:9 in the clinical area with exception of the preceptorship. In the campus lab on some days of the week it falls 1:5. Simulation, we are learning, takes more faculty in lab than in the past. Patients in the clinical areas are sicker both in and out of the acute care center. We have times when the number is less as in OB where the extra students are observing in other units. To assist in helping our part time faculty all student information has been placed on-line and faculty communicate with part time faculty in this way also. (Evidence room: item M). If there is attrition in the first or second year then clinical numbers may be less.

(b) Factors to be considered in determining the faculty/student ratio shall be:

- (A) Objectives to be achieved;
- (B) Preparation and expertise of faculty:
- (C) Level of students;
- (D) Number, type and condition of clients; and
- (E) Number, type and location of practice sites.
- (F) Adequacy of the ratio for nurse faculty to:
 - (i) Assess students capability to function safely within the practice situation;
 - (ii) Select and guide student experience; and
 - (iii) Evaluate student performance

Having previously had all the students certified as a nursing assistant prior to entry assisted faculty in being able to more comfortably take nine students into an acute care area. Students could continue doing skills within their practice level and faculty could spend time assisting students to problem solve issues, do care planning, and start evaluating care. Faculty are currently trying to spread the skills out during the first term. There is discussion about changing this for next year by uploading skills in the first term or even doing a 3-4 week summer session. We will need to reevaluate numbers of students in clinical areas as we move along the OCNE curriculum.

(c) Preceptors may be used within the following guidelines:

(A) There shall be a written plan for the preceptorship consistent with these rules and including at least the selection of preceptors, faculty member and preceptor roles, and frequency and method of faculty/preceptor contact during the preceptorship:

During the final term of the second year of the "old" curriculum second year students must complete a 160 hour preceptorship. This involves working with one or hopefully no more than two preceptors until 160 hours has been completed. The preceptorship has been part of the nursing program curriculum for many years and all assessments formal and informal have praised the program. After SOCC had the preceptorship approved by OSBN many other community colleges followed right behind. Students are now doing their preceptorship in several hospitals, clinics, and home health care facilities. The reason we can do this is because of the availability of on-line instruction for preceptors and this year we added the preceptees. They actually have 24 hours per day contact between faculty, student and preceptor. All data and activities are kept on line. (Evidence room: item N, policy for selecting preceptors and both preceptorship handbooks) The preceptee and preceptor information is on-line. Much of the communication between faculty, preceptees and students takes place on-line also.

(B) Preceptors shall be selected according to written criteria developed by faculty, and agreed to by responsible person(s) in the practice site.

Preceptors are selected according to written criteria, that were developed by faculty and agreed to by the Director of Nursing and/or Supervisors at each clinical site. (Evidence room: item O) This process is a collaborative one involving the faculty at the college and the professional staff at the clinical facility. Generally, the faculty will inform the facility of the number of students who will be entering the Preceptor program. The facility will recommend staff nurses for the role. The nurse is recommended and selected based on a set of criteria which is set forth in the preceptor manual. The faculty approve the selections and match students with preceptors, based on factors such as unit and shift desirability, personality compatibility and experiential opportunities for the student. We had students in many facilities throughout our district and in Eugene, Bend, and Florence this past year.

(C) A faculty member shall be available to the preceptor(s) while students are involved in a preceptorship experience;

A faculty member is available to preceptors and preceptees on a twenty-four hour basis while students are involved in the preceptorship experience. Two faculty share the responsibility, taking shifts to ensure continuous coverage. Faculty meet with preceptors and preceptees on a regular basis, and are available by telephone, pager and email while students are in the clinical area.

(D) The faculty member shall confer with each preceptor and student (individually or in groups) regularly during the precepted learning experience;

There are regularly scheduled meetings between faculty, preceptor and preceptee during the experience. In addition, the faculty monitors the experience on a daily basis, evaluating the clinical objectives. This past year the rubrics for clinical evaluation developed by OCNE were used for the first time. The form took more time to fill out but those who did it weekly found it less onerous. Overall the faculty felt positive about the evaluation tool.

(E) Use of preceptors does not modify the requirement for faculty member/ student ratio, of one faculty to nine except that the ratio may be modified for final practicum.

The faculty ratio does not exceed 1:9 except during the preceptorship.

Evidence in support of the above is found in the Preceptee and Preceptor Manuals updated annually. (Evidence room: item N)

(9) Principle responsibilities of the faculty shall be to:

(a) Develop, implement and evaluate the organizing framework and learning goals/outcomes and objectives of the program;

Since the last approval visit the curriculum has remained mostly the same except that faculty adopted Neuman's Model for the theoretical framework rather then Em Bevis' "Caring curriculum". Since the faculty believe that Neuman's Model still fits into the development of the OCNE curriculum it remains part of our Student Handbook. Faculty find it is useful in teaching some of the concepts related to assessment, goals, outcomes and the concepts of primary, secondary and tertiary prevention and interventions. The first year student handbook (Evidence room: item P) is on the "I" drive for faculty and has been sent via email to each student with a form they had to turn in during the

first week of classes stating they have read and understand the contents. The second year student handbook is also on the "I" drive (Evidence room: item Q)

The nursing faculty and Director meet weekly to discuss curriculum content and issues. The Student Handbooks are referred to frequently in discussion of curriculum and student performance. Changes are made in the manual as we meet and individually if something comes up that was not covered adequately or not covered at all. The handbook is seen as a living document. At the end of each year first and second year students are asked to read the handbook and turn in their recommendations for change. These recommendations are assessed and if appropriate they are added to the handbook the next year along with the faculty and Director changes. Over the summer it is typed by the secretary and sent out by email to all students and faculty plus it is put on the "I" drive. The handbook is reviewed by the college attorney each year.

(b) Construct, implement, evaluate and revise the curriculum;

It is the institutional instructional policy that course outlines are reviewed and updated every three years at a minimum. Every year nursing faculty revises course content. Currently the OCNE curriculum is being put to the test with the first nursing course NRS 110 (Evidence room: item R) and on the "I" drive. Faculty has divided themselves up to take the lead in each new course. There are two faculty working with each new course. Because Renee Menkens was involved from the beginning in the OCNE curriculum piece as a faculty at OHSU (Oregon Health Sciences University) she has continued during this first course. Faculty has developed a matrix of what courses they will be responsible for along with a second faculty member. During finals week for fall term we will spend time evaluating the NRS 110 course to assure it has met the outcomes intended.

(c) Develop and evaluate policies and standards for the selection, admission, advanced placement, promotion and graduation of nursing students within the framework of the policies of the college or university;

The nursing faculty and Program Director develop and evaluate policies and standards related to selection, admission, advanced placement, promotion and graduation of nursing students within the framework of the policies of the college.

All college policies and procedures and the college student handbook can be found on the college web site. Until the current academic year the faculty and Director would go over the nursing application process annually and decide the criteria for selection. In 1997 the admission criteria to the program were revised and admission was done on a point system rather than lottery. This admission process was approved by the Instructional Council and the Dean of Instruction. With the newest class the criteria were established by the Steering Committee of OCNE and reviewed and amended as appropriate by the faculty at each college participating. Policies for advanced placement, successfully going from one term to another and graduation are in the Student Handbook and on-line at the nursing program web site. All of the admission criteria are also on line. (Evidence room: item S)

(d) Develop, implement and evaluate student practice experiences including selection of activities, assessment and guidance of the student, and evaluation of client and student safety and learning outcomes;

Over the past 8 years we have modified the clinical evaluation tool three times. Part of this has to do with the change of faculty who decided that the form used was too cumbersome or did not allow for focusing on the expected outcomes. The forms for patient care plans also changed in that each group of faculty wanted students to focus in more detail on certain aspects of the nursing process.

They also wanted a form that did not require students to stay up all night before clinical just to find the correct citations. One can tell by the number of agreements we have that our clinical sites have grown since our last visit. Faculty about four years ago began seeing the value of community and school experiences for students. They began giving second year students a five week community experience in the second quarter of the second year. The weekly seminars demonstrated that students could connect these experiences and the impact they had on clients back to the impact nurses could have in the community. Students went to schools, public health department, Women's Crisis Center, mental health outpatient facility, and hospice. This clinical experience was implemented for about three years. With the OCNE curriculum faculty have started students in the first term with experiences in schools for the first part of the term and then in long term care facilities in the last part of the term. This will give the students the opportunity to learn about the focus of nursing care from childhood through adulthood. It is thought that this might also get students to think about more than check offs when they are in the clinical areas. As students progress through the curriculum they will be placed in clinical sites that relate to the theory and skills being taught as much as possible. The tools used to evaluate students have also changed over the past eight years. Forms used to assess student clinical experiences, course experiences and faculty can be found in Appendix H. The first and second year classroom, lab and clinical calendars for the last three years can also be found on the "I" drive for your review.

(e) Evaluate student achievement in terms of course and program learning goals/outcomes/objectives, assign grades for courses according to policies, and recommend successful candidates for the degree or certificate;

Faculty are working hard at setting up evaluation systems that not only look at tasks but also that involve assessing critical thinking skills. For example, they have students critiquing articles and have developed an assessment tool that also encompasses an assessment of critical thinking. Faculty is starting to employ the critical thinking assessment rubrics as we move into the new curriculum. Clinical evaluation tools, classroom objectives and course objectives can be found on the "I" drive. Policies for grading can be found in the Student Handbook on p. 44 of the 2006-07 handbook and on p.37 of the 2005-06 manual. The faculty as a whole recommends students for advancement in the program and for their degree or certificate. Faculty meet at midterm and at the end of the term to jointly determine the progress of students and to develop educational plans for students who are not meeting class, lab and/or clinical objectives.

(f) Develop, implement and evaluate statements of policy necessary for the operation of the program;

Most of the policies that we use are in the student's handbook that is reviewed annually. Other policies are found in faculty minutes that need to be reviewed annually. The policy statements have not been pulled from the minutes but this is currently being worked on by the nursing program secretary and we will review them in June. This weakness becomes obvious when new faculty come aboard and yet seems to be an onerous task with all the changes going on both in the nursing program and within the institution. In June we will send the policies we create to the Education Consultant.

(g) Participate in academic advising,

The faculty, by contract, carries up to 25 advisees each. The nursing faculties split the incoming students between the four of them and keep the second year that was assigned. Sometimes, such as is the current situation, we have three fairly or really new faculty so the four faculty split the first year class and the Susan Walker kept most of the second year students. The Director takes up to 40 prenursing students for advising.

(h) Provide for student evaluation of teaching effectiveness;

New faculty is evaluated annually for three consecutive years and tenured faculty is evaluated every three years. The nursing faculty will periodically do in class evaluations to assess their effectiveness. If faculty ask for the Director to sit in on their class for whatever reason she will do so. The Director has input to the faculty evaluations through the Instructional Director. If for any reason there are issues around evaluation the Vice President of Instruction would ask me to attend a debriefing in his office with the Instructional Director. The focus of the college evaluation system involves assessing teacher effectiveness. (Evidence room: item T)

(i) Provide for evaluation of faculty members within the framework of the college or university;

As stated under (h) new faculty are evaluated by students every year or every three years depending upon tenure. The evaluation is one that involves peer visits to classroom, seminars, campus lab and/or classroom. This committee then gets together to put the evaluation findings together in a document to present to the Vice President. The faculty member being evaluated can ask for a committee member to focus on specific aspects of instruction if desired.

(j) Interpret the program goals and learning objectives for the students with the staff of the practice sites;

Each unit is given a Student Handbook yearly. When faculty go to a site to set up clinical experiences they discuss the objectives and what the students are going to be doing on that unit or at that site. Written objectives are given and at times the evaluation tool that contains the objectives. On occasion, faculty also attends supervisors meetings at Bay Area Hospital. This becomes even more important as we move into a complete new way of assigning clinical experiences in the OCNE curriculum.

(k) Participate in periodic review of the total nursing program;

We have not systematically done a review of the total nursing program aside from the Northwest Commission of Colleges and Universities. The process of program review and evaluation were the college's greatest area of weakness. There are procedures that can be found in the second report to Northwest Commission of Colleges and Universities that will make this happen for all programs every few years or so. (Evidence room: item B)

(l) Participate in determining academic policies and procedures of the institution; and

It is the policy of the institution that all full time faculty participate on senate committees which participate in the determination and implementation of academic policies and procedures for the college. The nursing faculty are on some of these committees. If an individual committee determines a policy is needed in whatever area then it is developed by the committee and presented to the Senate and then to the faculty for a vote. The program Director sits on Instructional Council and the Education Leadership Team where some of the recommendations for new policies and procedures can be reviewed or developed.

(m) Participate cooperatively with other nursing programs and agencies to develop appropriate and equitable access to practice sites. There are no other programs requiring clinical placements during the academic year at this time.

(10) Faculty Organization

(a) The nursing faculty shall participate through faculty meetings or other methods in developing, implementing and evaluating the program and curriculum and other responsibilities of the faculty;

The nursing faculty meets weekly on Fridays to go over the teachings, labs and clinicals of the past week and assess any needed changes for the future. They then plan all the areas for the next week. Minutes are taken and activities posted on the Web site for part time faculty. A system has been developed so that all part time faculty can keep track of the week by week happenings in the program by going on the web site. All part time faculty have access to all the information on the site. They have given some suggestions to faculty about clinical and lectures. This has improved the communication and feeling of belonging for the faculty. (Evidence room: item U)

(b) Minutes of faculty and committee meetings including actions taken, shall be recorded and available for reference;

Faculty put their agenda for faculty meeting on the white board in the meeting room. At the beginning of faculty meetings a student representative from first year and second year are invited to bring forward any concerns their class may have or suggestions for activities, etc. Faculty and Director discuss the class concerns, etc. and if necessary will use the executive session to discuss it in greater detail. As with part time faculty the students have access to individual faculty via email as they all have an email account on campus. This has helped get and give information in a much more timely manner. Minutes of faculty meetings are being put on the "I" drive.

(c) Faculty participation in decisions related to developing, implementing, and evaluating the curriculum and to and to establishing or modifying nursing program policies.

The documentation for all of the above decisions and policies can be found in the minutes and the Student Handbook. A policy manual is being constructed but is not yet completed.

(d) There shall be a provision for student participation.

A student representative is elected from each class. They participate at the beginning of each faculty meeting bringing agenda items from their classmates. They also talk about the student club and activities at this time. The nursing students sponsored, with faculty assistance, a Health Fair on campus where they took BP, did glucose testing, talked about diet, birth control, demonstrate the CPR unit made for use by the general public, and had a large supply of written material to hand out. They saw approximate 164 individuals from preschoolers to senior citizens. This is only one example of their activities.

Standards for Approval: Curriculum 851-021-0050

(1) Curriculum shall reflect the organizing framework and learn goals/outcomes/objectives of the nursing education program; and shall be consistent with the law governing the practice of nursing.

The curriculum framework, program outcomes and relationship to scope of practice can best be found in the Student Handbook of 2005-6 and 2006-7. We have two separate manuals because this fall term will end our PN program and the students who graduate in June will be the last group in our current ADN curriculum. (Appendix D) (Current syllabi for all nursing courses for both years will be in the Evidence Room: item V) At the beginning of each manual the philosophy is reviewed along with broad learning concepts. Further in the manual expected outcomes are discussed along with reference to the Standards and Scope of Practice for the LPN and RN. Our program goals and objectives have changed in that they now reflect the OCNE curriculum. Our 2006-07 Student Handbook reflects the changes.

(2) Curriculum plan shall identify

(a) Course content and practice experience required for the major in nursing. Relevant theory and practicum shall have sufficient proximity in time so that the student can form necessary links between the two;

In a small community it is sometimes difficult to get theory and practicum at the same time. It is easier to do in medical-surgical areas but more difficult in pediatrics, psych, or obstetrics. We try to rotate students clinically so that they receive as many of their clinical experience to match the major topic areas in the term in which they are offered. Many of the concepts go across age groups so a student could look at that topic (concept) in a variety of settings. Faculty has been very creative in the way they find clinical placements around theoretical concepts. Course outlines (course description, credits, classroom/lab/clinical hours, learning objectives and topical outlines) for every nursing course can be found in **Appendix I** and syllabi for all nursing courses will be found in the Evidence room: item V.

(b) Competencies of the graduates and competencies for each nursing course:

Competencies of the graduates for both PN and ADN can be found on the last pages of the Student Handbooks (Appendix D).

(c) Requirements of the controlling body for graduation; electives and any additional learning experiences in nursing;

The nursing curricula meet the requirements of the college for the Associate Degree in Applied Science. Please see college catalog, pg.63, for the specifics on the AAS degree. Students are able to take many additional courses, given they have time in their already busy schedules, in areas such as Therapeutic Touch, Mental Health and Aging, and the students who are graduating June 2007 could come back and take Pharmacology and Pathophysiology or if it fits their schedules this coming Winter and Spring 2007 they may enroll in these courses. Students in the OCNE program could take the BNA exam in the summer between first and second year and if they desire to become certified could find part time work.

(d) Total units required for graduation

The AAS degree program that will end June 2007 has a total of 98 credits. The OCNE curriculum has a year of prerequisites that total 49 credits because we include CHEM 110 in the prerequisite year and 91 credits for the AAS degree. Students can elect to go on for the BSN without graduating from Southwestern Oregon Community College (SOCC). (See College catalogs)

(3) Practical Nurse Programs;

- (a) In practical nursing programs, the course content and clinical experience required shall be a minimum of 42 quarter units or 28 semester units including;
- (A) Biological and Applied Sciences, Social Sciences and Humanities; minimum of 18 quarter units or 12 semester units and;
- (B) Practical Nursing: minimum of 24 quarter units or 16 semester units of which no less than 12 quarter or eight semester units shall be clinical experience.

See the table in the Appendix J.

- (b) The Practical Nurse program shall provide theory and practice in nursing encompassing:
- (A) Fundamentals of nursing practice and procedure, administration of medications, patient teaching in relation to self-care, hygiene practices, and reinforcement of patient teaching presented by other healthcare professionals;
- (B) Scope of nursing practice, legal/ethical perspectives, working within an interdisciplinary team;
- (C) Major areas of basic general nursing consistent with the programs organizing framework, and learning goals/outcomes/objectives and with the practical nurse scope of practice.

This information can be found in the 2005-2006 Student Handbook (**Appendix D**), course outlines from nursing (NUR 101, 102, 103 and 201 in **Appendix I**)

(4) Registered Nurse Program:

- (a) In registered nurse programs, the course content and clinical experience course content and clinical experience required shall be a minimum of 84 quarter units or 56 semester units including:
- (A) Physical, Biological, Social and Applied Sciences and Humanities: minimum of 36 quarter units or 24 semester units; and
- (B) Nursing: minimum of 48 quarter units or 32 semester units of which no less than 24 quarter units or 16 semester units shall be clinical experience. (College catalog; Student Handbooks, Appendix D; Appendix J)

- (b) The Registered Nurse program shall provide theory and practice in nursing encompassing:
 - (A) Critical thinking, decision making, and creativity in nursing practice;

In both the SOCC and the OCNE curriculum these are core concepts as can be validated in the Student Handbooks and in course outlines.

(B) The prescribing/directing, management, delegation and supervision of patient care;

These concepts are at the end of the fall term of the first year and during the preceptorship at the end of the sixth term. (Preceptor and Preceptee Manual; clinical evaluation forms-Appendix H, Web site and Evidence Room)

(C) Nursing procedures, including those supportive to and restorative of life and physical and mental well-being;

In the SOCC curriculum you can find these concepts thoughout the first year of the curriculum and built upon into the second year. The first year is where they are introduced and these concepts continue to be developed in more and more complex patient care situations. This is one of many areas that simulation has been very successful in allowing students to experience in as close a reality situation as possible. Students in the SOCC curriculum came in with their nursing assistant certification and many of them work in the clinical setting. About half of the OCNE class hold certification as a nursing assistant and help other students in performing some of the basic skills. (Course outlines and syllabi)

(D) Teaching and counseling that promotes optimum health;

The faculty has been able to find excellent clinical sites to afford first and second year students the opportunities to practice health promotion and teaching. They utilize the prison clinic in Hauser, public health department clinics and schools. This fall the students put on a Health Promotion clinic on campus with approximately 164 individuals of all ages showing up. They had many pamphlets that covered many topics that talked about prevention and promotion of health. They took BP's, weight, checked vision, tested blood for glucose, and did teaching related to the topic of the table they were at. Activities such as these will continue in the first and second year of the curriculum. (Course outlines and syllabi)

(E) Scope of practice, legal/ethical perspectives, working within and interdisciplinary team;

The clinical evaluation tools speak to emphasis in these areas along with integrating these concepts in the beginning course and again in NUR 201 and the preceptorship. (Course outlines and syllabi)

(F) Major areas of general nursing practice consistent with the organizing framework, and learning goals/outcomes/objectives of the program within the registered nurse scope of practice;

The didactic, skills lab and clinical are developed in such a way to assure the organizing framework, either the Neuman model or the OCNE curriculum model found in the Student Handbooks. The clinical areas cover medical, surgical, obstetrics, psychiatric, and pediatrics are covered both by lecture and as much clinical experience as allowed within the credits allowed. (Course outlines, syllabi and clinical rotations)

(G) By September 2003, each program shall include curriculum in community-based nursing;

Community based nursing is discussed in NUR 201 and NRS 110. Students in the prior curriculum were introduced to community in the second year but the OCNE students are starting out with some community experiences.

- (H) Not applicable.
- (5) Programs which provide for advanced placement of students shall develop and use policies designed to assure that such students meet the equivalent of the program's current curriculum and standards.

The admission of students for advanced placement can be found on p.17 and 18 of the 2005/6 of the Student Handbook. Until OCNE fully develops its readmission policy we will continue to use ours.

Standards of Approval: Students 851-21-0055

The program in nursing is accountable to students by providing that:

(1) Admission, readmission, transfer, progression, retention, dismissal and graduation requirements are available to the students in written form and are consistent with those of the sponsoring institution. Where necessary, policies specific to nursing students may be adopted if justified by the nature and purposes of the nursing program.

Until this academic year we used the admission policy created in 1996. The current first year students were admitted according to the OCNE admission criteria. We did not interview students as faculty felt that interviews were questionable and that the time it would take to administer with a small faculty would be too difficult. We had three full time faculty leave at the same time the construction of this process was taking place. We hired one new time faculty as the admission process was being developed and another the first week of the quarter and a third one in fall of this year. Susan Walker was the only full time faculty member that had been in on the previous admission process. The faculty did not throw out the possibility of interviews in the future. We did the essays by each faculty member developing questions and then deciding the ones to use. The three faculty and one of our English Professors read the essays and scored them. Scoring was done individually at first and then the four faculty got together and compared points. They came out very close in most instances. (Nursing Program information on the Web site; Student Handbooks from first and second year)

(2) Students are admitted without discrimination as to age, race, religion, gender, sexual preference, national origin or marital status.

The non discrimination policy can be found in the college catalog, Student Handbook, and on the Web site.

(3) Facilities and services of the program and its sponsoring institution are documented and available to students.

The facilities and services available to students are documented in the nursing program Student Handbook, the College Catalog and the College Student Handbook (Exhibit room: item W).

(4) Student rights and responsibilities are available in written form.

Student rights and responsibilities are documented in the Student Handbooks (Evidence room: item I), the College Catalog (Evidence room: item X) and the College Student Handbook (Evidence room: item W). Students are required to sign a form documenting that they have read and understand the rights and responsibilities of a nursing student at Southwestern Oregon Community College. This signed form is turned in to the nursing program secretary at the beginning of their first year of nursing.

(5) Reasonable assurance that expectations of becoming a licensed practical or registered nurse will be met, as evidenced by a 15% or less failure rate for first-time candidates taking the National Council Licensure Examination (s).

We have never had a candidate fail the PN exam. We have seen a fall in the RN exam scores whenever there has been a large change in faculty that we have had on and off over the past nine years. See the chart in the **Appendix K**. For the past two years we have had our graduating students take the HESI exam in time for them to get their results back before having to take the NCLEX exam. The exam does an excellent job telling students their areas of weakness. Since requiring this exam many students have also taken an NCLEX review class. The analysis of all of this data still needs to be done in order to assess the strengths and weaknesses of the curriculum. This academic year we will try to have it on our campus.

(6) Opportunities are provided for students for appropriate participation in the development, implementation and evaluation of the nursing program.

Students evaluate faculty as part of the total campus evaluation process. Nursing student representatives from the first and second year meet weekly with faculty to give input on the curriculum and learning activities of the program. Follow up assessment documents can be found in the Northwest Association of Colleges reports (Evidence room: item B). Approximately twice per term the first and second year students are meeting with the program Director over lunch. This gives the student the opportunity to discuss concerns related to their experiences in the program. No minutes are taken and all that is discussed is kept in the room unless the student agrees to have it taken out of the room with or without name attached as desired.

Standard of Approval: Records 851-21-0060

- (1) Program records-A system of records shall be maintained and be made available to the Board representative and shall include:
 - (a) Data relating to accreditation by any agency or body;
 - (b) Course outlines;
 - (c) Minutes of faculty and committee meetings;
 - (d) Reports of standardized tests
 - (e) Survey reports

Accreditation reports are available in the office of the Administrative Assistant to the Vice President of Instruction and Student Services. The OSBN approval reports are kept in the office of the program Director and office of the Vice President of Instruction and Student Services. Minutes of faculty meetings are kept online as are the course outlines. Reports of standardized test are kept in the Director's office as are survey reports. We are working to get all of the reports, surveys, etc on line at the nursing site.

(2) Records(s) shall be maintained for each student, available to the Board representative, and shall include:

Student records are online and accessible to SOCC faculty and administrative staff. We are trying to become paperless and every 7 years the applications kept in the vault are destroyed. Student transcripts are kept on line. Current records of achievement for currently enrolled students are kept by the students' advisor and for nursing are the nursing faculty.

(3) The program shall make provisions for the protection of student and graduate records against loss, destruction and unauthorized use.

The Dean of Students and the Admission's Office maintain the permanent files in the college vault in Dellwood Hall and on the Datatel student computer information system, Colleague.

(4) Information describing the curriculum shall be published in the college catalog, maintained archives, and made available upon request.

Information describing the curriculum is published in the college catalog and on the SOCC Web site.

Standards for Approval: Facilities and Services 851-21-0065

- (1) Educational facilities shall include:
- (a) Classrooms, laboratories and conference rooms adequate in number, size and type according to the number of students and educational purposes for which the rooms are used;

For a rural community and campus of our size we have excellent facilities. Our nursing lab has been remodeled to accommodate our two SimMen, Sim Baby and birthing mom. We have a conference room that is used for meetings and for student use to debrief simulations. Our clinical facilities do the

best that they can with conference rooms and areas that faculty can use to meet with individual or groups of students. We have also added an another room that acts both as a laboratory extension and classroom. We now have two classrooms and two laboratories. We have computers in the main laboratory room and we have Smart boards and computer stations for faculty in each classroom. We also managed to outfit our classrooms with tables and chairs rather then the old chair with built in writing space. The program Director has been meeting with science faculty and the President to design the next new building on campus that will be a Health Sciences Building. It is a few years out but exciting to plan.

(b) Offices and conference rooms available and adequate in number and size to meet faculty needs for individual student counseling and faculty meetings;

Full time faculty have private offices equipped with telephones and computers. The part time clinical/lab faculty do not have office space but may use full time faculty space when needed. A conference room is available for faculty meetings.

(c) Space provided for secretarial staff, files, storage and equipment;

The nursing program Director and faculty share a secretary with the Tech Prep Coordinator and Instructional Director for Health and Human Development. Her office is in a separate building on campus not within the nursing program building.

(d) Telephones and computer adequate in number and capacity to conduct program business.

There are phones in every faculty office, in the nursing laboratory and in each simulation room.

(2) Educational services and resources shall include:

(a) Adequate secretarial services;

Secretarial service for the nursing program has been increased in that our secretary is used most heavily by the nursing program. She takes minutes of faculty meetings, maintains the Web site for nursing, maintains the applications for the BNA course and the nursing program, and will now be inputting the admission point system to determine qualified candidates for the nursing program.

(b) Adequate library services and holdings;

The library has recently purchased access to on-line nursing literature that includes CINHAL and EPSCO Host. The library is used mostly for writing papers but with the amount of on-line available materials the time spent by students is much less. Students are oriented to the library during the first term in the program.

(c) Adequate audiovisual and computer resources.

There are computers in the nursing lab available to students. Tioga 401 is an open computer lab with an assistant available also. The classrooms are set up with computers and AV equipment for on-line or CD access to audiovisual information.

(3) Selection of practice sites shall be based on written criteria established by faculty including a requirement that the practice sites shall be fully approved by the appropriate accreditation, evaluation or licensing bodies, if such exists.

The practice sites are all approved by accreditation, evaluation and/or licensing bodies as appropriate. We have had to move students on occasion from long term care facilities due to negative reports from the state of Oregon. There is one long term facility we do not use because of the number of times it has been under report.

The primary clinical site remains Bay Area Hospital (BAH). This facility is JACHO approved. We have very positive relationships with BAH. Faculty members have strong relationships with the nursing staff and administration; lines of communication are open, allowing for problem-solving and planning for clinical experiences. This is our main acute care facility. During the preceptorship we utilize many of our smaller hospitals including Peace Health in Florence, Lower Umpqua in Reedsport, Coquille Valley in Coquille, Southern Coos in Bandon and Curry General in Gold Beach.

Long-term care clinical experiences are provided by Baycrest (formerly St. Catherine's) and Hearthside Care Center. St Catherine's has been used for many years and is an excellent partner in providing experiences in Extended Care. Hearthside is a smaller facility and on occasion has had pediatric patients and usually gets a positive report from the state.

We also use many community agencies and the number has grown over the past 5 years. We use schools, Public Health, prison in Hauser, Education Service District (ESD), Family Center on campus, etc.

- (4) There is a written agreement which is in effect between the authorities responsible for the educational program and the nursing service or other relevant service of the practice site. The agreement shall:
- (a) Ensure that faculty members have control of and freedom to select appropriate learning experiences; and
- (b) Clearly identify if preceptors will be provided by the site, and how they will be selected and function.

A Student Trainee Agreement is initiated and signed by the College and the clinical agency. This agreement specifies the roles and responsibilities of the College and the Facility in relation to the clinical experience.

Faculty have complete freedom at our sites for student assignments. The staff, of course, would let a faculty member know if there was some reason not to appoint a student to a specific client but the final decision rests with the faculty member. Evidence of the above is found in the Clinical Agency Contract Agreements reviewed by the college attorney (Evidence room: item Y)

Standards for Approval: Evaluation 851-21-0070

- (1) There is a systematic plan for evaluation of the nursing education program which includes:
 - (a) Organization and administration;
 - (b) Faculty;
 - (c) Curriculum;
 - (d) Instruction;
 - (e) Resources;
 - (f) Students;

The organization and administration are evaluated by Northwest Commission of Colleges and Universities. The College had a ten year full site visit in April 2002. At that time the major weaknesses were:

- 1. that the college completes, implements, and sustains an institutional effectiveness planning and assessment model, produced in collaboration with all campus constituencies (1.B.1.1.B.3)
- 2. that the college replace the 1993 master facilities plan for campus physical development with a new master plan, consistent with the mission and the long-range educational plan of the institution and that the new master plan is updated periodically (8.C.1)
- 3. that once the institutional effectiveness plan is implemented, that the college reviews its institutional research efforts, its evaluation processes, and its planning activities to document their effectiveness (1.B.8)
- 4. that the college use information from its planning and evaluation processes to communicate evidence of institutional effectiveness to the public (1.B.9)

The College has effectively met these challenges and the Regular Interim Visit is planned for April 2007; no specific date is yet available.

Faculty are evaluated by peers and students every year for three years and then every three years thereafter. Nursing faculty, on occasion, do in-classroom evaluations of self and subject matter. Curriculum has changed so frequently since the last approval visit due to the desires of new faculty with new ideas that a period of time for the changes to take place was never at the point of doing a valid evaluation. The OCNE will be doing on-going evaluations and have already started to collect data. Non-structured evaluation is done in faculty meetings weekly when we review the past week and plan the next week. Students evaluate the instruction in bi-monthly meetings with the Director and in weekly meetings with the faculty. At times this leads to changes in the day by day activities of the program.

Evaluating resources is on-going and we have been fortunate to get several grants that have allowed the faculty to receive excellent classroom materials and laboratory equipment.

Students are evaluated by the faculty as a group every 5-6 weeks and after each clinical experience. The faculty keeps track of testing for the students they advise who are in the nursing program and take action when it looks like the student is getting behind in campus lab, testing, or clinical performance. The faculty advisor speaks with the student and if necessary brings the issues to an executive session of the faculty.

(2) There is evidence that the evaluation plan is being implemented and that faculty review evaluative data and take corrective action as needed.

The Director looks at any evaluative data that is brought to her attention and is aware of the fact that the whole evaluation process needs to be reassessed. We have pieces of it in place put not in a coherent manner except of course that done by Northwest Association of Colleges. The nursing program has pieces of the process but it needs to be put together into a plan. Faculty in the program have been coming and going over the past 7 years and while we advertise for a new full time faculty member we frequently have to use part time instructors. This causes fragmentation in the every day workings of the program. We have one full time faculty member who had been with us continuously for 8 years. Two of the other three full time faculty were hired fall of 2005 and the third in fall 2006. Four of the faculty were working on their Master's degree when they started their positions at the college. We had three full time faculty leave in 2004-05. The evaluation process has improved and will continue to improve as a member of OCNE.

(3) In event a program fails to maintain an average of a 85% pass rate over a two year period the Board will require the program to present a written plan to improve graduate performance on the licensing examination. The pass rate will be calculated annually on the basis of a program's pass rate for the total number of first time candidates examined over a revolving two year period of time.

Assessment of our pass rates shows that the rate drops when there is a turn over of faculty and this has been happening in our program. The rates have dropped for one year but then come up the next to average out to 85%+. (Appendix K)

Southwestern Oregon Community College Nursing Program Self Study Report Fall 2006

APPENDICES

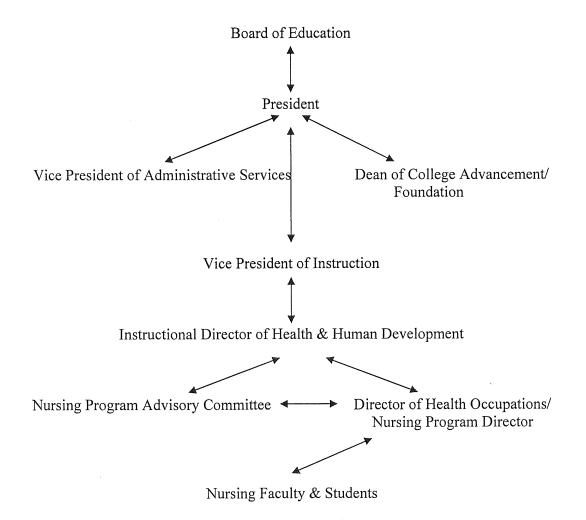
A	2006-2007 Nursing Program Lines of Authority and Nursing Administrative Structure; 2006-2007 Student Handbook, p. 16-17
В	Southwestern Organizational Chart
C	Program Director Job Description
D	Nursing Program Student Handbooks: 2006-2007 & 2005-06
Е	Nursing Staff Current Oregon RN License Verification
F	Educational Plans
G	Nursing Staff Vitae Summaries (Role/Credentials)
Н	Sample Assessment/Evaluation Forms
Ι	Course Outlines
J	AAS Nursing Theory Credits, Clinical Credits, Total Credits
K	RN Pass Rate

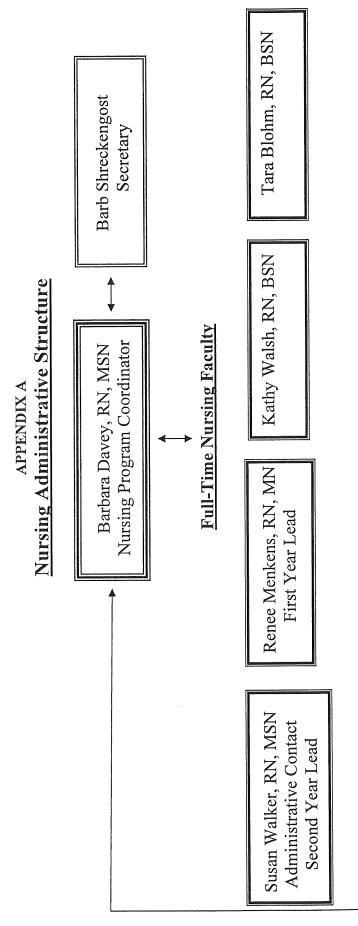
APPENDIX A

2006-2007 Nursing Program Lines of Authority and Nursing Administrative Structure; 2006-2007 Student Handbook, p. 16-17

APPENDIX A

The following schematic is a representation of the lines of authority and communication between students, nursing program faculty, advisory committee for nursing, and Southwestern administration.





Jerri Bennett Stillmaker, RN, MSN Lab Instructor Lisa Lagesse, RN, MSN Lab Instructor Barbara Coates, RN, BSN Lab Instructor Steve Wilson, RN Lab Coordinator

Mary Jane Plummer, RN

Lab Instructor

Part time Nursing Faculty

Diane Moulton, RN, BSN Clinical Instructor Cherie Cox, RN, MSN Clinical Instructor

Pam Wicks, RN, BSN Clinical Instructor

APPENDIX B

Southwestern Organizational Chart

Program Director Job Description



SOUTHWESTERN OREGON COMMUNITY COLLEGE POSITION DESCRIPTION

DIRECTOR OF NURSING

REVISED DATE:

October 2006

STATUS:

1039 Hour Administrative Position

REPORTS TO:

Vice President of Instruction

EVALUATION:

Performance will be evaluated in accordance with administrative

procedures.

SALARY LEVEL:

\$44,800

PRIMARY PURPOSE:

To act as the Director of the Nursing program. Give assistance to Instructional Director of Health and Human Development. To supervise full and part-time faculty in Nursing. To assure and maintain that programs meet state and accreditation agency requirements and that all necessary reports and compliance issues are handled in a timely manner.

Southwestern is a vibrant, high performance, innovative, entrepreneurial, student-centered college. In addition to specific job duties associated with this position, the employee is expected to actively participate in student recruitment, student retention, successful student achievement, K-12 and business/industry partnerships, and seeking external funding through the grants office.

DESCRIPTION OF DUTIES AND TASKS:

ESSENTIAL JOB FUNCTIONS

- Directly initiates action or effectively recommends action to the Instructional Director of Health 1. and Human Development for the recruitment, hiring, and work assignment of full and part time faculty in nursing program.
- Orients, mentors and evaluates all new faculty and part time faculty within the nursing program. 2.
- Assists faculty in planning, developing and evaluating courses and programs. 3.
- Represents the college on state and local consortiums (CCHAP) and partnerships that involve the 4. nursing program.
- Maintains active advisory committees meeting at least twice per year. 5.
- Prepares and administers budgets with assistance from the Instructional Director of Health and 6. Human Development.
- Establishes and maintains collaborative relationships with agencies that provide on site training 7. for students.
- 8. Serves as first point of contact for new students, advises currently enrolled students and meets regularly with other faculty who have Nursing or other Allied Health students as advisees to assure that enrollment and acceptance procedures are followed.
- Complies with regulations, maintains data, and represents the college to the Oregon State Board 9. of Nursing (OSBN) and other licensing, accrediting, and certification agencies.

- 10. Works on the recruitment, retention and placement of students in the Nursing program.
- 11. Oversees and helps maintain catalog descriptions, course outlines, and other printed materials.
- 12. Conducts weekly nursing faculty meetings keeping minutes per Oregon Board of Nursing regulations that demonstrate the development of program policies and procedures in a collaborative manner.
- 13. Assures that all nursing program policies and procedures are in written form, congruent with those of the college and reviewed annually.
- 14. Assures that all Oregon State Board of Nursing regulations for the administration and delivery of the program are carried out efficiently and effectively.
- 15. Collaborates with Dean in Curry County for the delivery of programs and courses in Curry County.
- 16. Ability to consistently operate within the framework of collegiality and teamwork.

MARGINAL JOB FUNCTIONS

- 1. Serves on committees as assigned.
- 2. Advises students as assigned. Meets with assigned students at least once each term to assist students in determining goals, inform students of program and degree requirements, review student schedules and progress, refer students to needed services. Will maintain records of advising sessions to include dates of meetings, student major or goals, student progress and other pertinent information
- 3. Facilitates faculty development and performance review within the institution's policy and procedures.
- 4. Makes recommendations of faculty for appointment, promotion, tenure and retention.
- 5. Maintenance of a current unencumbered Oregon nursing license with notification of the college if license is not renewed on time or becomes encumbered by the Board of Nursing for any reason.
- 6. Willingness to be drug tested, be properly immunized and CPR certified on an annual basis.
- 7. Other duties as assigned.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

Individuals must possess the following knowledge, skills and abilities or be able to explain and demonstrate that they can perform the essential functions of the job, with or without reasonable accommodation, using some other combination of skills and abilities.

- 1. Mastery of the subject area of a sufficient level to instruct lower division collegiate students in the knowledge, skills, and attitudes requisite for success in the courses in the curriculum.
- 2. Ability to work effectively with full and part time faculty and staff to develop programs that will provide students with high level skills and opportunities for employment.

- 3. Knowledge of or ability to learn teaching methodology for the instruction of students of a variety of ages, backgrounds and learning abilities. Includes the ability to adapt to various audiences, to find various explanations, to facilitate various learning styles.
- 4. The ability to communicate effectively in oral and written form.
- 5. The ability to keep current and up to date in the subject area and in teaching methodology and clinical practice through review, understanding and application of concepts presented in training programs, conferences, course work, professional literature, in-service skills programs at local facilities and/or employment during the summer at an acute care facility.
- 6. Ability to work with and cooperate with faculty and staff at all levels.
- 7. Willingness to travel and/or teach at various hours and on weekends as required.

QUALIFICATION STANDARDS:

REQUIRED

EDUCATION:

Master's Degree in Nursing, or Master's Degree in Science with Nursing major. Sufficient course work and/or practical experience to support the assignment(s) in at least one clinical area of medical, surgical, obstetrics, pediatrics or psychiatric nursing. Current, unencumbered Oregon R.N. license.

EXPERIENCE:

- 1. Three years of experience in at least one of the above-mentioned clinical specialties which includes a minimum of two years successfully completed teaching and/or administration of nursing educational programs.
- 2. Two years of supervisory experience.

PREFERRED

- 1. Demonstrated commitment to instructional delivery methods which reflect an adult learner orientation.
- 2. Recent clinical experience averaging 10-15 hours/week annually in one of the above mentioned clinical areas.
- 3. Demonstrated knowledge in the concepts of critical thinking and cognitive mapping.
- 4. Previous teaching experience at a community college.

NON-DISCRIMINATION:

revised bs 10/2006

It is the policy of the Southwestern Oregon Community College Board of Education that there will be no discrimination or harassment on the grounds of race, color, gender, marital status, sexual orientation, religion, national origin, age, political affiliation, parental status, veteran status or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Vice President of Administrative Services in Tioga 512. Phone 541-888-7206 or TDD 541-888-7368. All other issues, concerns, and complaints should also be directed to the Vice President of Administrative Services for referral to the appropriate administrator.

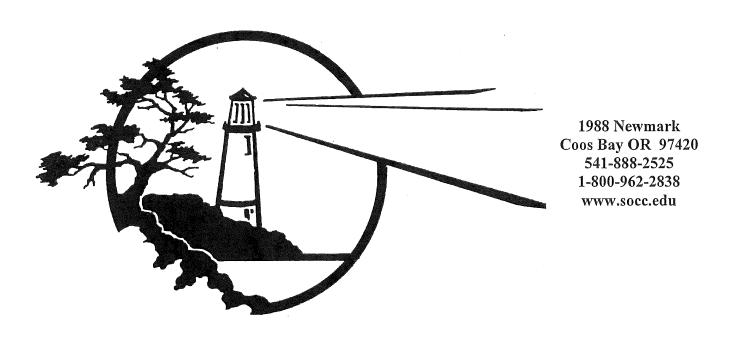
SIGNATURES:		
		•
Supervisor	Date	
Vice President of Instruction	Date	
College President	Date	
EEO Officer	Date	
ckh revised 3/99 revised lh 03/2004		

APPENDIX D

Nursing Program Student Handbooks: 2006-2007 & 2005-06

Nursing Program Student Handbook

2006-2007



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TABLE OF CONTENTS

INTRODUCTION	4
Faculty Information	
COLLEGE MISSION STATEMENT	
NITIDCING DDOCD AND DITTLE OCCUPING	
NURSING PROGRAM PHILOSOPHY	
Individual (patient or client)	
Wellness-Illness Continuum	
Teaching/Learning	7-8
Critical Thinking	8-10
Clinical Judgment	
Nursing	11
Conceptual Framework	12
NEUMAN'S MODEL	1 2
	······································
NURSING PROGRAM MISSION STATEMENT	14-15
GENERAL INFORMATION	
Affirmative Action	15
Nursing Administrative Structure	16-17
Advisory Committee	18
Students Requiring Academic or Testing Modifications	18
Academic and Technical Standards (Essential Functions)*	18-20
Faculty/Student Communication	20-21
WebCT	
Advising Session	21
Clinical Facilities Utilized by Students in the Program	22
Faculty Office Hours	22
Class Representatives	22
Other Opportunities For Student Input	22
Change Of Address And Phone Number	22
Fees	
Student Records	23
Healthcare Provider CPR Card	23
Advising Guides	23-24
Criteria for Prioritization of Requests for Reentry,	
Advanced Placement, or Transfer	24-25
Employment While In The Nursing Program	25
Pinning/Recognition Ceremony	25
Application and Eligibility for NCLEX-RN and Licensure	26
Policies Relating to Student Health	26
PPD	26

Injury/Illness		.27
Pregnancy		.27
Hazardous Patient Care		.27
CONDUCT EXPECTED OF STUDE	NTS	.28
Expected Student Behaviors		
General Responsibilities	28-	-29
Policy Regarding Cheating and/	or Plagiarism29	-32
General Rights		.33
Nursing Program Probation		.33
	m	.33
Factors that may contribute to a		
course objectives		.34
Dress Code for Clinical and Car	npus Learning Lab	.35
Uniforms for Clinical Areas		.35
Uniform for Campus Learning I	_ab	.35
	ilities	
Confidentiality of Information I	Policy	.39
Policy regarding Students Suspe	ected of Substance Use39	-41
CAMPUS LEARNING LAB		.42
CANADICA E ADMINICA AD CITUDE		40
	LINES FOR STUDENTS42	
Bulletin Board	e Campus Learning Lab	
	lure Supervision43	
Clinical Skins Clearance/Flocec	ure Supervision45	-4-
GRADING		
	eies	
	Attendance45	
<u> </u>		
	46	
	47	
Clinical Assignments		.48
	ion	
	49.	-5(
Conversion of Clinical Performs		
Satisfactory/Unsatisfactory G	rade	.50
SAFE CLINICAL PERFORMANCE	& INDICATORS OF	
INSAFE CLINICAL PERFORM		50

DISCIPLINARY ACTIONS	52
Grounds for Disciplinary Actions	52
Disciplinary Procedure	52-54
APPENDICES	55
OCNE APPENDICES	
OCNE Competencies	56-59
OCNE Benchmarks	60-71
OCNE Clinical Judgment Model	72
OCNE Competency Rubrics	
SOCC APPENDICES	
SOCC Injury Report Form	89-90
SOCC Incident Report Form	91-93
SOCC Nursing Program Planning Sheet	
SOCC Nursing Program Student Handbook	
Agreement & Signature Page	96-97

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INTRODUCTION

This document contains general information about the college and nursing program, outlines expected behaviors and defines the guidelines by which student success is measured. It is to be used as a reference and is binding for the current academic year. It is reviewed and revised on an annual basis. This handbook supplements the college student handbook that can be found on the college website at: www.socc.edu. It provides additional information that relates to the nursing program. Please take time to familiarize yourself with the handbook.

Faculty Information

- Barbara Davey, RN, MS: Director of Health Occupations & Coordinator of Nursing
- Barb Shreckengost: Health Occupations Secretary
- Tara Blohm, RN, BSN: Nursing Instructor
- Renee Menkens, RN, MSN: Nursing Instructor; 1st Year Program Lead Instructor
- Susan Walker, RN, NP, MSN: Assistant Professor-Nursing; 2nd Year Program Lead Instructor
- Kathy Walsh, RN, BSN, JD: Nursing Instructor

The following RN's assist either in the campus learning lab and/or in clinical areas:

Jerri Bennett Stillmaker, RN, BSN, MSN; Barbara Coates, RN, BSN; Cherie Cox, RN, MSN; Lisa LaGesse, RN, MSN; Diane Moulton, RN, BSN; Mary Jane Plummer, RN; Pam Wick, RN, BSN; and Steve Wilson, RN

COLLEGE MISSION STATEMENT

The mission of Southwestern Oregon Community College (SOCC) is to provide quality education that helps students achieve their goals. Our programs prepare people to be employable, value life-long learning, and function as good citizens in a rapidly changing world. To accomplish this mission, the College will:

- Maintain high standards of excellence in instructional programs and student services;
- Deliver real-world education and training essential for a highly skilled workforce;
- Encourage diversity, collegiality and professionalism;
- Collaborate with businesses, agencies, schools and universities to create mutually beneficial partnerships for economic, social and educational development;
- Promote technological competence to compete in a global community;
- Provide multiple avenues of access to educational opportunities for all students; and
- Enhance the cultural awareness of students and the community at large.

NURSING PROGRAM PHILOSOPHY

The faculty at Southwestern (SOCC) Associate Degree Nursing (ADN) Program believes in and supports the Southwestern mission and goals as written. The nursing program follows the Oregon Consortium for Nursing Education (OCNE) curriculum that supports the concept of lifelong learning and competency based nursing education. We believe the nursing program instills the value of life-long learning, enriches and changes lives, and provides for excellence in the instructional program. We believe the nursing curriculum encourages diversity, collegiality, and professionalism. We believe the nursing program should be measured against state and national standards.

We believe in a progressive system of instruction that encompasses the OCNE curriculum competencies and benchmarks which define the intended outcomes of the nursing education program and serve as the basis for clinical practice. The curriculum is based on the concept of a spiral curriculum in which students continually increase their competencies in understanding and providing competent nursing care. The program uses rubrics to assist students to meet competencies as they progress through the curriculum. Benchmarks are based on the competencies and are used at the end of the first and second year in evaluation of student progress. A variety of learning methods are used in the curriculum to assist students to meet their goal of becoming a competent nurse. Students are expected to use computer based technology and professional journal reading to keep current in their nursing knowledge throughout the program and their career as professional nurses.

The nursing program competencies, rubrics and benchmarks are located in the Appendix of this handbook.

Individual (patient or client)

We present the **concept of a person** as a client/client system that may be an individual, family, group, community, or social issue. The client system is a dynamic composite of interrelationships among physiological, psychological, sociocultural, developmental, and spiritual factors. The client system is viewed as being in constant change or motion and is seen as an open system in reciprocal interaction with the environment.

Individuals are bio-psycho-social and spiritual beings who react totally to the stress of illness. They have a right to make decisions and thus should be a participant in developing his/her own plan of care. We believe that all individuals experience basic needs in a hierarchy wherein priorities of survival and safety, love, esteem and self-actualization vary depending upon the individual and the situation. Individuals are capable of learning adaptive behaviors in dealing with experiences of illness and disabilities. We believe prevention of illness is a priority and thus individuals have a right to be taught how to maintain health and wellness.

BS: 10/3/06 6

Wellness-Illness Continuum

Wellness is the condition in which physiological, psychological, sociocultural, spiritual and developmental components are in harmony with the whole individual. There exists a variance from wellness, defined as illness, in which one, some, or all components of the individual are in disharmony. The wellness-illness continuum represents varying states of internal and external homeostasis requiring adaptation to an ever-changing environment for maintenance of an optimum level of wellness.

Teaching/Learning

Nursing faculty believe in their obligation to stimulate in students an increased awareness of self and others. Learning is a lifelong process, which is influenced by the individual learner's characteristics and needs. These characteristics include differences in learning styles, varying levels of motivation, and influences from previous or current life experiences. Learning is evidenced by long-term change in cognitive, affective, and/or psychomotor functioning. Faculty relies on a variety of teaching methods, learning strategies and supportive technology to accommodate learning styles.

Learning is acquired through the continual interaction, participation, collaboration, and feedback with students, clients, instructors and the environment. We believe the instructors are role models exemplifying the professional and personal characteristics required to function as excellent clinicians, teachers, facilitators and advisors. It is the educator's role and responsibility to be a supportive, responsive, effective guide and motivator, and catalyst in the student's acquisition, assimilation, and accommodation of knowledge.

Learning is viewed as an active process in which students participate in activities to promote learning goals. The learning process consists of activities experienced by the learner, which fulfill needs and cause changes to occur in thinking, feeling, and acting. Students progress in their learning from simple to complex in acquisition of theoretical content and clinical application. This pattern of moving up into greater scope and depth, but always reviewing has been described as a spiral pattern. The application of this concept requires the student to build on previously learned course work from coursework already completed. Students are taught the scope of practice requirements of the Oregon State Board of Nursing for Practical and Registered Nurses. Students are given a foundation in critical thinking skills and are expected to apply these skills in the care of clients, family and community.

Both the student and healthcare professionals who have had contact with the student should contribute to student evaluations. However in the end, it is the responsibility of the instructors to evaluate student learning and clinical performance. Evaluation is seen as a means to an end and not an end in itself. It is a systematic process that determines the extent to which educational objectives are being achieved by learners. Evaluation is an ongoing process that determines the level of mastery while pinpointing the parts of the task that need to be improved and based on previous established criteria. The criteria are given to students in the form of skills checklists, classroom objectives and clinical objectives.

Teaching and learning are viewed as active processes in which students participate in activities to promote his/her learning goals. The teacher is the "guide on the side" of the learner, not the "sage on the stage". The expectation is that students come prepared having done assigned reading and preparation prior to class and then become active participants in class by asking pertinent questions related to what is being discussed and taking notes. It is important to pay attention to what is being said in class both by the instructor and classmates. Because we all learn in different ways it is important that individual students take their own notes. Taking notes assures you are paying attention and thus being able to process questions. If you want to use a tape recorder you must ask each individual instructor. Not all faculty want you to do this because it can be distracting.

Critical Thinking

A competent nurse thinks critically. A competent nurse understands that every nursing judgment involves problem solving, and that each decision should be supported by effective logic, evidence, and critical thinking. The predominant critical thinking involved in effective nursing is the exercise of clinical analysis and judgment to relate relevant client evidence to plans for intervention and health care.

Maximizing Your Critical Thinking Abilities: Be positive: you can do it!

Overcome Barriers to a Positive Mental Attitude: through discipline and confidence. Discipline is defined as self-command or self-direction. Disciplined students work in a planned manner, explore all options in an organized and logical way, check for accuracy, and seek excellence. Confidence is defined as poise, self-reliance, or self-assurance. Understanding your strengths and limitations is the first step to increasing confidence. When you know your strengths you can draw on them and when you know your limitations you know when it is time to seek out the instructor or another resource to help you in your critical thinking. Failing to consult with your instructor is like putting your head in the sand. Learning needs must be identified and addressed by both you and your faculty advisor, not avoided. When you are disciplined you are more in control, when you are more in control you are more confident, and when you are more confident you have a more positive mental attitude.

Be Reflective: You Need to Take One Step Backward before Taking Two Steps Forward!

Reflection is the process of thinking back or recalling a situation or event to rediscover its meaning. It helps you seek and understand the relationships among information, concepts, and principles and to apply them in future clinical or testing situations. Journal writing and concept maps are examples of active reflection. You need to use the knowledge you have accumulated through all the courses you have already taken.

Retrospective (after the event) reflection involves seeking an understanding of relationships between previously learned information and the application of this information in patient-care situations or testing experiences. This type of reflection helps you to judge your personal performance against standards of practice. A self-assessment requires the willingness

to be open to identifying one's successful and unsuccessful interventions, strengths and weakness, and knowledge and lack of knowledge. The purpose of retrospective reflection is not to be judgmental or to second-guess decisions but rather to learn from the situation. The worth of the reflection depends on the abilities that result from it. When similar situations arise in subsequent clinical practice, previous actions that were reinforced or modified can be accessed to have a present successful outcome. Examples of retrospective activities are clinical post conferences and test reviews.

Reflecting on your knowledge, strengths, and successes is easy, but reflecting on your lack of knowledge, weaknesses, and mistakes takes courage and humility. Courage is the attitude of confronting anything recognized as dangerous or difficult without avoiding or withdrawing from the situation. Courage is necessary because when people look at their shortcomings they tend to be judgmental and are their own worst critics. This type of negativity must be avoided because it promotes defensive thinking, interferes with the reception of new information, and limits self-confidence. Humility is having a modest opinion of one's own abilities. Humility is necessary because it is important to admit your limitations. Only when you identify what you do and do not know can you make a plan to acquire the knowledge necessary to be successful on nursing examinations and practice safe nursing care. Arrogance or a "know it all" attitude can interfere with maximizing your potential. For example, when reviewing examinations with students, the students that benefit the most are the ones who are willing to listen to their peers or instructor as to why the correct answer is correct. The students who benefit the least are the ones who consistently and vehemently defend their wrong answers. A healthy amount of inquiry, thoughtful questioning, and not accepting statements at their face value are important critical thinking competencies; however, a self-righteous or obstructionist attitude more often than not impedes, rather than promotes, learning.

Be Inquisitive: If You Don't Go There, You'll Never Get There! Inquiry means to question or investigate. The favorite words of inquisitive people are: what, where, when, and most importantly how and why; if.... then; and it depends. When studying, ask yourself these words to delve further into a topic under consideration. These techniques of inquiry can be used when practicing test taking. Reviewing textbooks that have questions with rationales is an excellent way to explore the reasons for correct and incorrect answers. There are many of your textbooks that are accompanied by study guides so use them. When answering a question, state why you think your choice is the correct answer and why you think each of the other options is an incorrect answer.

Effective inquiry requires more than just a simplistic, cursory review of a topic. Therefore critical thinkers must have curiosity, perseverance, and motivation. Curiosity is the desire to learn or know and is a requirement to delve deeper into a topic. If you are uninterested in or apathetic about a topic, you are not going to go that extra mile. Never be willing to let a lack of knowledge be the norm because this results in incompetence, and never give away points on an examination! Overcome this attitude by maximizing your perseverance.

Perseverance means willingness to continue in some effort or course of action despite difficulty or opposition. Critical thinkers never give up until they obtain the information

that satisfies their curiosity. To perform a comprehensive inquiry when studying takes time. Make a schedule for studying at the beginning of the week and adhere to it. This prevents procrastination later in the week when you will prefer to rationalize doing something else and postpone studying. Studying one hour a day is better than studying seven hours in one day. Breaks allow for processing of information and time to rest and refocus. At times you may be asked to show your calendar to your faculty advisor so be ready.

Motivation strategies inspire, prompt, encourage, instigate or enthuse you to act. Divide the information to be learned into segments and set multiple short-term goals for studying. This is also the time to use incentives. Reward yourself after an hour of studying.

Be Creative: You Must Think Outside the Box! A creative person is imaginative, inventive, innovative, resourceful, original, and visionary. Creativity is what allows you to be yourself and individualize the nursing care you provide to each patient. With the explosion of information and technology, the importance of thinking creatively will increase in the future because the "old" ways of doing things will be inadequate. Nor are any two situations or people ever alike. Therefore, YOU MUST THINK OUTSIDE THE BOX!

To be creative you must be open-minded, have independence of thought, and be a risk-taker. Being **open-minded** requires you to consider a wide range of ideas, concepts, and opinions before framing an opinion or making judgments. You need to identify your opinions, beliefs, biases, stereotypes, and prejudices. We all have them to one extent or another; so do not deny them. However, they must be recognized, compartmentalized, and placed on a "back burner." Unless these attitudes are placed in perspective, they will interfere with creative thinking. **In every situation you need to remain open to all perspectives, not just your own.** When you think that your opinion is the only right opinion, you are engaging in **egocentric thinking**. This **rigid thinking** creates a barrier around your brain that obstructs the inflow of information, imaginative thinking, and the outflow of innovative ideas.

Independence of thought means the ability to consider all the possibilities and then arrive at an autonomous conclusion. To do this you need to feel comfortable with ambiguity. Ambiguous means having two or more meanings and is therefore being uncertain, unclear, indefinite, and vague. For example, a nursing student may be taught by an instructor to establish a sterile field for a sterile dressing change by using the inside of the package of the sterile gloves. When following a sterile dressing change procedure in a clinical skills book, the directions may state to use a separate sterile cloth for the sterile field. When practicing this procedure with another student, the other student may open several 4x4 gauze packages and leave them open as their sterile fields. As a beginning nursing student, this is difficult to understand because of a limited relevant knowledge base and experiential background. Thinking frequently is concrete and follows rules and procedures, is black and white, or is correct or incorrect. It takes knowledge and experience to recognize that you have many options and may still follow the principles of sterile technique. It could be said, "There is more than one road to Philadelphia!"

*Information above was abstracted from: Nugent, Patricia and Vitale, Barbara; Fundamentals Success; FA Davis; 2004.

Clinical Judgment

Clinical judgment is an essential skill for nursing practice. Clinical judgment means "an interpretation or conclusion about a patient's needs, concerns, or health problems and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response" (Tanner, 2006, pg. 204). In this nursing program, the student will develop clinical judgment through critical thinking processes. A graphic of the clinical judgment model is located in the Appendix of this handbook.

Critical to the development of clinical judgment is the knowledge gained from prenursing courses including anatomy and physiology, microbiology, and the social and human sciences that are foundational for nursing practice. Clinical judgment also utilizes knowledge central to nursing practice such as pathophysiology, pharmacology, nursing skills and processes, and diagnostic aspects of a patient's clinical presentation and disease. Clinical judgment is based on an understanding of the illness experience for the patient and family, their physical, social and emotional strengths and coping resources. Students develop clinical judgment through the program's coursework, nursing skill development and various clinical experiences focusing on the nursing needs of both healthy and ill clients in a variety of health care and community settings.

Tanner, C. A. (2006). Thinking like a nurse: a research-based model of clinical judgment in nursing. *Journal of Nursing Education*. 45(6), 204-211.

Nursing

Nursing involves preventative, acute, rehabilitative, and/or chronic care of clients in a variety of settings. Nursing is a set of deliberative activities that involve caring, health promotion, illness prevention, psychomotor skills, creative and critical thinking. The major concern of nursing is to help the client system attain, maintain, or retain system stability. This may be accomplished through accurate assessment of both the actual and potential effects of stressor invasion and assisting the client system to make those adjustments necessary for optimal wellness. In supporting system stability, the nurse provides the linkage between the client system, the environment, health and nursing.

Nursing is concerned with the whole person. It is a unique profession in that it is concerned with all of the variables affecting an individual's response to stress. We also believe that caring is a moral imperative of nursing. Caring is something that transforms all of us and all that we do, rather than being something that we do. Caring reflects the whole of the person. Caring requires that we be open. Being open is being vulnerable. Being vulnerable may lead to suffering, which we tend to avoid. Avoiding suffering can impede our efforts to move to higher levels of consciousness. The need is to let go, embrace our experience, and allow the expansion of consciousness to unfold. Without caring, nursing does not occur.

Conceptual Framework

The conceptual framework of **the SOCC nursing program is** based on the Neuman **Systems Model** Nursing Process Format, **which encompasses nursing diagnosis, nursing goals, and nursing outcomes.** Use of the nursing process provides nursing with a common language, promotes scientific reasoning and critical thinking, and maximizes accountability and responsibility.

Effective nursing constitutes a process. Effective nursing is not a single event, but a concurrent and recurrent process that includes assessment (data collection, analysis and diagnosis), planning, implementation, treatment and ongoing evaluation. This is called the nursing process a dynamic problem solving process used to provide planned care to clients with health needs. Assessing is collecting and verifying data about a client's health status. Analyzing (diagnosing) is grouping collected data and coming to conclusions about a client's actual or potential health needs and preparing nursing diagnostic statements. Planning is identifying client goals with appropriate nursing interventions. Implementing is carrying out planned nursing interventions to help the client attain goals. Evaluating is determining the extent to which identified client goals have been achieved.

NEUMAN'S MODEL

Client's Biographical Data (Client's Clinical Record) Client Interview Caregiver's data re:client Perception of stressors Perception of coping strategies (what has helped in the past) Nursing diagnosis (based on assessment) Nursing goals (developed with client to correct variances from wellness) Nursing outcomes Nurse implements nursing interventions through one or more of the following:

- 1) Primary Prevention as Intervention: prevent stressor invasion
- 2) Secondary Prevention as Intervention: appropriate treatment and nursing interventions strategies
 - 3) Tertiary Prevention as Intervention: nurse evaluates outcome goals and sets long-term goals

With identified competencies as the organizing framework, the curriculum incorporates life span considerations and demonstrates progression from simple to complex. (Tomey,A. & Alligood, M. Nursing Theorists and their Work. 4th Ed., Mosby.)

NURSING PROGRAM MISSION STATEMENT

The Southwestern Oregon Community College Nursing Program's Mission is to change lives and fill educational needs in our communities and in its members by producing successful graduates who will be at the registered nurse entry level, competent as health care providers, effective communicators, leaders, teachers, critical thinkers, users of appropriate technology, collaborative team members and health care professionals committed to life long learning.

To successfully accomplish this mission the nursing program will:

- Empower our learners by giving them the tools needed to change their lives.
- Instill in our learners a love of life long learning.
- Assure learner goals and program outcomes are being met through continual monitoring and assessment.
- Support the college's efforts toward expansion to meet community and student needs as deemed necessary.
- Maintain service as our key element by being honest and caring stewards, colleagues and managers in all enterprises.
- Interact with the community, build partnerships and maintain accountability.
- Respect the unique dignity and diversity of each individual.
- Nurture and encourage the ongoing development and life-long learning of our faculty.
- Pursue the enterprise of learning with courage and generosity.
- Recognize that risks must be taken for progress to occur and visions to be realized.
- Appropriately utilize college funds to accomplish our goals.

The successful accomplishment of this mission will be demonstrated by the following program outcomes:

1. Completion/graduation rates:

80% of students admitted to the program will graduate; successfully completing the ADN level in two years.

2. NCLEX results:

More than 85% of graduates will pass the licensing exam, NCLEX-RN, on the first attempt.

Mandatory Health Education Systems, Incorporated (HESI) exit exam testing during the spring term of the second year of the program is utilized to assess curriculum content, to measure student preparedness and predict student pass rate on the NCLEX-RN exam.

3. Employment rates and patterns:

More than 90% of ADN program graduates who return the Graduate Evaluation tool will report that they were employed in a nursing position and will specify type of position and setting within 6-9 months of graduation.

4. Program satisfaction:

- a. More than 85% of graduates who return the Graduate Program Satisfaction Evaluation tool will indicate that college support services, library resources and holdings, computer and nursing campus learning lab availability, and nursing program videos and CD-ROM programs were adequate to meet their needs during the nursing program.
- b. More than 85% of responding graduates, on a 1-5 scale, will indicate satisfaction with the nursing program by marking a score of 3 or higher on all items on the terminal objectives tool during the final term, and on the adequacy of curriculum preparation for actual nursing practice, utilization of nursing process, application of healthcare technology, critical thinking, simulation and communication abilities items on the Graduate Program Satisfaction Evaluation tool sent out 6-9 months after graduation.

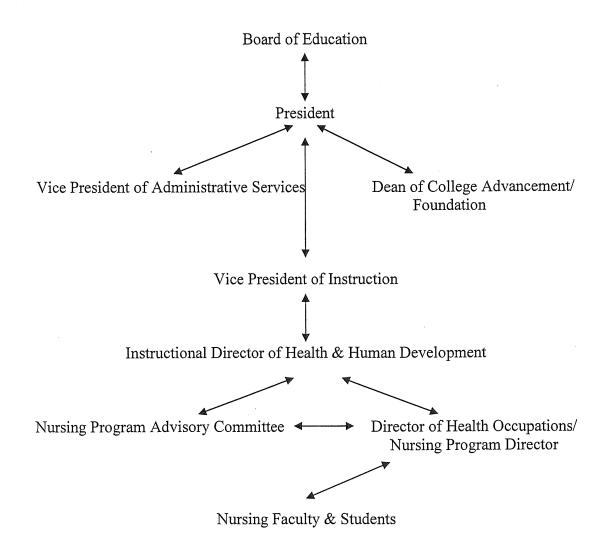
5. Employer satisfaction:

- More than 85% of supervisors/employers of SOCC ADN program graduates who return the Employer Satisfaction Evaluation tool will indicate satisfaction with the nursing program graduate by marking a score of 3 or higher on overall work performance, the utilization of the nursing process, application of healthcare technology, critical thinking, and communication abilities items on the Employer Satisfaction Evaluation tool sent to employers 6 to 9 months after their employee's graduation.
- 6. The OCNE benchmarks competencies will be utilized by the instructors to determine that the students have met the program requirements for: critical thinking, communication abilities, and therapeutic nursing interventions.

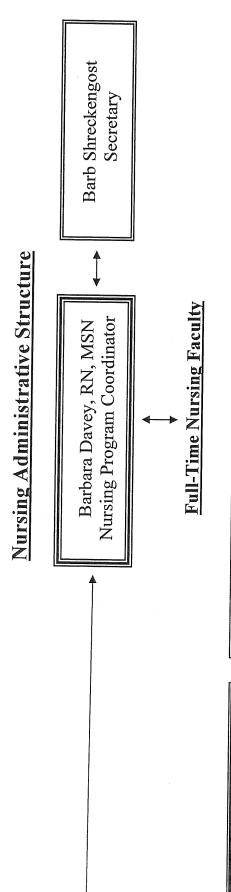
GENERAL INFORMATION

Affirmative Action: It is the policy of Southwestern Oregon Community College Board of Education that there will be no discrimination or harassment on the grounds of race, color, gender, marital status, sexual orientation, religion, national origin, age, political affiliation, parental status, veteran status or disability in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Vice President of Administrative Services in Tioga 512 phone 541-888-7206 or TDD 541-888-7368. All other issues, concerns, and complaints should also be directed to the Vice President of Administrative Services for referral to the appropriate administrator.

The following schematic is a representation of the lines of authority and communication between students, nursing program faculty, advisory committee for nursing, and Southwestern administration.



16



Kathy Walsh, RN, BSN Renee Menkens, RN, MN First Year Lead Susan Walker, RN, MSN Administrative Contact Second Year Lead

Tara Blohm, RN, BSN

Part time Nursing Faculty

Steve Wilson, RN Lab Coordinator

Barbara Coates, RN, BSN Lab Instructor

Lisa Lagesse, RN, MSN Lab Instructor

Jerri Bennett Stillmaker, RN, MSN Lab Instructor

> Mary Jane Plummer, RN Lab Instructor

> > Cherie Cox, RN, MSN Clinical Instructor

Diane Moulton, RN, BSN Clinical Instructor

Pam Wicks, RN, BSN Clinical Instructor

Advisory Committee

The advisory committee for the nursing program includes representatives from local health care facilities and the community, a representative from the Oregon Health Sciences University at Southern Oregon University nursing program, and an ADN nursing student representative. The primary responsibilities of members are to provide information about current nursing or health care trends and issues, serve as a liaison between the program and community, and make suggestions for program improvement. Meetings are held two to three times a year. Nursing student representatives selected by their classmates must demonstrate leadership skills and a professional manner.

Students Requiring Academic or Testing Modifications

Any student who feels that she or he may need an academic accommodation for any disability should make an appointment with Student Support Services office in Stensland Hall or call 541-888-7405. For more information visit the web site at http://www.socc.edu. Once the Support Services office notifies the program director or faculty of a requested accommodation, reasonable accommodations will be made. These accommodations will not substitute for the basic requirements for entrance or academic and technical standards (essential functions) required for successful completion of the nursing program. The essential functions can be found on the nursing application physical examination form and are listed below.

Academic and Technical Standards (Essential Functions)*

Nurses must possess the physical and cognitive capacity, emotional stability, and communication skills essential for the delivery of safe, effective nursing care. Students admitted to the program to pursue a nursing career, with or without accommodation, must be able to meet the following academic and technical standards (essential functions).

1. **Visual acuity** sufficient to assess clients and their environments and to implement the nursing care plans that are developed from such assessments.

Examples of relevant activities:

- > Detect changes in skin color or condition
- > Collect data from recording equipment and measurement devices used in client care
- Detect a fire in a client area and initiate emergency action
- > Draw up the correct quantity of medication into a syringe
- 2. **Hearing ability** sufficient to assess clients and their environments and to implement the nursing care plans that are developed from such assessments.

Examples of relevant activities are:

- > Detect sounds related to bodily functions using a stethoscope
- > Detect audible alarms e.g. monitors, fire alarms, call bells
- > Communicate clearly in telephone conversations
- > Communicate effectively with clients and with other members of the healthcare team

3. **Olfactory ability** sufficient to assess clients and to implement the nursing care plans that are developed from such assessments.

Examples of relevant activities:

- > Detect odors of bodily fluids or spoiled foods
- > Detect smoke from burning materials
- 4. **Tactile ability** sufficient to assess clients and to implement the nursing care plans that are developed from such assessments.

Examples of relevant activities:

- > Detect changes in skin temperature
- > Detect unsafe temperature levels in heat-producing devices used in client care
- > Detect anatomical abnormalities, such as subcutaneous crepitus, edema, or infiltrated intravenous fluid
- 5. Fine motor skills sufficient to perform psychomotor skills integral to client care.

Examples of relevant activities:

- > Safely dispose of needles in sharps containers
- > Accurately place and maintain position of stethoscope for detecting sounds of bodily functions
- Manipulate small equipment and containers, such as syringes, vials, ampules, and medication packages, to administer medications
- 6. **Strength and mobility** sufficient to perform client care activities and emergency procedures.

Examples of relevant activities:

- > Safely transfer clients in and out of bed and assist them with ambulation
- ➤ Lift or move clients or objects, pull or push objects, weighing up to 50 pounds or more
- > Turn and position clients as needed to prevent complications due to bed rest
- > Hang intravenous bags at the appropriate level (shoulder or higher level)
- Accurately read the volumes in body fluid collection devices hung or placed below bed level
- > Perform cardiopulmonary resuscitation
- 7. Physical endurance sufficient to complete assigned periods of clinical practice (e.g. 8 or 12 hour shifts, days, evenings or nights, weekends, holidays) with acceptable speed (an acceptable speed of function is reflected by ability to carry out the usual client care assignment for a particular point in the program within the allotted clinical time). An instructor may ask a student to leave the clinical or campus area if in his/her estimation the student is too tired to complete the assignment safely.

8. **Ability to speak, comprehend, read, and write in English** at a level that meets the need for accurate, clear, and effective communication with individuals, families, and groups respecting social, cultural and spiritual diversity.

Examples of relevant activities:

- > Give clear oral reports
- > Read watches with second hands
- > Read graphs
- > Negotiate interpersonal conflict
- > Read and understand English printed documents
- > Write legibly in English in clients' charts
- 9. **Emotional stability to function effectively under stress**, to adapt to changing situations, to follow through on assigned client care responsibilities and to seek appropriate resources for self-care (such as counseling) when necessary.

Examples of relevant activities:

- > Deal with the unexpected (e.g. frequently changing) client status
- > Handle strong emotions
- > Be flexible with changing environments and schedules in both class and clinical settings
- > Ability to hold high standards regarding plagiarism in any form and on all written assignments.
- 10. **Cognitive ability** to collect, analyze, and integrate information and knowledge to make clinical judgments and decisions (with acceptable speed, as defined in #7 above) that promote positive client outcomes.

Examples of relevant activities:

- Respond appropriately in changing or emergency situations with sustained attention
- > Perform math computations for medication dosage calculations both with and without a calculator
- Demonstrate skills of recall using both long and short term memory, inferential reasoning, predicting possible outcomes, application of knowledge, and evaluation of predicted outcomes at appropriate level for point in program
- > Learn to utilize the nursing process in a systematic way

(*compilation/adaptation from Rogue Community, Chemeketa Community and Portland Community Colleges)

Faculty/Student Communication

Individual concerns will be dealt with on an individual basis. Students can make an appointment with faculty at any time to discuss individual concerns. Students or faculty may request the program director or an uninvolved faculty member to be present for the discussion.

The nursing program director will meet with students outside of class on a quarterly basis, or as needed, to listen to student questions/concerns. The purpose of the meetings is to discuss general concerns about the program, schedules, etc. Faculty will then discuss the concerns, as necessary, in faculty meetings and will bring the decisions back to the students. Students can also communicate with the director and faculty by email.

Students will also have the opportunity to impact the program and affect the curriculum through formal and informal evaluation methods.

WebCT

Faculty put many of the course materials on a new WebCT site. Instructions for students can be found at: http://www.socc.edu/dist_learn/southwesternletter.html. It is recommended that you bookmark the URL for the WebCT course noted on this webpage. Students can also access the WebCT course through the SOCC homepage by clicking on the WebCT link. Faculty plan to have the WebCT site include the course syllabus, SOCC Nursing Program Handbook, weekly learning objectives and learning activities (i.e. readings, powerpoint handouts, in class activities and handouts, among other items), papers and project criteria, learning rubrics and other materials as the year progresses. Materials for each week will be posted (at the latest) the week prior to a new learning module.

Faculty hope that the WebCT site will provide an easily accessible place for course preparation materials and information throughout the term. Faculty will also use the announcement feature to send important messages about the course as needed. It is recommended that you check this site frequently each week.

Advising Session

Each student is assigned a nursing faculty member as an advisor. The student is **required** to attend scheduled appointments with their advisor to discuss progress in the program in regard to theory and practice. Consistently failing to meet with advisor as scheduled will be grounds for probation.

The student and advisor will work out an advising schedule together. Issues related to personal, educational, classroom, clinical, learning lab should be brought to the attention of the advisor. It is the student's responsibility to ascertain his or her own status in the program. Record of advising sessions will be kept in advisors office. At the discretion of the student or advisor, the program director may be present during an advising session.

References may be asked for from your advisor, but it is not required that the advisor give a reference. There are a variety of reasons **why not giving a reference may occur such as**, faculty may be gone on summer break, may not have enough information about you to write one, may have been asked by more than able to produce in time given, etc.

Clinical Facilities Utilized by Students in the Program

The nursing program utilizes a variety of clinical sites throughout Coos, Curry and Western Douglas counties. These include but not limited to hospitals, long-term care facilities, schools, clinics, etc. Students will be assigned to clinical experiences in most if not all of the sites and must expect to travel to communities other than those in which they reside for these experiences. Students must have reliable transportation during the nursing program.

Faculty Office Hours

Each full-time nursing instructor is available during at least five office hours per week. The hours are posted each week on the instructor's office door. Students may make appointments at times other than office hours if the need arises or may reach faculty by email at "first initial and last name" @socc.edu

Class Representatives

First-year and second-year students elect one student representative and an alternate by the end of the second week of the each quarter. Student representatives or alternates attend weekly faculty meetings. Student representatives may bring student's concerns or questions to the entire faculty and also provide the student view of ongoing and/or newly instituted program activities.

Other Opportunities For Student Input

Students are encouraged to become involved in campus activities through the Associate Student Government and with other related campus and community activities.

Active involvement in the student nurse organization is highly recommended to assist gaining knowledge about nursing as a profession in the U.S. and abroad.

Nursing club: Student fees are set aside for recognized clubs on campus. Students may choose to engage in activities with support from student government. A club can be started by a request to student government. A formal request must be made of the student government board to acquire these funds.

Change Of Address And Phone Number

All students are required to report any change in name, address, or telephone number to the Director of the Nursing Program, as well as to the First Stop Office. Email will be the most common form of communications between you, the faculty and Director. The nursing program faculty relies on email to communicate important events, deadlines and assignments. We will use the @socc email address that are assigned to every student (@email.socc.edu). The email server does not always support the forwarding option. Students are responsible for all information sent over electronic mail by faculty and others on campus.

Fees

Aside from tuition the student will be assessed the cost of malpractice insurance each fall quarter at registration. Students will also be billed for drug testing that must be done at BAH.

During the course of the two years, students may be required to attend workshops which faculty feel will enhance the educational process. These workshops will be selected on the basis of content and cost to the student.

Nursing laboratory fees will be assessed each quarter at a total of \$2000 per year. This fee will help cover the cost of purchasing consumables and upgrading equipment. While this amount does not offset the costs of the program, it will help to maintain quality instruction, adequate campus learning lab, and an exemplary simulation lab. Fees may be assessed for comprehensive exams during the program.

Student Records

By law, students may look at and/or add to their student records. All records are kept by the student's advisor, except current clinical record and corrected assignments, which are placed in the student's file in the campus lab. A student may not take his/her official record (student file) off campus for any reason. Students may take corrected assignments home but the clinical evaluation tool and the cover sheets from all graded assignments must remain in the student's file until graduation. It is permissible to take the current clinical record directly to the clinical area, but it must be promptly returned. The folders will be randomly checked.

The clinical record belongs to the college, but a faculty member may run off copies, upon written request of the student, and must document that fact in the record.

Healthcare Provider CPR Card

The student must have a Health Care Provider CPR card (adult, infant, 1 and 2 person) that is current throughout the program. Arrangements for the required renewals are the responsibility of the student, and a copy of the current card must be on file in the student folders in the learning lab at all times. A 30-day grace period will be allowed after a card expires. After that time a student cannot practice in the clinical setting without a current card and the student's program standing will be jeopardized due to excessive clinical absences. To find out when a CPR class will be available on campus call or email the Health Occupations secretary at 888-7443 or bshreckengost@socc.edu

Advising Guides

Courses required for graduation of students are listed on-line and in the catalog. All courses for each term of the nursing program, other than NRS courses, may be taken prior to, but not after, the term they appear in the catalog. The reason is that because of the variety of clinical hours, no guarantee can be made that the courses would be available other than in the term they appear in the catalog. Students must complete all courses in this program with a grade of "C" or

better to continue in and complete the program, receive their degrees, and be eligible to take the national licensure exams. Certain required courses (i.e. clinicals) are graded on a satisfactory/unsatisfactory basis only. A grade of "S" for these courses indicates a student earned a "C" or better grade in theory, campus learning lab and clinical.

Criteria for Prioritization of Requests for Reentry, Advanced Placement, or Transfer

When considering any request/application for re-entry, advanced placement, or transfer into the SOCC Nursing Program, faculty will discuss and prioritize the request for entry into the available spaces (if any) based on the following criteria. (You must contact the program director at least six (6) months prior to the quarter you wish to be considered for admission.) Applications for transfer cannot receive final consideration until completion of nursing coursework leading up to requested term of entry. Requests for reentry, advanced placement or transfer are on a space available basis.

If re-entry, advanced placement, or transfer students are accepted, a clinical instructor will evaluate their clinical skills and continuation in the program will be dependent on satisfactory skills performance. In addition, you will be required to take the LPN Gap Test, College Student Inventory, and medication administration test including math.

Applicants for re-entry, advanced placement, or transfer into the program will be prioritized/rank ordered in 6 categories (of descending priority) for available positions, as follows:

- Returning students who left the SOCC nursing program in good standing within the previous one year. Good standing means their theory grade was at or above 75% and they were passing clinical and not on probation at the time they left the program. Priority within this category will be based on grade point average in the completed nursing classes. If accepted, returning students will be admitted to the appropriate term (the first term with content that had not been completed when they left the program the previous year.)
- 2 = Current LPN's who desire to complete the A.A.S. degree in nursing and who meet the requirements as listed in the Program Application and have completed all non-nursing coursework with grades of "C" or higher up to Fall term of second year. Priority will be based on date of letters verifying completion of requirements.
- Transfer students who left their previous nursing program within the past one year and were in good standing, passing in both clinical and theory. This must be reflected on their college transcripts and verified in writing by their former school of nursing. Priority within this category will be based first on the number of nursing courses completed equivalent to the SOCC program (as determined by faculty review) and then by grade point average in their nursing classes. As indicated earlier, transfer applications cannot receive final consideration until the student has completed nursing coursework (and appropriate general education courses) leading up to the requested term of entry.

- 4 = Returning students (within one year) who failed or were failing nursing theory <u>only</u> in their previous enrollment. Priority within this category will be based on grade point average in the nursing classes. If accepted, students must re-enter all nursing courses in the specified term.
- Returning students (within one year) who left or were dismissed due to failing clinical. Priority within this category will be based on grade point average in the nursing classes. Applicants, if accepted, will have to have met any criteria set forth in their letter of dismissal, and must re-enter all nursing courses in the specified term. Students who have failed any nursing course more than once will not be considered for re-entry or admission to the program.
- Returning students (within one year) who left or were dismissed due to failing both clinical and theory. Priority within this category will be based on grade point average in the nursing classes. Applicants, if accepted, will have to have met any criteria set forth in their letter of dismissal, and must re-enter all nursing courses in the specified term.

Applicants with certification or license encumbered (probation, etc.) by the OSBN or any State Board of Nursing must communicate such to the program director, and Board of Nursing stipulations will be considered in the decision as to whether to allow re-entry.

Any possible exceptions will be evaluated on an individual basis by the nursing faculty.

Employment While In The Nursing Program

Students may not work a shift immediately preceding a clinical rotation because of the potential impact on safe client care. This practice may be a reason for placing a student on probation. Required clinical experiences are assigned days, evenings, and/or night shifts during the program, and client selection and care preparation takes place typically the day before clinical. During the final clinical rotation of the program (spring, second year), students are assigned to match one or more staff preceptors work schedule for 40 hours per week; which may include weekends. Nursing classes, labs, and clinicals typically involve 20-30 hours of attendance per week. Meeting these requirements may mean that students will need to adjust employment and family responsibilities. It is strongly recommended that students work no more than 20 hours/week.

Pinning/Recognition Ceremony

Students may have a ceremony, in addition to the college's formal graduation, to celebrate the completion of the program. Traditionally, this ceremony has included the presentation of pins unique to SOCC's Nursing Program. Students are expected to organize the ceremony using guidelines provided by the program's faculty. Prior to any activity, the Director's approval is required. The college provides space, cake and flowers for the event.

Application and Eligibility for NCLEX-RN and Licensure

Satisfactory completion of the entire nursing program will provide the student with a reasonable probability of success in passing the NCLEX-RN. Although the college is responsible for submitting transcripts and proof of program completion, it is the student's responsibility to apply for graduation from SOCC, NCLEX and for licensure from the OSBN or another state board of nursing. Student's must also give the request for transcript copy to the First Stop. Student's will be required to take a comprehensive practice examination during the last four weeks of NRS 224. A fee will be charged for this at the time of registration.

All students who have satisfactorily completed all first and second year program requirements (including safe clinical performance which is deemed to be at the beginning Registered Nurse level) will be included on the NCLEX-RN eligibility list sent to the Oregon State Board of Nursing by the program director.

Students need to be aware that the application for RN licensure will include a criminal background check and questions about arrests, convictions, or sentencing for any criminal offense in any state, a history of any disciplinary actions pending or taken against a nursing license in any state, or the presence of any physical, mental or emotional condition that might affect the person's ability to practice nursing. Students are directed to contact the Oregon State Board of Nursing (503-731-4745) if they have such personal histories and have questions about policies for licensure. Failure to answer the license application questions truthfully and completely will result in denial of licensure.

Policies Relating to Student Health

Bay Area Hospital (BAH) Employee Health Nurse (541-267-8012): All first year students must make an appointment with the nurse prior to clinical at BAH winter term. This should be completed <u>prior to</u> the first week of winter term for review of their physical exam, and urine drug screening, if needed. Students will not be allowed in clinical without this appointment. A copy of your physical exam will be sent to the nurse prior to your appointment. Second year students who do not work at BAH over the summer must also see the Employee Health Nurse prior to clinical. All testing done by BAH is at the student's expense. Students will be billed through the college.

PPD

Your PPD <u>must</u> be done annually and within 2 months of beginning clinical at BAH of the second year. Employees of BAH will be notified by the Employee Health Nurse when it is due. Other students must submit their results to the Employee Health Nurse before starting clinical in the second year. One week after the beginning of class is the grace period and after that a student cannot practice in the clinical setting until the PPD is given and read in mm's.

BS: 10/3/06 26

Injury/Illness

If a student has a fever, diarrhea, open lesions (e.g. "weeping" sores, or draining wounds), or a contagious disease, he or she must not attend class or go to the assigned clinical area. If the student is unsure whether or not she/he should attend clinical (due to a cold sore or a cold, etc.) s/he should contact the clinical instructor. In the event a student becomes ill and must leave during a clinical shift, a make-up day may be required. Notify your clinical instructor before leaving the unit for any reason. Following an illness, injury, or surgery that could impact the student's ability to safely perform clinical care, a statement will be required from a physician/primary health care provider stating that it is safe for the student to perform classroom or clinical responsibilities without restriction. The student must provide the program director or instructor with a copy of the release in the time frame specified by the instructor.

Nursing students are required to report all injuries sustained in their assigned clinical facility or campus lab to the instructor immediately. The instructor will assist the student in obtaining treatment, if required, and completing the forms (see Appendix in this handbook) in accordance with institutional policy and SOCC policy. Student injuries in the clinical setting during assigned class hours are covered by Worker's Compensation. Learning campus learning lab injuries related to program procedures are not covered.

Pregnancy

A student who is pregnant must:

- 1. Within a reasonable time frame (i.e. 3-4 weeks of notification/diagnosis of pregnancy), share with their physician/health care provider a copy of the programs "Academic and Technical Standards (Essential Functions)" found on the program's physical examination form (and on pages 16-18 of this document) and provide the program director with a written statement from her physician/health care provider indicating that the student can perform all functions required in the program without restriction.
- 2. Understand that if pregnancy interferes with clinical performance, you may be asked to withdraw from the nursing program for your and fetus safety.
- 3. Faculty will take your pregnancy under consideration when making patient assignments but you must be able to perform at the same level expected of all students in clinical at that particular time.

Hazardous Patient Care

To protect both themselves and their clients, students are required to use standard precautions when caring for all clients. Additional facility-mandated precautions may be required. Students in the clinical facility and campus lab must follow the procedures for handling bio-hazardous materials.

CONDUCT EXPECTED OF STUDENTS

All members of the college community must participate in the development of a climate conducive to academic honesty. Professional requirements and responsibilities are dictated to you not just as a student on the Southwestern nursing program but also as a member of the nursing community. This puts an added burden on you to be familiar with the ethical and legal requirements and responsibilities addressed by Southwestern and the nursing profession. If you want more details related to your ethical responsibilities you can go on line to many community colleges across the country and higher education institutions with nursing programs. Aside from colleges you can go to www.osbn.gov and www.ana.org and

The ANA site will also give you access to the Code for Nurses and Standards of Nursing Practice. The Code for Nurses will be introduced in your first nursing course and used as a reference throughout the program and your professional career. **Remember accountability begins with your role as a student.**

A copy of SOCC "Student Conduct Code and Student Rights & Responsibilities" can be found either online (http://www.socc.edu/student_life/handbook/index.html) or in the Student Services Office in Dellwood Hall. In addition, students enrolled in the nursing program must abide by the following: graduates from any nursing program are expected to perform in a manner that reflects the standards defined by the Oregon State Board of Nursing (OSBN) and by the nursing profession as a whole (referred to above). Nursing students must learn to function in accordance with the accepted standards of practice mandated by the profession. For this reason, the expected conduct, outlined as follows, should be viewed as necessary preparation for the ultimate role that the student will assume when entering the profession. Review expected competencies in the appendix of this handbook.

Expected Student Behaviors

General Responsibilities

- 1. All nursing students must register for all nursing courses prior to the first learning skills day of each term. The college's liability insurance is not in effect for students who are not registered. There is also a late fee attached to late registration by SOCC.
- 2. Students are expected to check their folders in the nursing lab file cabinet regularly and note any announcements posted on the bulletin board in Sumner Hall, and check their @socc email on a regular basis (once a day is strongly recommended). Student lab files are confidential, and you are only to access your personal file.
- 3. Faculty put many of the course materials on a new WebCT site. Instructions for students can be found at: http://www.socc.edu/dist_learn/southwesternletter.html. It is recommended that you bookmark the URL for the WebCT course noted on this webpage. Students can also access the WebCT course through the SOCC homepage by clicking on the WebCT link. Faculty plan to have the WebCT site include

the course syllabus, SOCC Nursing Program Handbook, weekly learning objectives and learning activities (i.e. readings, powerpoint handouts, in class activities and handouts, among other items), papers and project criteria, learning rubrics and other materials as the year progresses. Materials for each week will be posted (at the latest) the week prior to a new learning module.

Faculty hope that the WebCT site will provide an easily accessible place for course preparation materials and information throughout the term. Faculty will also use the announcement feature to send important messages about the course as needed. It is recommended that you check this site frequently each week.

- 4. Current names, addresses, @socc and personal email addresses are to be reported to the One Stop Center in Dellwood Hall if any change occurs. It is the responsibility of the student to inform his/her advisor and the One Stop Center immediately.
- 5. Students are advised not to take valuables into the clinical setting.
- 6. Students are not permitted to take infants or children to class or to the clinical when engaged in any student activity. At times you may be asked to bring a child to campus lab to take part in learning a new skill. Check with the Family Center on campus for childcare hours.
- 7. Each student is to take responsibility for their own verbal and nonverbal behaviors. Unprofessional or inappropriate behavior will not be tolerated in classroom, clinical, campus lab or hallways of the college.
- 8. **The student is accountable for preparation for clinical, campus learning lab and classroom**. This means that you must prepare for all of these activities by reading assignments, doing preparation for client care including reviewing skills that might be needed to care for the client, doing any assigned paper work, etc. Faculty will take note of students who continually come unprepared and will recommend probation or dismissal.

Policy Regarding Cheating and/or Plagiarism

The nursing faculty believes that a nursing student, in order to become a competent nurse, conducts him/herself personally and professionally according to a set of shared cored nursing values. These values include caring, advocacy, respect for self and others, collegiality, and ethical behavior. It is necessary to use ethical reasoning to explain and to justify your actions and decisions. Nursing faculty believe that ethical behavior, honesty and integrity create the foundation for nursing practice. Therefore it is expected that each student admitted to the nursing program will demonstrate personal values, attitudes and behaviors consistent with highest standards of ethical conduct. Considering the significance of ethical behavior, the nursing faculty believe that a breach of integrity is a serious offense.

Further, the American Nurses Association (ANA) <u>Standards of Ethical Conduct in Nursing</u> (required reading) and the Oregon State Board of Nursing (OSBN) <u>Nurse Practice Act</u> state (web sites given on preceding page) that it is the ethical duty of each practitioner to report observed violations of ethical practice. Similarly a nursing student who has observed or is knowledgeable of academic dishonesty has the moral/ethical responsibility to report such violations to their advisor or program director. A nursing student who violates this provision, may be subject to OSBN investigation and hearing.

As stated in the Student Standards of Conduct,

(http://www.socc.edu/student_life/handbook/page16.html#conduct) students are expected to practice academic honesty. The following activities are examples of behavior that will result in disciplinary action; as well as examples of disciplinary action that will be taken:

- 1. Academic Plagiarism: All written work done by students must follow APA format. Students need to be very clear about what constitutes plagiarism and how to avoid it. Students who plagiarize in any of their work at SOCC are subject to student disciplinary action. This might include but not be limited to receiving a "0" on an assignment or test after careful investigation. The submission for evaluation to a college instructor or administrator of material based, in significant part, on work done by someone other than the submitter without reasonable written indication to the evaluator of material's true source. This includes:
 - a. helping or attempting to help or entice another to commit an act of academic dishonesty
 - **b.** borrowing or using all or part of another student's paper
 - c. using a paper writing service
 - **d.** using another writers ideas without proper citation
 - e. citing your source but reproducing the exact source without quotes of page number
 - **f.** cutting and pasting
 - g. fabrication or falsification of information

If a student has any questions regarding which actions constitute plagiarism, he/she should consult with the instructor.

- 2. **Academic Cheating**: The submission for evaluation to a college instructor or administrator of material based, in part, on a source or sources forbidden by generally accepted standards or by regulation established by the evaluator and disclosed in a reasonable manner. Copying from another student's paper or examination; unauthorized assistance during a quiz, test or examination (e.g.,notes, books, outlines) copying from another student's completed assignment; accepting credit for the work of a group in which the student was a noncontributing member; using another student's research as his/her own.
- 3. **Fabrication/Falsification**: Falsification and alteration of documents (e.g., furnishing false personal information; alteration of grades; falsification and alteration of patient

30

charts, records or care plans; fabrication of patient data and information; fabrication of any information or citation in an academic exercise.

- 4. Aiding and/or Facilitating Dishonesty: Aiding another student in any form of dishonest or unethical conduct. Failing to report an observed breach of integrity. Allowing another student to copy papers, tests, examinations, assignments for his/her credit.
- 5. Failure to Maintain Confidentiality: Communicating or relaying information about a client other than for professional reasons. Communicating confidential information about another student obtained through classroom or laboratory activities. When there is a need to exchange personal information about a client for professional reasons, it is the student's responsibility to ensure privacy of the location and to conduct an appropriate professional discussion. Taking about patient's in the elevator, cafeteria, or hallways is not allowed. Written material regarding client information must also be safeguarded. All written materials that relate to a client are not to include any identifying information.

(The following statements are adapted from policy statements by Professor William Waggner, Mt. San Antonio College.)

Instructors have the responsibility of planning and supervising all academic work in order to encourage honest and individual effort and for taking appropriate action if instances of academic dishonesty are discovered.

The term "cheating" includes but is not limited to:

- 1. having or using unauthorized materials during any test situation.
- 2. looking at another student's work during any test situation.
- 3. changing answers on a returned exam in order to claim there had been a grading error.
- 4. discussing the content of any test with the individuals who have not yet taken it.
- 5. turning in work that was generated by other individuals or by the same individual in a prior semester.
- 6. plagiarism, which is the use of materials authored by another person or obtained from commercial source or the use of passages without proper acknowledgement.
- 7. obtaining prior or current exams without the instructor's permission.
- 8. doing homework assignment for another student (i.e., working with another student on a assignment that is meant to be an individual assignment.

Therefore:

1. No dictionaries, electronic devices (i.e. cell phones), notes or other reference materials may be used during any test situation unless authorized by the instructor.

- 2. No talking, signaling, or sharing materials with other students is allowed during any test situation unless specifically directed by the instructor.
- 3. Only the materials required or authorized for a test should be taken out of the student's notebook, backpack, or purse. All other materials should be put away as instructed.
- 4. An act of cheating may result in a grade of "F" for the assignment, exam or course as well as a report filed to the nursing program director.
- 5. If special considerations are necessary to meet individual student needs, the student is expected to go to the ADA Coordinator in Stensland Hall and bring to the instructor the accommodation prescribed.
- 6. Papers to be turned in to faculty are to be time/date stamped using the timeclock in the campus lab. Students, under any circumstances, are not to time/date stamp another students record.

If an instructor observes a student taking information from a classmate's test/exam, the instructor will confiscate the exam, remove the student from the test area and, if the student is unable to explain the conduct, the instructor will award an F grade on the exam. Further sanctions may be applied. The incident will be written up by the instructor and forwarded to the Program Director.

If an instructor observes a student assisting a classmate during a test/exam, the instructor will confiscate both of the exams, remove both students from the test area and, if the students are unable to explain the conduct, the instructor will award an F grade on both of the exams. Further sanctions may be applied. The incident will be written up by the instructor and forwarded to the Program Director.

If it is discovered that a student has utilized or plagiarized a classmate's work in the classroom or college/clinical laboratories, the students will meet with the instructor. If the students are unable to explain the conduct, the instructor will award an F grade on the assignment of both students. Further sanctions may be applied. The incident will be written up by the instructor and forwarded to the Program Director.

If a student has been a noncontributing member of a group assignment, the student will meet with the instructor. If the student is unable to explain the conduct, the instructor will award an F for the assignment and the student will be required to make up the work. Further sanctions may be applied. The incident will be written up by the instructor and forwarded to the Program Director. (Excerpts of the above information taken from Montana State University-Bozeman, College of Nursing web site; Policy #D-9)

The nursing faculty will follow the college policy/procedure with regard to disciplinary action as outlined in the college policy manual and elsewhere in this handbook.

BS: 10/3/06 32

General Rights

The SOCC policy statements regarding Human Rights and Student Rights, Freedoms, and Responsibilities is available on line at http://www.socc.edu/student_life/handbook. Students are advised to review the statements to learn about students' freedom to learn, student conduct, and responsibilities as expected by members of the college community.

Any behavior that sets up a hostile environment such as violating others space without permission, using inappropriate language, nonverbal jesters, inappropriate revealing dress, etc will be grounds for probation and/or dismissal.

Nursing Program Probation

Students placed on probation by the faculty group will be advised of such a decision by their advisor, as soon as possible. Reasons for placing the student on probation include: violation of conduct expected of students or for unsatisfactory academic performance. Recommendations or guidelines for improving the behavior will be indicated in writing in the student's record, dated and signed by the advisor, Coordinator of the Nursing Program, and the student. A copy of this form will be given to the student and to the Program Coordinator and the advisor will keep a copy. Students will usually be given five to six weeks to change to a satisfactory level of performance. If this occurs at the end of the quarter, the student may elect to withdraw or will receive an "I" in clinical lab and/or classroom and enter the next quarter on probation.

For students who are unable to change the problem behavior(s), a final statement, which includes a description of the behavior indicative of the student's failure to meet clinical or classroom objectives and/or code of conduct shall be made in writing on the students' record and signed by the advisor and student and a copy will be sent to the Director.

Students who are successful in changing the behaviors documented in their record will be taken off probation at the end of the 5-6 week period.

At the end of the probation period, the faculty group will review student's progress, or lack of progress, and decide if the student will be retained in the program, removed from the program, or given an extended probation; decided on a case-by-case basis. The decision for removal from the program shall be by majority vote of the faculty and will result in an unsatisfactory clinical and an "F" theory grade.

Dismissal From Nursing Program

A student will be dismissed from the nursing program for: (1) inability to meet course objectives; (2) averages less than 75% on lecture/discussion graded materials for the term; (3) not meeting terms of probation in which case the grade will be changed from an "Incomplete" to an "F"; (4) fails to adhere to standards of safe nursing practice; (5) is cheating, plagiarizes or is dishonest in clinical practice, on tests, in written assignments, or in any other form.

<u>Factors that may contribute to a student's inability to meet course objectives:</u>

1. Excessive absences

If a student is unable to successfully complete a course, he or she may be dropped or be given an "F" grade because of:

- a) The amount of class/clinical missed
- b) Inability to proceed due to a lack of prerequisite content
- c) Absences amounting to two weeks is considered excessive and thus grounds for dismissal (see re-admission policy for reentry)
- d) There are limited spaces available to make up learning lab and clinical assignments due to the OSBN requirement of 1:9 and limited faculty to add any makeup time. Make sure your absences are for good reasons, if they are frequent you may jeopardize progression in the program. (See below)

2. Inability to meet course objectives

- a) Apply theory and nursing principles to clinical practice in patient care and written assignments, including nursing care plans.
- b) Plan, organize and fulfill the tasks assigned by the instructor
- c) Communicate effectively with patients, instructors, peers and agency staff and inability to understand verbal and non-verbal communications
- d) Attain technical competency in the skills required for safe clinical performance at the level the student is in the program
- e) Respond appropriately to instruction and suggestions made by those in authority
- f) Perform safely in clinical areas
- g) Demonstrate ability to assume responsibility for preparing and completing clinical assignments made by the instructor
- h) Demonstrate growth in coping with stressful situations in a calm and dependable manner
- i) Demonstrate improvement in clinical laboratory (campus learning lab) performance within a period designated by the instructor

3. Health Status

The health status of the student will be considered as a basis for termination in the program when it involves:

- a) Frequent absences due to illness when these absences affect clinical and theory performance and/or when these absences result in a lack of prerequisite content.
- b) Problems that hinder student's performance in clinical situations
- c) Long-term injury or illness that limits required clinical attendance

Safe nursing practice demands honesty, integrity and ethical behavior. Failure to adhere to these standards in either the academic, campus learning lab or clinical settings is grounds for immediate dismissal.

Dress Code for Clinical and Campus Learning Lab

Professionalism, infection control, and safety are the main considerations for policies regarding dress code/personal appearance.

Uniforms for Clinical Areas

- 1. A professional-appearing uniform consisting of a white top and navy blue pants, with a SOCC patch (purchased from bookstore) attached to the left shoulder is required for both males and females. The nursing program picture ID is to be worn on the left front of the uniform.
- 2. A white lab coat with the SOCC patch on the left arm and the picture ID on the left front may be worn over professional work clothes. The uniform as described in #1 is also acceptable.
- 3. Appropriate clothing for clinical or client selection <u>does not</u> include any of the following: "grubbies", sweat pants or shirts, t-shirts, tank tops or bare mid-rift tops, shorts, jeans (white or colored), spandex, leggings, mini-skirts, or sandals.
- 4. Athletic or uniform shoes are required and must have closed heels and toes and must be white with minimal color. (Cloth or canvas shoes do not provide adequate protection.)
- 5. Nursing Program picture ID must be worn whenever the student is in an assigned clinical area. (If a student loses their picture ID, they must replace it before clinical the following week.) Check with the program director's secretary about replacing the ID. Students who report to clinical without their picture ID will be sent home, will not meet competencies and must complete a make-up day.
- 6. A watch with a sweep second hand and a stethoscope are considered to be part of the required uniform in the clinical setting. Be sure that you put your name on your stethoscope.

Students not complying with the dress code will be sent home.

Uniform for Campus Learning Lab

When students attend the campus learning lab they are to be dressed according to the uniform policy addressed above. The student may select from full uniform or lab coat uniform. Name tags are required. Students will be asked to leave if not dressed appropriately. The campus learning lab is an extension of clinical so all behavior must be reflective of the clinical environment and that is professional.

Personal Appearance

For student and client safety and comfort in clinical and campus learning lab:

- 1. Jewelry must be worn in a way that does not interfere with client and student safety. (For example, a ring with a large protruding stone or sharp edges could injure a client or prevent adequate hand washing; loop or dangling earrings or a necklace could cause personal injury if grabbed by a confused or combative client and are not to be worn in the clinical setting.) Nose rings or visible body piercing devices are not acceptable in the clinical setting and must be removed while in the clinical area.
- 2. Personal hygiene must be maintained to promote asepsis and client comfort.

 Students are advised to be free of the smell of tobacco in the clinical setting as it has caused some clients to become nauseated and/or to refuse to have students care for them. Students should not smoke while at clinical, or during campus learning lab attendance (unless clocked out, and in designated areas). For your health and in consideration of others, please refrain from smoking.
- 3. Fingernails must be short and clean to promote asepsis and prevent client injury. Acrylic nails are not allowed as they have been found to harbor organisms that can be transferred to clients.
- 4. Perfumes, oils, aftershaves or strong smelling talcum are not to be used when the Student is in the clinical facility.
- 5. Hair/beards must be effectively restrained to prevent falling into or contaminating the work area so should be worn in such a way that it cannot fall into sterile fields, touch the client's body or otherwise interfere with client comfort. Men with long beards musts wear a beard bag. Only traditional hair color is acceptable.
- 6. Students must also comply with clinical facility policies that address a professional personal appearance, e.g. no gum chewing, hair back and confined, pressed uniform and clean shoes. Students who do not comply with the uniform policy of the hospital or college will not be allowed in the clinical area.

Code of Conduct in Clinical Facilities

- 1. Students are required to report all injuries or accidents involving their assigned clients to the instructor immediately. The instructor will assist the student to then follow appropriate program and facility policies.
- 2. Students must communicate changes in client status or abnormal vital signs, lab values, or assessment findings to their clinical instructor and staff in a timely manner. If a problem develops and a client's life is not in jeopardy, the student

should always call the instructor first. If the problem could be life threatening or result in immediate harm to the client, first locate an RN to help deal with the problem then notify the instructor.

- For "code" situations, unless the student knows the client's physician has ordered "Do not Resuscitate," when a student finds an unresponsive client, s/he must:
 - a. Yell, "I need help in room NOW",
 - b. Assess for breathing and pulse,
 - c. Call a "Code" via the facilities internal emergency system from the patient's Room,
 - d. Start CPR,
 - e. When the "Code Team" arrives, the student should allow experienced personnel to take over but should remain in the area, out of the way, in the event client information is needed.
- 4. Students are required to wear uniforms or a lab coat as found under <u>Dress Code</u> <u>for Clinical and Campus Learning Lab</u>
- 5. When arriving on the unit identify yourself to the nurse in charge even if you know her/him. Indicate that you are here to get your client assignment and would like to use the client's chart. Be sure to place the laminated "Student has chart" notice when you remove the chart from the chart rack. Students must also introduce themselves to clients selected for care prior to preparing for that assignment. Clients have the right to refuse student care if they so desire. (If this occurs call your clinical instructor to find out what to do.)
- 6. The following regulations apply to activities in clinical facilities. Failure to abide by these regulations can lead to dismissal.
 - a. Students do not have "privileged" status and must adhere to all visitor regulations applicable to the general public.
 - b. Students may not represent themselves as students for the purpose of observing or participating in procedures occurring at times and/or in departments other than those assigned by an instructor.
 - c. Students may not care for relatives or close friends in the clinical setting.
 - d. Students may not use student status to gain access to the records or family or friends who are clients in the health care facility or agency or to access any charts for any purpose other than to prepare for or provide client care or for required program assignments. At no time and for no reason may a student use a copier to copy any part of a patient's chart. All students will follow Health Information Patient Protection Act (HIPPA) regulations as given in

- hospital orientation to clinical. Any of these behaviors will result in failure due to breach of confidentiality.
- e. Students may not leave the clinical site (facility) during clinical time without specific permission of the instructor. Students may not leave assigned unit to visit with friends or students or relatives on other units during assigned clinical time. This behavior will be viewed as patient abandonment and lead to failure.
- 7. In clinical experiences in which the student is providing direct client care, the student is responsible for reviewing the client's chart at the beginning of care, during the shift, and one last time before the end of the clinical period.

 Appropriately communicate any changes to facility staff and the clinical instructor.
- 8. The student is responsible for ensuring that an instructor (or staff nurse as arranged by instructor) has checked and co-signed all appropriate forms before the student leaves the clinical facility. The instructor's (or staff nurse's) countersignature indicates that the student's documentation looks appropriate before being put in the chart, the official legal document.
- 9. Students will communicate with faculty, staff and other health care workers in a courteous, assertive, non-aggressive, non-defensive manner.
- 10. Students will conduct themselves in a professional manner at all times when in the clinical setting.
- 11. Students must refrain from attempting invasive or new clinical procedures without proper supervision. Students must never administer IV cancer chemotherapy medications. Students' must always perform within their scope of practice as that scope relates to the level you are in the nursing program. Students must follow facility policy/procedures when performing procedures. Look up the procedure prior to calling the instructor so it can be done in a timely manner when he/she arrives. If client care requires a clinical procedure that has not been checked off in the campus learning lab tell the clients' nurse and ask if you can observe.
- 12. First year students can access the narcotic drawers with instructor supervision unless release of this responsibility by the clinical instructor. Second year students must verify the accuracy of the narcotic count (of medication to be removed) with a licensed staff member or instructor at the time the narcotic drawer is opened. Insulin and narcotics should always be checked by a nurse before administering.
- 13. Students must adhere to universal precautions at all times. A break in procedure could lead to probation.

Confidentiality of Information Policy

A competent nurse communicates effectively and understands the following:

- 1. it is important to send (or receive) complete, accurate and relevant information, and that achieving this goal requires the use of specific communication strategies; and
- 2. what is communicated may be inaccurate or incomplete, and that it is important to use strategies that insure that communication has occurred.

Confidentiality is one of the primary responsibilities of every student in a clinical setting. Confidential information is defined as any information, written, spoken or electronically transmitted, whose authorized or indiscreet disclosure could be harmful to the interest of a client, employee, physician, the institution, a student or an instructor. Examples of such information includes, but are not limited to, personally identifiable medical and social information, professional medical judgments, classroom and post-conference learning activities and discussions.

All information about clients, including the nature of the client's disease, diagnosis and treatment is to be considered protected by applicable state and federal laws (HIPPA) and by this policy. Incident reports relating to risk management issues and any other information designated as a private or sensitive nature is also included in the category of confidential information. Any use of a clients' name, or any description of the client that could be used to identify the client is illegal. Discussing the client in appropriate school or clinical setting, not in public areas such as cafeteria, elevator, or outside the clinical facility is a violation of professional conduct and can lead to dismissal.

This policy applies to information maintained in an electronic fashion by the facility's computerized information system, as well as to written or spoken information and records. Computer or medication dispensing machine passwords are solely for the use of the person to whom they are assigned and must not be shared in order to prevent unauthorized access to confidential information. Clinical site records are not to be photocopied or removed from the facility. During orientation at Bay Area Hospital you will be introduced to new federal regulations (HIPPA) that deal with strict confidentiality procedure.

As with other policies in this handbook a violation can lead to dismissal.

Policy regarding Students Suspected of Substance Use

A competent nurse develops insight through reflection and self analysis. A competent nurse understands that ongoing reflection, critical examination and evaluation of one's professional and personal life improve nursing practice and also that reflection and self-analysis encourage self-awareness and self-care.

To maintain the integrity of the nursing program and ensure safe client-care, and in accordance with SOCC policy, students must abstain from the use of alcohol or drugs/medications that may affect safe and appropriate functioning in the following situations:

- 1. Before and during nursing class and campus learning lab
- 2. While in student uniform
- 3. Before and during assigned time in the clinical facility, including the time of client selection.

Students have a responsibility to notify their instructor of they are taking any medication that may have an adverse effect upon their clinical performance. The instructor will then determine if the student's clinical performance will be safe.

Students have a legal and ethical responsibility to report peers who they suspect are substance users.

Any student who is having trouble with substance abuse may receive help from the SOCC counseling office including referral to an off campus treatment center at no cost for up to 3 visits.

While other medical conditions may cause some of the following, behaviors and signs suggestive of substance use include but are not limited to:

- slowed thinking processes or very impulsive thinking;
- immobilization or panic with resulting inability to think or act;
- wildly unpredictable behavior deviant from usual, acceptable behavior;
- inappropriate or bizarre response/behavior;
- irritable, restless manner;
- complaints of blurred vision; dilated or constricted pupils; bloodshot eyes;
- slurred speech
- emaciated or unusual weight loss;
- tremors, especially in the hands and early in the morning;
- complaints of morning headache; abdominal or muscle cramps; diarrhea; diaphoresis;
- odor of alcohol;
- poor coordination or unstable gait;
- threats to kill or harm oneself or another person;
- possession of a weapon or hazardous object;
- severe psychological distress;
- poor judgment regarding safety issues for self, patients, and coworkers;
- severe physical distress e.g. seizures, chest pain, respiratory distress
- possessing, using, or transferring any narcotics, hallucinogen, stimulant, sedative or similar drug other than in accordance with licensed health care provider's order.

Any nursing instructor or immediate supervisor who believes that a student is in a clinical setting while under the influence of alcohol or drugs will remove the student immediately from the patient care responsibilities and if at Bay Area Hospital (BAH), the student will report to the Employee Health Nurse where a drug or alcohol screen will be performed at the expense of the student. In other facilities, the instructor will arrange for a screening at the BAH laboratory and either the instructor or another college representative will accompany the student. The screen will again be at the student's expense.

Failure to give written consent, without qualification, to such alcohol or drug testing and/or release of test results to the Nursing Program Director and BAH Employee Health Nurse, or failure to provide bonafide samples for such testing will be considered implied admission of illegal substance use and grounds for appropriate disciplinary action, including immediate dismissal from the program.

The student involved in the alleged infraction will be temporarily excluded from the Nursing Program until the test results have been received and reviewed by the Nursing Program Director and BAH Employee Health Nurse. The program director will follow SOCC's procedure for student dismissal/temporary exclusions.

Immediately, or as soon as reasonably possible after the test has been performed, the Program Director, or in her absence the Lead Instructor for that year and the employee Health Nurse at BAH will be informed of the test results.

- 1. If the results are negative, the student may return to the program activities. Opportunity for make-up will be provided, and the student will be expected to make up missed assignments and time.
- 2. If the test results are positive, the Program Director will implement appropriate disciplinary action including dismissal from the Nursing Program on the grounds of substance or alcohol abuse. The student who disagrees with the program's decision can utilize the SOCC student grievance procedure outlined online at: http://www.socc.edu/student_life/handbook/page9.html#grieve

Any positive findings will be reported to the Oregon State Board of Nursing.

CAMPUS LEARNING LAB

Nursing involves the use of a variety of psychomotor skills and procedures across all care situations. Students will understand that providing effective health care requires nurses to use a variety of psychomotor skills and procedures automatically and with confidence so that attention can be focused on the client and his/her response to interventions; knowledge of underlying principles enables safe and effective application, as well as modification of nursing skills for varying situations; mastery of skills/procedures is not permanent; proficiency requires ongoing practice/utilization of skills/procedures and those that have not been used will require re-mastery and the definition of the "best practice" of skills/procedures is continuously modified, and new skills/procedures related to new ideas and new health care technology are constantly being developed, so effective nurses need to know how to learn new procedure and develop new skills independently.

The on-campus lab is where students acquire beginning proficiency in nursing skills. The lab is staffed by MSN and BSN faculty who are available to assist students with skills during scheduled hours, otherwise, the laboratory may be utilized to practice with peers.

Students must demonstrate an acceptable level of performance of a specific skill in the lab before performing the skill in the clinical area. Specific skills are assigned for each week of the term. Each student is expected to study the skills, practice the skills, and have the skill checked off by demonstrating proficiency during scheduled group times for that week. Students are expected to be prepared for some check-offs prior to entering the scheduled lab period. Late admittance to the lab or early leaving will not be allowed.

Students are encouraged to practice a skill with a classmate. When both students assess themselves as ready to perform the skill with the instructor, they sign and date the appropriate check-list for each other. Practicing to acquire proficiency and accurately assessing one's own readiness are highly valued in this program. Repeated failures are grounds for concern and could lead to probation. A skill must be successfully completed in three attempts in order to continue in the program. Skills shall be completed by the end of the assigned week.

CAMPUS LEARNING LAB GUIDELINES FOR STUDENTS

- 1. Students will clock in and out of the lab. Whenever you leave the lab you must clock out! Should a student clock in or out for another student it will be handled under the cheating policy. Any changes due to error must be initialed by a faculty member immediately. This is very similar to policies for clocking in and out that occur in clinical agencies for staff.
- 2. The lab is considered to be an extension of the clinical area and thus requires a uniform As discussed under "Dress Code For Clinical and Campus Lab Assignment" and "Personal Appearance".
- 3. All equipment is available for student use in the lab. Clean and return equipment to its proper place. If you do not have time to return equipment to its proper place, **DO NOT** set it up. **DO NOT** set up and leave for others to pick up.
- 4. Models and appropriate equipment are located in the classroom cabinets handle

- carefully and do not remove from lab area.
- 5. Your clinical group will be assigned to a specific campus lab time. The group will practice together and be available to each other when needed for check offs. All are expected to be on time and to remain in the area during the assigned time. Collaborative Learning is promoted and encouraged. However, check offs are individual.
- 6. Books and study materials are available for student use in the Seminar Room or Lab areas only. Please return them to their proper location.
- 7. The lab is reserved for other programs from time to time. The dates and times of these reservations will be posted on the bulletin board or announced in class. Lab experiences may also be held in the seminar room, Sumner 2 and/or Sumner 11.
- 8. No food or drinks are allowed in lab except for the following: capped drinks marked with student's name and kept at nurse's station.
- 9. There are several patient simulators in the lab run by computers. These simulators are extremely expensive so be gentle. Students can use them only under faculty supervision.

Use Of Computers Located In the Campus Learning Lab

The computers in the campus learning lab are for nursing faculty and nursing student use only. Lab students have precedence for computer use. Students can also use the computer labs on 4th floor of Tioga. Occasionally faculty may use the computers to show procedures to the students. Students can review procedures and nursing information on the campus learning lab computers if they are not disturbing lab sessions in progress. The campus learning lab is also used by the BNA students. Please do not disturb classes in session.

Bulletin Board

Current information and changes in schedules are posted on the bulletin board outside the classroom. Check it weekly for up-to-date details.

Clinical Skills Clearance/Procedure Supervision

Students may perform procedures that are covered by their CNA certification independently, unless the student requests assistance from the nurse on the unit or the instructor. All skills listed on the check-off form must first be signed-off in the campus learning lab at a developing or above level, according to the skill performance rubric in the appendix. The instructor in the clinical area signs the skills check off form when the student has competently performed the skill under instructor observation. At the instructor's discretion, a student may be asked at any time during the program to demonstrate a skill already checked off. Only an instructor can "clear" a student. Students may assist clinical staff with procedures for the purpose of experience, but cannot perform the skill or be checked off by a clinical staff member except during the preceptorship in the last four weeks of the program. There may be exceptions to the above by the instructor that will be discussed with students at the time they come up.

BS: 10/3/06

The following procedures are performed only after coverage in theory and/or campus learning lab. The first time, at least, they must be observed by the clinical instructor. After the first time the clinical instructor may allow a staff nurse to observe.

Activities appropriate to first year and second year:

- Adding Medications to an IV primary solution and hanging premixed IVs
- Administering IV piggyback medication
- Inserting a foley catheter
- Inserting a nasogastric tube
- Wound irrigation
- Administering IV push medications with faculty supervision

Activities appropriate to second year only:

- Taking and recording orders from physicians only during preceptorship and with licensed person listening.
- Administering IV push medications
- Starting an IV
- Any procedure involving a central line, including discontinuing non-tunneled central venous catheters
- Administering blood or blood products with supervision by faculty.

Students may not perform the following procedures:

- Administering IV cancer chemotherapy medications
- Administering epidural medications
- Discontinuing epidural catheters

GRADING

Academic/Theory Grading Policies

The grading of tests and papers in NRS 110, 111, 112, 230, 231, 232, 233, 221, 222, or 224 is as follows:

Percent Grade	
92-100%	=A
83-91%	= B
75-82%	= C
Below 75%	= F

All written assignments must be completed and turned in by the required date. All assignments will be part of your classroom or clinical grade.

Grades of "C" or above must be earned in all courses (nursing and nonnursing) for program completion. A grade below "C" in nursing theory **and/or** an "Unsatisfactory" in nursing clinical indicates the student has failed and cannot continue in the program. As indicated on curriculum sheet in catalog students must obtain a C grade in all nursing and non-nursing

courses. You must inform your advisor of any grade below a C so help can be given to reschedule in another quarter if possible.

An "I" (incomplete) grade indicates that the student has demonstrated/completed at least 75%, but not all the requirements/outcomes of the course. If an "I" is assigned for a nursing course, the specified requirements given to the student in writing must be successfully completed prior to the beginning or by the middle of the next term (as specified by the faculty) or the "I" becomes a "U" for clinical and an "F" for theory. If a student receives an unsatisfactory clinical grade resulting in a "U" grade at the end of term, the theory grade becomes an "F". If the theory grade is below a "C" grade at the end of the term, then the clinical grade becomes a "U". The student must repeat both theory and clinical for any nursing course not passed.

Attendance

Attendance and participation in class, clinical and campus learning lab are integral parts of the learning process and are required. Students are responsible for all written and reading work assigned in class. A student who attends all scheduled sessions, without tardiness, will be given one additional percentage point more than the total percent earned in the course. (For example, a student whose final percentage for a term is 82% and who has not missed or been late to any sessions, will be assigned a final percentage of 83%.) This percentage point will not be given to a student with an earned percentage point below 75%. (For example, a student whose final percentage for a term is 74% and who has not missed or been late to any classes, will not earn 1 additional percentage point and will remain at a final percentage of 74%.) Tardy is defined as arriving into the session more than 3 minutes after the class is scheduled to begin.

Students who are absent from class or campus learning lab sessions jeopardize their grade and competency level. Students who are absent in excess of three (3) days will have their academic and/or clinical performance reviewed on an individual basis. Possible actions include, but are not limited to, requiring the student to make an appointment with the instructor and demonstrate (e.g., verbally or in writing) attainment of the outcomes of the missed sessions.

Campus Learning Lab/Clinical Attendance

If a student misses a learning lab, they must make arrangements with the instructor to attend another section of the same lab or make it up by making arrangements with the instructor. Because of lab schedules, there are minimum opportunities for make-up, and absence from more than one campus learning lab or inability to attend another section of the lab may jeopardize a student's standing in the program.

The faculty member who is supervising the student, in consultation with the lead faculty member, determines whether a student needs to make-up a missed day or not. Absence in excess of the time deemed reasonable/possible for make-up will lead to faculty evaluation of student performance and attainment of objectives. The options available to faculty dealing with excessive clinical absences include, but are not limited to, placing the student on clinical probation or assignment of an "Incomplete" or an "Unsatisfactory" grade. If an "Incomplete" is

BS: 10/3/06

assigned, faculty will specify the additional requirements and deadline for making up the missed time and if completed satisfactorily, the grade will convert to "Satisfactory." At times, but not often, it may be necessary to cancel a clinical due to illness of a faculty member. If this occurs, the students do not have to make-up the missed time.

Late arrival for scheduled clinical time of more than 5 minutes, more than twice a term, will constitute an absent day and will require a make-up day. Students who arrive at clinical a half hour late and would miss the change of shift report on the unit will require a make-up day. Students who leave before post-conference will require a make-up day.

When a student becomes ill or knows s/he is going to be absent on a clinical day, s/he must notify the instructor (always available by phone or beeper) and the assigned clinical area by 0630, or by the specified start time designated for the clinical experience. Failure to notify the instructor of absence by the required time will result in the assignment of a "U" for the weekly grade.

The faculty reserves the right to consider student circumstances in attendance policy decisions.

Assignments

All assignments listed in the course syllabus must be completed in order to pass the course. Assignments will be submitted to the faculty mailboxes in the campus learning lab or with prior faculty permission, via email. Assignments are to be date stamped prior to submission. Neglecting to hand in any assignment, including any assignment broken down into portions and turned in on different dates, or a pass/fail assignment will result in failure of the entire assignment.

Assignments must be received on or before the due date/time assigned by the instructor. There will be a deduction of 10% in the total points awarded for each day that the assignment is overdue.

Examinations

To support/encourage student assimilation of previously learned concepts, and to support application of the program's philosophy and conceptual framework, 20% of each terms final examination will be comprehensive.

In order to allow for more class time, examinations may be given in the testing center in Randolph Hall at other than normal class time. It is expected that each student will make a concentrated effort to take examinations on the dates/times they are scheduled. A student who is unable to take the test at the scheduled time must, on or before the scheduled test day, arrange with the instructor for a make-up exam date/time. Instructor options for exams taken at other than scheduled times include, but are not limited to, administering an exam different than the one originally constructed. Failure to take the make-up exam on the day of return from absence will result in a 10% reduction per day in the student's earned score unless other

plans for giving the test are made with the instructor ahead of time. Any **exam must be made up within one week** following the original scheduled date, failure to do so will result in a 0% on the exam.

Instructors will review exam answers with students as a group at a time designated by the individual instructor. Instructors will:

- 1. Verify that grades/scores are correct by going over Scantron, test paper or grade book when a student feels that his/her score does not coincide with the instructor's records.
- 2. Explain an answer further if a student is still unclear about the rationale an instructor gave for an answer. Notes may not be taken during examination reviews. Students who do not adhere to this policy will be asked to leave the room. The faculty member may accept written documentation from the required readings that a student wishes to present verifying the validity of an answer that is different from the one the instructor has indicated as correct, within one week of the exam in question.

Medication Calculation Exams

To ensure that students can accurately and safely perform dosage calculations throughout the program, students will be required to take a clinical competency math test at a time scheduled by the faculty. Dosage calculation questions may be included on any examination following the first calculation test.

- Medication calculation tests must be passed with a grade of 80% or higher.
- Any student who does not pass after three attempts may not continue in the program. A student who does not attain a passing score on the second medication calculation of the term must seek remedial help from a nursing instructor or math teacher or tutor, and then take the third clinical competency medication calculation test by the end of the second week of the term.
- Repeat testing may not be done on the same day, but must be completed within a seven day period of time. Second year students who fail the first math test of the term cannot administer medications independently until after passing the medication calculation. Students who fail the third medication calculation in a term will be assigned a grade of "U" for clinical and an "F" for theory and cannot continue in the program.
- If a second or third testing is necessary, different tests of equal difficulty will be used.
- Numeric calculators may be used but handheld computers, PDAs or any device that stores written data are not allowed.

Medication Administration Test

First year students will be tested during the first week of spring term on administration of multiple medications in a simulated case scenario to a manikin. During the first week of fall term, second year students will be tested on medication administration. The purpose of this

BS: 10/3/06

repeat testing is to assure that students can accurately and safely administer medications after being out of class and clinical for three months.

Each student will be given three attempts to pass this test. On the second and third attempts, the student needs to have reviewed the procedure in their fundamentals text, pharmacology text, Delmar Nursing Skills and practiced in the lab. If the student does not pass the second attempt, then they are to receive coaching by peer tutors or instructors. If the student fails the third time, they will be given a "U" for the term and an "F" for theory for the term and may not continue in the program. A different scenario will be used for each test.

Clinical Assignments

Instructor evaluation of student clinical performance, knowledge of available clinical experiences and clinical site guidelines and program policies guide faculty decisions regarding clinical assignments/schedules.

Students are expected to be prepared for clinical assignments according to the clinical guidelines and objectives described in the syllabus. If the instructor determines that a student is not prepared to a degree that might jeopardize client safety (i.e., a student arriving in the clinical area unprepared for the day or administering medications without knowing why certain drugs are given) the student will not be permitted to carry out the clinical assignment for that day. If situations such as these occur, the student will receive an absent day and may receive a "does not meet" for the weekly grade (see clinical grading explanation).

Faculty reserves the right to change a student's clinical assignment (e.g. site or unit or days) after the clinical schedule has been printed and distributed.

A clinical facility has the right, by contractual agreement, to refuse educational access to its clinical areas to any individual who does not meet the facility's standards for safety, health, or ethical behavior. A student denied such access would require program status review to determine if program policies have been breached or if clinical requirements and program needs for evaluation can be met with the remaining clinical options.

Due Process in Clinical Evaluation

Due process requires that clinical evaluation procedures be applied fairly, equitably, and with clearly defined rights and duties.

Clinical instructors will apply the concept of fairness by clarification of expectations and criteria during clinical orientation, by application of criteria and standards and policies as written in course syllabi and the SOCC Nursing Program Student Handbook, and by documentation of student clinical performance and instructor decisions.

Clinical instructors will apply the concept of equity by treating like cases alike and like student performance alike.

Clinical instructors have a duty to treat all students fairly, maintain appropriate documentation, ensure safe and professional patient care, and provide information to students with respect to performance and avenues of appeal.

Students have a duty to provide safe patient care, understand expectations for safe practice, prepare for practice, and know personal limitations in practice.

Clinical instructors have the legal, ethical, and professional right to evaluate students, determine a grade, and remove students from the clinical area when they are judged unsafe or unprofessional in attire or behavior.

Students have the right to expect timely receipt of information about their clinical performance, see and hear supporting evidence for their evaluation, receive reasonable notice of decisions, write objections or disagreement with an evaluation or decision, and to follow the college's grievance procedure.

Adapted from Scanlon, Care, & Gessler, 2001, "Dealing with the Unsafe Student in Clinical Practice," Nurse Educator, 26 (1) 23-27.

Clinical Evaluation

Student progress conferences will be conducted periodically as appropriate. There will be a minimum of two conferences a quarter. If a student disagrees with anything on the written evaluation, it is the student's responsibility to document her/his disagreement on the evaluation form and discuss it with the instructor. The student's advisor will be responsible for informing the student of the outcome of any evaluation conference. The student may choose to speak with the faculty as a group with a representative from the counseling department present at any evaluation conference.

Basis for Clinical Grading

- 1. The forms used for clinical grading will be given to the student at the beginning of each term. The designations of exceeds, meets or has not met the competencies will be used as guidelines for every term. "Has not met the competency" means that additional learning and attention to detail is required for a particular competency.
- 2. If the student's performance does not show the required improvement, is well below the minimum expected level, or is in <u>serious</u> violation of client safety as explained under "Indicators of Unsafe Clinical Performance", the student may be placed on probation or dismissed from the program.

Clinical Probation

For a student whose performance has resulted in placement on clinical probation, the program's director with the students' advisor and input from the student's clinical instructor,

develops a clinical probationary contract with a concise remediation plan stated in behavioral terms. A specific time frame will be designated that informs the student when the change in student performance is to occur, e.g., immediately, within five weeks, or within some other time period. A copy of the probationary contract will be given to the student after she/he signs it, a copy will be given to the program director and one kept by the students nursing program advisor. Faculty will re-evaluate student performance on an ongoing basis and the student will be required to meet weekly with his/her advisor. If student performance shows consistent improvement while on probation, faculty will reevaluate and consider removing the student from clinical probation.

Conversion of Clinical Performance Evaluation to a Satisfactory/Unsatisfactory Grade

A grade of "Satisfactory" will be assigned to all students who have demonstrated consistently satisfactory/safe clinical performance or who have shown needed improvement and who have passed each medical calculation test. "Satisfactory" will also be assigned to those students who have passed each medical calculation test, but whose clinical performance has been unsatisfactory and who have subsequently been placed on clinical probation but have satisfactorily improved their performance according to instructor recommendations.

A grade of "Unsatisfactory" will be assigned to all students who fail the third math competency test within the first two weeks of the term. "Unsatisfactory" will be assigned to students who fail the medication check off the third time. "Unsatisfactory" will also be assigned to students on clinical probation who do not satisfactorily improve their clinical performance according to instructor recommendations. A grade of "Unsatisfactory" will also be assigned to any student who fails to abstain from alcohol or drugs as outlined under "Code of Conduct in Clinical Facilities" on previous pages, SOCC's Student Rights and Responsibilities (i.e. cheating, harassment, unruly conduct) as related to classrooms, labs, college campus or clinical sites, or who causes harm to a client through behavior outside the standards of the profession or the college.

SAFE CLINICAL PERFORMANCE & INDICATORS OF UNSAFE CLINICAL PERFORMANCE

Nursing is an applied science, and students must safely apply concepts learned in classroom and campus learning lab in the clinical setting. Students are expected to demonstrate growth in clinical performance through application of knowledge and skills from previous and concurrent courses. Students are expected to demonstrate growth in clinical performance as they progress through courses and to meet clinical expectations outlined in the clinical evaluation tool. Students are expected to prepare for clinical practice in order to provide safe, competent care. Preparation expectations are given to students at the beginning of each term.

Nursing students are legally responsible for their own committed or omitted acts and it is therefore necessary for the student and the nursing faculty to conscientiously identify any behavior that is unsafe. Unsafe clinical performance includes behavior that places the client or staff or faculty in either physical or emotional/psychological jeopardy. Physical jeopardy is the risk of causing physical harm. Emotional/psychological jeopardy means that the student creates

an environment of anxiety or distress that puts the client at risk for emotional and psychological harm or causes the staff or faculty to fear for their safety. Unsafe clinical practice is an occurrence, or pattern of behavior involving unacceptable risk, and may result in a faculty decision to remove the student or bar the student from the clinical area.

Unsafe clinical behavior is demonstrated when the student:

- 1. Violates or threatens the *physical* safety of the client (e.g., neglects use of side rails, restraints; leaves the bed in high position; leaves call bell out of reach; inadequately supervises clients at risk.)
- 2. Violates or threatens the *psychological* safety of the client (e.g., speaks inappropriately in front of the client and significant others; does not communicate therapeutically).
- 3. Violates or threatens the *microbiological* safety of the client (e.g., does not recognize violation of aseptic technique; comes sick to clinical experience; fails to follow hand washing techniques or standard precautions or isolation procedures).
- 4. Violates or threatens the *chemical* safety of the client (e.g., violates the "6 Rights in Administering Medications"; fails to monitor IV infusions safely; administers medications without consideration/knowledge of reason for drug, drug side effects and/or client lab or V.S. values; fails to check client's armband).
- 5. Inadequately and/or inaccurately utilizes the nursing process/clinical judgment (e.g., does not prepare for care per clinical guidelines; does not complete initial assessment before doing client care; does not complete nursing care plan; fails to observe and/or report critical assessment regarding clients; makes repeated faulty nursing judgments; fails to follow written and/or verbal instructions/orders; fails to complete care and/or documentation within the specified clinical time frame).
- 6. Violates previously learned principles/objectives in carrying out nursing care skills and/or therapeutic measures (e.g., does not give IM or IV medications correctly; does not correctly calculate IV drip rate and/or medication dosage, fails to observe safety precautions during oxygen therapy after lessons have been covered in class/lab and practice, fails to communicate professionally with staff or instructors).
- 7. Assumes inappropriate independence/dependence in action or decisions (e.g., fails to seek help when situation is out of control or in an emergency; leaves floor without reporting to appropriate staff nurse; does not make decisions at appropriate level for term in program; makes inappropriate decisions without consulting an RN or an instructor; does not provide safe nursing care without constant direction or prompting).

BS: 10/3/06

The above was adapted from Chemeketa Community College's nursing handbook, and Scanlon, Care, & Gessler. 2001. Dealing with the unsafe student in clinical practice. Nurse Educator, 26 (1), 23-27.

DISCIPLINARY ACTIONS

For situations or behaviors other than those that result in clinical probation as previously outlined, disciplinary actions applied by the college and Nursing Program in cases of improper student performance in clinical, campus lab or classroom include, but are not limited to, reprimands, temporary exclusion, loss of points on tests and/or other assignments or dismissal from the program. The involved faculty member(s), in consultation with the nursing program director, will determine disciplinary actions for each case.

Grounds for Disciplinary Actions

- 1. Major or recurrent clinical performance which adversely affects the health, safety, and/or welfare of the public as outlined in the Oregon Administrative Rules 851-45-015 (Oregon State Board of Nursing/OSBN) wherein conduct derogatory to the standards of nursing is defined. This document is on line at www.osbn.or.us. Conduct derogatory to the standards of nursing must be reported by the program director to the OSBN. Note that the OSBN defines practicing nursing when the individual is deemed by the OSBN to be unable/unfit to safely perform nursing care or procedures due to physical or mental impairment or substance abuse use as Conduct Derogatory to the Practice of Nursing.
- 2. Failure to comply with program or college policies, which results in actual or potential threat to client, fellow student or instructor physical or psychological safety.
- 3. Sexual harassment, sexual contact, and/or romantic involvement with clients, or setting up what is perceived to be a hostile environment by student(s) in classroom or labs does not conform to legal and accepted standards of the nursing profession. Complaints or incidents involving these behaviors will be investigated and resolved through utilization of SOCC's Harassment Policy.
- 4. Plagiarism is a serious issue and is grounds for disciplinary action. Faculty may ask for your papers to be turned in on disk. Access to turnitin.com is available to students in the computer lab in Tioga 405. If a student(s) is/are found to have plagiarized papers or presentation content the faculty member, after discussion with the program director, will assign an F grade for the course in which the incident took place.

Disciplinary Procedure

When a violation is considered to be serious enough that the student is to be reprimanded, temporarily excluded, or otherwise disciplined, the involved instructor will immediately notify

the program director. The instructor will fill out the Incident Report Form (available in the appendix) form and talk with the student's advisor regarding the incident. The form will be brought to the next faculty meeting where a decision as to disciplinary action will be decided. The advisor will notify the student in a timely manner of the results of the faculty meeting. If the student does not accept the decision of the nursing faculty he/she may then ask to meet with the faculty and bring an on campus support person.

The meeting will be scheduled in a timely manner. If the student does not accept the results of the faculty meeting he/she may make an appointment with the Dean of Student Services to pursue the college's grievance procedure as found under Student Handbook on the SOCC website.

Safe nursing practice demands honesty, integrity and ethical behavior. Failure to adhere to these standards in either the academic or clinical setting is grounds for immediate dismissal. Violations include but may not be limited to:

- cheating on exams
- substance abuse
- plagiarism, word for word copying or "cut and paste" without proper use and citation
- covering up errors or delaying report of errors in clinical
- mosaic (to intersperse a few words of one's own here and there while in essence copying
- paraphrase: rewriting of another's work without appropriate citation
- misappropriation or abuse of property in clinical or classroom settings
- or any of the other activities listed in the Southwestern Student Conduct Code (Section VI,B) document

Faculty at SOCC take academic honesty seriously. Nursing, as mentioned earlier, has a code of ethics as alluded to in the Oregon State Board of Nursing regulations. These regulations can be found on www.osbn.or.us and you need to become familiar with them. Any form of cheating reflects negatively on the class as a whole and the college's nursing program. Cheating violates several competencies listed in the back of this handbook.

When a student is dismissed from the nursing program for failure to adhere to the above standards, re-admission will be considered on an individual basis by the nursing faculty.

A student who received an "F" grade or who has been terminated for any reason, and who wishes to discuss the matter further may do so first by requesting an appointment for an informal hearing from the nursing program director. The informal hearing will include the faculty members and program director. The student may choose to bring one on-campus advocate to this meeting. This is considered an informal hearing for mediation purposes. During this informal mediation period, the student may continue to attend the academic portion of the nursing program but not clinical and possibly some campus lab sessions. The hearing may take place either during finals week or during the 1st week of the following term. If the matter is still not resolved, the student or faculty may request a meeting with the individual(s) involved.

BS: 10/3/06

After meeting with faculty, if further advisement is desired, the student may contact the Dean of Students. An on-campus student grievance procedure is available online at: http://www.socc.edu/student_life/handbook/page9.html#grieve. Until a decision is made on the grievance the student may attend classroom session, but not_not_not_page-1 clinical and possibly some campus lab sessions.

A student who has demonstrated an inability to perform according to stated objectives in the clinical lab, or in any nursing course, and who does meet the criteria for an incomplete or "Y" grade in that course, may withdraw or will be given an "F" grade. This student will not continue in the program regardless of academic performance in other courses. A student who is permanently excluded from the clinical laboratory for unsafe nursing behaviors shall receive an "F" in that course, or may withdraw in accordance with college policy. All students who are leaving the program are encouraged to arrange an exit interview with the Director of the Nursing Program.

The above information has been adopted from Student Manual's from Rogue Community College, Portland Community College, Umpqua Community College and previous Southwestern Orientation Handbooks.

APPENDICES

OCNE APPENDICES	
OCNE Competencies	56-59
OCNE Benchmarks	60-71
OCNE Clinical Judgment Model	72
OCNE Competency Rubrics	
SOCC APPENDICES	
SOCC Injury Report Form	89-90
SOCC Incident Report Form	
SOCC Curriculum Checklist	
SOCC Nursing Program Student Handbook	
Agreement & Signature Page	96-97

Oregon Consortium for Nursing Education Competencies Approved, May 2006

Next review: May 2007

The competencies defined by the OCNE curriculum committee are based on a view of nursing as a theory-guided, evidenced -based discipline. The competencies also recognize that effective nursing requires a special kind of person with particular values, attitudes, habits and skills. Accordingly there are two categories of competencies, professional competencies, and nursing care competencies. Professional competencies--define the values, attitudes and practices that competent nurses embody and may share with members of other professions; nursing care competencies--define relationship capabilities that nurses need to work with clients and colleagues, the knowledge and skills of practicing the discipline and competencies that encompass understanding of the broader health care system. In all cases, the client is defined as the recipient of care, is considered active participant in care, and includes the individual, family or community. Nursing care competencies recognize that a competent nurse provides safe care across the lifespan directed toward the goals of helping client (individuals, families or communities) promote health, recover from acute illness and/or manage a chronic illness and support a peaceful and comfortable death.

Professional Competencies:

- 1. A competent nurse's personal and professional actions are based on a set of shared core nursing values through the understanding that...
 - Nursing is a humanitarian profession based on a set of core nursing values, including: social justice (from the ANA statement), caring, advocacy, respect for self and others, collegiality, and ethical behavior, and that a competent nurse embodies these values.
 - 1.2 There are ethical dilemmas embedded in clinical practice; an obligation of nurses is to notice, interpret respond and reflect on these dilemmas using ethical principles and frameworks as a guideline.
- 2. A competent nurse develops insight through reflection, self-analysis, and self-care through the understanding that...
 - Ongoing reflection, critical examination and evaluation of one's professional and personal life improves nursing practice.
 - 2.2 Reflection and self-analysis encourage self-awareness and self-care.
 - 2.3 Pursuing and advocating healthy behaviors enhance nurses' ability to care for client.
- 3. A competent nurse engages in ongoing self-directed learning with the understanding that...
 - 3.1 Knowledge and skills are dynamic and evolving; in order to maintain competency one must continuously update.

- There is an array of communication and information technologies available to enhance continuous learning, and it is essential to be able to use these effectively.
- 4. A competent nurse demonstrates leadership in nursing and health care through the understanding that...
 - 4.1 An effective nurse is able to take a leadership role to meet client needs, improve the health care system and facilitate community problem solving.
 - 4.2 A competent nurse effectively uses management principles, strategies and tools
 - 4.3 An effective nurse is skilled in working with assistive nursing personnel including the delegation of responsibilities and supervision.
- 5. A competent nurse collaborates as part of a health care team through the understanding that...
 - 5.1 The client is an essential member of the healthcare team.
 - 5.2 Successful health care depends on a team effort, and collaboration with others in a collegial team is essential for success in serving clients.
 - Learning and growth depend on receiving and using constructive feedback; effective team members must be both open to feedback and able to give useful feedback in a constructive manner.
 - 5.4 Supporting the holistic development of colleagues creates an environment that positively impacts client care.
- 6. A competent nurse practices within, utilizes, and contributes to the broader health care system through the understanding that...
 - 6.1 Professional nursing has a legally defined standard of practice.
 - 6.2 The components of the system (e.g., resources, constraints, regulations) must be considered when coordinating care and developing interdisciplinary planning.
 - 6.3 The effective nurse contributes to improvements of the health care system through the collection and analysis of data and involvement in policy decision-making processes and political activities.
 - 6.4 An effective nurse contributes to improving access to health care.
 - 6.5 Each nurse has the responsibility for effective and efficient management and utilization of health care resources.
 - Nurses establish and maintain networks to address structural barriers and improve health care delivery outcomes.

Nursing Care Competencies:

- 7. A competent nurse practices relationship-centered care through the understanding that...
 - 7.1 Effective care is centered around a relationship with the client that is based on: empathy and caring, a deep understanding of the care experience, developing mutual trust and respect for the autonomy of client.
 - 7.2 The effectiveness of nursing interventions and treatment plans depends, in part, on the attitudes, beliefs and values of clients and these are influenced both by how professionals interact with clients and by the intervention itself.
 - 7.3 Clients reflect the culture and history of their community and their broader population, and that these must be considered in developing nursing interventions.
- 8. A competent nurse communicates effectively through the understanding that...
 - 8.1 Effective use of therapeutic communication, to establish a caring relationship, to create a positive environment, to inform clients, and to advocate is an essential part of all interventions.
 - When working with colleagues or clients, it is important to insure that accurate and complete communication has occurred.
 - 8.3 Successful communication requires attention to elements of cultural influences, variations in the use of language and a participatory approach.
- 9. A competent nurse makes sound clinical judgments through the understanding that...
 - 9.1 Noticing, interpreting and responding require use of best available evidence, a deep understanding of the client experience and community influences, recognition of contextual factors as well as one's own biases that may influence judgments, and sound clinical reasoning.
 - 9.2 Effective nursing judgment is not a single event, but concurrent and recurrent processes that include assessment (data collection, analysis and diagnosis), community and client participation in planning, implementation, treatment, ongoing evaluation, and reflection.
 - 9.3 Nurses select from a variety of frameworks and clarification systems to organizing data and knowledge for clinical judgment. The choice of framework for assessment and intervention take into account the client's age and cultural perspective, the individual and family capacity for involvement in care, the influence of community and the primary focus of care.
 - 9.4 Clinical judgment involves the accurate performance of skills (cognitive, affective and psychomotor) in the delivery of care to clients while maintaining personal safety.

- 10. A competent nurse, in making practice decisions, locates, evaluates and uses the best available evidence, coupled with a deep understanding of client experience and preferences, through the understanding that...
 - 10.1 There are many sources of knowledge, including research evidence, standards of care, community perspectives, practical wisdom gained from experience, which are legitimate sources of evidence for decision-making.
 - 10.2. Knowledge from the biological, social, medical, public health, and nursing sciences is constantly evolving; nurses need to update their knowledge continuously, using reliable, current sources of information.
 - Nurses need to know how to learn new interventions independently, because the definition of "best practice" of interventions is continuously modified, and new interventions are constantly being developed.

© OCNE 9/19/2006 Page 4 of 4

Oregon Consortium for Nursing Education

Benchmarks Approved, May 2006

Next review: May 2007

Progress toward level benchmarks is expected in each course of the curriculum. In their clinical practice students are expected to:

- 1. Provide safe care.
- 2. Practice within the legal scope of practice, and in accordance with the ANA Code of Ethics.
- 3. Be an active, engaged learner, seeking out new opportunities, and reflecting on their own performance.
- 4. Be aware of the evidence available to support nursing practices.
- 5. Provide care that is culturally and age/developmentally appropriate.
- 6. Practice family and relationship-centered care.
- 7. Recognize role as a leader, an advocate for individuals, families and communities, and an agent for access and high quality health care.

Level I Benchmarks

By the end of the first year of the nursing curriculum, it is expected that the student will meet the following performance benchmarks:

1. Ethical Practice

- a. Articulates the provisions in the ANA Code of Ethics and assesses own performance in relation to each provision.
- b. Recognizes biases that may be introduced into clinical reasoning as a result of personal values. Seeks assistance from colleagues or instructor to monitor influence of own biases and values and their influence.
- c. Recognizes when own values are in opposition with values of client and/or family. Reevaluates own values and biases through reflection, and seeks to identify their impact on future clinical situations.
- d. Identifies obvious ethical dilemmas in which there are two or more viable options.
- e. Can articulate inherent ethical principles though application in particular context may be limited

2. Reflection on Practice

- a. Seeks external feedback and assistance in reflective process and sets realistic goals with consultation.
- b. Identifies own established patterns of behavior and thought.
- c. Recognizes value of a structured plan for self-reflection and self-renewal.
- d. Uses established procedures and forms for self-reflection.

3. Self-directed Learning

- a. Increasingly open to new learning opportunities; decreasing reactivity to change and multiple, valid points of view.
- b. Recognizes own learning needs with assistance.
- c. Completes assigned learning activities and begins to self-initiate additional learning activities.
- d. Recognizes own learning styles and participates in activities that enhance own learning styles.
- e. Uses standard technology resources and applications in practice with assistance.

4. Leadership

- a. Begins to recognize leadership issues and responsibilities.
- b. Begins to use own leadership abilities primarily relying on a basic set of leadership strategies independent of situation or team characteristic.
- c. Acknowledges delegation as a needed modality to improve client care.
- d. Identifies laws and regulations regarding delegation to various levels and categories of personnel.
- e. Consults with experienced personnel regarding delegation needs for client care.

5. Collaboration with members of the health care team.

- a. Consults and collaborates with own peers, faculty and nursing staff.
- b. Demonstrates responsibility to fulfill assignments and commitments.
- c. Recognizes when feedback to team members may be useful.
- d. Supports peers in their efforts toward wellness.
- e. Verbalizes an understanding of the need and importance of developing professional networks.

6. Health Care System Issues

- a. Identifies basic healthcare access issues for assigned client
- b. Identifies one or more policies or regulations affecting resource availability in a specific health care situation.
- c. Assists clients to recognize barriers to accessing optimal health care.
- d. Describes client characteristics and situations in which access to health care needs improvement.
- e. Recognizes the need for initiating referrals and own learning need to explore available community resources.
- f. Describes current issues for equality and health care access

7. Relationship-Centered Care

- a. Can describe personal relationship style.
- b. Attempts initiation of meaningful interactions despite personal discomfort
- c. Recognizes the importance of maintaining professional boundaries.
- d. Establishes rapport
- e. Recognizes importance of relationship by eliciting client/family story.

- f. Identifies and describes aspects of commonly local cultures including own, attempts individual assessment of relevant cultural aspects.
- g. Attempts to understand the meaning of the health event/illness/death to the client/family across the lifespan.

8. Communication

- a. Shows basic understanding of therapeutic communication strategies though may need assistance with implementation. Listens to clients.
- b. Uses open-ended questioning to elicit psychosocial data with increasing confidence.
- c. Notices cues from client.
- d. Written communication shows increasing consistency in accuracy and format
- e. Initiates standardized health teaching but may require assistance in the recognition of client variables impacting learning or health care education needs.
- f. Focus of communication may be to own actions and plan of care, with limited participation elicited from client and family.
- g. Developing self-awareness of own cultural and language variations
- h. Identifies key cultural variables that effect communication in uncomplicated client situations.

9. Clinical Judgment

- a. In stable /common/familiar situations, monitors a variety of subjective and objective data, identifies obvious patterns and deviations, develops prioritized intervention plans.
- b. With assistance advances client assessment to differentiate less relevant from pertinent data, and subsequently expand priorities.
- c. In stable /common/familiar situations, completes nursing care assigned, maintaining safety for client and self
- d. Increasing consistency in evaluating interventions for effect and efficacy.
- e. Implements new nursing skills with supervision.
- f. Demonstrates awareness of the need for ongoing improvement and makes effort to learn from experience and improve performance

10. Evidence-based practice

- a. Seeks local resources to answer specific questions—e.g., unit procedure manuals, and practicing nurses.
- b. Can conduct broad database search using digital retrieval systems, including the Internet.
- c. Able to independently find literature in one database.
- d. Recognizes needed information sources from other disciplines.
- e. Recognizes the difference between databased publications & opinions.
- f. Reads and summarizes integrative reviews and clinical practice guidelines.
- g. Looks for supporting evidence for nursing interventions.

- h. Identifies potential implications for practice from integrative reviews and clinical practice guidelines.i. Understands that information continually evolves.

Level II Benchmarks

By the end of winter term of the second year of nursing curriculum, it is expected that the student will meet the following performance benchmarks:

1. Ethical Practice

- a. Consciously incorporates each provision of the ANA Code of Ethics in practice
- b. Identifies when clinical practices and protocols may be at odds with individual patients rights
- c. Identifies dilemmas in which individual rights are in conflict with the greater good
- d. Can articulate dilemmas, with pertinent facts.
- e. Identifies stakeholders in ethical dilemmas
- f. Can apply ethical principles to identify choices, possible consequences.
- g. Engages in reflection about choices, considering ethical frameworks, and the implications for future situations.

2. Reflection on Practice

- a. Interrelates personal and professional behaviors with relevance identified to both self and the profession.
- b. Questions personal and professional established patterns of behavior and thought.
- c. Practices self-monitoring strategies for uncomplicated professional and personal situations.
- d. Acknowledges possible implications for self and practice with occasional assistance
- e. Participates in a personal plan for self renewal in the physical, mental, social, and spiritual dimensions.
- f. Consistently prioritizes based on personal and professional values and principles.

3. Self-directed Learning

- a. Seeks new learning experiences beyond the limits of assignments.
- b. Recognizes that information continually evolves.
- c. Readily identifies and takes responsibility for own learning needs.
- d. Shares share new learning with peers.
- e. Actively engages in learning, evaluates and integrates new learning into practice.
- f. Articulates learning needs, style, and processes.
- g. Seeks information out of interest, beyond the limits of assignments; identifies perplexing questions and seeks answers.
- h. Uses standard technology resources efficiently and effectively,

4. Leadership

- a. Engages in self-directed professional development to improve leadership characteristics and skills
- b. Understands consequence of making leadership decisions with limited information.
- c. Provides positive and constructive feedback on specific aspects of performance
- d. Delegates to, and evaluates others, ensuring that the task is within their scope of practice, that they are competent to perform the task, and that they receive clear communication and feedback in regard to their performance.
- e. Explains the purpose and desired outcome of the task and the time frame in which the task is to be completed.
- f. Provides leadership in the modification of client care and /or organizational issues toward identified outcomes.

5. Collaboration with members of the health care team.

- a. Readily consults within the health care team; sees self as a participant in collaborative interactions.
- b. Works well with team members who have varying points of view; enters into team relationships and readily accepts and fulfills assignments and commitments.
- c. Actively contributes to team work; offers help and assists team with problem solving and decision making; and shares information necessary to make informed decision.
- d. Gives feedback in a timely and appropriate manner.
- e. Regularly and realistically self evaluates own performance: compares selfevaluation with feedback received, verbalizes intent to use the constructive feedback in future situations
- f. Recognizes need to manage physical health variables and emotional stressors and sets priorities and time boundaries; asks for assistance and feedback from team members

6. Health Care System Issues

- a. Recognizes current and needed networks within the immediate clinical area.
- b. Makes contacts among community agencies that provide services for clients
- c. Seeks broadening knowledge of practice needs and resources at individual, family, and/or community level. Makes referrals to established local community resources
- d. Obtains data to identify areas for improving health care access for client/population.
- e. Identifies impact of laws, regulations, structures, rules, and guidelines on resource availability for health care for individuals, families and the community.

- f. Assists clients to reduce barriers to accessing optimal health care. Identifies practice issues and policies that impact access to health care.
- g. Seeks to learn more about referral agencies within the community. Periodically makes referrals to local community resources
- h. Identifies political and policy making processes and actions to improve health care and solve access problems.

7. Relationship-Centered Care

- a. Integration and adaptation of personal style with expected professional relationship style
- b. Intentionally moves out of personal comfort zones to accommodate patient needs
- c. Consistently sets and respects appropriate boundaries
- d. Adapts care to individual client/ family needs
- e. Uses understanding of cultural, economic, environmental and social differences to assess uniqueness of individual client.
- f. Incorporates understanding of client's/family's perspective into plan of care.
- g. Collaborates with client in care planning
- h. Demonstrates value of relationship by expending time and energy
- i. Acknowledges and accepts client/family attitudes

8. Communication

- a. Establishes goals for therapeutic interactions.
- b. Effectively utilizes verbal and nonverbal approaches for effective therapeutic communication in predictable client situations.
- c. Readily elicits client's and family's communication.
- d. Caring apparent through tone and nonverbal
- e. Seeks verbal collaboration with other health care team members.
- f. Assesses client's learning needs, learning styles, and variables impacting the teaching-learning process. Uses appropriate materials
- g. Spontaneously incorporates health care knowledge and education into routine communication.
- h. Creates individualized health teaching materials.
- i. Designs and implements health education programs to address learning needs of population.
- j. Knowledgeable of own communication skills and deficits.
- k. Recognizes own cultural biases and inexperience.
- 1. Integrates multiple overt variables into the interaction in predictable client situations

9. Clinical Judgment

- a. Regularly anticipates/observes/monitors a variety of subjective and objective data.
- b. Recognizes most patterns and deviations in data, the majority of subtle signs, and uses these to continually assess

- c. Actively seeks subjective information about the client's situation from the client and family to support planning interventions; usually pursues important leads
- d. Usually focuses on the most important data and seeks further relevant information.
- e. In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; recognizes rare or complicated cases where it is appropriate to seek the guidance of a specialist or more experienced nurse
- f. Develops interactions based on relevant patient data; monitors progress regularly.
- g. Demonstrates effective and efficient performance of nursing skills, providing for clients' physical, pharmacological, psychological safety while demonstrating caring behaviors.
- h. Evaluates personal clinical performance with minimal prompting in analyzing major clinical events and decisions made, as well as alternatives considered

10. Evidence-based practice

- a. Uses assistance effectively to frame questions and to construct and implement effective search strategies. Constructs specific search strategy using appropriate terms and commands for the information retrieval system.
- b. Seeks and integrates current knowledge from other disciplines
- c. Evaluates the arguments supporting opinions.
- d. Evaluate the overall strength of evidence supporting a practice.
- e. Read and summarize original research (qualitative, quantitative, Clinical trials).
- f. Explain findings of studies to clients or colleagues.
- g. Selects and/or writes plans of care that incorporate evidence from integrative reviews and clinical practice guidelines.
- h. Seeks research evidence to refine own nursing practice.

Level III Benchmarks

By the end of the third year in the nursing curriculum, the student is expected to meet the following performance benchmarks:

1. Ethical Practice

- a. Integrates professional values with personal values; works with colleagues to create a shared climate for core values
- b. Acts within the field of nursing and in the political environment to assure ethical practice and research
- c. Works with team members to assure that patients rights are protected by institutional policies and practices.
- d. Analyzes policies which have inherent dilemmas such as social justice vs. individual autonomy.
- e. Facilitates discussion among patients, families and other stakeholders to consider courses of actions and consequences and to reach decisions.
- f. Help families work though the emotional aspects of ethical dilemmas

2. Reflective Practice

- a. Uses multiple resources in establishing insightful, reflective evaluation and plan for change.
- b. Includes individual, professional and societal factors and implications.
- c. Develops specific self-monitoring strategies derived from sound reasoning and problem-solving strategies.
- d. Establishes plan for change.
- e. Practices self-monitoring strategies for complex professional and personal situations.
- f. Reflects on implications, of personal and professional behaviors towards established standards of the profession.

3. Self-directed learning

- a. promotes and role models lifelong learning to peers and healthcare team members.
- b. Adapts and evaluates learning for specific situations; critically reflects on, and incorporates changes needed for similar situations
- c. Mentors others in health care applications of technology tools, resources, expanding practice and research knowledge.
- d. Champions integration of proven technological and practice advances into the work of nursing
- e. Independently explores more advanced options for technology and application of theory in practice.

4. Leadership

- a. Uses personal characteristics of effective leadership (e.g., confidence, risk-taking, openness, enthusiasm) to inspire team members toward achieving client/agency goals, and diminish resistance among others.
- b. Evaluates performance, explains decisions, solicits suggestions and supports progress.
- c. Provides coaching as well as feedback to increase personnel's abilities and sense of teamwork
- d. In delegation, releases increasing levels of responsibility and accountability as staff demonstrate proficiency. (AAS Scope of Practice)
- e. Mentors others in delegation. Promotes collaborative teamwork. Empowers others
- f. Identifies a vision and influences others to share the vision. (AAS Scope of Practice)
- g. Demonstrates well-developed change management skills: planning, organizing, implementing and coordinating, monitoring and evaluating, improving quality, and managing fiscal resources
- h. Incorporates attributes of effective leadership and partnership practices into family, community and population interventions.

5. Collaboration

- a. Initiates collaboration and seeks consultation with other team members.
- b. Seeks opportunity to work with healthcare team members with different points of view; uses every interaction as an opportunity to build relationships; follows through on commitments.
- c. Gives timely and appropriate feedback to team members focused on behaviors.
- d. Readily differentiates constructive from non-constructive feedback; analyzes self-evaluation and feedback received, reflects on, then verbalizes how feedback could be valuable and used in future situations
- e. Provides positive example and facilitates others' efforts to increase their wellness priorities and behaviors.
- f. Collaborates effectively with individuals, families and communities to achieve optimal health outcomes.

6. Health Care System

- a. Intervenes for improved health management within agency.
- b. Lists benefits and costs affecting resource options to meet needs of client or community health care situation.
- c. Identifies current barriers and inconsistencies in resource utilization within a health care system.
- d. Obtains data for analyzing health care resource problems.
- e. Works in partnership with community agencies to ensure full spectrum of services are delivered.

7. Relationship Centered Care (Level II Benchmarks continue for Level III)

8. Communication

- a. Adapts verbal and nonverbal communication styles in complex client situations.
- b. Provides accurate and complete verbal and written communications incorporating context and complexity of the situation.
- c. Promotes collaborative interactions within all members of the health care team.
- d. Uses population based analytic methods to identify population needs and interventions and communicates them to communities.
- e. Designs and implements population-based health education programs to address learning needs of population, in collaboration with communities being served.
- f. Able to appropriately reflect the client's message without distortion or bias

9. Clinical Judgment

- a. Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information
- b. Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment
- c. Assertively seeks information to plan intervention: carefully collects useful subjective data from observing the client and from interacting with the client and family
- d. Focuses on the most relevant and important data useful for explaining the client's condition
- e. Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be justified in terms of their likelihood of success
- f. Interventions are tailored for the individual client; monitors client progress closely and is able to adjust treatment as indicated by the client response
- g. Shows mastery of necessary nursing skills
- h. Independently evaluates/analyzes personal clinical performance, noting decision points, elaborating alternatives and accurately evaluating choices against alternatives
- i. Demonstrates commitment to ongoing improvement: reflects on and critically evaluates nursing experiences; accurately identifies strengths/weaknesses and develops specific plans to eliminate weaknesses

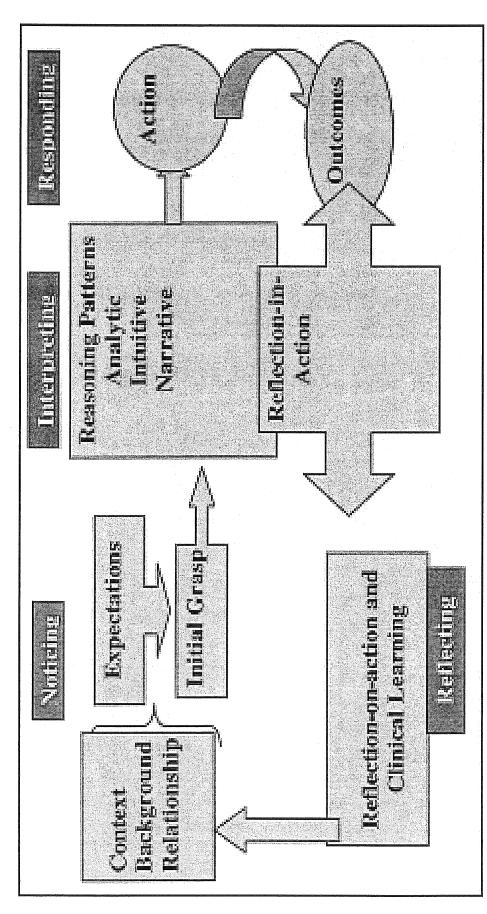
10. Evidence-Based Practice

- a. Routinely frames relevant search questions and can effectively narrow search to locate a limited number of most relevant sources.
- b. Assesses search results to determine whether alternative information retrieval systems should be utilized.
- c. Fluidly incorporates of current knowledge from other disciplines

- d. Evaluates research and other evidence for reliability, validity, accuracy, authority, and point of view or bias, making a judgment about overall quality of evidence.
- e. Uses epidemiological methods to identify populations at risk, assess needs and evaluate outcomes.
- f. Considers results of intervention studies in designing appropriate nursing care.
- g. Re-evaluates policies, procedures or standards of practice when evidence supports a change.

Level Benchmarks ©OCNE Page 12 of 12

CLINICAL JUDGMENT NURSING MODEL



Figure, Cithical Judgment Model.

From: Tanner, C. (2006) Thinking like a nurse: a research-based model of Clinical Judgement in nursing. Journal of Nursing Education. 45(6), 204-211

Oregon Consortium for Nursing Education Competency Rubrics Approved for Pilot Testing, May, 2006 Next Review, May, 2007

A rubric is an assessment tool that is designed to convey performance expectations, Provide systematic feedback to students about their performance and promote student learning. The Curriculum Committee for the Oregon Consortium for Nursing Education (OCNE) has developed rubrics describing performance levels for each of the 10 competencies guiding the curriculum. These rubrics can be used as an assessment tool for students in either clinical practice or in simulation, in situations that require the student to demonstrate one or more competencies. The rubrics can be used alone or in combination, depending on the demands of the performance task and the level of the student.

Each rubric has several components: (1) a statement of the competency to be demonstrated; (2) a scale which describes how well or poorly the student performs during a competency demonstration; (3) dimensions which lay out the parts of the competency which are vital to successful achievement; (4) descriptions of the dimensions at each level of performance.

The performance levels for each of the 10 competencies in the curriculum are referred to as "benchmarks". Benchmarks are specified for four levels within the nursing curriculum: the end of the first year of nursing courses, the end of the winter term of the second year of nursing courses (when students may transfer to OHSU for completion of the BS coursework), the end of the AAS scope of practice course (when students will complete complete requirements for the AAS and be eligible to sit for the RN licensure exam), and the end of the 3rd year of the nursing curriculum (when students will complete nursing course requirements for the bachelors degree). It is expected that students across all consortium programs will demonstrate achievement of the benchmarks before progressing to the next level of the curriculum.

In addition to rubrics related to each competency, OCNE Curriculum committee and faculty are developing scoring/grading rubrics to be used in conjunction with specific assignments, for example: scoring literature reviews, written term papers, case analysis, concept maps, reflective journals. It is expected that any scoring/grading rubric used for individual assignments could be linked to one of the 10 competencies.

References on Rubrics and their Use:

- McTighe, J. & Wiggins, G. (1999) Module 10: Designing scoring rubrics; 10.4 An analytic rubric frame for the facets. In McTighe, J. & Wiggins, G. *The*
 - understanding by design handbook (pp. 161-175).
- Stevens, D.D. & Levi, A.J. (2004) Introduction to rubrics: An assessment tool to save grading time, convey effective feedback and promote student learning. Sterling, VA:Stylus.
- Walvoord, B.E. & Anderson, V.J. (1998). Effective grading: A tool for learning and assessment. San Francisco: Jossey-Bass.
- *Weimer, M. (2002). Chapter 6: The purpose and processes of evaluation Learner-centered teaching: Five key changes to practice (pp. 119-145). San Francisco: Jossey-Bass

A competent nurse's personal and professional actions are based on a set of shared core nursing values OCNE Competency #1:

DIMENSION	Exemplary	Accomplished	. Developing	Beginning
ANA Code of Ethics (used as a reflection of nursings' shared core values	Integrates professional values with personal values; works with colleagues to create a shared climate for core values N3	Consciously incorporates each provision of the ANA Code of Ethics in practice	Articulates the nine provisions in the ANA Code of Ethics; Selfassesses own performance in relation to each provision. Begins to integrate into care	Knows that there is a code of ethics for nurses; articulates some of the elements in a general or vague sense
INTEGRATION OF ETHICAL PRINCIPLES And Frameworks Noticing/recognizing ethical dilemmas inherent in clinical situations	Works with team members to assure that patients rights are protected by institutional policies and practices. Analyzes policies which have inherent dilemmas such as social justice vs. individual autonomy.	Identifies when clinical practices and protocols may be at odds with individual patients rights Identifies dilemmas in which individual rights are in conflict with the greater good Can articulate dilemmas, with pertinent facts.	Recognizes when own values are at odds with values of client and/or family. Recognizes biases that may be introduced into clinical reasoning as a result of personal values. Identifies obvious ethical dilemmas in which there are two or more viable options.	May not identify ethical dilemmas in practice. Unaware of own values or biases and how these may influence interpretation of client's values or wishes.
Interpretation and Responding to dilemmas	Facilitates discussion among patients, families and other stakeholders to consider courses of actions and consequences and to reach decisions. Help families work though the emotional aspects of ethical dilemmas	Identifies stakeholders in ethical dilemmas Can apply ethical principles to identify choices, possible consequences.	Seeks assistance from colleagues or instructor to interpret own biases and values and their influence. Can articulate ethical principles but may not see application in particular context	May act without recognition of influence of own biases, or of the existence of a dilemma. Does not involve stakeholders in ethical decision. Is unaware of choices, and ethical frameworks that may assist identification of choices and possible consequences.
Reflection on ethical dilemmas	Facilitates debriefing with teams involved in working through ethical dilemmas, and understanding the consequences of decisions made.	Engages in reflection about choices, considering ethical frameworks, and the implications for future situations.	Reevaluates own values and biases through reflection, and their impact on future clinical situations. Ethical dilemmas occasionally included in reflective assignments.	Unaware of value of reflective process. Ethical dilemmas not addressed in reflective assignments.

A competent nurse develops insight through reflection, self-analysis and self-care.

OCNE Competency #2:

Dimension	Exemplary	Accomplished	Developing	Beginning
Reflective process	Questions meaning and relevance related to the profession and society. Uses multiple resources in establishing insightful, reflective evaluation and plan for change. Includes individual, professional and societal factors and implications. Establishes own internal standards for reflection.	Interrelates personal and professional behaviors with relevance identified to both self and the profession. Develops specific self-monitoring strategies derived from sound reasoning and problem-solving strategies. Establishes plan for change.	Continues to seek external feedback and assistance in reflective process. Demonstrates recognition of the importance and relevance of reflection. Identifies areas for improving personal and professional behaviors. Can set realistic goals with consultation.	Lacks understanding pf the focus, importance and relevance of reflection. Does not interrelate personal and professional behaviors in self reflection
Self-Analysis of personal and professional behaviors	Challenges the established and habitual patterns of behavior and thought. Routinely implements a selfmonitoring process that promotes the core values of self care within the nursing profession. Acknowledges intricate connections between personal and professional behaviors.	Questions personal and professional established patterns of behavior and thought. Practices self-monitoring strategies for complex professional and personal situations. Reflects on implications, of personal and professional behaviors towards established standards of the profession.	Identifies own established patterns of behavior and thought. Practices self-monitoring strategies for uncomplicated professional and personal situations. Acknowledges possible implications for self and practice with occasional	Does not question own established patterns of behavior and thought. Limited development of self-monitoring strategies; limited insight possible implications for practice or self. Analysis is non-specific
Self Renewal	Lives a life that is consistent with personal and professional values. Consistently adheres to a plan for self-renewal and motivates others to consider making this commitment.	tes in a personal plan enewal in the physical, ocial, and spiritual is. Consistently s based on personal ssional values and	Talks about and is considering committing to a lifelong plan for self renewal.	May not have any plan for self renewal, but is interested in learning about what this entails.

A competent nurse engages in self-directed learning

OCNE Competency #3:

DIMENSION	Exemplary	Accomplished	Developing	Beginning
	Views all situations as	Seeks new learning	Increasingly open to new	Perceives that knowledge
Attitudes toward	learning to be embraced;	experiences beyond the	learning opportunities;	and skills for competent
learning	(SOP) promotes and role	limits of assignments.	decreasing reactivity to change	practice are static. Is
	models litelong learning to	Recognizes that	and multiple, valid points of	reluctant to take
	peers and healthcare team	information continually explyed Poolity identified	VIEW. Rocognizos owy Jogening poods	responsibility and engage in
	<u></u>	and takes responsibility	with assistance.	Own teaning.
		for own learning needs.		
		Eager to share new learning with peers.		
		T 0		
Active learning	Adapts and evaluates	Actively engages in	Completes assigned learning	Completes assigned learning
	learning for specific	learning, evaluates and	activities and occasionally	activities. Does not initiate
	situations; critically reflects	integrates new learning	initiates additional learning	additional learning activities.
	on, and incorporates changes	into practice. Articulates	activities.	Looks for rules that can be
	needed for similar situations.	learning needs, style, and	Recognizes own learning styles	applied. Wants to be told
	Expands repertoire of	processes.	and participates in activities	what to do and how to do it.
	learning styles. Routinely	Seeks information out of	that enhance own learning	Has difficulty recognizing
	reads literature related to	interest, beyond the limits	styles.	own learning style.
	patient population or	of assignments.		
	practice area.	Curious, identifies		
		perplexing questions and		
Use of Technology				
	Mentors others in health care	Uses standard technology	Uses standard technology	Has limited knowledge of
	applications of technology	resources efficiently and	resources and applications in	tecimology-based nearm care
	Chamina integration of	effectively,	practice with assistance.	applications. Demonstrates
	Champions meglation of	more educated exting for	tiesitates to exptore additional	integration of nour
	advances into practice	technology in practice.	rechnological applications	integration of new technology.
An attention of the Company of the C				

OCNE Competency #4: A competent nurse demonstrates leadership in nursing and healthcare

DIMEN	Exemplary	Accomplished	Developing	Beginning
Leadership development and evaluation	Uses personal characteristics of effective leadership (e.g., confidence, risk-taking, openness, enthusiasm) to inspire team members toward achieving client/agency goals, and diminish resistance among others. Regularly evaluates and augments own leadership behaviors.	Engages in self-directed professional development to improve leadership characteristics and skills Understands consequence of making leadership decisions with limited information. Effectively facilitates meetings and manages conflict.	Begins to use own leadership abilities primarily relying on a basic set of leadership strategies independent of situation or team characteristic. Still reluctant to lead Actively participates in team meetings.	Limited recognition of own leadership ability and responsibility. Concern remains focused on own clinical performance. Unable to lead.
Supervision	Mentors others in leading effective meetings and in conflict resolution. Demonstrates effective organizational, fiscal and political competencies. Leads groups that manage systemic health care issues. Promotes a supportive environment where others can grow and achieve	Evaluates performance, explains decisions, solicits suggestions and supports progress. Provides coaching as well as feedback to increase personnel's abilities and sense of teamwork. Routinely recognizes others'	Begins to recognize leadership issues and responsibilities. Provides some positive and constructive feedback on specific aspects of performance	May have limited recognition of nursing leadership responsibilities for identifying and resolving individual client care. May not recognize when to provide feedback and may
Delegation	Mentors others in delegation. Promotes collaborative teamwork. Empowers others.	success and improvement. Delegates to and evaluates others, ensuring that the task is within their scope of practice, that they are competent to perform the task, and that they	Identifies laws and regulations and what they say about delegation to various levels and categories of personnel.	be uncomfortable providing feedback to peers and others. May be focused on own clinical performance rather than the performance of others. May not identify tasks that

Page 77

		receive clear communication and	needed modality to improve	could be delegated.
		feedback in regard to their	client care. Consults with)
		performance.	experienced nurse regarding	
		Releases increasing levels of	delegation needs for client	
		responsibility and accountability	care.	
		as staff demonstrate proficiency.		
			Explains the purpose and	
			desired outcome of the task	
			and the time frame in which	
		:	the task is to be completed.	
Change	Identifies a vision and	Provides leadership in the	May be reluctant to lead	May have limited
Management	influences others to share the	modification of client care and	Maintains an open mind to new	recognition of own
	vision.	or organizational issues toward	possibilities, alternatives and	leadership ability and
	Demonstrates well-developed	identified outcomes.	options. Respectful of	responsibility.
	change management skills:		diversity, builds unity,	
	planning, organizing,		demonstrates generosity.	
	implementing and	Independently analyzes issues,		Has limited ability to lead.
	coordinating, monitoring and	resources, and support affecting		
	evaluating, improving quality,	decisions or changes.		
	and managing fiscal resources.			
	Implements human, financial			
	and information resources to			
	accomplish goals.			
	Forecasts costs, develops and			
	monitors budgets, conducts			
	cost-effectiveness analysis.			

A competent nurse collaborates as part of a health care team

OCNE Competency #5:

DIMENSION	Exemplary	Accomplished	Developing	Beginning
Teamwork	Initiates collaboration and seeks consultation with other team members. Seeks opportunity to work with healthcare team members with different points of view; uses every interaction as an opportunity to build relationships; follows through on commitments. Proactively builds team relationships; offers assistance without being asked; is affirming and problemsolution oriented.	Readily consults within the health care team; sees self as a participant in collaborative interactions. Works well with team members who have varying points of view; enters into team relationships and readily accepts and fulfills assignments and commitments. Actively contributes to team work; offers help and assists team with problem solving and decision making; and shares information necessary to make information necessary to make information.	Consultation and collaboration limited to own peers, faculty and nursing staff. Limited collaboration with other health care team members. Avoids most opposing points of view; fulfills assignments and commitments most of the time. May avoid teamwork and be reluctant to offer help or engage in problem solving and decision making	Consults with peers and faculty; limited collaboration with nursing staff or other health team members. Does not identify self as a member of a team. Limited initiative to assist other staff members Works primarily in isolation; focused on completing own assignments; seldom asks for help or feedback
Use of feedback	Gives timely and appropriate feedback to team members focused on behaviors. Readily differentiates constructive from non-constructive feedback; analyzes self-evaluation and feedback received, reflects on, then verbalizes how feedback could be valuable and used in future situations	Gives feedback in a timely and appropriate manner but is not consistent. Regularly and realistically self evaluates own performance: compares self-evaluation with feedback received, verbalizes intent to use the constructive feedback in future situations	Reluctantly gives feedback to teams members. Reflects on constructive feedback, and usually incorporates its relevance into future behaviors/ nursing practice. Still reluctant to self-evaluate, but results are more balanced with positive and negative aspects	Unwilling to give feedback to team members. Reacts to constructive feedback as criticism. Quickly verbalizes response to feedback without reflecting on its validity or relevance. Overly negative in self evaluation; does not see the benefit of self-evaluation
Collegial development	Provides positive example and facilitates others' efforts to increase their wellness priorities and behaviors.	Recognizes need to manage physical health variables and emotional stressors and sets priorities and time boundaries; asks for assistance and feedback from team members	Supports peers in their efforts toward wellness.	May allow rigors of school to compromise efforts to maintain physical and emotional health. May undermine peer efforts toward wellness.

Page 79

OCNE Competency 6: A c

A competent nurse practice within, utilizes and contributes to the broader health-care system.

DIMEN	Exemplary	Accomplished	Developing	Beginning
Resource Utilization	no			
Networks	Maintains networks with	Recognizes current and needed	Verbalizes an understanding of	Focuses on relationship with
	stakeholders, multidisciplinary professionals and community	networks within the immediate clinical area. Makes contacts	the need and importance of developing professional networks.	the nurse assigned to the same client(s) in the clinical setting.
	leaders on behalf of clients.	among community agencies that		
	Actively participates in at least	provide services for clients.		
	one community partnership			
	Influences healthcare system	Is aware of the practice needs at	Increasing awareness of	Has limited knowledge of
	management with attention to	the system levels. <u>Intervenes for</u>	practice needs and resources at	traditional healthcare system
System Resource	regional and possible global	improved health management	individual, family, and/or	resources and their impact on
Management	implications. Identifies and	within agency.	community level.	health care.
	analyzes resources (e.g. money,	Identifies current barriers and	Lists benefits and costs affecting	Limited knowledge of data
	time, personnel, equipment,	inconsistencies in resource	resource options to meet needs of	needed to identify resource
	ideas) to solve resource	utilization within a health care	client or community health care	issues.
	utilization issues.	system. Obtains data for analyzing	situation.	
	Utilizes strategies of resource	health care resource problems.		
	management and budgeting in			
	meeting multiple client and/or			
	population health care needs.			

Improving Health Care Systems	Care Systems			
Data	Uses data to make decisions about	Obtains data to identify areas for 1	Has difficulty using data to	Focuses on current care
			identify healthcare access issues	situation; unable to identify
	for a	client/population.	for client/population.	data sources.
Damilations	\dagger			
Negulations	impact of laws remilations		Identifies one or more policies or	Uncertain about the role and
	100 201		regulations affecting resource	Impact of regulations, laws on
		generation of resonance availability $\frac{d}{dt}$ for health care for individuals	avaitability in a specific nealth	the utilization of resources
			are suuditori.	needed to improve nearth care.
	vely			
	initiates modifications needed for			
	improved health care for			
	client/community.			
DIMENSION	Exemplary	Accomplished	Developing	Beginning
Improving Access to Health Care	to Health Care			
Access to Care	Enhances navigation between systems	Assists clients to reduce	Assists clients to recognize	Is maware of harriers to
	to promote seamless and smooth client		barriers to accessing optimal	accessing ontimal health care
	transitions and services. Recommends		health care. Describes client	Has limited ability to identify
	actions to address practice issues and	issues and policies that impact	characteristics and situations	practice issues and applications
	policies that are barriers to health care	access to health care.	in which access to health care	to broader healthcare issues
	access		needs improvement.	affecting client/population
	Familitates the dericlement of			access to care.
Referrats	interdiscipliness; please on d	Makes contacts among		Demonstrates limited
TOTALIANS	multidisciplinary reviews Builds	community agencies to learn what		knowledge of the need or the
	collaboration between Dunus	set vices are available. Makes	community. Feriodically	process of initiating referrals.
	conaboration between community	reterrals to local community	makes referrals to local	Limited knowledge of
	agencies and health care systems to		community resources	community resources.
D.11.2.7	maximize community health outcomes.	+		
Folicy Decision-	Implements actions to review and/or		Recognizes that nursing role	Unsure how to take action to
making Processes	improve access to health care for diverse		involves policy and political	address health disparities or
	populations.	improve health care and solve	action in order to make	lack of health care access as
		access problems.	changes and improve health	part of nursing role.
			care access.	

10/2/06

A competent nurse practices relationship-centered care.

OCNE Competency #7:

DIMENSION	Exemplary	Accomplished	Developing	Beginning
	Intuitive appreciation for diverse	Integration and adaptation	Developing self-	Focuses on own personal
•	and complex relationships.	of personal style with	assessment of personal	history.
Keadiness for	immediate inclusion of patient	expected professional	relationship style.	Avoidance of uncomfortable
Relationships	story/history, values.	relationship style	Awareness of personal	aspects of relationships
	Unconditional attention and regard	Intentionally moves out of	discomfort with	Unaware of personal comfort
	for patient/client needs	personal comfort zones to	intermittent attempts to	zone
		accommodate patient needs	initiate meaningful	Inappropriate boundaries
		Consistently sets and	interactions	
		respects appropriate	Aware of professional	
		boundaries	boundaries	
	Models effective relationship	Demonstrates value of	Attempts to establish	Relationship development is
	development	relationship by expending	rapport	either avoided or exceeds
Relationship	Relationship itself becomes part of	time and energy	Recognizes importance of	professional boundaries.
Development	the therapeutic intervention and	Acknowledges and accepts	relationship by eliciting	
	care experience for both nurse and	client/family attitudes	client/family story	
	patient/client	Adapts care to individual	,	
		client/ family needs		
	Values, promotes and advocates	Uses understanding of	Identifies and describes	Holds stereotypic views of
	for inclusion of client/family	cultural, economic,	aspects of a number of	clients/families. Fails to
Adaptation for	uniqueness in all aspects of care.	environmental and social	cultures including own.	recognize cultural
Uniqueness	Prioritizes and integrates patient	differences to assess	May apply these	differences, or the impact of
	<u>preferences</u>	uniqueness of individual	descriptions	social, racial, environmental
	Proactively influences others to	client.	stereotypically to members	and economic inequalities on
	respect diverse people and	Incorporates understanding	of a cultural group without	individual's perspectives.
	cultures.	of client's/family's	individual assessment.	Automatic universal
	Works proactively to reduce	perspective into plan of	Describes current issues	approach to care
	disparities.	care.	for equality and health	Lack of inclusion of
		Collaborates with client in	care access.	patient/client
		care planning	Attempts to understand the	input/preferences
			meaning of the health	
			event/illness/death to the	
			client/family across the	
			tifespari.	

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A competent nurse communicates effectively.

OCNE Competency #8:

DIMENSION	Exemplary	Accomplished	Developing	Beginning
Therapeutic Communication Skills	Weaves the therapeutic goals of nursing/client/families into communication priorities and approaches. Adapts verbal and nonverbal communication styles in complex client situations. Effectively refocuses communication toward goals.	Establishes goals for therapeutic interactions. Effectively utilizes verbal and nonverbal approaches for effective therapeutic communication in noncomplicated client situations. Readily elicits client's and family's communication. Caring apparent through tone and nonverbal	Shows basic understanding of therapeutic communication strategies but struggles with implementation. Listens to clients. Uses open-ended questioning to elicit psychosocial data with increasing confidence. Notices more cues from client.	Communication is task focused without therapeutic goal. Interacts on a social level. Avoids questioning for personal information. Inappropriate verbal, and/or nonverbal communication. Unaware of own affect and tone.
Accurate Communication Within Health Care Team	Provides accurate and complete verbal and written communications incorporating context and complexity of the situation. Promotes collaborative interactions within all members of the health care team. Mentors others in improving communication processes.	Provides accurate and complete verbal and written communications in regards to typical clinical situations. Seeks verbal collaboration with other health care team members. Discriminates relevant/irrelevant details.	Written communication shows increasing consistency in accuracy and format. Is inconsistent in including all needed detail. Shows reluctance to interact with other health care members other than nursing staff.	Over or under reports; lacks organization of content. Needs assistance to discriminate relevant from irrelevant detail.
Providing Health Teaching And Information	Uses population based analytic methods to identify population health education needs. Designs and implements health education programs to address learning needs of population.	Assesses client's learning needs, learning styles, and variables impacting the teaching-learning process. Uses appropriate materials Spontaneously incorporates health care knowledge and education into routine	Initiates standardized health teaching. May have limited recognition of client variables impacting learning or health care education needs. Tells client and family of	Omits informing client of the plan of care or rationales for own actions. May feel awkward initiating health teaching. May give advice. Does not identify client's learning needs and priorities.

Page 83

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DIMENSION	Exemplary	Accomplished	Developing	Beginning
		communication. Creates individualized health teaching materials.	own actions and plan of care.	
Impact of Culture And other variations	variables into the interaction in complex client situations Able to appropriately reflect the client's message without distortion or bias	Aware of cultural and language differences. Knowledgeable of own communication skills and deficits. Recognizes own cultural biases and inexperience. Integrates multiple overt variables into the interaction in	Developing self- awareness of own cultural and language variations. Identifies key cultural variables that effect communication in uncomplicated client situations.	Lack of awareness of cultural and language variations as a barrier to effective communication. May be unaware of variations that impact communication. Appears judgmental in approach.
		uncompucated chent situations; may notice some subtle variables		

OCNE Competency #9: A competent nurse makes sound clinical judgments

Effective NOTICING involves:	Exemplary	Accomplished	Developing	Beginning
Focused Observation	Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information	Regularly observes/monitors a variety of data, including both subjective and objective; most useful information is noticed, may miss the most subtle sions	Attempts to monitor a variety of subjective and objective data, but is overwhelmed by the array of data; focuses on the most obvious data,	Confused by the clinical situation and the amount/type of data; observation is not organized and important data is missed, and/or
Recognizing Deviations from Expected Patterns	Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment	Recognizes most obvious patterns and deviations in data and uses these to continually assess	dentifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment	Focuses on one thing at a time and misses most patterns/deviations from expectations; misses opportunities to refine the
Information Seeking	Assertively seeks information to plan intervention: carefully collects useful subjective data from observing the client and from interacting with the client and family	Actively seeks subjective information about the client's situation from the client and family to support planning interventions; occasionally does not pursue important leads	Makes limited efforts to seek additional information from the client/family; often seems not to know what information to seek and/or pursues unrelated information	Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the client and family and fails to collect innortant subjective data
Effective INTERPRETING involves:	Exemplary	Accomplished	Developing	Beginning
Prioritizing Data	Focuses on the most relevant and important data useful for explaining the client's condition	Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data	Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data	Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data
Making Sense of Data	Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be justified in terms of their likelihood of success	In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance of a specialist or more experienced nurse	In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, inappropriately requires advice or assistance	Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and in developing an intervention

Effective	Exemplary	Accomplished	Developing	Beginning
RESPONDING	•		0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
involves:				
Calm, Confident	Assumes responsibility: delegates	Generally displays leadership and	Is tentative in the leader's role;	Except in simple and routine
Manner	team assignments, assess the client	confidence, and is able to	reassures clients/families in routine	situations, is stressed and
	and reassures them and their families	control/calm most situations; may	and relatively simple situations, but	disorganized, lacks control,
		show stress in particularly difficult	becomes stressed and disorganized	making clients and families
		or complex situations	easily	anxious/less able to cooperate
Clear	Communicates effectively; explains	Generally communicates well;	Shows some communication ability	Has difficulty communicating;
Communication	interventions; calms/reassures clients	explains carefully to clients, gives	(e.g., giving directions);	explanations are confusing,
	and families; directs and involves	clear directions to team; could be	communication with	directions are unclear or
	team members, explaining and giving	more effective in establishing	clients/families/team members is	contradictory, and clients/families
	directions; checks for understanding	rapport	only partly successful; displays	are made confused/anxious, not
			caring but not competence	reassured
Well-Planned	Interventions are tailored for the	Develops interactions based on	Develops interventions based on the	Focuses on developing a single
Intervention/	individual client; monitors client	relevant patient data; monitors	most obvious data; monitors	intervention addressing a likely
The second second	progress closely and is able to adjust	progress regularly but does not	progress, but is unable to make	solution, but it may be vague,
LICAININI	treatment as indicated by the client	expect to have to change treatments	adjustments based on the patient	confusing, and/or incomplete:
	response)	response	some monitoring may occur
Being Skillful	Shows mastery of necessary nursing	Displays proficiency in the use of	Is hesitant or ineffective in utilizing	Is unable to select and/or nerform
0	skills		nursing skills	the nursing skills
		speed or accuracy		0
Effective	Exemplary	Accomplished	Developing	Beginning
REFLECTING				O D
involves:				
Evaluation/	Independently evaluates/	Evaluates/analyzes personal	Even when prompted, briefly	Even prompted evaluations are
Self-Analysis	analyzes personal clinical	clinical performance with minimal	verbalizes the most obvious	brief, cursory, and not used to
	performance, noting decision points,	prompting, primarily major	evaluations; has difficulty imagining	improve performance; justifies
	elaborating alternatives and	events/decisions; key decision	alternative choices; is self-protective	personal decisions/choices without
	accurately evaluating choices against	points are identified and	in evaluating personal choices	evaluating them
	<u>alternatives</u>	alternatives are considered		
Commitment to	Demonstrates commitment to	Demonstrates a desire to improve	Demonstrates awareness of the need	Appears uninterested in improving
Improvement	ongoing improvement: reflects on	nursing performance: reflects on	for ongoing improvement and makes	performance or unable to do so;
	and critically evaluates nursing	and evaluates experiences;	some effort to learn from experience	rarely reflects; is uncritical of
	experiences; accurately identifies	identifies strengths/weaknesses;	and improve performance but tends	him/herself, or overly critical
	strengths/weaknesses and develops	could be more systematic in	to state the obvious, and needs	(given level of development); is
	specific plans to eliminate	evaluating weaknesses	external evaluation	unable to see flaws or need for
	Weaknesses			improvement

A competent nurse uses the best available evidence OCNE Competency #10:

NOISNEMIC	T. C.			
	Басшріяту	Accomplished	Developing	Beginning
•	Routinely frames relevant search	Uses assistance effectively	Seeks local resources to	Relies on easily accessible
Access information	questions and can effectively	to frame questions and to	answer specific questions—	information (peers.
sources	narrow search to locate a limited	construct and implement	e.g., unit procedure manuals,	instructors, textbooks).
	number of most relevant sources.	effective search strategies.	and practicing nurses.	Is unaware of presence or
	Assesses search results to determine	Constructs specific search	Can conduct broad data-	use of data-based
	whether alternative information	strategy using appropriate	base search using digital	information sources.
	retrieval systems should be utilized.	terms and commands for	retrieval systems, including	Needs assistance to
	Fluid incorporation of current	the information retrieval	the internet.	integrate knowledge from
	knowledge from other disciplines	system.	Able to independently find	other disciplines
		Seeks and integrates	literature in one database.	
		current knowledge from	Recognizes needed	
		other disciplines	information sources from	
			other disciplines	
	Evaluates research and other	Evaluates the arguments	Recognizes the difference	Accepts all published
	evidence for reliability, validity,	supporting opinions.	between data-based	information as accurate.
	accuracy, authority, and point of	Evaluate the overall	publications & opinions.	Does not differentiate
Evaluation	view or bias, making a judgment	strength of evidence	Reads and summarizes	opinion from data-based
of Evidence	about overall quality of evidence.	supporting a practice.	integrative reviews and	evidence.
		Read and summarize	clinical practice guidelines.	Accepts views of others as
		original research)	accurate, especially those
		(qualitative, quantitative,		perceived to be in
		Clinical trials).		authority.
		Explain findings of studies		
TIRE OF Sett Alexander	_	to clients or colleagues.		
Ose of evidence in	ations	Selects and/or writes plans	Looks for supporting	Decision-making is rule-
omnoar Juagmein	o identity populations at risk.	of care that incorporate	evidence for nursing	based.
	Considers results of intervention	evidence from integrative	interventions.	Needs assistance to adapt
	signing appropriate	reviews and clinical	Identifies potential	care even in the face of
		practice guidelines.	implications for practice	evidence supporting
	<u></u>	seeks research evidence to	from integrative reviews and	change.
	Standard of practice when evidence	refine own nursing	clinical practice guidelines.	Has difficulty questioning
	I onde muscing of the second o	practice.	Understands that information	standards of practice.
	Leaus practice changes supported		continually evolves.	
10/2/06				

Page 87

rogan-	The state of the s
Beginning	
Developing	
Accomplished	
Exemplary	by evidence.
DIMENSION	

© Developed by Kathie Lasater, EdD, & Michael Katims, PhD. Based on Tanner's Model of Clinical Judgment August 05



Southwestern Oregon Community College

1988 Newmark Avenue Coos Bay OR 97420 (541) 888-7206 1-800-962-2838 FAX (541) 888-3258

INJURY REPORT FORM

STUDENT INJURIES: Separate forms must be completed by the INJURED STUDENT and ALL WITNESSES. Note, students are not covered by College accident insurance.

EMPLOYEE INJURIES: Separate forms must be completed by the INJURED WORKER and ALL WITNESSES. *ALL WORK-RELATED INJURIES MUST BE REPORTED TO CAROL RICHARDS IMMEDIATELY*.

NOTICE TO STUDENTS: You must give your current, *local* address and phone number—where you can be reached now—do not give your parent's address unless you live with them now.

Please print clearly.

NAME OF INJURED PER	SON:		
Employee Volunteer	Student Worker Practicum Student	Student Other	Visitor
NAME OF PERSON REPORTED Relationship to injured per	ORTING INJURY:son:self witness	instructor	_ other
Street Address			
City, State, ZIP			
	Mess		
Date of Injury:		_ Time of Injury:	a.m. / p.m.
	injury took place?		
	ll, burn, etc.):		
	knee, head, etc.):		
Injury occurred during:	_Class (specify which clas	s):	
_	_Employment (indicate you	ur job title):	
<u>INJ</u>	URED PERSON'S INSTRU	JCTOR/SUPERVISO	OR (if applicable)
Name		_ Phone	
Street Address	W		
Name	<u>w</u>	<u>'ITNESS</u> Phone	
	Attach additional na	ne if necessary	

<u>Describe what happened, how it happened, and why it happened</u> : Be specific and detailed enough that anyone reading this report will understand the nature and extent of the incident. Be sure to describe the injury (list the affected body part(s) & type of injury—burned left arm, etc.) Attach additional page(s) if necessary, but if you say, "see attached," also write a brief explanation in the space provided here.
What corrective action was taken, or is planned, to prevent similar accidents from occurring in the future?
When was the injury reported? To whom?
Was the injury reported within 24 hours? Yes No If not, why not?
Was the accident caused by faulty equipment? Yes No If yes, preserve evidence and identify.
Was the injury caused by another person? Yes No
If yes, who? Name Phone
Is a previous injury/condition a contributing factor to this injury? Yes No If yes, explain:
Describe any first aid or medical treatment given (when and by whom)—indicate if you went to the doctor, emergency room, etc.:
Signature Date
RETURN COMPLETED FORM TO CAROL RICHARDS IN TIOGA HALL, ROOM 512

cr revised 8-25-2003



SOUTHWESTERN OREGON COMMUNITY COLLEGE 1988 Newmark Avenue

Coos Bay OR 97420

(541) 888-7206 1-800-962-2838 Fax (541) 888-3258

INCIDENT REPORT FORM

This form is to be completed, within 24 hours, by anyone directly involved in or witnessing an incident or injury. Send completed form to the Office of Administrative Services in Tioga Hall, Room 512. Please complete all relevant blocks. Be sure to sign and date the form.

Pate of Incident:		Time of Incident:	a.m. / p.m.
ocation of Incident:			
IAME OF PERSON <u>REPO</u>	RTING INCIDENT:		
HOME ADDRESS:	Street Address		
	Street Address	City State Z	IP
CAMPUS PHONE:		HOME PHONE:	
EMPLOYEE	STUDENT	OTHER:	
AME OF PERSON <u>INVOL</u>	<u>VED</u> (who was injured, o	etc?)	
		()IHFR.	
	0100EN1	OTHER:	
		OTHER:	
LOCK 2 WHAT HAP Injury Non-Injury the space below, explain will understand the nature an	PENED? Check all that Accident Crimina what happened. Be specidextent of the incident.	t apply and describe what happened bal Activity Other fic and detailed enough that anyone re	elow.
LOCK 2 WHAT HAP Injury Non-Injury the space below, explain v	PENED? Check all that Accident Crimina what happened. Be specidextent of the incident.	t apply and describe what happened bal Activity Other fic and detailed enough that anyone re	elow.
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LOCK 2 WHAT HAP Injury Non-Injury the space below, explain will understand the nature an	PENED? Check all that Accident Crimina what happened. Be specific extent of the incident.	t apply and describe what happened bal Activity Other fic and detailed enough that anyone re	elow.

BLOCK 3 IN	JURY Complete this block only if	an injury occurred.					
Injury occurred to	selfother						
Body part/area injured (neck, left arm, etc.)							
Nature of injury (sprain, break, bruise, cut, etc.)							
Cause of injury (fa	II, etc.)						
If injury was cause	d by unsafe work practices or con	ditions, or violation of rule	es, please explain:				
			· ·				
Is a previous injury	/condition a contributing factor? \	/es No If ye	s, explain				
Treatment require	ed (circle all that apply):						
None	Visit to Doctor	Ambulance	Hospitalization				
First Aid	Emergency Room	Other (explain)					
NOTE: If you circled "none" and later feel you need to see a doctor for this injury, call Carol Richards at x7206.							
BLOCK 4 CRIMINAL or NON-CRIMINAL ACTIVITY Complete this block only if relevant.							
Circle the nature o	f the criminal or non-criminal activi	ty: Indicate all that apply	<i>1</i> .				
Theft	Vandalism	Found prope	•				
Burglary Suspicious Robavi	Violent behavior		ing property/items				
Suspicious Behavior/Activity Other							
	len, or damaged?						
	perty belong to?ted dollar value?						
How was this estimate made?							
If college equipme	nt/property was lost, damaged, or	stolen, complete the folio	owing:				
Building/Room	Equipment Description	Serial #	Replacement Value				

BLOCK 5	WITNESSES	List all witnesses to the inc	ident.
NAME		HOME ADDRESS	HOME PHONE
BLOCK 6	AUTHORITIES	NOTIFIED Complete this	block if any authorities were notified.
Who was notifi	ed? Check all th	at apply.	
Campus Pt Coos Bay F Oregon Sta	Police _	North Bend Police	College Official (Dean, President, etc.)Coos County Sheriff's Office
Date Notified: _			Time: a.m. / p.m.
Name of Office	r /Official contact	red:	
BLOCK 7	CORRECTIVE A	ACTION	
What corrective happening in th	e action was take e future?	n, is planned, or should be reco	ommended to prevent similar incidents from
	v		
BLOCK 8	SIGNATURE	The person completing this fo	orm must sign and date it.
Signature			Date

Return this completed form to Carol Richards in Tioga Hall, room 512, Office of Administrative Services, within 24 hours of incident. If you have questions, call x7206.

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		Upon completion of all	Year 1 credits with a "C" or	higher; & any	requirements outlined in	Provisional acceptance	letter	ACCEPTED										44																	
7.1	credits	4						4									sing,	N.	top	i, or Tue	% C														
	Summer	BI 233: A & P III		*ALL 49 CREDITS LISTED	COMPLETED WITH A "C"	OR HIGHER, PRIOR TO ENTERING NRS 110						<u>.</u>					Graduate with AAS in Nursing, eligible to take NCI EX &	become licensed as an RN	Student can choose to stop	return to school to continue	towards Bachelors degree &	Epidemiology & Statistics.													
	credits	4 4	· ന ເ	? 				4	9			m	· 60	က		12	တ			က	m	15	6					c	 0 4 ;	16	10		3-4	13-14	· .
	Бинде	BI 232: A & P II FN 225: Nutrition	SOC 206: Sociology	or 210 of 31 219.	Communication or	Small Group Discussion		PROVISIONALLY ACCEPTED	NRS 112:	Foundations of	Nursing in Acute	NRS 231: Clin Pharm II	NRS 233: Pathophys II	PHL 103: Logic &	Critical Thinking		NRS 224: Scope of	Preceptorship for AAS	completion	HE 250 Personal Health	(or PE 231 or 3 X PE 185) Electives		NRS 410: Population-	Based Chronic Illness	(AAS Nursing grads	can take this in	summer and continue with Bachelors	degree)	MTH 243 Statistics		NRS 425: Immersion II		Gen Ed Capstone II	or minor coursework	
3:4.	creans	4 4	6	ာ က	က			17	9			က	က	က	, L	2	ග			9		15	· G		8-9				!	15-17	6-10		8-9	12-18	
2		BI 231; A & P I CIS 131; Computer	Info Systems	PSY 237: Lifespan Dev	WR 122: English Comp			APPLY	NRS 111:	Foundations of	Nursing in Chronic	NRS 230: Clin Pharm I	NRS 232: Pathophys I	Writing 123 or 227			NRS 221: Nursing in Chronic Illness II	& End-of-Life	Humanities, Social	or Natural Science			NRS 321: Nursing in	CITIONIC IIINESS II	Humanities, Social	or Natural Science					NRS 424: Immersion I (6 credits for ADN	reentry)	Gen Ed Capstone I or	minor coursework	
orodite	CICAIC	ω 4	4	က				14	6			4	က		4	2	ກ			9		15	, 6	ď	P				1	12-17	9		8-9	16-18	
Eall		BI 149: Genetics CH 110: Chemistry	MTH 95: Int Algebra II	WR 121: English Comp					NRS 110:	Foundations of	Nursing-Health Promofion	BI 234: Microbiology	ANTH221 or 222 or	223: Intro to Cultural	Anthropology		NRS ZZZ: Nursing in Actife Care II &	End-of-Life	Humanities, Social	or Natural Science			NRS 322: Nursing in	Himonities Social	or Natural Science						NRS: 412 Leadership, Outcome	Management in	Humanities, Social	or Natural Science	
		Year 1:	AAS &	3	Pre-	Year			Year 2:	0	AAS & BS) 					rear 3:	AAS					Year 3:	ď	3			***************************************			Year 4:	BS			

Notes:

- Majors in this program must complete all courses with a grade of C or better. Some courses may be available via distance education only.
- when they are required in the above document; but since each quarter is a prerequisite to the next quarter, you cannot take them in a term that is Courses that do not have the NRS prefix may also be offered in terms other than those specified above. You may take them in a term prior to after the term they are listed above.
- Contact your advisor for further information.

		•

SOUTHWESTERN OREGON COMMUNITY COLLEGE NURSING PROGRAM ASSOCIATE DEGREE STUDENT HANDBOOK AGREEMENT

I have read the material in the current <u>Nursing Program Student Handbook</u> and understand it. As a Southwestern Community College student, I understand that I must comply with the policies contained in this Handbook, including the policy on student cheating and plagiarism, to continue in the program. I understand that this Handbook is reviewed/revised every year, and changes will be reviewed with me.

I consent to having fellow students perform instructor selected and approved non-invasive and invasive nursing procedures (i.e. injections, capillary blood sugar sticks, and IV starts) on me after appropriate instruction and under instructor supervision.

I understand that all information regarding clients is strictly confidential, whether written in the hospital record or coming to my knowledge from being in the health care facility and I will comply with HIPPA regulations as given to me in hospital orientation. I understand that if I violate the policy I may be subjected to civil penalties and/or disciplinary action.

I understand that if I request a recommendation for transfer or employment purposes from a nursing instructor, a written request must be provided and the recommendation will be in writing and may include information on grades and a performance summary from the other nursing instructors.

I understand that for purposes of continuity of education and safety of clients, nursing instructors will discuss my clinical performance from term to term in faculty meetings and with me.

I understand that clinical schedules may change during any given term and that my work schedule will have to be adjusted to fit around my class and campus learning lab and clinical schedule.

I agree that for purposes of public safety and health, if I have or develop any type of psychological, medical, drug or alcohol problem that could impair my clinical performance the program may report it to and/or consult with the Oregon State Board of Nursing (OSBN). I understand that when I am in the clinical setting, if my clinical instructor believes that my ability to perform client care safely is impaired, my instructor will remove me from client care responsibilities and follow the guidelines outlined in the Nursing Program Student Handbook.

If I am in a drug rehabilitation program, the Southwestern nursing program has the right to monitor my compliance and report to the OSBN. Monitoring may include body fluid collection and testing performed by a designated laboratory in a manner which preserves the integrity of the specimen. I understand that at anytime there may be suspicion of drug or alcohol abuse, a faculty member or nursing staff member at Bay Area Hospital may ask for a specimen and the test will be done at the student's expense.

I understand that if I engage in falsifying client records or other dishonesty in client care, the program will report this to the OSBN. The OSBN, if/when I apply for licensure or certification, will then investigate.

I am aware of the inherent problems present in the clinical settings regarding lifting clients, communicable diseases that clients may have, the potential for needle sticks, exposure to hazardous materials and radiation, etc. I am also aware that these hazards are always present and proper precautions must be taken at all times. I am also aware that I must use "standard precautions" in caring for all clients.

Name (Print)	
Signed:	Date:
Please sign this form and return it of Randolph Hall no later than O	t to the Nursing Program Director's secretary in room 11C ectober 11, 2006 at 5:00pm.

Southwestern Oregon Community College is an equal opportunity educator and employer.

10/2/06 Page 97

APPENDIX E

Nursing Staff Current Oregon RN License Verification

Verification Details as of: 10-17-2006 02:04:09 PM PDT

Name: DAVEY, BARBARA A City: Coos Bay State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
078040724RN	RN		08-08-1978	10-13-2005	Active	10-04-2007	None







Verification Details as of: 10-10-2006 04:48:44 PM PDT

Name: BLOHM, TARA LYN City: Coos Bay State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
098000599RN	RN		08-05-1998	09-06-2006	Active	09-19-2008	None
000041354CNA	CNA		08-11-1998	08-11-1998	Inactive	09-19-2000	None







Verification Details as of: 10-10-2006 04:47:07 PM PDT

Name: MENKENS, RENEE MARIE City: Coos Bay State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
078041389RN	RN		09-15-1978	05-26-2005	Active	06-26-2007	None







Verification Details as of: 10-10-2006 04:45:59 PM PDT

Name: WALKER, SUSAN KAYE City: North Bend State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
097006567RN	RN		06-30-1997	07-07-2005	Active	07-24-2007	None







Verification Details as of: 10-10-2006 04:47:43 PM PDT

Name: WALSH, KATHLEEN MARY City: North Bend State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
099006213RN	RN		02-26-1999	12-06-2004	Active	01-12-2007	None







Verification Details Page 1 of 1

Oregon State Board of Nursing Verification Details for:

Verification Details as of: 10-10-2006 05:00:14 PM PDT

Name: BENNETT, JERRI MARIE City: North Bend State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
076036531RN	RN		09-07-1976	12-09-2005	Active	01-08-2008	None







Verification Details Page 1 of 1

Oregon State Board of Nursing Verification Details for:

Verification Details as of: 10-10-2006 04:48:18 PM PDT

Name: COATES, BARBARA R City: Coos Bay State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
081001121RN	RN		11-10-1981	10-10-2005	Active	10-21-2007	None







Verification Details Page 1 of 1

Oregon State Board of Nursing Verification Details for:

Verification Details as of: 10-10-2006 05:01:09 PM PDT

Name: COX, CHERIE LYNN City: Coos Bay State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
088006815RN	RN		09-26-1988	02-03-2006	Active	03-16-2008	None







Oregon State Board of Nursing Verification Details for:

Verification Details as of: 10-10-2006 04:49:45 PM PDT

Name: LAGESSE, ELIZABETH KEIZER

City: North Bend State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
085073229RN	RN		08-30-1985	05-25-2006	Active	05-31-2008	None







Verification Details Page 1 of 1

Oregon State Board of Nursing Verification Details for:

Verification Details as of: 10-10-2006 05:01:46 PM PDT

Name: MOULTON, CECILIA DIANE City: North Bend State: OR

11	ense mber	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
00003	31595RN	RN		09-14-1973	08-10-2005	Active	08-21-2007	None







Oregon State Board of Nursing Verification Details for:

Verification Details as of: 10-10-2006 04:49:22 PM PDT

Name: PLUMMER, MARY JANE City: North Bend State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
000030610RN	RN		11-03-1972	05-26-2005	Active	06-15-2007	None







Oregon State Board of Nursing Verification Details for:

Verification Details as of: 10-10-2006 05:00:43 PM PDT

Name: WICK, PAMELA KAY City: North Bend State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
092006519RN	RN		06-23-1992	08-28-2006	Active	07-02-2008	None







Page 1 of 1 Verification Details

Oregon State Board of Nursing Verification Details for:

Verification Details as of: 10-10-2006 05:02:39 PM PDT

Name: WILSON, STEPHEN JOSEPH City: North Bend State: OR

License Number	Туре	Subtype	Issue Date	Last Renewal	Status	Expiration Date	Discipline/Abuse
200310129CNA	CNA		01-08-2003	05-13-2004	Inactive	06-17-2006	None
200641887RN	.RN		07-12-2006		Active	06-17-2007	None







APPENDIX F

Educational Plans

APPENDIX F

Education Plan for Tara Lyn Blohm

I started my Master's degree in Nursing with a specialization in Education in January of 2005. I will complete my degree at the end of February 2007.

The following is a list of courses that I have completed:

NURS 6000 Success Strategies in the Master of Science Program in Nursing Environment

NURS 6100 Understanding Health Care Systems

NURS 6110 The Nurse Leader: New Perspectives on the Profession

NURS 6120 Linking Theory to Nursing Practice

NURS 6130 Evidence-Based Practice Through Research

NIRS 6140 Ethical and Legal Views of the Changing Health Care System

NURS 6150 Promoting and Preserving Health in a Diverse Society

NURS 6300 Student-Centered Learning in Nursing Education

NURS 6310 Teaching Strategies for Nurse Educators

NURS 6320 Integrating Technology into Nursing Education

NURS 6330 Curriculum Development, Assessment, and Evaluation

The following courses are those I am currently enrolled in:

NURS 6340 The Nurse Educator: Roles, Responsibilities, and Relationships NURS 6500 Syntheses Project

The following is the last course in my Master's educational program and I will be starting this in January of 2007:

NURS 6510 Synthesis Practicum



MASTER OF SCIENCE IN NURSING V.005

The list of courses below may encompass several versions of this program. Please access your "Preferred Course Sequence" to determine which courses apply to your program version.

Program Description

Preferred Course Sequence

Title of Course	These links are viewable on screen in html format.
Introduction to Graduate Study in Health Sciences/Nursing	HCS 504
Financial Resource Management	HCS 571
Ethical, Legal, and Regulatory Issues in Health Care	HCS 578
Creating Change within Organizations	HCS 587
Measuring Performance Standards	HCS 588
Theoretical Foundations of Practice	NUR 513
Analysis of Research Reports	NUR 518
Influencing the Future of Nursing	NUR 531
Dynamics of Family Systems	NUR 542
Population-focused Health Care	NUR 544 (NUR 543)
Leadership and Management in Nursing Health Care	NUR 587
Developing and Evaluating Educational Programs	NUR 588 (NUR 586.3)
Nursing Practicum	NUR 590A
Nursing Practicum	NUR 590B
Research Utilization Project	<u>NUR 598</u>

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October 31, 2006

Welcome KATHLEEN WALSH-Your IRN IS: 9004979239

SCHEDULE AND GRADES

Current Program: MSN
Program Version: 005
Total Program Credits Required: 39
Program GPA: 3.63

Civilian State Company of the Company of the Company State Company of the Company	aros salas				
	Course	Start	End		
Course Title	Credit	Date	Date	Instructor	Grade
PROFESSIONAL COMMUNICATIONS	1	09/30/2004	10/20/2004	JULIE ZARING	∢
HUMAN RELATIONS AND ORGANIZATIONAL BEHAVIOR	3 10	10/28/2004	12/15/2004	LAWRENCE KAGEMANN	Ą-
LEGAL ENVIRONMENT OF BUSINESS	3	01/06/2005	02/16/2005	LINDA FRIED	Ι
MARKETING MANAGEMENT	3 02	02/24/2005	04/06/2005	WILLIAM COPELAND	
STATISTICS AND RESEARCH METHODS FOR	0	04/19/2005	05/30/2005	DAVOR SIJERKOVIC	
MANAGERIAL DECISIONS					
ADVANCED NURSING MANAGEMENT:COMMUNITIES	3 06	06/28/2005	08/08/2005	MYRA LOVVORN	ΑI
CURRICULUM DEVELOPMENT AND PROGRAM DESIGN	33	08/16/2005	09/26/2005	LINDA ALEKSA	Α
HEALTH CARE ORGANIZATIONS	3 10	10/25/2005	12/05/2005	HOWARD STAPLES	ΙĄ
THE IMPACT OF E-HEALTH		12/06/2005	01/23/2006	NEDRA FORTSON	>
THEORETICAL FOUNDATIONS OF PRACTICE		01/24/2006	03/06/2006	MARIAN TABI	¥
CREATING CHANGE WITHIN ORGANIZATIONS	3	03/14/2006	04/24/2006	THERESA MC CLELLAND	
ANALYSIS OF RESEARCH REPORTS		05/09/2006	06/19/2006	PATRICIA JENKINS	B+
DYNAMICS OF FAMILY SYSTEMS		06/27/2006	07/31/2006	CAROL FRAY	⋖
INFLUENCING THE FUTURE OF NURSING AND HEALTH		08/22/2006	10/02/2006	KAREN OLSON	lф
CARE					1
NURSING PRACTICUM-A	1	10/03/2006	10/23/2006	10/23/2006 RITA MC GURK	Δ.
CURRENT AND SCHEDULED COURSES:					
	Course	Start	End	7	
Course Title	Credit	Date	Date	e Instructor	
INTRODUCTION TO GRADUATE STUDY IN HEALTH	_	01/02/1992	992 01/16/1992	1992	
SCIENCES/NURSING					
FINANCIAL RESOURCE MANAGEMENT	ო	10/24/2006	306 12/04/2006	2006 MARK WILLIAMS	
LEADERSHIP AND MANAGEMENT IN NURSING AND	ო	12/05/2006	006 01/29/2007	2007	
HEALTH CARE					
RESEARCH UTILIZATION PROJECT	ო	01/30/2007	03/12/2007	2007	
NURSING PRACTICUM-B	7	03/13/2007	03/26/2007	2007	
MEASURING PERFORMANCE STANDARDS	က	03/27/2007	05/07/2007	2007	
ETHICAL, LEGAL, AND REGULATORY ISSUES IN HEALTH	ო	05/08/2007	007 06/18/2007	2007	
CARE					

APPENDIX G

Nursing Staff Vitae Summaries (Role/Credentials)

APPENDIX G

Southwestern Oregon Community College Nursing Staff Summary Vitae Documentation; 2006-2007

		Ival sing Stail Summaly Vitae Documentation, 2000-200	7007-0007	
Role	Nursing Degree(s)	Years of Nursing Experience	Oregon	Year approved by OSBN
Faculty Name			RN License #/ expiration date (per OSBN website)	for participation in Southwestern nursing program
Nurse Administrator				
Barbara Davey	AS; Santa Rose Junior College; 1963 BS; California State University- Sacremento; 1966 MS; Maternal Child Health and Education; University of CA-San Francisco;1969 ABD; Community College Administration; Nova University;	43 yrs	078040724RN; 10/4/07	@ 1979
Nurse Instructors	1717			
*Tara Blohm	BSN; OHSU-Ashland; 1998 Masters Nursing Education-in progress; Walden University; 1/05- Present; expected graduation 2/07	8 yrs	098000599RN; 9/19/08	Requested 2006; with exception
*Renee Menkens	ADN; Southwestern Oregon Community College; 1978 BSN; Southern Oregon State College; 1983 MSN; OHSU; 1985 18 Post Grad Nursing Credits; OHSU; 1986-2003 Post Masters Certificate-Nursing Education; OHSU; 2005	28 yrs	078041389RN; 6/26/07	Dec 2005
*Susan Walker		31 yrs	097006567RN; 7/24/07	Originally approved 2002; with exception. MSN degree attained 2004

APPENDIX G

		AFFEINDIA G		-
Role	Nursing Degree(s)	Years of Nursing Experience	Oregon	Year approved by OSBN
Faculty Name			RN License #/ expiration date (per OSBN	for participation in Southwestern nursing program
*Kathy Walsh	RN Diploma; Linfield; 1972 BSN; University of South Florida; 1977 MSN/MBA/HCA; University of Phoenix; in progress-expected graduation July 2007	25 yrs	website) 099006213RN; 1/12/07	Dec 2005; with exception
Clinical Instructor	State of the state			
Cherie Cox	RN MSN		088006815RN; 3/16/08	Oct 2004 (as instructor)
Diane Moulton	BSN; OHSU; 1973	33 yrs	000031595RN; 8/21/07	Dec 2005
&Pam Wick	ADN; American River College; 1990 BSN; OHSU; 1995	16 yrs	092006519RN; 7/2/08	requested 2006
Skills Lab Assistant				
@Jerri Bennett-Stillmaker	ADN; Southwestern; 1976 BSN; Southern Oregon University; 1979 MSN; University of Portland; 1987	30 yrs	076036531RN; 1/8/08	@1985
Barbara Coates	ADN, Southwestern; 1981 BSN; Southern Oregon State College; 1990	25 yrs	081001121RN; 10/21/07	@ 1994
Elizabeth (Lisa) LaGesse	BSN; Oregon Health Sciences University; 1985 MSN; Boston College; 1989	21 yrs	085073229RN; 5/31/08	October 2000 (as instructor)
John Mesquita	Dr of Medicine; University of California; 1996 Board Certified Anesthesiology; The Americal Board of Anesthesiology; 2002	10 yrs; LVN 4 yrs US Navy Hospital Corpsman		n/a (hired to act as physician for simulation & develop scenarios)
Mary Jane Plummer	ADN; El Camino College	30 yrs	000030610RN; 6/15/07	Dec 2005
Stephen Wilson	ADN; Southwestern; 2006	3/04-7/06: Nurse Tech (CNA) at Bay Area Hospital 8/06-10/06; RN at Lower Umpqua Hospital	200641887RN; 6/17/07	requested 2006
*Also perform clinical and skills lab duties.	Is lab duties.			

^{*}Also perform clinical and skills lab duties. &Also performs skills lab duties. @Also performs clinical duties.

APPENDIX H

Sample Assessment/Evaluation Forms

Clinical Evaluation - Nur 110 Foundations for Nursing Health Promotion Southwestern Oregon Community College Nursing Program

NameStudents are to rate their progress on each competency and write one paragraph about each competency to submit at mid term and finals week.
Faculty will review the student's progress and rate development for each competency based on the student's written feedback, faculty observation of student abilities and skills completion in the campus learning lab.

1 - Exceeded competency for this point in the term Code:

2 - Met competency for this point in the term

3 – Has not met competency

In their clinical practice students are expected to:

1. Provide safe care.

Practice within the legal scope of practice, and in accordance with the ANA Code of Ethics.

Be an active, engaged learner, seeking out new opportunities, and reflecting on their own performance.

Be aware of the evidence available to support nursing practices.

4.

Provide care that is culturally and age/developmentally appropriate.

Practice family and relationship-centered care.

Recognize role as a leader, an advocate for individuals, families and communities, and an agent for access and high quality health care. 5.

Competencies	Scoring Criteria	Midterm	Finals
1. A competent nurse's personal and	The student is beginning to:		
professional actions are based on a set of shared	 Know that there is a code of ethics for nurses; 		
core nursing values through the understanding	articulates some of the elements in a general way		
	Show awareness of own values or biases and how		
Nursing is a humanitarian profession based	these may influence interpretation of client's		
on a set of core nursing values, including:	values or wishes		
social justice (from the ANA statement),	• Develop awareness of value of reflective process.		
caring, advocacy, respect for self and others,	Understand that ethical issues affect nursing		
collegiality, and ethical behavior, and that a	practice.		
competent nurse embodies these values.	, and a second		
There are ethical dilemmas embedded in			
clinical practice; an obligation of nurses is to			
notice, interpret, respond and reflect on these			
dilemmas using ethical principles and			
frameworks as a guideline.			

	Competencies	Scoring Criteria	Midtorm	Time Is
2. A reflect under 2.1	2. A competent nurse develops insight through reflection, self-analysis, and self-care through the understanding that 2.1 Ongoing reflection, critical examination and evaluation of one's professional and personal life improves nursing practice. 2.2 Reflection and self-analysis encourage self-awareness and self-care.	The student is beginning to: Understand the focus, importance and relevance of reflection. Interrelate personal and professional behaviors in self reflection Question own established patterns of behavior and thought. Develop self-monitoring strategies and insight possible implications for practice or self Analyze health care problems on a non-specific	TATION OF THE PARTY OF THE PART	FIDAIS
6.3	Fursuing and advocating healthy benaviors enhance nurses' ability to care for client.	 and/or idealistic basis. Develop a plan for self renewal and is interested in learning about what this entails. 		
3. A direc 3.1	 3. A competent nurse engages in ongoing self-directed learning with the understanding that 3.1 Knowledge and skills are dynamic and evolving; in order to maintain competency one must continuously update. 	 The student is beginning to: Perceive that knowledge and skills for competent practice are not static. Take responsibility and engage in own learning. Completes assigned learning activities competently 		
3.2	There is an array of communication and information technologies available to enhance continuous learning, and it is essential to be able to use these effectively.	 Initiate additional learning activities. Look for rules that can be applied. Acknowledge being told what to do and how to do it Recognize own learning style. 		
4. A in nu under 4.1	 4. A competent nurse demonstrates leadership in nursing and health care through the understanding that 4.1 An effective nurse is able to take a leadership role to meet client needs, improve the health care system and facilitate community problem solving. 	The student is beginning to: Recognize own leadership ability and responsibility. Focus on own clinical performance rather than the performance of others. Recognize nursing leadership responsibilities for identifying and resolving individual client care. Recognize when to provide feedback.		
4.2	A competent nurse effectively uses management principles, strategies and tools An effective nurse is skilled in working with assistive nursing personnel including the delegation of responsibilities and supervision.			

	Competencies	Scoring Criteria	Midterm	Finals
5. hea	A competent relith care team The client is healthcare	The student is beginning to: Identify self as a member of a team. Work as member of a team. Focus on completing own assignments		
5.2	Successful health care depends on a team effort, and collaboration with others in a collegial team is essential for success in serving clients.	 Ask for help or feedback Willingly give feedback to team members. Reacts to constructive feedback as helpful for professional growth. Verbalize response to feedback after reflecting on 		
5.3	Learning and growth depend on receiving and using constructive feedback; effective team members must be both open to feedback and able to give useful feedback in a constructive manner.	its validity or relevance.Not be overly negative in self evaluation and sees the benefit of self-evaluation		
5.4	Supporting the holistic development of colleagues creates an environment that positively impacts client care.			
6. A and syst 6.1	 6. A competent nurse practices within, utilizes, and contributes to the broader health care system through the understanding that 6.1 Professional nursing has a legally defined standard of practice. 	The student is beginning to: Develop knowledge of traditional healthcare system resources and their impact on health care. Develop knowledge of data needed to identify resource issues.		
6.2	The components of the system (e.g., resources, constraints, regulations) must be considered when coordinating care and developing interdisciplinary planning.			
6.3	The effective nurse contributes to improvements of the health care system through the collection and analysis of data and involvement in policy decision-making processes and political activities.			
6.4	An effective nurse contributes to improving access to health care.			
6.5	Each nurse has the responsibility for effective			

	Competencies	Scoring Criteria	Midterm	Finals
	and efficient management and utilization of health care resources.			
9.9	Nurses establish and maintain networks to address structural barriers and improve health care delivery outcomes.			
7. A cente	7. A competent nurse practices relationship- centered care through the understanding that 7.1 Effective care is centered around a relationship with the client that is based on: empathy and caring, a deep understanding of the care experience, developing mutual trust and respect for the autonomy of client.	The student is beginning to: • Focus on own personal history. • Identify uncomfortable aspects of relationships • Become aware of personal comfort zone • Identify boundaries in interactions with others so that relationship development does not avoid or exceed professional boundaries		
7.2	The effectiveness of nursing interventions and treatment plans depends, in part, on the attitudes, beliefs and values of clients and these are influenced both by how professionals interact with clients and by the intervention itself.	 Broaden Views of chenis/families. Recognize cultural differences, or the impact of social, racial, environmental and economic inequalities on individual's perspectives. Include patient/client input/preferences in planning nursing care. 		
7.3	Clients reflect the culture and history of their community and their broader population, and that these must be considered in developing nursing interventions			
8. A through 8.1	8. A competent nurse communicates effectively through the understanding that 8.1 Effective use of therapeutic communication, to establish a caring relationship, to create a positive environment, to inform clients, and	The student is beginning to: Minimize inappropriate verbal, and/or nonverbal communication. Be aware of own affect and tone. Seek assistance to discriminate relevant from		
	to advocate is an essential part of all interventions.	irrelevant detail and to minimize over or under reportingOrganize content for documentation and		
8.2	When working with colleagues or clients, it is important to insure that accurate and complete communication has occurred.	reporting. • Inform client of the plan of care or rationales for own actions.		
8.3	Successful communication requires attention	Minimize advice giving.Identify client's learning needs and priorities.		

	Comnotonoios	Coouring Cuitouis	W. J. 4.	Time
	Competences	Scoring Criteria	Malaterm	rinais
	to elements of cultural influences, variations in the use of language and a participatory	 Be aware of cultural and language variations as a barrier to effective communication. 		
	approach	 Be aware of variations that impact communication. 		
		 Identify when being judgmental in approach 		
9. A judgi	9. A competent nurse makes sound clinical indgments through the understanding that	The student is beginning to use the nursing process to: NOTICE:		
9.1	Noticing, interpreting and responding require	• The clinical situation and the amount/type of data.		
	use of best available evidence, a deep	 Seek out information although relies mostly on 		
	understanding of the chent experience and community influences recognition of	objective data.		
	contextual factors as well as one's own	 Is beginning to interact with the client and family and collect important subjective data 		
	biases that may influence judgments, and	INTERPRET:		
	sound clinical reasoning.	• Focus on which data are most important to the		
9.2	Effective nursing judgment is not a single	nursing and/or medical diagnosis Mobe cance of data in ginnals on familian/ocumen		
	event, but concurrent and recurrent	situations		
	processes that include assessment (data	RESPOND:		
	collection, analysis and diagnosis),	 Communicate explanations that are clear with 		
	planning, implementation, treatment.	directions that reassure clients/families		
	ongoing evaluation, and reflection.	 Focus on developing a single intervention addressing a likely solution 		
(REFLECTING CONTROL OF THE PROPERTY OF THE PROP		
9.3	Nurses select from a variety of frameworks and clarification systems to organizing data	Use evaluations to improve performance and		
	and knowledge for clinical judgment. The	evaluates personal decisions/choices		
	choice of framework for assessment and	Be interested in improving performance		
	intervention take into account the client's	• Reflects and be critical of him/herselt, without		
	age and cultural perspective, the individual	being overly critical (given level of development). Is able to see flaws or need for improvement in		
	and family capacity for involvement in care,	his/her own nursing practice.		
	focus of care.			
9.4	Clinical judgment involves the accurate			
	performance of skills (cognitive, affective			
	and psycholitotol) in the delivery of care to clients while maintaining nersonal safety.			
10.	A competent nurse, in making practice	The student is beginning to:		
decis	decisions, locates, evaluates and uses the best	Seek information (peers, instructors, textbooks,		
avail	available evidence coupled with a deep	library and other sources).		
nude	understanding of client experience and preferences	• Use data-based information sources.		

	Competencies	Scoring Criteria	Midterm	Finals
throu	through the understanding that	Be cautious about the accuracy of published information		
10.1	There are many sources of knowledge, including research evidence, standards of care, community perspective, to practical wisdom gained from experience, which are legitimate sources of evidence for decisionmaking.	Differentiate opinion from data-based evidence.		
10.2.	Knowledge from the biological, social, medical, public health, and nursing sciences is constantly evolving; nurses need to update their knowledge continuously, using reliable, current sources of information.			
10.3	Nurses need to know how to learn new interventions independently, because the definition of "best practice" of interventions is continuously modified, and new interventions are constantly being developed.			

,

Mid-term Student reflection on competencies (One paragraph on each competency, no more than 5 pages.):	competency, no more than 5 pages.):	
Mid-term faculty comments:		
Final-term student reflection on competencies (One paragraph on each competency, no more than 5 pages):	competency, no more than 5 pages):	
Final-term faculty comments:		
Mid-term Signatures	Final-term Signatures	
Student	StudentDate	
FacultyDate	FacultyDate	

Name

NURSING 201 SKILLS LIST

	LE	CODE	SKILLS	COMMENTS	CAMPUS	CLINICAL
_		Sim	Medication Check-off			
2	MH	Sim	Mental Health Simulation			
3	OB	Student	Demonstrate the insertion of an intravenous infusion on an adult			
			using correct technique and demonstrating methods to assure the			
			safety and comfort of the client. Must have three successful			
			insertions on a student prior to insertions on a patient.			
4		Task	Perform Leopold's Maneuver and place an external monitor on a			
		I ramers	prenatal client in labor. Identify the fetal heart rate, fetal heart			
		Noelle	pattern and uterine activity. Scenario will be provided.			
5		Sim	Demonstrate the assessment/care of a prenatal client with			
			preeclampsia. Scenario will be provided.			
9		Noelle,	Perform a post-partum assessment on a mother who has had a			
		Sim	spontaneous vaginal delivery, operative vaginal delivery, and			
			cesarean section.			
7		M	Demonstrate teaching a mother to do a sitz bath			
∞		Sim/M	For a newly born infant:			
			Perform the initial resuscitation steps			
			 Perform the Apgar score. 			
			 Demonstrate a newborn assessment 			
			 Demonstrate cord care 			
			 Demonstrate administration of prophylactic eye care, Vitamin 			
			K, Hepatitis B vaccine			
6		\mathbb{Z}	Obtain a blood sample from a newborn by heel puncture			
10		Z	Demonstrate teaching and assisting a new mother to breastfeed her			
			baby, including the various breastfeeding positions, promoting			
			comfort of mother and baby, promoting successful sucking by the			
			newborn and different methods of burping			
Ξ		X	Demonstrate teaching a mother about post-partum care and newborn			
			care.			

CODE FOR LAB CHECK-OFFS

M-Mannequin S-Student Sir

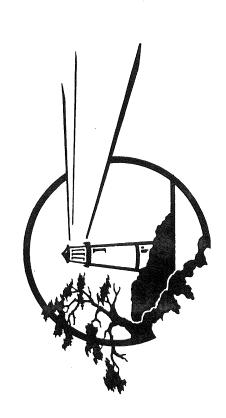
Sim – Simulator/Noelle T – Task Trainer

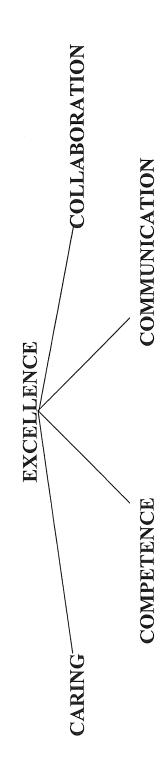
Please be prepared for skills check-off. Preparation is a key ingredient to successful completion of a skill in both the campus lab and clinical setting. *Bring skills check-off sheets to BOTH the campus lab and the clinical facility.

Rev: 8/24/06 sw/kw

SOUTHWESTERN OREGON COMMUNITY COLLEGE

SKILLS CHECKLIST NURSING 201





Southwestern Oregon Community College Preceptorship Evaluation Survey June 2006 Student

Please help us improve our preceptorship for our nursing students by providing your responses to the following questions:

providing your responses to the following questions:
1) What was most important in working with your preceptor to become more comfortable with beginning your role as an RN upon graduation? Comments:
2) How did your relationship with your preceptor facilitate your learning the RN role? Comments:
3) Was the evaluation form useful to review with your preceptor to help focus on the expectations for the RN role? Comments:
4) Was the Preceptee Manual helpful to review prior to beginning your preceptorship? Comments:
5) What suggestions do you have to improve the online component of the preceptorship?

Comments:

Southwestern Oregon Community College Preceptorship Evaluation Survey June 2006 Preceptor

Please help us improve our preceptorship for our nursing students by providing your responses to the following questions:

your responses to the following questions:
1) Were the faculty available and easy to contact throughout the preceptorship? Comments:
2) Was the preceptor manual useful in providing information about expectations for the preceptorship? Comments:
3) If you attended a preceptor training, what would you recommend we do differently to make it more useful? Comments:
4) Were faculty able to meet your needs in supporting your work with the student during the preceptorship? Comments:
5) Was the evaluation form helpful in evaluating the student regarding professional expectations and behaviors? Comments:
6) Please let us know how we can improve this experience for you as a preceptor for next year? Comments:
7) Are you interested in being a preceptor next year? Yes No Name: Facility:

Southwestern Oregon Community College Preceptorship Evaluation Survey June 2006 Agency

Please help us improve our preceptorship for our nursing students by providing your responses to the following questions:

- 1) What was most helpful in arranging the preceptorship this year?
 - A) Initial contact from faculty was done in a timely manner prior to the beginning of the preceptorship and it was helpful to discuss the preceptorship expectations, student abilities, and preceptor qualities.

 Comments:
 - B) Meeting with faculty for general discussion about the preceptorship, review of preceptor manual, and matching student(s) with potential preceptors was useful in organizing the preceptor experience for the student(s).

 Comments:
 - C) The preceptor training/preceptor manual was useful in helping the preceptor(s) understand their role and relationship with student and faculty.

 Comments:
 - D) The Preceptor manual was helpful for preceptors to have prior to beginning the preceptorship.Comments:
 - E) The Preceptee Evaluation form was helpful in evaluating the student regarding professional expectations and behaviors.

 Comments:
 - F) Other suggestions about the preceptorship:
- 2) What recommendations do you have for making the preceptorship work more effectively and efficiently in the future?

COURSE RATING FORM

	1	nstru	ctor's i	Name_						Rating Scale:	A. B.	Always True Often True
	(Cours	se Num	nber						_	C.	Sometimes True
		Date								-	D. E. F. NA.	Seldom True Never True Not Enough Information Not Applicable
		. (A)	(B	(c)	(D)	Œ	Œ.	. N A)	The teacher distributed	l a course outline which clearly	ident	ified the course material.
	2	2 (A)	B	C	(1)	Œ	F	(NA)	This course was well o	rganized.		
) 		3 (A)	B	©	•	Œ	E	(NA)	The teacher clearly exp	olained the grading requiremen	ts of I	his course
E S	4	(A)	B	C	D	E	F	NA)	The teacher clearly des	scribed the work required of stu	ıdents	S.
) : (5	(A)	B	(C)	(D)	Œ	Œ	ÑA)	The teacher met and d	ismissed class at scheduled tir	nes.	
	6	(A)	B	©	(D)	Œ	Ē	NA)		ere coordinated with lectures a		ass discussions.
, , , , , , , , , , , , , , , , , , ,	. 7	' (A)	B)	C	(D)	Œ	Ē	NA)	The teacher demonstra	ated the importance and signific	cance	of the subject matter.
	8	3 (A)	B	©	(D)	Œ	Ē	(NA)		n expressiveness and variety in		
	. 9): (A)	B	(C)	(D)	(Œ	NA)	The teacher explained	course materials clearly.		
35s)	10	(A)	B	©	D)	(E)	Ē	(AZO	The teacher was aware	e when students became lost.		radiation in the Control of the Cont
	11	À	B	· . ©	s (D)		Ð	NA)	The teacher kept stude	nts aware of their own progres	s in ti	ne course.
	12	(A)	B	©	(D)	Œ	Ē	(NA)		ed critical thinking and analysis		the annual contraction with the second of th
,- 	13	A	. B	Œ.	(D):	Œ	E	NA)	The teacher presented	materials in a manner which a	ided s	student learning.
	14	(A)	B	C	(D)	Œ	Œ	NA)		able to provide assistance to st		
# 1 m	15	A	(B)	<u>C</u>	(D)		Ð	NA)	Examination questions	were related to the course ma	terials	
	16	(A)	B	©	(D)	Œ	Ē	NA)	Examinations were retu		s (1941. 12.19	terde pur o o tropica de la constante de la co
: ²	17	(A)	B	(c)	(D)	©	Œ	(NA)	Examinations were gra	ded fairly and impartially.		
,. ,	18	(A)	B	©	Ð	Œ	(F)	(NA)	This course has taught	me a great deal about the sub	ject n	natter.
:	19	(A)	(B)	(C)	(D)	Œ,	Œ	NA).	This course has caused	d me to want to take another c	ourse	from this teacher.

PLEASE PLACE COMMENTS ON THE BACK OF THIS FORM.

APPENDIX I

Course Outlines

SOUTHWESTERN OREGON COMMUNITY COLLEGE

COURSE INFORMATION UPDATE for NEW and REVISED CREDIT COURSE OUTLINES

(Please use non-credit outline form for non-credit submissions.)

APPROVAL SIGNATURES:							DATE:					
Divi	sion Director				-×				_			
Man	ager		**************************************						_			
Insti	uctional Council			C			W		_	1/31/06		
DIR	ECTIONS: Please nea Incomplete					rmation	n below fo	r each	cour	Se.		
1.	Course Number:	NR	NRS110							Distance Education		
2.	Course Title:	Fo	undatio	ons of	f Nu	rsing	- Health	Pror	noti	on		
3.	Course Sub-Title:	(Op	(Optional)									
Program Type:		LDG		Occi	Prep X		OccSu	Supp		Post Sec Remedial/ Developmental Educ		
(Cr	HOOSE ONE ONLY)	ABE/GED/ESL			☐ Other A		er Adult	☐ Noi		on-Reimbursable 🔲		
5.	This Outline is:	New						Revised				
6.	Offered for:	Cre	Credit Cont'd Ed Units (CEU)				EU) 🔲	Prof Development Units (PDU)				
7.	Number of Credits: (See hours/credit form	nula b	elow)	9			red for CE oproving A)			
8.	How many times can t better grade. This refers									pepeating a course for a pt for the same course.)		
	Once Twice 3 Times Other (Speci						Light Victoria (1871)		Unlimited			
9.	Course Hours (Instruc	tor w	orkload/p	ay will	be ba	ased on	the inforr	nation	belov	v):		
	(CLOCK HOURS)	Hours/Week Tota			al Cours	e Hours					
	LECTURE		5		55		Department of Education's formula					
	LAB		9		99		(Full Term Course)					
	LECTURE/LAB		2		22			1credit = 11 <i>Lecture</i> hours per term				
	TBA LAB HOURS								1 credit = 22 <i>Lecture/Lab</i> hours per term			
	INDEPENDENT STU	JDY					1 credit = 33 Lab hours per t		33 <i>Lab</i> hours per term			
TOTAL			16			176						

10.	Course Description: (State approved enhanced for Southwestern.)	course desc	ription must b	e included, if available. May be			
	This course introduces the learner to framework of the Oregon Consortium for Nursing Education (OCNE) curriculum The emphasis on health promotion across the life span includes learning about self-health as well as client health practices. To support self and client health practices, students learn to access research evidence about healthy lifestyle patterns and risk factors for disease/illness, apply growth and development theory, interview clients in a culturally sensitive manner, work as members of the interdisciplinary team giving and receiving feedback about performance, and use reflective thinking about their practice as nursing students. The family experiencing a normal pregnancy is a major exemplar. Includes classroom, lab/clinical and lecture/lab learning experiences. This course will also cover content related to providing an overview of the health care system, role of health care professional and paraprofessionals, and skills provided to clients in acute and extended care facilities. Students will learn how to modify skills to meet the needs of acute and chronic patients.						
11.	Grading: S,U,I	A,B,C,D,F,I		Either Non-Graded			
	Minimum Grading Criterio	on:	Recomr	mended Weight or % of Grade			
	Theory						
	Tests			30%			
	Projects			10%			
	Clinical		60%				
	A grade below "C" in nursing theory and/or an "Unsatisfactory" in nursing clinicals indicates the student has failed and cannot continue in the program.						
12.	Required Pre-Requisites: (If more NOTE: This information will be a	than one cou entered into C	rse is listed, p Colleague and	olease indicate with OR or AND.) required for students' registration.			
	Course(s) and Min. Grade:						
	Placement Test Score:						
	Other: Minimum of 49 pre-requisite credits with a 2.75 GPA or higher and acceptance into the nursing program.						
	Is Instructor Consent Required to	Register?		Yes No			
13.	Required Concurrent Courses: NOTE: This information will be e	entered into C	Colleague and	required for students' registration.			
-	Course_No(s):						
	Lab(s):						
14.	Does this course require a separate	e lab?		Yes □ No ⊠			
	Course No: Graded Separately? Yes □ No □						
15.	5. Is this course part of a sequence?						
	Must the sequence be taken in order? Yes ⊠ No □						
	What are the course sequence nu	imbers?		NRS110, 111, 230, 232, 112, 231, 233, 222, 221, 224			
16.	. Is this course double numbered?	Yes	□ Crs#	No 🛛			

Objectives

(Use TAB to navigate and add a new row; Use mouse to go to next Section)

Knowledge: (Upon completion of the course the learner will...)

- a) Interpret health data such as screening for biological and psychosocial health risks, evidence of safe and healthy habits, developmental tasks and vulnerabilities, family functioning.
- b) Use evidence such as clinical guidelines and integrative literature reviews, to help facilitate client change.
- c) Demonstrate understanding of nursing frameworks, including legal and ethical base for nursing practice, and their application to the practice of nursing.
- d) Become familiar with the members and roles of health care team members.
- e) Gain an understanding of the role of asepsis in relation to patient, family and health care members.
- f) Recognize the importance of following principles of comfort, safety, assessment and documentation when performing patient care skills.
- g) Know when a physician's or other health care practitioner's order(s) are needed to perform a particular skill.

Skills: (Upon completion of the course the learner will be able to...)

- a) Use effective communication to establish a therapeutic relationship.
- b) Conduct a culturally and age appropriate health assessment.
- c) Develop a plan of care that is family-centered, age and culture appropriate.
- d) Demonstrate understanding of effective learning strategies in a performance-based curriculum.
- e) Advocate for a health behavior change based on assessment of health risks.
- f) Use evidence such as clinical guidelines and integrative literature reviews to help facilitate a clients health behavior change.
- g) Explain the concepts of medical and surgical asepsis.
- h) Identify interventions to reduce risks for infections.
- Correctly implement aseptic practices, including hand washing, donning and removing a facemask, gowning, donning and removing disposable gloves, bagging articles, and managing equipment used for isolation clients.
- j) Explain measures to prevent falls.
- k) Discuss the use and legal implications of restraints.
- Describe alternatives to restraints.
- m) List desired outcomes to use in evaluating the selected strategies for injury prevention.
- n) Plan strategies to maintain safety in the health care setting.
- o) Describe hygienic care that nurses provide to clients.
- p) Describe and demonstrate procedure for bathing an adult (assisted and unassisted) or pediatric patient including oral hygiene, perineal care, hair grooming, eye care, hard contact lenses, ears, and hearing aids.
- q) Demonstrate operating a hospital bed putting it in common bed positions, side rails (when up or down), footboards, bed cradles, IV rods.
- r) Demonstrate making a bed so that is comfortable to the client.

- s) Accurately measure blood glucose from a capillary blood specimen using a blood glucose meter.
- t) Identify clients at risk for pressure ulcer formation.
- u) Describe the four stages of pressure ulcer formation.
- v) Identify essential aspects of planning care to maintain skin integrity.
- w) Discuss measures to prevent pressure ulcer formation.
- x) Select the appropriate equipment used to take vital signs and perform a physical exam.
- y) Measure body temperature, assess pulse rate (radial/apical), respirations and blood pressure.
- z) Other skills that may become important to this unit of learning.

Attitudes and Values: (Upon completion of the course the learner will have...)

- a) A respect for the effects of external social, psychosocial, cultural, legal, and ethical bases of nursing practice.
- b) Recognize the importance and relevance of reflection and its influence on personal and professional behavior.
- c) A sensitivity to the feelings of clients as skills are performed.
- d) An appreciation of the role asepsis plays in the prevention of complications to health care workers, clients and families.
- e) The ability to value the importance of assessing clients before skills are performed, adjusting skills as needed, recognizing abnormalities and documenting accurately.
- f) An appreciation of the uses of effective communication to establish therapeutic relationships and advocacy for healthy behavior change.

18.	Status:	Active		Inactive				
19.	Recommended Enrollment:	Lecture	27		Lab		27 *Ratio of 1:9 as determined by Oregon State Board of Nursing will be	
20.	Does this course require spec	ial fees?		Yes	$\overline{\boxtimes}$	Main No	tained	
If ye	es, what is the fee?	Fee covers:	*PCBP=Per Current Board Policy Lab Supplies & equipment					
21.	Contents Outline: (must be in NOTE: Use Mouse to go			and the second s				

I. Health Assessment

- A. Discuss terms associated with health assessment
- B. Describe components of a health history
- C. List purposes of the physical health assessment
- D. Explain methods of examining
 - 1. Inspection
 - 2. Palpation
 - 3. Percussion
 - 4. Auscultation

11.	Cultura	l Norms Relevant to Health Assessment					
	A.	A. Eye contact					
	B.	Touch and personal space					
	C.	Use of body language					
III.	Asses	sing Appearance and Mental Status					
	A.	Performance					
	B.	Ambulatory and community settings					
	C.	Age related considerations					
IV.	Evalua	ation					
	A.	Vital signs					
	B.	Height and weight					
	C.	Skin					
		1. Variations in skin color					
		a. Pallor					
		b. Cyanosis					
		c. Jaundice					
		d. Erythema					
		2. Primary and secondary skin lesions					
		3. Age related conditions					
		a. Infant					
		b. Child					
		c. Elder					
	D.	Nails					
	E.	Head					
	F.	Eye and vision					
	G.	Ears and hearing					
	H.	Nose and sinuses					
	1.	Mouth and oropharynx					
	J.	Head and neck					
	K.	Thorax and lungs					
	L.	Heart and central vessels					
	M.	Breasts and axillae					
	N.	Abdomen					
	Ο.	Musculoskeletal system					
	P.	Neurological					
	Q.	Female and male genitals					
V.		al Diversity					
	A.	Primary vs secondary cultural characteristics					
	B.	Effective intercultural communication					

- C. Transcultural nursing
 - 1. Sources of information
- D. Cultural awareness
 - 1. Cultural awareness assessment tool
- VI. Spirituality and Health Care
 - A. Spirituality vs religion
- VII. Nursing as a Profession
 - A. Three approaches to defining a profession
 - B. Why is nursing failing to attain some of the traits of the profession
 - C. Evolution of licensure, certification and nursing organizations
- VIII. Professional Accountability
 - A. Ethics in nursing
 - B. Bioethical issues
 - C. Nursing and the law
- IX. Understanding and Dealing with Difficult People
 - A. Importance of understanding human behavior
 - B. Conflict resolution and relationship tools
 - C. Communication styles
 - D. Applying problem-solving and conflict resolution
 - E. Use of the nursing process in conflict resolution
 - F. Coping strategies to deal with difficult people
- X. Integral Components of Client Care
 - A. Asepsis
 - 1. Isolation precautions
 - 2. Donning and removing personal protective equipment
 - 3. Establishing and maintaining a sterile field
 - 4. Donning and removing sterile gloves
 - 5. Donning a sterile gown and gloves
 - B. Safety
 - 1. Using a bed or chair exit safety monitoring device
 - 2. Implementing seizure precautions
 - 3. Applying restraints
 - C. Hygiene
 - 1. Bathing an adult or pediatric client
 - 2. Providing perineal-genital care
 - 3. Foot care
 - 4. Nails
 - 5. Mouth
 - a. Brushing and flossing teeth

- b. Providing special oral care
- 6. Hair
- a. Providing hair care for clients
- b. Shampooing the hair of a client confined to bed
- 7. Eyes
 - a. Removing hard contact lenses
- 8. Ears
 - a. Removing, cleaning and inserting a hearing aid
- D. Making beds
 - 1. Unoccupied
 - 2. Occupied
- XI. Diagnostic Testing
 - A. Obtaining a capillary blood specimen
 - 1. Blood glucose monitoring
 - B. Specimen collection
 - 1. Collecting urine specimen for culture and sensitivity
 - a. Clean catch
- XII. Skin Integrity
 - A. Pressure ulcers-causes
 - 1. Applying a wound barrier
 - 2. Prevention measures
- XIII. Effects of Immobility
 - A. Moving a client up in bed
 - B. Turning a client to the lateral or prone position in bed
 - C. Logrolling a client
 - D. Assisting the client to sit on the side of the bed
 - E. Transferring between bed and chair
 - F. Transferring from bed to stretcher
 - G. Assisting the client to ambulate
- XIV. Nutrition
 - A. Inserting a nasogastric tube
 - B. Removing a nasogastric tube
 - C. Administering a tube feeding
 - D. Administering a gastrostomy or jejunostomy feeding
- XV. Elimination
 - A. Administering an enema
 - B. Changing a bowel diversion ostomy appliance
 - C. Applying an external catheter
 - D. Performing urinary catheterization

E. Performing bladder irrigation

XVI. Oxygenation

- A. Administering oxygen by cannula, face mask, or face tent
- B. Providing tracheostomy care

Suctioning oropharyngeal and nasopharngeal cavities

22. Recommended Text(s): Complete	ete citation(s). <i>(This infor</i>	mation	is req	uired.)				
Per current course syllabi.									
23. Required Materials/Supplies/Too	ols:								
Per current nursing program student	handbook.								
24. References & Resources used to	o develop this course (Pri	nt and	Non-Pr	int):			1.200.000		
Oregon Consortium for Nursing Education (OCNE) materials									
25. Library Resources for Course Su	upport:		•						
Are the resources in the library adequo	rate to support this	Yes		No		N/A			
If not, complete the library resources course support form and forward with this course outline to the Division Director. (The form can be located using the following path: Network Neighborhood/ITT/Outlines/Forms/Library Resources for Course Support.)									
26. Outline Developed By:	Barbara A Davey, RN, N	Da	ate	Janua 2006	ry 25,				
27. Outline Revised By:				Da	ate				
Is there anything you would like to add	d that has not been addre	ssed o	n this fo	orm?	Pleas	se do s	o here:		
FOR	DIVISION DIRECTOR US	SE ONL	Υ		original Original	AF VIII. CE	A - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5		
This course may be used to fulfill the AAOT General Education Distribution Requiremen Cultural Diversity		nents:							
Should this course description be incl	uded in the college catalo	g?	Yes	\boxtimes		No			
Has this course been approved for ar	R grade?		Yes			No			
What is the effective date of this cour	,		Term:	Fall		Year:	2006		
Division Director: Please submit completed "Library Resources for Course Support" forms to Sharon Tashjian, Tioga Hall, 2nd floor Library when course has been approved and is being added to the Class Schedule.									
FOR OFFICE OF INSTRUCTION USE ONLY									
Reimbursable? Reimbursement Code:	Yes No	nd and							

COURSE INFORMATION UPDATE

for NEW and REVISED CREDIT COURSE OUTLINES

APPROVAL SIG	PPROVAL SIGNATURES:									DATE:				
Division Director														
Manager														
Instructional Cou	ıncil			IC						1/31/06				
<u>DIRECTIONS:</u> _	Please <i>neatly</i> e Incomplete for					mation	n below to	or each	cours	6e.				
1. Course Nur	mber: N	RS 1	11							Distance Education				
2. Course Title	e: Fo	ound	latic	ns of	Nur	sing	in Chro	nic II	Ines	s I				
3. Course Sub	o-Title: (C	Option	al)											
Program Type:	1359240	DC.	\boxtimes	OccP	rep		OccSi	qqu		Post Sec Remedial/ Developmental Educ				
(CHOOSE ONE	ONLY)	ABE/G	SED/E	ESL		Oth	er Adult		No	n-Reimbursable				
5. This Outlin	e is:		100	New		trificaçõe. Markuaç	\boxtimes	Revised						
6. Offered for	: C	redit	\boxtimes	Cont'd	Ed L	Jnits (C	EU) 🗆	Prof Development Units (PDU)						
7. Number of (See hours	Credits: credit formula	below	')	6			red for CE oproving		')	A				
_										peating a course for a pt for the same course.)				
Once	⊠ Twice		3	Times		, C	ther (Spe	ecify)		Unlimited				
9. Course Ho	urs (Instructor	worklo	oad/p	ay will b	e ba	sed on	the infor	mation	belov	v):				
(CLO	CK HOURS)	Но	ours/V	Veek	Tota	al Cours	se Hours							
LECTUR	E seguina de la composición de la comp		3			33		Depa	artme	nt of Education's formula				
LAB		10. 10. 10.							(F	ull Term Course)				
LECTUR	E/LAB	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6			66		1credit = 11 <i>Lecture</i> hours per term						
TBA LAB	HOURS						1100	1 cre		22 <i>Lecture/Lab</i> hours				
INDEPEN	IDENT STUDY							1 cre	edit = :	33 <i>Lab</i> hours per term				
	TOTAL		9			99								

	Course Description: enhanced for South		course des	cription r	nust be	included,	if availa	able. May be		
	This course introdu for clients with chro client and family's ' extant research ev of multidisciplinary explored. Through system issues are children with asthm dementia. Include Pathophysiology I a	onic illnesses con "lived experience idence is used to team in care of a case scenarios explored in the of the case scent descent descen	mmon acrose" of the illness guide clinicathe chronicathe chronicathe cultural, etheontext of the epression, at clinical lear	s the life ess, coup cal judgm lly ill, and nical, hea e chronic dult-ons	span in pled with nents in d legal a alth polic c illness et diabe	major ether clinical procured to the care to the capects of cy, and he care. Castes, and o	nnic gro ractice (e chron delega alth car se exen lder ad	guidelines and lically ill. Roles tions are re delivery mplars include ults with		
11.	Grading: S,U,	ı 🛛	A,B,C,D,F,			Either		Non-Graded		
	Minimum	Grading Criterio	on:	R	ecomme	ended We	ight or	% of Grade		
		Theory								
		Tests				30	%			
		Projects				10	%			
		Clinical			60%					
	A grade below "C" in nursing theory and/or an "Unsatisfactory" in nursing clinicals indicates the student has failed and cannot continue in the program.									
12.	Required Pre-Req NOTE: This info	uisites: (If more	than one co	urse is lis Colleagu	sted, ple	ase indica	ate with	OR or AND.) ents' registration.	<u> </u>	
<u> </u>	Course(s) and Mir	rang managara (1996) alawa		Foundat	ion of N	ursing-He				
	Placement Test S	core:								
	Other:	ing the second s		<u> </u>	119,720			View of the control o		
	Is Instructor Cons	ent Required to	Register?			Yes		No 🗆		
13.	Required Concurre NOTE: This info	nt Courses: rmation will be e	entered into	Colleagu	e and re	equired fo	r stude	nts' registration.		
L	Course No(s):	NRS 230 Clinica	al Pharmacc	logy I an	d NRS	232 Patho	physiol	logy I		
	Lab(s):		1000						7	
14.	Does this course re	equire a separate	e lab?			1	Yes	□ No	\boxtimes	
	Course No:		Gr	aded Se	parately	? Yes] No 🗆		
15.	Is this course part	of a sequence?	-				Yes	⊠ No		
L	Must the sequenc	e be taken in ord	der?	1911 S. Wiles		Yes] No 🗆		
	What are the coul	rse sequence nu	mbers?					1, 230, 232, 112, 2, 221, 224		
16.	Is this course doub	le numbered?	Yes	□ Ci	s#			No	\boxtimes	

(Use TAB to navigate and add a new row; Use mouse to go to next Section)

Knowledge: (Upon completion of the course the learner will...)

- a) Recognize potential legal and ethical issues related to client autonomy
- b) Gain an understanding of the impact of chronic illness on client, family, health care delivery system
- c) Gain an understanding of the roles of multidisciplinary teams in care of the chronically ill
- d) Know the legal aspects of delegation of care
- e) Gain a deep understanding of the "lived experience" of a chronic illness within the framework of exacerbation, trajectory, and plateau

Skills: (Upon completion of the course the learner will be able to...)

- a) Conduct a family centered, culturally and age appropriate health assessment
- b) Interpret health assessment data as it relates to mental and functional status, coping/adaptive strategies, living with chronic illness and impact of illness on family functioning
- c) Develop a plan of care that is family-centered, age and culturally appropriate
- d) Provide safe, effective, age, and culturally appropriate care to clients with chronic illness
- e) Safely and effectively assist clients with ADL's, IADL's, assess comfort needs, teach clients about interventions for managing symptoms such as chronic pain
- f) Apply ANA Code of Ethics in care of the chronically ill
- g) Identify roles and functions of members of the health care team involved in providing care for the chronically ill
- h) Use therapeutic communication skills in the development of therapeutic relationships with patients and families
- i) Recognize potential legal and ethical issues related to client autonomy
-) Use evidenced based intervention strategies and assessment data

Attitudes and Values: (Upon completion of the course the learner will have...)

- a) A sensitivity to the vulnerable position the client and family endure with a chronic illness diagnosis
- b) The ability to value the differences of cultures, age, and family on health practices
- c) An appreciation of the uses of effective communication to establish therapeutic relationships and advocacy for health behavior change.

18.	Status:	Active	☐ Inactive							
19.	Recommended Enrollment:	Lecture		Láb			27			
			27			*Ratio of 1:9 as determined by Oregon State Board of Nursing will be maintained				
20.	Does this course require spec	ial fees?		Yes	\boxtimes	No				
If yes, what is the fee?		*PCBP	Fee covers:	*PCBP=Per Current Board Policy Lab Supplies & equipment						
		TODI								

- 21. Contents Outline: (must be in outline format)

 NOTE: Use Mouse to go to the next Section
- I. Health Assessment of Clients with Chronic Illnesses Across the Life-Span
 - A. Family centered
 - B. Culturally and age appropriate
 - C. Interpret Health Data
 - 1. Mental and functional status, ADL's and IADL's
 - 2. Coping/adaptive strategies used by client/family
 - 3. "Lived experience" of chronic illness
 - 4. Impact of illness on family functioning
- II. Safe, Effective, Age And Culturally Appropriate Care To Clients With Chronic Illness
 - A. Safe and effective assistance for clients in ADL's and IADL's
 - B. Comfort needs
 - C. Teaching clients about interventions for managing symptoms such as chronic pain
 - D. Addressing basic questions about prognosis and illness
- III. Family-Centered Care For A Client With Chronic Illness
 - A. Evidenced based intervention strategies
 - B. Assessment data
 - C. The "lived experience" of a chronic illness
 - 1. Framework of exacerbation, trajectory, and plateau
- IV. ANA Code of Ethics
- V. Members Of The Health Team For The Chronically III
 - A. Roles and functions
- VI. Therapeutic Communications vs Social Communications
 - A. Patients
 - B. Families
- VII. Legal And Ethical Issues
 - A. Clients rights to autonomy

22. Recommended Text(s): Complete	ete citation(s). <i>(This informatio</i>	n is requ	ired.)				
Per current course syllabus							
23. Required Materials/Supplies/Too	ols:			7			
Per current nursing program student	handbook.						
24. References & Resources used to	o develop this course (Print and	Non-Prir	ıt):				
Oregon Consortium for Nursing Educ Psychiatric nursing texts	ation (OCNE) materials; Pediatr	ic, Medic	al Surgica	al, and			
25. Library Resources for Course Su	ipport:						
Are the resources in the library adequourse:	rate to support this Yes		No.	N/A			
If not, complete the library resources Division Director. (The form can be I Neighborhood/ITT/Outlines/Forms/Lib	ocated using the following path:	Network		outline t	o the		
26. Outline Developed By:	Barbara A Davey, RN, MS Date January 2 2006						
27. Outline Revised By:			Date				
Is there anything you would like to add	that has not been addressed o	n this for	m? Plea:	se do s	o here:		
FOR	DIVISION DIRECTOR USE ONI	LY					
This course may be used to fulfill the AAOT General Education Distribution Requiremen Cultural Diversity							
Should this course description be incl	uded in the college catalog?	Yes		No			
Has this course been approved for an	R grade?	Yes		No			
What is the effective date of this cours	,	Term:	Fall	Year:	2006		
Division Director: Please submit completed "Library Resources for Course Support" forms to Sharon Tashjian, Tioga Hall, 2nd floor Library when course has been approved and is being added to the Class Schedule.							
FOR OF	FICE OF INSTRUCTION USE O	NLY					
Reimbursable? Reimbursement Code:	Yes No No						

COURSE INFORMATION UPDATE for NEW and REVISED CREDIT COURSE OUTLINES

APP	ROVAL SIGNATURES	<u>:</u> :									Ī	DATE:	
Divis	sion Director						ma	******************			_		
Man	ager												
Instr	uctional Council			IC_							_	1/31/06	
DIRI	E <u>CTIONS:</u> Please nea Incomplete						rmatio	n belo	w to	r each	cour	se.	
	<u>Incomplete</u>	- 101111	S VV	III De	retur	ileu.							
1.	Course Number:	NR	S 2	230								Distance Education	
2.	Course Title:	Clir	nic	al P	harm	acol	ogy l						
3.	Course Sub-Title:	(Opt	tion	al)									
Pro	ogram Type:	Type: LDC ☑ OccPrep ☐ OccSupp ☐				Post Sec Remedial Developmental Edu							
(CF	NOOSE ONE ONLY)	AB	E/G	SED/E	ESL		Oth	er Ad	ult		No	n-Reimbursable	
5.	This Outline is:				New	Sept. 19 Time 1		Σ	3		i	Revised	
6.	Offered for:	Cred	dit	\boxtimes	Cont	d Ed U	Jnits (C	EU)		Prof Development Units (PDU)
7.	Number of Credits: (See hours/credit forn	nula be	elow	/)	3		Approv (List A)		
8.	How many times can to better grade. This refers												
	Once 🖂 Tw	ice		3	Times	5 [] , C	ther	(Spe	cify)		Unlimited	
9.	Course Hours (Instru	ctor wo	rkic	oad/p	ay will	be ba	sed or	the i	nforr	nation	belov	w):	· · · · · · · · · · · · · · · · · · ·
	(CLOCK HOURS	S)*	Нс	ours/V	Veek	Tota	al Cour	se Hoi	urs				
	LECTURE			3			33	1		Depa	artme	nt of Education's f	ormula
	LAB										(F	ull Term Course)	
	LECTURE/LAB									1cre term	dit = 1	I1 <i>Lectur</i> e hours p	er
	TBA LAB HOURS									1 cre per t		22 <i>Lecture/Lab</i> ho	urs
	INDEPENDENT STU	JDY								1 cre	dit =	33 <i>Lab</i> hours per t	erm
	тот	AL		3			33						

		(0)		windian na	uot bo	singlydod if available. May be		
10.	enhanced for Sou	thwestern.)				e included, if available. May be		
	background that natural products clinical decisions evaluating the ef regarding safe a therapeutic beneatth other health	enables students to persons through a regarding using cuffectiveness of drug nd effective use of affits and reduce not still and reduce not the st	o provide sate out the lifespurrent, reliable therapy, teadrugs and nate out of the distribution of the control	re and efformant of the source	dents dents so of in the second secon	introduces the theoretical e care related to drugs and will learn to make selected information, monitoring and from diverse populations i, intervening to increase i communicating appropriately are studied by therapeutic or		
11.	Grading: S,	,U,I 🛛	A,B,C,D,F,I	- 12 (12)	\boxtimes	Either Non-Graded		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ım Grading Criterio	n:	Re	comm	nended Weight or % of Grade		
	201 (1997-20) - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	750/						
		Theory Tests		t		75% 25%		
		Projects		A grade below "C" in nursing theory and/or an				
	(Grade of "C	" or higher = 75% o	r higher)	"Unsa	tisfact	tory" in nursing clinicals indicates has failed and cannot continue in the program.		
12.	Required Pre-R NOTE: This is	equisites: (If more t enformation will be e	than one cou entered into C	rse is list Colleague	ted, pl	ease indicate with OR or AND.) required for students' registration.		
L	Course(s) and I	Min. Grade:	NRS 110 I with "C" gr			Nursing-Health Promotion,		
	Placement Test	: Score:						
	Other:							
	Is Instructor Co	nsent Required to	Register?			Yes 🛛 No 🗆		
13.	Required Concu NOTE: This is	rrent Courses: nformation will be e	ntered into C	Colleague	and I	required for students' registration.		
<u> </u>	Course No(s):	NRS 111 FOUR				IN CHRONIC ILLNESS I and CESSES I		
	Lab(s):							
14.	Does this course	e require a separate	e lab?			Yes No 🗵		
	Course No:		Gra	aded Sep	oarate	ly? Yes		
15.	Is this course pa	art of a sequence?				Yes ⊠ No □		
L	Must the seque	ence be taken in ord	der?	igues de la companya		Yes No 🗆		
	What are the c	ourse sequence nu	imbers?			NRS 110, 111, 230, 232, 112, 231, 233, 222, 221, 224		

16. Is this course double numbered?	s Crs#	No 🖂
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(Use TAB to navigate and add a new row; Use mouse to go to next Section)

Knowledge: (Upon completion of the course the learner will...)

- a) Identify appropriate reliable sources of information in specific areas
- b) Select and interpret basic focused assessments to detect therapeutic effects, side effects and adverse reactions
- Identify drug-drug, drug-food, and drug-natural product interactions for specific classes of drugs for drugs affecting autonomic and central nervous system and cardiovascular-circulatory system.
- d) Integrate the nursing implications and responsibilities of medication administration.
- e) Comprehend evidence based research in determining the actions and side effects of medications and natural products
- f) Know the action, side effects, preferred route, and dosage of medications studied in this course.
- g) Develop instructional materials to use for patient education of medications to promote self-care.
- h) Describe the Pharmokinetics phases: absorption, distribution, metabolism, excretion
- Describe the influence of OTC drugs in relationship to hazards and self care management in today's society
- j) Describe the components of the peripheral nervous system.
- k) Discuss the effects of drugs on the autonomic nervous system.
- List the general characteristics of parasympatholytic agents, gangiloric blockers and stimulants, acetylchoinesterase inhibitors, sympathomimetic and sympatholytic agents.
- m) Differentiate between centrally acting and peripheral acting skeletal muscle relaxants in terms of pharmacokinetics, dynamics, therapeutics and list adverse effects.

Skills: (Upon completion of the course the learner will be able to...)

- Use current, reliable sources of information to access pertinent information about drugs and natural products
- b) Monitor and evaluate the effectiveness of drug therapy using focused assessments
- c) Teach persons from diverse populations focusing on self-management for safe and effective use of drugs and natural products

Attitudes and Values: (Upon completion of the course the learner will have...)

- a) An appreciation of the various cultural beliefs around drugs and natural medications
- b) The ability to value the importance of proper medication administration in regards to patient safety
- c) An appreciation of the adverse effects drugs can have on the various body systems.

1								
18.	Status:	Active		N	Ina	ctive		
19.	Recommended Enrollment:	Lecture	27		L	ab		
20.	Does this course require spec	ial fees?		Y	es		No	\boxtimes
If ye	es, what is the fee?	44 2. 5.	Fee covers:					
					,			
		37 20 31 31						

- 21. Contents Outline: (must be in outline format)

 NOTE: Use Mouse to go to the next Section
- I. Introduction to Pharmacology
 - A. Classification of Drugs
 - B. FDA approval process
 - C. US Drug regulations
- II. Pharmacodynamics and Pharmacokinetics
 - A. Plasma drug levels
 - 1) therapeutic index
 - 2) drug half life
 - 3) loading, maintenance dosing
 - 4) Plateau principle
 - B. Drug actions
 - 1) agonist and antagonist
 - 2) drug receptor theory
 - 3) dose response theory
 - 4) adverse reactions
 - 5) idiosyncratic response
- III. Safety in Drug Administration
- IV. Cultural Influence on Drug Therapy
- V. Psychosocial Factors That Affect Compliance
- VI. Physiologic Factors Affecting Drug Response in Childbearing Clients
 - 1) FDA guidelines for drug therapy for pregnant clients
 - 2) effects of drugs on newborns
- VII. Pediatric Clients
 - pharmacokinetics and dynamic effects of drugs on neonates and pediatric clients
- VIII. OTC Drugs and Nursing Considerations
- IX. Peripheral and Central Nervous System
 - 1) Therapeutic dynamics
 - 2) OTC drugs that are sympathomimetic
 - 3) Centrally acting and peripheral acting skeletal muscle relaxants
 - 4) Functions of the CNS neurotransmitters
 - 5) General characteristics of hypnotics, sedatives and anxiolytics
 - 6) Parkinsons disease
 - a) problems of the disease as it relates to drug therapy
 - b) general characteristics of antiparkinsons agents
 - c) care plan with emphasis on drug therapy
 - 7) Seizures

- a) types and activities with each classification
- b) major seizure medications
- c) care needed for patient receiving seizure medications
- 8. general characteristics of hypnotics, sedatives and anxiolytics
- 9. barbituates vs benzodiazepines
- 10. phases of general anesthesia
 - a) local anesthesia choices to include administration guidelines
- 11. characteristics of hypnotics, sedatives and anxiolytics
- 12. OTC sleep aids
- 13. CNS stimulants
- 14. Ethyl alcohols effect on the body including dependency issues
- 15. Major neurotransmitters involved in mood disorders and bi-polar disorders
- 16. General anesthesia and reversal agents
- 17. Pain
 - a) narcotics compared to morphine sulfate
 - b) ways to measure pain
 - c) therapeutic uses of NSAIDS, acetaminophen, and acetylcystene
 - d) acetaminophen and acetylcystene
- X. Pathophysiology of Hyperuricemic States
 - A. Gout drug therapy
 - 1. Pathophysiology occurring in hyperuricemic states 2
 - B. Pharmacodynamics of prostaglandin synthesis inhibitors and non-PSI
- XI. Cardiovascular System Pharmacodynamics
 - A. Describe the conduction system of the heart
 - 1. Define angina, including types and influencing factors
 - 2. Define the supply and demand theory
 - B. Agents to treat angina(s)
 - 1. anti-anginal
 - 2. Nitrates
 - 3. Calcium channels
 - 4. Beta andrenergic blockers
 - D. Heart failure and types of treatment
 - 1. Cardiac gycosides
 - 2. Angiotensin converting enzyme Inhibitors (ACEI)
 - E. Arrhythmias types and treatment
 - 1.Drug groups related to the cardiovascular system: Class I; Class II; Class IV
 - F. Role of vitamin K in clot formation
 - G. Action of heparin and coumadin on the coagulation cascade
 - H. Compare and contrast heparin, enoxaparin and coumadin

Nurses responsibilities in administering:	
1. Na Heparin	
2. Low molecular weight Heparin	
3. Protamine sulfate	
4. Warfarin Sodium	
5. Vitamin K	
J. Prototype thrombolytic agents and adverse effects	
1. Initiation of treatment with thrombolytic agents	

22. Recommended Text(s): Comple	te citation(s). <i>(This information</i>	is requi	red.)							
Per current course syllabus.										
23. Required Materials/Supplies/Tools:										
Per current nursing program student h	nandbook.									
24. References & Resources used to	develop this course (Print and I	Non-Print	t):							
OCNE Curriculum Development mate										
25. Library Resources for Course St	ipport:		AL AND IN THE	The second leave						
Are the resources in the library adequicourse:	ate to support this Yes		lo 🗆	N/A						
If not, complete the library resources Division Director. (The form can be I Neighborhood/ITT/Outlines/Forms/Lik	ocated using the following path:	Network	course	outline to	the					
26. Outline Developed By:	Barbara A Davey, RN, MS	Date	Januai 2006	ry 25,						
27. Outline Revised By:			Date							
Is there anything you would like to ad-	d that has not been addressed o	n this for	m? Plea	se do so	here:					
	DIVISION DIRECTOR USE ONI	-Y								
This course may be used to fulfill the AAOT General Education Distribution Requiremer Cultural Diversity										
Should this course description be inc	uded in the college catalog?	Yes		No						
Has this course been approved for an		Yes		No						
What is the effective date of this cour		Term:	Fall	Year:	2006					
Division Director: Please submit completed "Library Resources for Course Support" forms to Sharon Tashjian, Tioga Hall, 2nd floor Library when course has been approved and is being added to the Class Schedule.										
FOR OF	FICE OF INSTRUCTION USE C	NLY								
Reimbursable? Reimbursement Code:	Yes No									

COURSE INFORMATION UPDATE

for NEW and REVISED CREDIT COURSE OUTLINES

<u>APF</u>	PROVAL SIGNATURES:	:							<u>D</u>	ATE:	
Divi	sion Director										
Mar	nager								-		
Inst	ructional Council		_IC_							1/31/06	
DIR	<u>ECTIONS:</u> Please neat <u>Incomplete</u>					matio	n below fo	or each	cours	se.	
1.	Course Number:	NRS 2	232							Distance Education	
2.	Course Title:	Patho	phy	siolo	gical	Proc	esses				
3.	Course Sub-Title:	(Option	al)								THE A THE STATE OF
Pro	ogram Type:	LDC	\boxtimes	Occ	Prep		OccSi	app.		Post Sec Remedi Developmental Ec	
(C)	HOOSE ONE ONLY)	ABE/0	3ED/E	ESL		Oth	er Adult		No	n-Reimbursable	
5.	This Outline is:			New	11 (1960) 11 (1960)				F	Revised	
6.	Offered for:	Credit		Cont	'd Ed U	Inits (C	EU)	Prof	Deve	opment Units (PD	υ) 🗆
7.	Number of Credits: (See hours/credit form	ula belov	v)	3			ved for CE oproving A)		
8.	How many times can the better grade. This refers										
	Once 🖂 Twic	ce 🔲	3	Times	s 🔲	C	ther (Spe	ecify)		Unlimited	
9.	Course Hours (Instruc	tor workl	oad/p	ay will	be ba	sed or	the infor	mation	below	/):	
	(CLOCK HOURS)) H	ours/V	Veek	Tota	l Cour	se Hours				
	LECTURE		3			33		Depa	ırtmeı	nt of Education's	formula
	LAB	e grande de la companya de la compan							(F	ull Term Course)	
	LECTURE/LAB							1cred	lit = 1	1 <i>Lecture</i> hours	per
	TBA LAB HOURS							1 cred		22 <i>Lecture/Lab</i> h	ours
	INDEPENDENT STU	DY						1 cred	dit = 3	33 <i>Lab</i> hours per	term
	TOT	AL	3			33					

10.	Course Description: (State approved contained for Southwestern.)	ourse desc	ription must	be included	, if availa	ble. May be	
	This course introduces pathophysiolo states across the lifespan and human make selective clinical decisions regainformation, selecting and interpreting pathophysiological processes, teaching pathophysiological processes, and compathophysiological processes.	responses arding using focused a na persons	s to those pr g current, rel assessments a from divers	ocesses. Si iable source based on k e population	tudents was of path nowledge is regardi	vill learn to hophysiology e of ing	
11.	Grading: S,U,I 🗵 A	,B,C,D,F,I		Either		Non-Graded	
L	Minimum Grading Criterion:		Recon	mended W	eight or %	% of Grade	
	Theory Tests Projects				5% 5%		
	(Grade of "C" or higher = 75% or l	nigher)	"Ŭnsatisfa	actory" in nu nt has failed	rsing clin	eory and/or a licals indicates not continue in	;
12.	Required Pre-Requisites: (If more than NOTE: This information will be ent	an one cou ered into C	rse is listed, Colleague an	please indic d required f	cate with For stude	OR or AND.) nts' registratio	n.
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		with a "C"	grade or hig	ner			_
	Placement Test Score:				was and the second		_
	Other:						
	Is Instructor Consent Required to R	egister?		Yes		No []
13.	. Required Concurrent Courses: NOTE: This information will be ent	ered into C	Colleague an	d required f	or studer	nts' registratio	n.
L	Course No(s): NRS 111 FOUND NRS 230 CLINICA				NIC ILLN	ESS I, and	
	Lab(s):						
14	. Does this course require a separate la	 ab?			Yes	□ No	
L	Course No:	Gra	aded Separa	tely? Yes		No []
15	. Is this course part of a sequence?				Yes	⊠ No	
	Must the sequence be taken in orde	r ?		Ye	s 🛛	No []
	What are the course sequence num	bers?		NRS 112,	3 110, 11 231, 233	1, 230, 232, 3, 222, 221, 22	24
	the second secon						

16.	Is this course double numbered?	Yes	П	Crs#	11.76.46	No	X
10.	is the obarse double numbered:		\sqcup	0,0,7			

(Use TAB to navigate and add a new row; Use mouse to go to next Section)

Knowledge: (Upon completion of the course the learner will...)

- a) have an understanding of selected pathophysiological processes
- b) be able to analyze variables that influence human responses to selected human pathophysiological processes
- c) to describe human responses, across the life span, to selected pathophysiological processes
- d) to discuss the nursing implications of selected nursing research

Skills: (Upon completion of the course the learner will be able to...)

- a) to derive therapeutic nurisng interventions relevant to human responses to selected pathophysiological processes
- b) to apply clinical decision making to specific patient siutations that illustrate select pathophysiological processes

Attitudes and Values: (Upon completion of the course the learner will have...)

a) an appreciation of the effect that illness and injury has on the human body not only locally but systemically

18. Status:	Active	\boxtimes	Ina	ctive		
19. Recommended Enrollment:	Lecture	27	L	ab		
20. Does this course require spec	Yes		No	\boxtimes		
If yes, what is the fee?		Fee covers:				
21 Contents Outline: (must be in	outline forma	at)				

- Contents Outline: (must be in outline format)
 NOTE: Use Mouse to go to the next Section
- I. Metabolic Response to Illness
 - A. Stress Response-Pathophysiological concepts
 - 1. physiological response to surgery
 - 2. psychological response to surgery
 - B. Effects of cortisol and epinephrine
 - C. Metabolic sequence of events
 - 1. response to stress
 - 2. phases of recovery following injury
 - a. nursing implications of each phase of injury response
 - D. Hyper and Hypo function of the adrenal cortex
- II. Altered Tissue Healing
 - A. Immune Response
 - 1. Review A & P
 - 2. natural vs. acquired immunity

- 3. primary and secondary immune response
- 4. humoral vs. cell-mediated response
- B. Wound Healing
 - 1. General Information and Acute Inflammatory Response
 - 2. Three phases of wound healing
 - 3. Methods of Wound Healing
 - 4. Two common complications in wound healing
 - 5. factors that affect healing
- C. Neoplasms
 - 1. Benign and malignant tumors
 - a. Characteristics
 - b. Examples
- III. Fluid, Electrolyte, and Acid-Base Imbalances
 - A. Edema vs Dehydration
 - B. Third Spacing
 - C. Electrolyte imbalances
 - D. Acid-base imbalances
- IV. Altered Neuroregulation
 - A. Overview of anatomy and pathophysiology
 - B. States of consciousness as it relates to underlying pathophysiological mechanisms
 - C. Glasgow Coma Scale
 - D. Causes of coma
 - E. Kater's study
 - F. Seizures
- V. Nervous System
 - A. Overview of anatomy and pathophysiology
 - B. Neuro changes with age: Structural and Functional
 - C. Neurodiagnostics: films, scans, EEG, angiography, LP
 - D. Temperature Regulation
 - 1. Heat Production
 - 2. Heat Loss
 - 3. Heat Conservation
 - 4. Disorders of Temperature Regulation
 - a. Hyperthermia conditions
 - b. Hypothermia conditions
- VI. Alterations in Cognitive Systems
 - A. Coma (metabolic, structural, psychogenic)
 - B. CVA
 - 1. Etiology

- 2. Pathology
- 3. Factors affecting infarction
- 4. Health promotion
- 5. left versus right
- 6. rehab phases
- C. Seizure Activity
 - 1. Pathology of different seizure types
 - 2. International classification of seizures
 - a. Partial
 - b. Complex
 - 3. Management
- VII. Gastrointestinal System
 - A. Review of Anatomy and Physiology
 - B. Accessory organs of digestion
 - C. Diagnostic Tests
 - D. Alterations in the GI system
 - 1. disorders of motility
 - 2. gastritis
 - 3. peptic ulcer syndrome
 - 4. disorders of nutrition
 - 5. disorders of accessory organs
 - 6. Cancer of the digestive system
- VIII. Alterations in Ventilation
 - A. Destructive vs restrictive disorders
 - B. Common infections related to disorders
 - C. Nursing diagnosis
 - D. Oxygenation implementation
 - 1. Types of equipment used
 - E. Anatomy and Physiology of the Lungs (Review)
 - F. Upper Airway Disturbances
 - 1. Infections of Nose and Sinuses
 - 2. Infections of Pharynx and Larynx
 - 3. Obstruction of the Upper Airway
 - 4. Lower Airway Disturbances
 - G. Diagnostics used in Respiratory System
 - H. Acute Respiratory Failure

22. Recommended Text(s): Comple	te citation(s). (This information	is requi	red.)				
Per current course syllabus.							
23. Required Materials/Supplies/Too	ls:			onus, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Per current nursing program student h	nandbook.			W			
24. References & Resources used to	develop this course (Print and	Non-Print	t):				
OCNE Curriculum Development mate	erials		- Alexandra de la companya della companya della companya de la companya della com				
25. Library Resources for Course Su	ipport:						
Are the resources in the library adequ course:	ate to support this Yes		lo 🗆	N/A			
If not, complete the library resources of Division Director. (The form can be I Neighborhood/ITT/Outlines/Forms/Lib	ocated using the following path:	Network	course	outline to	the		
26. Outline Developed By:	Barbara Davey,RN, MS	Date	Janua 2006	ry 25,			
27. Outline Revised By:			Date				
Is there anything you would like to add	uthat has not been addressed o	n this for	m? Plea	se do so	here:		
FOR	DIVISION DIRECTOR USE ON	LY					
This course may be used to fulfill the AAOT General Education Distribution Requiremen Cultural Diversity							
Should this course description be incl	luded in the college catalog?	Yes		No			
Has this course been approved for ar	n R grade?	Yes		No			
What is the effective date of this cour		Term:	Fall	Year:	2006		
Division Director: Please submit completed "Library Resources for Course Support" forms to Sharon Tashjian, Tioga Hall, 2nd floor Library when course has been approved and is being added to the Class Schedule.							
FOR OF	FICE OF INSTRUCTION USE (ONLY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Reimbursable? Reimbursement Code:	Yes No 🗌						

COURSE INFORMATION UPDATE

for NEW and REVISED CREDIT COURSE OUTLINES

<u>APF</u>	PROVAL SIGNATURES	<u>}</u> :							<u></u>	DATE:	
Divi	sion Director								_		
Mar	nager				***************************************		· · · · · · · · · · · · · · · · · · ·		_		
Inst	ructional Council		_IC						_	1/31/06	
DIR	ECTIONS: Please nea Incomplete					rmatioi	n below fo	r each	cours	se.	
1.	Course Number:	NRS	112							Distance Education	
2.	Course Title:	Four	datio	ons o	f Nui	sing	in Acut	e Car	e l		
3.	Course Sub-Title:	(Optio	nal)							and the second	***************************************
Pro	ogram Type: HOOSE ONE ONLY)	LDC		Occl	Prep		OccSi	ıpp		Post Sec Remedial/ Developmental Educ	
(01		ABE	GED/	ESL"		Oth	er Adult		No	n-Reimbursable	
5.	This Outline is:			New			\boxtimes		F	Revised	
6.	Offered for:	Credit		Cont'	d Ed U	Jnits (C	EU).	Prof	Deve	lopment Units (PDU)	
7.	Number of Credits: (See hours/credit form	nula belc	w)	6			ved for CE oproving A		: 45. 		
8.	How many times can better grade. This refer										
	Once 🗵 Tw	ice [3	Times	S. []	l C	ther (Spe	cify)		Unlimited	
9.	Course Hours (Instru	ctor work	load/p	ay will	be ba	sed or	the infor	mation	belov	v):	
	(CLOCK HOURS	S) I	lours/V	Veek	Tota	al Cours	se Hours		*********		
	LECTURE	in the second	3			33		Depa	artmei	nt of Education's fo	rmula
	LAB								(F	ull Term Course)	
	LECTURE/LAB		6			66		1cred	dit = 1	1 Lecture hours pe	er
	TBA LAB HOURS					****		1 cre per te		22 <i>Lecture/Lab</i> hou	rs
	INDEPENDENT STU	JDY.						1 cre	dit = 3	33 <i>Lab</i> hours per te	rm
	TOT	TAL	9			99					

10. Course Descrip enhanced for S		roved cours	se desc	rintion r	nuet h	habulari e	: = - : - :	labla Mayba	1		
This course in				puon i	nust be	s moluded,	ıı avaı	lable. Iviay be			
relevant techn Disease/illnes procedures ar	troduces the lea ical procedures) s trajectories an e considered in . Includes class) for care o d their tran relation to	f patien Islation their im	ts durin into clin pact on	g an ad ical pro provid	cute episo actice guid ing cultura	de of d elines	isease/illness. and/or standard			
11. Grading:	S,U,I		C,D,F,I		\boxtimes	Either		Non-Graded			
Minir	num Grading Ci	riterion:		Re	ecomm	nended We	eight or	· % of Grade	v. V		
	Theory						D.W. Green				
	Tests					30)%				
	Projects)%				
	Clinical					60)%				
(Grade of '	(Grade of "C" or higher = 75% or higher)						A grade below "C" in nursing theory and/or an "Unsatisfactory" in nursing clinicals indicates the student has failed and cannot continue in the program.				
12. Required Pre-	Requisites: (If m	nore than o	ne cou	rse is lis colleague	sted, pl	ease indic r equired for	ate witl	n OR or AND.) ents' registration.			
Course(s) and	NRS 230 NRS 232					Foundations of Nursing in Chronic Illness I, Clinical Pharmacology I, Pathophysiological Processes I, grade or higher					
Placement Te	st Score:										
Other:											
Is Instructor C	onsent Require	ed to Regis	ster?		e de la composición Composición	Yes	Σ				
13. Required Conc NOTE: This	current Courses:	be entered	d into C	olleagu	e and ı	required fo	or stude	ents' registration.			
Course No(s): NRS 231 C	linical Pha	rmacol	ogy II ar	nd			·			
	NRS 233 P	athophysic	ological	Proces	ses II			480-74			
Lab(s):											
14. Does this cour	se require a sep	arate lab?			5		Yes	No			
Course No:	12 12 14 14 15		Gra	ided Se	paratel	y? Yes] No [
15. Is this course p	oart of a sequen	ce?					Yes	No No			
Must the sequ	uence be taken i	in order?			19 19 19 19 19 10 19 19 19 19	Yes	Σ	☑ No □			
What are the	course sequenc	ce numbers	∍ ?		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			11, 230, 232, 33, 222, 221, 224			
16. Is this course of	double numbere	d?	res [□ Cr	s#			No	\boxtimes		

(Use TAB to navigate and add a new row; Use mouse to go to next Section)

Knowledge: (Upon completion of the course the learner will...)

- a) Gain an understanding of the emotional, financial and knowledge that client and family have of the presenting condition
- b) Recognize how therapeutic communication skills assist in developing therapeutic relationship with patients and families.
- c) Understand the roles health care providers play in the therapeutic milieu of the client
- d) Gain an understanding of the importance to consult with experienced nurses regarding delegation needs for client care
- e) Differentiate between the terms acute and chronic as related to functional ability, onset, manifestations, duration

Skills: (Upon completion of the course the learner will be able to...)

- a) Conduct and interpret health data
- b) Develop a plan of care that is family-centered, age and culturally appropriate
- c) Interpret health data focusing on physiologic and behavioral parameters
- d) Use evidence including clinical guidelines and integrative literature reviews
- e) Implement care plans for patients with common acute conditions
- f) Manage common symptoms such as acute pain
- g) Follow standard procedures for performing skills safely
- h) Use expected illness trajectory, monitor progress toward recovery, occurrence of complications and client's response to interventions
- i) Use therapeutic communications skills in the development of therapeutic relationships with patients and families
- j) Identify roles of health team members providing care to clients with acute conditions

Attitudes and Values: (Upon completion of the course the learner will have...)

- a) The ability to value the differences of cultures, age, and family on health care practices
- b) An appreciation of the uses of effective communication to establish therapeutic relationships and advocacy for health behavior change
- c) Confidence in ability to provide safe nursing care for clients with acute illnesses
- d) The ability to value the importance of rapid assessment and intervention in acute care
- e) An appreciation of the importance of applying ANA Code of Ethics to care of patients in acute conditions

18.	Status:	Active		Ina	active		
19.	Recommended Enrollment:	Lecture			_ab	2	27
			27			determined State E Nursin	of 1:9 as d by Oregon Board of g will be tained
20.	Does this course require spec	cial fees?		Yes	\boxtimes	No	
If ye	s, what is the fee?	*PCBP	Fee covers:	*PCBP=P	er Current	Board Policy	/

	Lab Supplies & equipment

- 21. Contents Outline: (must be in outline format)

 NOTE: Use Mouse to go to the next Section
- I. Health Assessment of Clients with Acute Illnesses
 - A. Culturally and age appropriate
 - B. Physiological and behavioral parameters
 - C. Parameters of condition manifestations
 - 1. Progression
 - 2. Resolution
 - D. Clients response to acute conditions
 - 1. Emotional
 - 2. Physical
 - E. Plans of care
 - 1. Family-centered
 - 2. Age and culturally appropriate
 - 3. Clinical guidelines/integrative literature
 - F. Common acute conditions (pulmonary, cardiovascular, metabolic, acute anxiety, normal delivery and post-partum
 - 1. Common symptoms such as acute pain
 - 2. Standard procedures performed safely
 - 3. Expected illness or pregnancy trajectory
 - 4. Monitoring progress toward recovery including birth
 - 5. Common complications
 - 6. Client's response to interventions
 - G. ANA Code of Ethics
 - H. Legal and ethical issues
 - 1. Patient decision-making
 - 2. Informed consent
 - I. Therapeutic communication skills
 - 1. Use in an acute environment
 - J. Roles of health care team members in acute care environment
 - K. Delegation of care
 - 1. Who
 - 2. When
 - 3. Why

22. Recommended Text(s): Complete citation(s). (This information is required.)									
Per current course syllabus.									
23. Required Materials/Supplies/Tools:									
Per current nursing program student h									
24. References & Resources used to	develop this course (Print and	Non-Prin	t):						
OCNE Curriculum Development mate	rials								
25. Library Resources for Course Su	ipport:			1 20	a - I				
Are the resources in the library adeque course:	ate to support this Yes		No 🗆	N/A					
If not, complete the library resources Division Director. (The form can be I Neighborhood/ITT/Outlines/Forms/Lik	ocated using the following path:	Network	s course (outline to	o the				
26. Outline Developed By:	Barbara A Davey, RN, MS	Date	Janua 2006	ry 25,					
27. Outline Revised By:			Date						
Is there anything you would like to ad-	d that has not been addressed o	n this for	m? Plea:	se do so	here:				
FOR	DIVISION DIRECTOR USE ON	LY							
This course may be used to fulfill the AAOT General Education Distribution Requirement Cultural Diversity									
Should this course description be inc	uded in the college catalog?	Yes		No					
Has this course been approved for an	•	Yes		No					
What is the effective date of this cour		Term:	Fall	Year:	2006				
Division Director: Please submit completed "Library Resources for Course Support" forms to Sharon Tashjian, Tioga Hall, 2nd floor Library when course has been approved and is being added to the Class Schedule.									
FOR OF	FICE OF INSTRUCTION USE (ONLY	, 600 600						
Reimbursable? Reimbursement Code:	Yes No No								

COURSE INFORMATION UPDATE

for NEW and REVISED CREDIT COURSE OUTLINES

APPROVAL SIGNATURES:							DATE:						
Divi	sion Director				·				-				
Man	ager						CONTROL OF THE PARTY OF THE PAR		_				
Instructional CouncilIC						1/31/06							
DIR.	ECTIONS: Please near Incomplete					itior	n below for	each	cours	e.			
1.	Course Number:	NRS 231								Distance Education			
2.	Course Title:	Clinic											
3.	. Course Sub-Title: (Optional)												
Program Type:		LDC		OccPre	p E		OccSu	ор		Post Sec Remedial/ Developmental Educ			
(Cr	HOOSE ONE ONLY)	ABE/GED/E		ESL [] (Other Adult			Non-Reimbursable				
5.	This Outline is:	New 🖂						R	Revised				
6.	Offered for:	Credit	redit 🛛 Cont'd Ed Units (CEU) 🔲 Prof Deve						Devel	lopment Units (PDU)			
7.	Number of Credits: (See hours/credit formula below) 3 Approved for CEUs: (List Approving Agency) () () () () () () () () () (
8.	How many times can to better grade. This refers												
	Once 🛛 Twi	5445 RD 5, 5	Besself addition	3 Times		4a54676	ther (Spec	:25:tum:0.		Unlimited [
9.	Course Hours (Instruc	tor work	load/p	ay will be	based	on	the inforn	nation	below	<i>י</i>):			
	(CLOCK HOURS) F	lours∧	Week T	otal Co	ours	e Hours						
	LECTURE		3		33			Department of Education's formula					
	LAB							(Full Term Course)					
	LECTURE/LAB							1cred term	dit = 1	1 Lecture hours per			
	TBA LAB HOURS							1 cre per te		22 <i>Lecture/Lab</i> hours			
	INDEPENDENT STU	IDY						1 cre	dit = 3	33 <i>Lab</i> hours per term			
	ТОТ	AL	3				33						

10.	Course Description: (State approved course description must be included, if available. May be enhanced for Southwestern.)									
	This is the second course in the pharmacology sequence. Clinical Pharmacology II continues to provide the theoretical background that enables students to provide safe and effective care related to drugs and natural products to persons throughout the lifespan. Students will learn to make selected clinical decisions regarding using current, reliable sources of information, monitoring and evaluating the effectiveness of drug therapy, teaching persons from diverse populations regarding safe and effective use of drugs and natural products, intervening to increase therapeutic benefits and reduce potential negative effects, and communicating appropriately with other health professionals regarding drug therapy. The course addresses additional classes of drugs and related natural products not contained in Clinical Pharmacology This course starts with drugs related to the renal system and includes drug name, drug intended actions, side effects, drug interactions, and nursing management including teaching plans for clients. A review of anatomy and physiology for each system is also included. The course covers related nursing diagnoses and collaborative nursing problems. Other drugs included are hypertensives, hyperlipidemias, diuretics, and vasodilators. The respiratory system starts with drugs related to the nasal passage mucous membranes down through the lungs. Drugs for asthma and other COPD diseases, GI system (upper and lower) diseases and problems, endocrine system drugs including the pancreas, endocrine and exocrine glands. Diabetes Mellitus drug therapy and treatments are covered extensively. The immune system in relation to the inflammatory response and drugs that effect the response are explored such as immunosuppressives. The last major system covered is the immune system as it relates to the various forms of cancer and subsequent infections. Antitubercular and antival drugs are also covered.									
11.	Grading: S,U,I 🗵	A,B,C,D,F,I		\boxtimes	Either		Non-Gra	ded		
	Minimum Grading Criterior	ı:	R	ecomn	nended We	ight or	% of Grad	de		
	Theory Tests Projects (Grade of "C" or higher = 75% or higher)			75% 25% A grade below "C" in nursing theory and/or an "Unsatisfactory" in nursing clinicals indicates the student has failed and cannot continue in the program.						
12.	Required Pre-Requisites: (If more than one course is listed, please indicate with OR or AND.) NOTE: This information will be entered into Colleague and required for students' registration.								1	
<u> </u>	Course(s) and Min. Grade:	Foundations of Nursing in Chronic Illness I, Clinical Pharmacology I, Pathophysiological Processes I, ade of "C" or higher								
	Placement Test Score:							11		
	Other:									
	Is Instructor Consent Required to Register?									
13.	Required Concurrent Courses: NOTE: This information will be entered into Colleague and required for students' registration.									
L	Course No(s): NRS 112 FOUNDATIONS OF NURSING IN ACUTE CARE I, and									

NRS 233 PATHOPHYSIOLOGICAL PROCESSES II

	Lab(s):				Management of the Control of the Con						
14.	Does this course require a separate	Yes		No							
	Course No:		Gra	ded	Separately?	Yes		1	No 🗆		
15.	Is this course part of a sequence?								No		
	Must the sequence be taken in order?							1	vo 🗆		
								S 110, 111, 230, 232, , 231, 233, 222, 221, 224			
16.	Is this course double numbered?	Ye	es [Crs#				No	\boxtimes	

Objectives

(Use TAB to navigate and add a new row; Use mouse to go to next Section)

Knowledge: (Upon completion of the course the learner will...)

- a) Identify appropriate reliable sources of drug information covered in this course.
- b) Select and interpret basic focused assessments to detect therapeutic effects, side effects and adverse reactions
- c) Identify drug-drug, drug-food, and drug natural product interactions for specific classes of drugs, for drugs affecting autonomic and central nervous system and cariovascular-circulatory system.
- d) Integrate the nursing implications and responsibilities of medication administration.
- e) Comprehend evidence based research in determing the actions and side effects of medications and natural products
- f) Know the action, side effects, preferred route, and dosage of medications studied in this course.
- g) Develop instructional materials to use for patient education of medications to promote self-care.
- h) Describe the Pharmokinetics phases; absorption, distribution, metabolism, excretion
- i) Describe the influence of OTC drugs in relationship to hazards and self care management in today's society
- j) Describe the components of the peripheral nervous system
- k) Discuss the effects of drugs on the renal system, circulatory (hypertensive disorders), respiratory system, GI tract, endocrine and exocrine organs, and immune system
- List the general characteristics of hyperlipidemics, thiazides, diuretics, ACE inhibitors, vasodilators, decongestants, cholinergics, mimetics, H2 blockers, gastric stimulants, hormones, vasopressin and oytoxin, hypo and hyper glycemic agents, corticoids, insulins, beta blockers, cortizones, histamines, nonsteroidal anti-inflammatories, immunosuppresants and stimulants, antimicrobials, and sulfadines.
- m) Differentiate between centrally acting and pheripheral acting drugs.

Skills: (Upon completion of the course the learner will be able to...)

- a) Use current, reliable sources of information to access pertinent information about drugs and natural products
- b) Monitor and evaluate the effectiveness of drug therapy using focused assessments.
- c) Teach persons from diverse populations focusing on self-management for safe and effective use of drugs and natural products

Attitudes and Values: (Upon completion of the course the learner will have...)

- a) An appreciation of the various cultural beliefs around drugs and natural medicines
- b) The ability to value the importance of proper medication administration in regards to patient safety
- c) An appreciation of the adverse effects drugs have on the various body systems.

18.	Status:	Active			Ina	ictive		
19.	Recommended Enrollment:	Lecture	27			_ab		
20.	Does this course require spec	cial fees?		Y	es		No	\boxtimes
If ye	es, what is the fee?		Fee covers:					

21. Contents Outline: (must be in outline format) NOTE: Use Mouse to go to the next Section

All drugs in each group will include pharmacokinetics, dynamics, therapeutics, and the most common adverse side effects. Students will also learn the nursing management, develop related nursing diagnoses and collaborative nursing problems and briefly overview the anatomy and physiology of each group.

- I. Drug Groups related to the cardiovascular system
 - A. Bile acid resins, fibric acid derivatives, HMG-COA reductase inhibitors, Nicotinic acid
 - B. Diuretics: thiazides, loop diuretics, potassium sparing, acetolamide, osmotic diuretics
 - C. Hypertension management: ACE inhibitors, ARB, Beta adrenergic blockers, calcium channel inhibitors, sympatholytics, catecholamine depletors, vasodilators, nipride
- II. Drug groups related to the respiratory system
 - A. nasal decongestants, antitussive, mucolytic
 - B. sympathomimetics, methylxanthines, anticholinergics, glucocorticoids, mast cell stabilizers
- III. Drugs affecting the upper and lower GI tracts
 - A. GERD, PUD
 - B. Antacids
 - C. PPI
 - D. H2 blockers
 - E. PSI
 - F. Gastric stimulants
- IV. Drugs related to the hormone systems
 - A. Endocrine system
 - 1. growth hormones
 - 2. ACTH
 - 3. TSH
 - 4. Vasopressin
 - 5. Oxytocin
- V. Diabetes Mellitus:
 - A. Contrast the treatment choices for NIDDM and IDDM
 - B. Hypoglycemic agents, hyperglycemic agents
- VI. Thyroid dysfunction
 - A. synthroid
 - B. thyroid USP
 - C. liotrix
 - D. PTU
 - E. Lodides
 - F. Beta blockers
- VII. Adrenal Corticoid Hormones
 - A. hydrocortizone
 - B. fludrocortizone

C. testosterone

VIII. Inflammatory Process

- A. Summarize the steps
- B. Impact of drugs on the process
- C. Immunosuppresants
 - 1. Histamine receptor agonists/antagonists
 - 2. Nonsteroidal anti-inflammatory
 - 3. Immunosuppressant and immunostimulants
 - 4. chemotherapeutic agents
 - 5. interferon
 - 6. cyclosporine
- D. Discuss the process of carcinogenesis
- E. Summarize the chain of infection
 - 1. Penicillins
 - 2. Cephalosporins
 - 3. Uricosurics
 - 4. Sulfa agents
 - 5. Aminoglycosides
 - 6. miscellaneous
 - F. Antimycotics and antitubercular agents

22. Recommended Text(s): Comple	te citation(s). <i>(This informatic</i>	n is requ	ired.)		
Per current course syllabus.					
23. Required Materials/Supplies/Too	ls:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Per current nursing program student h	andbook.				
24. References & Resources used to	develop this course (Print and	Non-Prin	ıt):		1 Miles
Oregon Consortium for Nursing Educa offers this course	ation (OCNE) materials, and co	ourse outli	ne from a	ı college	e who
25. Library Resources for Course Su	pport:				
Are the resources in the library adequations:	ate to support this Yes		No 🗆	N/A	
If not, complete the library resources of Division Director. (The form can be longly Neighborhood/ITT/Outlines/Forms/Lib	ocated using the following path	: Network		outline t	o the
26. Outline Developed By:	Barbara Davey, RN, MS		Date	Janua 2006	ry 25,
27. Outline Revised By:			Date		
Is there anything you would like to add	that has not been addressed	on this for	m? Plea	se do so	here:
FOR	DIVISION DIRECTOR USE ON	ILY			
This course may be used to fulfill the f AAOT General Education Distribution Requirement Cultural Diversity					
Should this course description be inclu	uded in the college catalog?	Yes		No	
Has this course been approved for an	R grade?	Yes		No	
What is the effective date of this cours	se? (If new)	Term:	Fall	Year:	2006
Division Director: Please submit comp Sharon Tashjian, Tioga Hall, 2nd floor the Class Schedule.					
FOR OFF	ICE OF INSTRUCTION USE	ONLY			
Reimbursable? Reimbursement Code:	Yes No				

COURSE INFORMATION UPDATE for NEW and REVISED *CREDIT* COURSE OUTLINES

APF	<u>'ROVAL SIGNATURES</u>	:									<u> </u>	DATE:		
Divi	sion Director				·						_			
Mar	ager										_			
Inst	uctional Council		************								_			
DIR	ECTIONS: Please nea						rmatio	n belo	ow fo	r each	cour	se.		
	<u>Incomplete</u>	HOIII	is w	iii be	retur	nea.								
1.	Course Number:	NR	S 2	233			to to the control of					Distance Education		
2.	2. Course Title: Pathophysiological Processes II													
3.	Course Sub-Title:	(Op	tion	al)										
	ogram Type:	LD	C		Occ	Prep		0	ccSu	pp		Post Sec Remedi Developmental Ed		
(C)	HOOSE ONE ONLY)	ABE/GED/ESL					Other Adult		lult	│ □ │ No		n-Reimbursable		
5.	This Outline is:	ASSESSED AND AND AND AND AND AND AND AND AND AN			New	1			\boxtimes			Revised		
6.	Offered for:	Cre	dit		Cont	'd Ed l	Jnits (C	EU)		Pro	f Deve	elopment Units (PD	U) 📗	
7.	Number of Credits: (See hours/credit form	nula b	elow	v)	3		Approv (List A				у)			
8.			s course be taken for credit? (This is not the san											
	better grade. This refers	ar**9607-341	w m	1, 15:07:09:	nes a s Time	1775	CUATANTO	GCC-CM-10	n a very a		ranscr		urse.)	
9.	Course Hours (Instruc	3 10034 4		(114) A (15)		1950	-5000.000-000-0	errando albación	(Spe	Service Control		Unlimited	Ш	
<u>J.</u>	(CLOCK HOURS	and although on	4.2.3.2.5	ours/V	A St. Manager	nahysazratai	al Cour	1.18.05012	er cakeri ara	natioi	ı pelo	vv).		
	LECTURE	1	San Sy	3	veek	100	-12 C 6 21 (1564 - 172	test takitsi	uis	D = 10			6	
							33)		Dep	artme	ent of Education's	tormula	
	LAB										(F	full Term Course)		
	LECTURE/LAB	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1								1cre term		11 <i>Lecture</i> hours	per	
	TBA LAB HOURS										edit = term	22 <i>Lecture/Lab</i> h	ours	
	INDEPENDENT STU	YDV								1 cr	edit =	33 <i>Lab</i> hours per	term	
	ГОТ	'AL		3			33							

10.	Course Description: (State enhanced for Southwestern	approved	d course desc	ription n	nust be	e included,	if avai	lable. May be		
	This sequel to Pathophysi that contribute to disease Students will learn to make of pathophysiology inform knowledge of pathophysiological procest pathophysiological procest not contained in Pathophysiological process not contained in Pathoph	states ac se select ation, se logical p ses, and ses. The	cross the lifes ed clinical ded lecting and in rocess, teach I communicati e course addr	pan and cisions raterpreting ing persing with	huma egardi g focu ons fro other h	in responseing using cu sed assessom diverse nealth profe	es to thurrent, sments populates populates	nose processes. reliable sources s based on ations regarding als regarding		
11.	I Grading: S,U,I		A,B,C,D,F,I		\boxtimes	Either		Non-Graded		
	Minimum Gradir				ecomm	nended We	ight or	% of Grade		
	Theory Tes Pro					75 25				
	(Grade of "C" or higher	·= 75% (or higher)	the student has failed and cannot continue i the program.						
12.	Required Pre-Requisites: NOTE: This information	(If more will be	than one cou entered into C	rse is lis Colleague	ted, pl	ease indica r equired fo	ate with or stude	n OR or AND.) ents' registration.		
L	Course(s) and Min. Grade) :	NRS 111 F	oundat	ons of	Nursing in	Chror	nic Illness I,		
			NRS 230 (
				•	•	gical Proce	sses I	1		
			with a grad	de of "C'	or hig	ner			-	
	Placement Test Score:								-	
	Other:						ul d	Enter the North		
	Is Instructor Consent Rec	uired to	Register?			Yes		☑ No □		
13.	Required Concurrent Cour NOTE: This information	ses: will be e	entered into C	olleague	e and i	r equired fo	r stude	ents' registration.		
	Francisco de la companya de la comp		NDATIONS C ICAL PHARM			N ACUTE	CARE	I, AND		
	Lab(s):									
14.	Does this course require a	separat	e lab?				Yes	□ No	\boxtimes	
	Course No:		Gra	ided Sel	oaratel	y? Yes				
15.	Is this course part of a sec	uence?					Yes	│ ⊠ No │		
	Must the sequence be ta	cen in or	der?			Yes		☑ No □		

	What are the course sequence numb	ers?		NRS 110, 111, 230, 232, 112, 231, 233, 222, 221, 224	
16.	Is this course double numbered?	Yes	Crs#	No 🛛]

Objectives

(Use TAB to navigate and add a new row; Use mouse to go to next Section)

Knowledge: (Upon completion of the course the learner will...)

- a) Access and interpret current, reliable information about selected pathophysiological processes
- b) Explain how the risk factors of diseases relate to specific pathophysiological processes
- c) Describe selected pathophysiological processes in appropriate terms
- d) Explain how the signs and symptoms relate to specific pathophysiological processes
- e) Explain which signs and symptoms to report to a health professional

Skills: (Upon completion of the course the learner will be able to...)

- a) Select and interpret focused assessments based on knowledge of clinical manifestations and potential complications of selected pathophysiological processes
- b) Teach persons from diverse populations regarding selected pathophysiological processes
- Communicate appropriately with other health professionals regarding selected pathophysiological processes
- d) Use appropriate technical language, clarify technical details of pathophysiological processes and prioritize and report pertinent information regarding a patient's status.

Attitudes and Values: (Upon completion of the course the learner will have...)

- a) developed an appreciation of the complexity of disease processes
- b) value the importance of using correct terminology to discuss disease processes with patients.

18. Status:	Active	\boxtimes	Ina	ictive		
19. Recommended Enrollment:	Lecture	27	lag digitalisti.	_ab		
20. Does this course require spec	ial fees?		Yes		No	\boxtimes
If yes, what is the fee?		Fee covers:				
21. Contents Outline: (must be in	outline forma					

NOTE: Use Mouse to go to the next Section

I. Cardiovascular disorders

- A. Review the Normal Cardiovascular System
- B. Heart Disorders
 - 1. Diagnostic Tests for Cardiac Function
 - 2. General Treatment measures for Cardiac Disorders
 - a. Coronary Artery Disease
 - b. Ischemic Heart Disease
 - c. Cardiac Arrythmias
 - d. Congestive Heart Failure
 - e. Congenital Heart Defects
 - Inflammation and Infection in the Heart
 - Vascular Disorders

- a. Arterial Diseases
- b. Venous Diseases
- 4. Shock
- II. Urinary System Disorders
 - A. Review of the Urinary System
 - B. Incontinence and Retention
 - C. Diagnostic Tests
 - 1. Urinalysis
 - 2. Blood Tests
 - 3. Other tests
 - D. Diuretic Drugs
 - E. Dialysis
 - F. Disorders of the Urinary System
 - 1. Urinary Tract Infections
 - 2. Inflammatory disorders
 - G. Urinary Tract Obstructions
 - 1. Urolithiasis
 - 2. Hydronephrosis
 - 3. Tumors
 - H. Vascular Disorders
 - 1. Nephrosclerosis
 - I. Congenital Disorders
 - J. Renal Failurer
- III. Disorders of the Eye and Ear
 - A. The Eye
 - 1. Review of normal structure and function
 - 2. diagnostic tests
 - 3. structural defects
 - 4. infections and trauma
 - 5. glaucoma
 - 6. cataracts detached retina
 - 7. macular degeneration
 - B. The Ear
 - 1. Review of Normal Structure and function
 - 2. Hearing Loss
 - 3. Ear infections
 - 4. chronic disorders of the ear
- IV Endocrine Disorders
 - A.. Review of the endocrine system

- B. Endocrine disorders
- C. Insulin and Diabetes Mellitus
 - 1. comparison of Type I and Type II diabetes
 - 2. Pathophysiology
 - 3. Signs and Symptoms
 - 4. Diagnostic Tests
 - 5. Treatment
 - 6. Complications
- D. Parathyroid Hormone and Calcium
- E. Pituitary Hormones
- F. Growth Hormones
- G. Antidiuretic Hormones
 - 1. diabetes insipidus
 - 2. inappropriate ADH syndrome
- H. Thyroid Disorders
 - 1. Goiter
 - 2. Hyperthyroidism (Graves)
 - 3. Hypothyroidism
- I. Adrenal Glands
 - 1. Adrenal Medulla
 - 2. Adrenal Cortex
- V. Musculoskeletal Disorders
 - A. Review of musculoskeletal system
 - 1. trauma: fractures, dislocation, sprains and strains
 - B. Bone disorders
 - 1. osteoporosis
 - 2. Paget's Disease
 - 3. Bone Tumors
 - C. Disorders of Muscle, Tendons and Ligaments
 - 1. Muscular Dystrophy
 - 2. Primary Fibromyalgia Syndrome
 - D. Joints
 - 1. Osteoarthritis
 - 2. Rheumatoid Arthritis
 - 3. Infectious Arthritis
 - 4. Gout
 - 5. Ankylosing Spondylitis
- VI. Skin
 - A. Review of Normal Skin

- B. Skin Lesions
 - 1. Diagnostic Tests
 - 2. General Treatment Measures
- C. Inflammatory Disorders
 - 1. Contact dermatitis
 - 2. Hives
 - 3. Atopic Dematitis
 - 4. Psoriasis
 - 5. Lupus
 - 6. Scleroderma
- D. Skin Infections
 - 1. bacterial
 - 2. viral
 - 3. fungal
- E. Skin Tumors
 - 1. Keratoses
 - 2. Squamous Cell Carcinoma
 - 3. Malignant Melanoma
 - 4. Kapoi's Sarcoma

22. Recommended Text(s): Comple	te citation(s). (This information	is requi	red.)		
Per current course syllabus.					
23. Required Materials/Supplies/Too	ls:				
Per current nursing program student l					
24. References & Resources used to	o develop this course (Print and I	Non-Print	:):		
Oregon Consortium for Nursing Educ	ation (OCNE) materials				
25. Library Resources for Course Su	ıpport:				
Are the resources in the library adequourse:	ate to support this Yes	⊠ N	lo 🗆	N/A	
If not, complete the library resources Division Director. (The form can be l Neighborhood/ITT/Outlines/Forms/Lik	ocated using the following path:	Network	course	outline to	o the
26. Outline Developed By:	Barbara Davey, RN, MS		Date	Janua 2006	ry 25,
27. Outline Revised By:			Date		
Is there anything you would like to ad	l that has not been addressed o	n this for	m? Plea	se do so	here:
is there arrything you would like to do	a triat rido not boor addressed of				
FOR	DIVISION DIRECTOR USE ONL	Υ .	Walley Care		
This course may be used to fulfill the	following degree requirements:	Annual Caramitan			
AAOT General Education					
Distribution Requiremer	it 🗆				
Cultural Diversity					
Should this course description be inc	luded in the college catalog?	Yes		No	
Has this course been approved for a	n R grade?	Yes		No	
What is the effective date of this coul		Term:	Fall	Year:	2006
Division Director: Please submit com Sharon Tashjian, Tioga Hall, 2nd floo the Class Schedule.	npleted <i>"Library Resources for</i> or Library when course has been	Course approved	Support d and is b	" forms eing ad	to ded to
FOR OF	FICE OF INSTRUCTION USE O	NLY	gar stage of the		Servind
Reimbursable?	Yes 🗌 No 🗌		· January		
Reimbursement Code:					

COURSE INFORMATION UPDATE

for NEW and REVISED CREDIT COURSE OUTLINES

<u>APP</u>	ROVAL SIGNATURES	:							<u>D</u>	PATE:
Divis	sion Director						-			
Man	ager								•	
Instr	uctional Council			IC	·				_	1/31/06
DIRE	<u>-CTIONS:</u> Please <i>nea</i> <u>Incomplete</u>					rmatior	n below for	r each	cours	se.
1.	Course Number:	NRS	222							Distance Education
2.	Course Title:	Four	ndatio	ons o	f Nu	rsing	in Acute	e Car	e II 8	& End-of-Life
3.	Course Sub-Title:	(Optio	onal)							
	ogram Type:	LDC		Осс	Prep		OccSu	pp		Post Sec Remedial/ Developmental Educ
(CF	IOOSE ONE ONLY)	ABE	/GED/I	ESL		Oth	er Adult		No	n-Reimbursable 🔲
5.	This Outline is:	e de la composition della comp		New			\boxtimes	distribution of the second of	F	Revised
6.	Offered for:	Credit		Cont	'd Ed l	Jnits (C	EU) 🗆	Pro	f Deve	lopment Units (PDU)
7.	Number of Credits: (See hours/credit form	nula belo	ow)	9			ed for CE oproving A		')	
8.	How many times can to better grade. This refers									peating a course for a pt for the same course.)
	Once 🛛 Tw	ice []3	Time	s E] c	ther (Spe	cify)		Unlimited
9.	Course Hours (Instru	ctor worl	kload/p	ay will	be ba	sed or	the inforr	nation	belov	v):
	(CLOCK HOURS	s) .	Hours∧	Veek	Tota	al Cours	se Hours			
	LECTURE		4			44		Depa	artme	nt of Education's formula
	LAB		9			99			(F	ull Term Course)
	LECTURE/LAB		4			44		1cred		1 Lecture hours per
	TBA LAB HOURS							1 cre per t		22 Lecture/Lab hours
	INDEPENDENT STU	JDY.						1 cre	edit = 3	33 <i>Lab</i> hours per term
	. ТОТ	AL.	17			187	7			

10.	Course Description: (State approved enhanced for Southwestern.)	course desc	ription m	nust be	included, if ava	ilable. May be	
	This course builds on Nursing in Ac patient care situations some of which and some of which may result in de assessments, and effective, efficier cultural variables, and legal aspects patient choices for treatment or pal incorporate prioritizing care needs, discharge planning. Exemplars incaffecting multple body systems. Inc	ch require streath. The event nursing into sof care france liative care with delegation allude acute p	rong reco idence b ervention ne the et rithin the nd super sychiatric	ognitio ase su ns is e hical c acute vision c disor	nal skills, rapid of appropy appropy appropersion appropersion appropersion and appropersion app	lecision making, riate focused in factors, employed in ase scenarios teaching for acute conditions	
11.	Grading: S,U,I 🗵	A,B,C,D,F,I		\boxtimes	Either	Non-Graded	\Box
	Minimum Grading Criterio	n:	Re	comm	ended Weight o	r % of Grade	4 2 4
	Theory						
	Tests				30%		
	Projects				10%		
	Clinical				60%		
	(Grade of "C" or higher = 75% o	r higher)	"Ünsa	tisfact	ory" in nursing cl	theory and/or an linicals indicates annot continue in	
12.	Required Pre-Requisites: (If more t NOTE: This information will be e						
	Course(s) and Min. Grade:	NRS 231	Clinical F Pathophy	Pharma siolog	ical Processes II		
	Placement Test Score:						1
	Other:	1					1
	Is Instructor Consent Required to	Register?		Nista.	Yes	☑ No □	1
13.	Required Concurrent Courses: NOTE: This information will be ea	ntered into C	olleague	and r	equired for stud	ents' registration.	
	Course No(s):	An ANNA KIR KAMPANI ARIS AND SPECIAL S			,		
	Lab(s):	y			-		1
14.	Does this course require a separate	lab?			Yes	□ No I	一
<u> </u>	Course No:	ezheta eta biba	ded Sep	arately			T
15.	Is this course part of a sequence?	· 年前原制和機器。於			Yes		
	Must the sequence be taken in ord	er?			Yes	☑ No □	
	What are the course sequence nur			(Pyrita)	NRS 110 1	11, 230, 232,	1
					111.0 110, 1	, 200, 202,	

				112, 231, 233, 222, 221, 224	
16.	Is this course double numbered?	Yes	Crs#	No	\boxtimes

Knowledge: (Upon completion of t	he course the	e learner will)					
a) waiting for course developmen	t by OCNE						
Skills: (Upon completion of the co	urse the learn	ner will be able to	.)				
a) waiting for course developmen	t by OCNE						
Attitudes and Values: (Upon com	pletion of the	course the learne	er will have.	.)			
a) waiting for course developmer	nt by OCNE						
18. Status:	Active	\boxtimes	In	active			
19. Recommended Enrollment:	Lecture	27		Lab	*Ratio o determined State E Nursing	d by Or Board o	egoi of
20. Does this course require spec	al fees?	To appear	Yes		No]
If yes, what is the fee?	*PCBP	Fee covers:		er Current lies & equi	Board Policy pment	<i>'</i>	
21. Contents Outline: (must be in NOTE: Use Mouse to go	outline formato the next Se	at) ection					
I. waiting for course development b	y OCNE						

22. Recommended Text(s): Complete	ete citation(s). <i>(This informatio</i>	n is requ	ired.)									
Per current course syllabus.												
23. Required Materials/Supplies/Too	ols:											
Per current nursing program student	handbook.											
24. References & Resources used to develop this course (Print and Non-Print):												
Oregon Consortium for Nursing Educ	ation (OCNE) materials											
25. Library Resources for Course Su	upport:											
Are the resources in the library adequate to support this course:												
If not, complete the library resources course support form and forward with this course outline to the Division Director. (The form can be located using the following path: Network Neighborhood/ITT/Outlines/Forms/Library Resources for Course Support.)												
26. Outline Developed By:	Outline Developed By: Barbara A Davey, RN, MS Date January 25, 2006											
27. Outline Revised By:			Date									
Is there anything you would like to ad	d that has not been addressed o	n this for	n? Plea	se do s	o here:							
	DIVISION DIRECTOR USE ONI	_Y										
This course may be used to fulfill the AAOT General Education Distribution Requiremen Cultural Diversity												
Should this course description be incl	ų ,	Yes		No								
Has this course been approved for an	· ·	Yes		No								
What is the effective date of this cour	,		Fall	Year:	2007							
Division Director: Please submit com Sharon Tashjian, Tioga Hall, 2nd floothe Class Schedule.												
FOR OF	FICE OF INSTRUCTION USE O	NLY	di des									
Reimbursable? Reimbursement Code:	Yes No 🗆											

COURSE INFORMATION UPDATE

for NEW and REVISED CREDIT COURSE OUTLINES

APF	ROVAL SIGNATURES:								<u>D</u>	ATE:				
Divi	sion Director								-					
Mar	ager	,		·····		To PENNYMAN A								
nsti	uctional Council		IC_		· · · · · · · · · · · · · · · · · · ·				-	1/31/06				
DIR	ECTIONS: Please neat Incomplete					mation	below fo	or each	cours	e.				
1.	Course Number:	NRS 2	21							Distance Education				
2.	Course Title:	Found	latio	ns of	Nur	sing	in Chro	nic II	Ines	s II and End-	of-Life			
3.	Course Sub-Title:	(Option	al)											
	ogram Type:	LDC	\boxtimes	OccP	rep		OccSi	app		Post Sec Remedi Developmental Ed				
(Cr	HOOSE ONE ONLY)	ABE/G	ESL		Oth	er Adult		Noi	n-Reimbursable					
5.	This Outline is:		New 🖂							Revised				
6.	Offered for:	Credit	Credit ⊠ Cont'd Ed Units (CEU) ☐ F							lopment Units (PD	U) 📗			
7.	Number of Credits: (See hours/credit form	ula below	/)	9			ed for Cl oproving							
8.	How many times can the better grade. This refers													
	Once 🛛 Twic	ce 🔲	3	Times] 0	ther (Sp	ecify)		Unlimited				
9.	Course Hours (Instruc	tor worklo	oad/p	ay will b	e ba	sed on	the infor	mation	below	v):				
	(CLOCK HOURS))* ** Ho	ours/V	Veek	Tota	al Cours	e Hours	5. G		***************************************				
	LECTURE		4			44		Depa	artmei	nt of Education's	formula			
	LAB		9			99			(F	ull Term Course))			
	LECTURE/LAB 4					44		1cre term	Department of Education's for (Full Term Course) credit = 11 <i>Lecture</i> hours per erm					
	TBA LAB HOURS							1 cre		22 <i>Lecture/Lab</i> h	ours			
	INDEPENDENT STU	IDY:						1 cre	edit = 3	33 <i>Lab</i> hours per	term			
	тот	AL	17			187	7							

		ption: (State app Southwestern.)	proved (course des	scription	must b	e included,	if availa	able. Ma	y be	
	family care g interventions and autonom in interdiscipl and family-ce other chronic	puilds on Foundaiving and symptowith patients are expored. Inary teams, and conditions and clinical and clini	om mar od famil Comple d the im xemplar I disabil	nagement ies. Ethica ex skills as apact of curs include ities affect	is a maj al issues sociate Itural be patients ing func	or focus related d with sy eliefs are with ch	and basis to advoca mptom ma included i ronic menta	for nurs cy, self- anagem in the co al illness	sing determi ent, neg ontext of s as wel	nation, gotating f client ll as	
11 (I Grading:	S,U,I		A,B,C,D,F	i i		Either		Non-G	raded	
11.	Londa , traingroup and to the Residen	imum Grading (Access a Cobba Albe	ng a Malaya Sana na garananan Malayaran Sana Sana Sana Sana	Control of the contro	Analog Standards (1964)	nended We	eight or	% of Gr	ade	
	IV(II.	Theory							102 a 454, 485, 68 (88)	manuwa (mining d	
		Tests					30)%			
		Projec	cts				10)%			
		Clinical					60)%			
	(Grade of	: "C" or higher =	75% O	- higher)	"Ŭr	satisfac	ow "C" in no tory" in nur has failed the pro	sing clir	nicals in	dicates	
12.	Required Pre	e-Requisites: (If	more th	nan one co	urse is Colleag	listed, p	lease indic	ate with	OR or a	AND.) istration.	
	Course(s) ar	nd Min. Grade:		NRS 222 with a gra		_	ute Care II gher	& End-c	of-Life,		
	Placement T	est Score:	478								
	Other:				Stand P. Vierreinske, og Jersekonske	ele-lan ing mendenen in t	oste • Psychistic angles		n English (MS		
	Is Instructor	Consent Requi	red to F	Register?			Yes		No		
13.	Required Cor NOTE: Th	ncurrent Course is information w	s: ill be er	ntered into	Colleag	ue and	required fo	or stude	nts' reg	istration.	
L	Course No(s):					2210				
	Lab(s):										
14.	Does this cou	urse require a se	eparate	lab?				Yes		No	\boxtimes
	Course No:			G	raded S	eparate	ly? Yes	(a. 44),] N	o - 🗆	
15.	Is this course	part of a seque	nce?			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Yes		No	
<u></u>	Must the se	quence be take	n in ord	er?			Yes		N	o 🗆	
		e course seque						110, 11 231, 23		232, 221, 224	
16.	Is this course	double numbe	red?	Yes		Crs#				No	\boxtimes

(Use TAB to navi	gate and add	Objectives	mous	se to go	o to next Se	ection)				
Knowledge: (Upon completion of	en e	eren er egen er er myselverteren er								
a) waiting for course developmen	nt by OCNE									
Skills: (Upon completion of the co	urse the lear	ner will be able to)							
a) waiting for course developmen	nt by OCNE									
Attitudes and Values: (Upon com	pletion of the	e course the learn	er wil	l have.)					
a) waiting for course development by OCNE										
18. Status:	Active	\boxtimes		lna	active					
19. Recommended Enrollment:	Lecture	27			ab	determin State Nurs	27 of 1:9 a ed by Or e Board a ing will b intained	regon of		
20. Does this course require speci	al fees?		Y	es	\boxtimes	No]		
If yes, what is the fee?	*PCBP	Fee covers:	1		er Current ies & equip		су			
21. Contents Outline: (must be in NOTE: Use Mouse to go t	outline forma	at) ection				·				
I. waiting for course development b	y ocne									

22. Recommended Text(s): Complete	e citation(s). (This information	is reauir	red.)		
22. Recommended Text(s): Complet	C official (c). (1770 miletimation		/		
Per current course syllabus				ggggg 2-14-15 Says - 1-16-16-16-16-16-16-16-16-16-16-16-16-16	
23. Required Materials/Supplies/Tool	s:				
Per current nursing program student h					age and the second second
24. References & Resources used to	develop this course (Print and N	lon-Print):		Manager Congress of Congress o
Oregon Consortium for Nursing Educa	ation (OCNE) materials		AMARAM		
25. Library Resources for Course Su	pport:			1.0000 to 1000 to	71
Are the resources in the library adequations:			o 🗆	N/A	
If not, complete the library resources of Division Director. (The form can be le Neighborhood/ITT/Outlines/Forms/Lib	ocated using the following path:	MERMOLK	course	outline to	the
26. Outline Developed By:	Barbara A Davey, RN, MS		Date	Janua 2006	ry 25,
27. Outline Revised By:			Date		
Is there anything you would like to add	I that has not been addressed or	n this for	m? Plea	se do so	here:
FOR	DIVISION DIRECTOR USE ONL	Υ			
This course may be used to fulfill the AAOT General Education Distribution Requiremen Cultural Diversity					
Should this course description be incl	uded in the college catalog?	Yes		No	
Has this course been approved for ar		Yes		No	
What is the effective date of this cour		Term:	Fall	Year:	2007
Division Director: Please submit com Sharon Tashjian, Tioga Hall, 2nd floo the Class Schedule.	pleted "Library Resources for	Course approved	Support d and is k	" forms being ad	to ded to
FOR OF	FICE OF INSTRUCTION USE O	NLY			er e
Reimbursable? Reimbursement Code:	Yes No				

.

COURSE INFORMATION UPDATE

for NEW and REVISED CREDIT COURSE OUTLINES

<u>APP</u>	ROVAL SIGNATURES	<u>3</u> :							<u>D</u>	DATE:	
Divis	sion Director				**				-		
Man	ager								*******		
Instr	ructional Council								-		
DIR	ECTIONS: Please nea Incomplet	-		•		rmation	n below foi	r each	cours	se.	
1.	Course Number:	NRS	224							Distance Education	
2.	Course Title:	Sco	oe of	Practi	ce 8	& Pre	ceptorsl	nip fo	r AA	AS Completio	n
3.	Course Sub-Title:	(Optic	nal)					***************************************			
	ogram Type: HOOSE ONE ONLY)	LDC		OccP	Prep OccSupp			Post Sec Remed Developmental Ed	17 1 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(СГ	100SE ONE ONLY)	ABE	ABE/GED/ESL [Oth	er Adult	☐ Non-Reimbursable			
5.	This Outline is:			New	F	Revised					
6.	Offered for:	Credit	Credit ☐ Cont'd Ed Units (CEU) ☐ Prof De							lopment Units (PD	טט) 📗
7.	Number of Credits: (See hours/credit for	mula belo	ow)	9			ved for CE oproving A)		
8.	How many times can better grade. This refer					•				·	
	Once 🖂 Tw	/ice [] 3	3 Times		C	ther (Spe	cify)		Unlimited	
9.	Course Hours (Instru	ctor worl	kload/p	ay will b	e ba	sed or	the inforr	nation	belov	v):	
	(CLOCK HOUR:	S)	Hours∧	Veek	Tota	al Cours	se Hours				
	LECTURE		4			44		Depa	artme	nt of Education's	formula
	LAB		15			16	5		(F	ull Term Course)
	LECTURE/LAB							1cred	dit = 1	1 Lecture hours	per
	TBA LAB HOURS							1 cre per te		22 Lecture/Lab h	ours
	INDEPENDENT ST	UDY						1 cre	dit = 3	33 <i>Lab</i> hours pe	r term
	TO	TAL	19			209	9				

	Course Description: (State approventies of the course of the court of the course of th	ed course desc	cription must b	oe included, if available. May be									
	safe, registered nurse practice. student to experience the nursin iob and life long learner. Facult	The preceptors work world in y/preceptor/stud with evaluative of the control of	hip model pro a selected se lent analysis a criteria agains . Includes sei	itting, balancing the demands of and reflection throughout the twhich they can judge their own minar, self-directed study and									
11	│ Grading: S,U,I ⊠	A,B,C,D,F,I		Either Non-Graded									
11.	Minimum Grading Crite		en di Nazadia; s Personen il dell'asse della prima di	mended Weight or % of Grade									
	Theory	·····································	and the second of the second section is seen to be										
	Tests			30%									
	Projects 10% Clinical 60%												
	Cilinot.												
	A grade below "C" in nursing theory and/or an "Unsatisfactory" in nursing clinicals indicates the student has failed and cannot continue in												
	(Grade of "C" or higher = 75°			the program.									
12.	Required Pre-Requisites: (If mo NOTE: This information will be	re than one cou e entered into C	irse is listed, p Colleague and	please indicate with OR or AND.) I required for students' registration) <i>.</i>								
	Course(s) and Min. Grade:		······································	ronic Illness II & End-of-Life,									
		with a grad	de of "C" or hi	gher	-								
	Placement Test Score:												
	Other:												
	Is Instructor Consent Required	to Register?		Yes 🛭 No]								
13.	Required Concurrent Courses:		Colleague and	required for students' registration).								
L	Course No(s):												
	Lab(s):												
14.	Does this course require a sepa	rate lab?		Yes 🔲 No									
	Course No:		aded Separate	ely? Yes 🔲 No 🗀									
15.	Is this course part of a sequence	; ?		Yes 🛛 No									
	Must the sequence be taken in	order?	1-# 1-#	Yes 🛛 No 🗀]								
	What are the course sequence	numbers?		NRS 110, 111, 230, 232, 112, 231, 233, 222, 221, 22	4								
16.	Is this course double numbered	? Yes	□ Crs#	No									

	(Use TAB to nav	igate and add	Objectives d a new row; Use r	nouse to g	o to next S	ection)	
Kno	owledge: (Upon completion of	the course th	ne learner will)				
a)	waiting for course developme	nt by OCNE					
Skil	Ils: (Upon completion of the co	urse the lear	ner will be able to.)			
a)	waiting for course developme	nt by OCNE					
Atti	tudes and Values: (Upon com	npletion of the	e course the learne	er will have)		
a)	waiting for course developmen	nt by OCNE		d			
18.	Status:	Active		ln	active		
19.	Recommended Enrollment:	Lecture	27		Lab	27 *Ratio of 1:9 determined by 0 State Board Nursing will maintained	Oregon of be
20.	Does this course require spec	ial fees?		Yes		No [
If ye	es, what is the fee?	*PCBP	Fee covers:		er Current lies & equi	Board Policy oment	
21.	Contents Outline: (must be in NOTE: Use Mouse to go						
l. w	vaiting for course development	by OCNE					

22. Recommended Text(s): Comple	te citation(s). (This information	is requi	red.)								
Per current course syllabus.											
23. Required Materials/Supplies/Too	ls:										
Per current nursing program student handbook.											
24. References & Resources used to develop this course (Print and Non-Print):											
Oregon Consortium for Nursing Educa	ation (OCNE) materials										
25. Library Resources for Course Su	pport:										
Are the resources in the library adequ course:	ate to support this Yes		lo 🗆	N/A							
If not, complete the library resources course support form and forward with this course outline to the Division Director. (The form can be located using the following path: Network Neighborhood/ITT/Outlines/Forms/Library Resources for Course Support.)											
26. Outline Developed By:											
27. Outline Revised By:			Date								
Is there anything you would like to add	d that has not been addressed or	n this for	m? Pleas	se do so	here:						
FOR	DIVISION DIRECTOR USE ONL	-Y			en de la companya de La companya de la co						
This course may be used to fulfill the AAOT General Education Distribution Requiremen Cultural Diversity											
Should this course description be incl	uded in the college catalog?	Yes		No							
Has this course been approved for ar		Yes		No							
What is the effective date of this cour		Term:	Fall	Year:	2005						
Division Director: Please submit com	Division Director: Please submit completed " <i>Library Resources for Course Support</i> " forms to Sharon Tashjian, Tioga Hall, 2nd floor Library when course has been approved and is being added to										
FOR OF	FICE OF INSTRUCTION USE O	NLY			A. W. S.						
Reimbursable? Reimbursement Code:	Yes No										

SOUTHWESTERN OREGON COMMUNITY COLLEGE COURSE INFORMATION UPDATE

for NEW and REVISED CREDIT COURSE OUTLINES

<u>ROVAL SIGNATU</u>	RES:							DATE	2.
		-							
	DIAC	TIVE		***************************************			***************************************	2/21/06	
			d	··············	l 1	C-			
					n bei	ow ic	r each c	course.	
Course Number:	NUR1	01			(Leav	e blank	if new cou	urse)	
Course Title:	FUND	AMEN	TALS	OF NURS	ING				
Course Sub-Title:									
Program Type:	LDC		X	OccPrep	X	Юсо	Supp		Sec Remedial/ lopmental Educ
	ABE/GE	D/ESL	75 05 97 87,4	OtherAdult		ОТ	HER		
	Separa	te Cont	ract			An displaying	Non-I	Reimbursa	ble
This Outline is:	is Outline is: New							ed	X
Offered for:	Credit	Credit X Non-Credit (_	Con∏t Eo	d Units (CEU)
Number of Credits:	9			rs/credit formu	la				#
How many times ca	n this cou	rse be t	aken <u>fc</u> edit on th	o <u>r credit</u> ? (' eir transcript f	This is 1 or the sa	not the	same as rep irse.)	peating a cours	se for a better grade.
Once X	Twice	100 03 03 03	3 Tin	nes		Other	(Specify)	100 pm	Unlimited
Course Hours (Inst	ructor wo	rkload/j	oay wil	l be based	on th	e info	rmation	below):	
(CLOCK HOU	RS)	Hours	/Week	Total Co	ourse l	Iours			
LECTURE		5		55		Total Control Control	– Depar	rtment of Ed	ucation ls formula
LAB		12		132			**************************************		
LECTURE/LAB							— 1 credit	= 10 to 12 <i>Lect</i>	ure hours per term
TBA LAB HOURS	S						1 credit	= 20 to 24 <i>Lect</i>	ure/Lab hours per term
INDEPENDENT S	STUDY						1 credit	= 30 to 36 <i>Lab</i>	hours per term
				V					
	course Number: Course Sub-Title: Program Type: This Outline is: Offered for: Number of Credits: How many times can this refers to how many times can this refers to how many times can this refers to how many times. Course Hours (Instance LAB LECTURE LAB LAB HOURS)	ager	ager	sion Director ager uctional CouncilINACTIVE	ager	ager	sion Director ager uctional CouncilINACTIVE	sion Director	sion Director ager actional CouncilINACTIVE

10.	Course Desci	ription:		e approved conhanced for S				e includ	led, if avai	lable. May	у			
first (LP) Exa nurs deve and succ This	s is the first qua- four quarters of N); successful of mination for Ro- sing including; elopment, the baceritical thinking essive nursing socourse involvely, skills and co	qualifies the completion egistered Nu nursing properties for proges. Students courses.	student of the rearse (RI cess, he fessiona will be	t to take the Nemaining two N). Nursing 1 ealth and physelism in nursing expected to a and 12 hours	Tational quarter of the following depth of th	Il Liceners quadroduce seessme gal and knowle	nsure Examulifies the state stude ent; commule thical foundedge and sk	nination tudent to ent to fun unication indation tills lear	for Practice take the New Mandamental new Mandamental services, caring, bened in this weekly.	cal Nurse National concepts v, growth basic skills term to Independ	in and s			
11.	Grading:	S,U,Y,I	X	A,B,C,D,F,	Y,I	X	Either		Non-Grad	ied	1			
	Minin	num Gradin	g Critei	rion:		Recor	nmended V	Weight o	or % of Gra	ade				
	Theory exams Clinical evalu assign		ding wi	ritten	100% 100%									
12.		Required Pre-Requisites: (If more than one course is listed, please indicate with OR or AND.) (This information will be entered into Colleague and required for students registration.)												
	None: Admission to the Nursing Program													
	Course(s) and Min. Grade:													
	Placement Te	st Score:												
	Other:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			,	Name of the same		The second secon					
	Is Instructor (Consent Rec	quired 1	to Register?			Yes		No	X				
13.	Required Cor	ncurrent Cou	ırses:				nation will bor students[]			ague and				
	None:	X	2000											
	Course(s):		**************************************		·									
	Lab(s):						generally y tables in increase	ev Wager	Recognition of the control					
14.	Does this cou	rse require	a separa	ate lab?	Ljúgařízáza i		Yes		ſ	Vo				
	Course No:	N	IUR101	L Graded	Separ	ately?	Yes	X	No					
15.	Is this course	part of a sec	quence	? .			Yes	X	No					
	Must the sequ	uence be tak	en in o	rder?			Yes	X	No					
	What are the	course sequ	ence nu	imbers?			NUR10 203.)1, 102,	103, 201,	202, and				
16.	Is this course	double nun	nbered?	Ye	S	C	Crs#			No	X			
L	A CONTRACTOR OF THE CONTRACTOR									to 4				

evaluation.)

Knowledge:

(The student will...)

- 1. Know the nursing process.
- 2. Know theoretical basis of nursing practice, including caring.
- 3. Understand the historical, ethical, and legal framework of nursing, the profession.
- 4. Understand the processes involved in the rapeutic communication and relationships.
- 5. Know Gordon s functional Health Patterns as a method of organizing client/family data.
- 6. Know the principles of teaching/learning to patient/client care situations.

Skills:

(The student will be able to...)

- 1. Obtain and document a nursing history on selected clients.
- 2. Obtain and document a nursing assessment on selected clients based on selected criteria, e.g., vital signs, weight.
- 3. Demonstrate safe performance of nursing related skills using Body Substance Isolation and proper body mechanics.
- 4. Demonstrate safe performance of identified basic nursing skills, including medication administration.
- 5. Demonstrate measures to ensure the physical safety of the client.
- 6. Demonstrate measures to ensure the psychological safety of the client.
- 7. Apply the nursing process across the lifespan.
- 8. Apply the theory of caring to client/patient situations.
- 9. Practice within the ethical and legal framework of nursing practice.
- 10. Initiate and maintain a nurse/client relationship in a variety of care settings.
- 11. Demonstrate critical thinking.
- 12. Apply the principles of teaching/learning to a client/patient situation.

Attitudes & Values:

(The student will have...)

- 1. An appreciation for the professional basis of nursing practice.
- 2. An appreciation for the uniqueness of every human being.
- 3. Respect for the diversity of humanity.
- 4. An appreciation for collaboration.
- 5. Respect for client/patient confidentiality.

18.	Status:	Active X		Χ			Inactive	
19.	Maximum Enrollment:	Lectu	ire	20		Ĺ	ab	20
20.	Does this course require special fees?					X	1	lo .
	If yes, what is the fee?	Per current Board Policy		overs:	Lab supplies.			

21. Contents Outline: (must be in outline format)

1. INTRODUCTION TO THE PROFESSION OF NURSING

- 1. Definition, Goals and Scope of Nursing Practice
 - 1. American Nurses Association
 - Oregon Nurse Practice Act
 - 3. Standards of Nursing Practice
- 2. History of Nursing
 - 1. Florence Nightingale
 - 2. Clara Barton

	O Linda Diakanda				
0	3. Linda Richards				
3.	Nursing Theories and Conceptual Frameworks				
	1. Neuman Model				
	2. General System s Theory				
	 Maslow ☐s hierarchy of needs 				
	4. Caring				
4.	Nursing Profession and Professional Organization				
	 Criteria for a profession 				
	2. Professional organizations				
5.	Nursing Education				
	1. Educational preparations				
	Socialization of nursing students				
	3. Role of research in nursing practice				
6.	Health Care Delivery Systems				
	 Roles of the professional nurse 				
	2. Roles of the health care team				
	 Types of health care delivery services 				
7.	Values and Ethics in Nursing				
	1. Value systems				
	2. Value clarification				
•	3. Conflict resolution/management				
8.	Legal Issues in Nursing				
	1. Rights and responsibilities of nurse and client				
	2. Types of legal issues encountered				
1.	The Nurse-Client Relationship				
	1. Therapeutic relationship				
	2. Relationship development				
10.	3. Caring Communication				
10.	Therapeutic communication				
	Verbal/non-verbal communication				
4.4					
11.	Group Dynamics				
	1. Types, classifications, functions				
	2. Therapeutic groups				
40	3. Roles				
12.	Teaching/Learning				
	1. Planned change				
	2. Teaching/learning and nursing process				
40	3. Admission and discharge planning				
13.	Culture, Ethnicity and Nursing				
	1. Culture				
	2. Ethnicity				
	3. Transcultural nursing				
	OUCTION TO NURSING PROCESS/CRITICAL THINKING				
1.	Assessment				
	1. Functional health patterns				
0	2. Nursing assessment				
2.	Nursing Diagnosis				
	1. Actual				

Potential Collaborative

2. 3.

11.

- 3. Planning
 - 1. Goal setting/expected outcome
 - 2. Priority setting
 - 3. Interventions
- 4. Implementation
 - 1. Independent nursing interventions
 - 2. Dependent nursing interventions
 - 3. Interdependent nursing interventions
 - 4. Standing orders
 - 5. Protocols
- 5. Evaluation
 - 1. Outcome indicator
 - 2. Process indicator
 - 3. Quality assurance
 - 4. Quality improvement
 - 5. Professional standards review organizations
 - 6. Standard of care
 - 7. Critical pathways
 - 8. Clinical maps
- III. PROMOTING HEALTH ACROSS THE LIFESPAN FOR THE INDIVIDUAL AND FAMILY
 - 1. Introduction to the Family
 - 1. Types of families
 - 2. Family as client
 - 3. Family as context
 - 2. Introduction to Human Growth and Development
 - 1. Theorists
 - 2. Basic concepts
 - 3. Application to nursing care
 - 3. Conception through Preschool
 - 1. Major factors influencing growth and development
 - 2. Critical periods of development
 - 3. Characteristics of physical growth
 - 4. Cognitive and psychosocial development
 - 5. Nursing strategies for support of the growth and development process
 - 4. School Age through Adolescence
 - 1. Normal physical changes
 - 2. Cognitive and psychosocial development
 - Nursing strategies to promote optimal health of the school age child and adolescence
 - Young and Middle Adult
 - 1. Major life events of young and middle adults and the childbearing family
 - Normal physiological changes
 - 3. Cognitive and psychosocial changes
 - 4. Health concerns of the adult
 - 5. Nursing support during the adult years
 - 6. Older Adult
 - 1. Common myths and stereotypes
 - 2. Biologic theories and psychosocial aspects of aging
 - Physiologic changes of aging
 - 4. Cognitive changes of dementia and delirium
 - 5. Community and institutional health care services available to older adults
 - 7. Loss, Death and Grieving
 - 1. Stages of grieving according to Kubler-Ross

- 2. Client s reaction to loss and ability to cope
- 3. Grief after loss, anticipatory grief and resolved grief
- 4. Care of the dying client and family
- 5. Self-care for the nurse caring for client sexperiencing loss

IV. HEALTH ASSESSMENT USING FUNCTIONAL HEALTH PATTERNS

- 1. Basic Assessment Procedures
 - 1. Measuring/instrumentation
 - 2. Observation/inspection
 - 3. Palpation
 - 4. Percussion
 - Auscultation
- 2. Modifications Based On Age, Development, Status
 - 1. Older adults
 - 2. Pediatric client
 - 3. Developmental problems
 - 4. Mental health problems
- 3. Health Perception/Health Management
 - 1. General health
 - 2. Health practice
 - 3. Concerns about illness
 - 4. Responsibility for health restoration and maintenance
- 4. Nutrition/Metabolic
 - 1. Daily food and fluid intake
 - 2. Weight loss or gain
 - 3. Appetite
 - 4. Dietary regime/restrictions
 - 5. Healing potential of skin wounds or lesions
 - 6. General body status/condition
- 5. Elimination Pattern
 - 1. Bowel elimination pattern or problem
 - 2. Urinary elimination pattern or problem
 - 3. Perspiration pattern or problem
- 6. Activity/Exercise Pattern
 - Energy level
 - 2. Exercise pattern
 - Perceived ability for (use Functional Health Level code*)
 - 1. Bathing
 - 2. Bed mobility
 - 3. Cooking
 - 4. Dressing
 - 5. Feeding
 - 6. General mobility
 - 7. Grooming
 - 8. Home maintenance
 - 9. Shopping
 - 10. Toileting

* Functional Level Code

Level 0 = Independent

Level I = Requires use of equipment or device

Level II = Requires assistance or assistance from another

Level III = Requires assistance or supervision from another and assistive

device

G.	Level IV = Is dependent and does not participate Sleep/Rest Pattern
0.	1. Sleep pattern
	2. Rested or not after sleep
	3. Use of sleep aids
8.	Cognitive/Perceptual Pattern
0.	- · · · · · · · · · · · · · · · · · · ·
	- y constant in the many state of y tale and y guotatory
	•
	3. Intelligence 4. Pain or discomfort
1.	Self Perception/Self Concept
	Feelings about self
	2. Body image
	3. Self esteem
	4. Emotional state
10.	Role and Relationship Pattern
10.	Living arrangement
	9 9
	 Family and/or significant others Communication
	, , , , , , , , , , , , , , , , , , ,
	5. Socialization 6. Finances
11.	Sexuality and Reproductive Pattern
	1. Sexual relations
	2. Sexual satisfaction or dissatisfaction
	3. Contraceptive use and menstrual history
12.	Coping and Stress Tolerance Pattern
	1. Stressors
	2. Coping mechanisms
	3. Major life changes
	4. Problem management
13.	Value and Belief Pattern
	1. Satisfaction with life
	 Spirituality and religious beliefs
	3. Religious practices
	4. Conflicts
NURSING	PHARMACOLOGY
1.	Introduction to Pharmacology
	1. Chemical, generic and brand names
	2. Classification and types of drugs
	3. Sources of information
2.	Drug Action
	1. Fundamental pharmacological principles
	2. Agonist/antagonist drugs
3.	Drug Metabolism
	Four stages of drug metabolism
	2. Differences for pediatric and geriatric clients
4.	Measuring Drug Action
	Relationship between plasma concentration and drug half-life
	2. Concentrations
5.	Variables Effecting Drug Actions
	1. Roles of variables such as weight, age, gender, surface areas, genetics, BMR, placebo effect, tolerance
6.	Drug Problems

22.

- 1. Adverse drug effects
- 2. Drug interactions
- 3. Other drug problems: abuse, dependence, habituation
- 7. Autonomic Nervous System and Drugs
 - 1. Alpha and Beta Adrenergic Receptors in the SNS
 - 2. Adrenergic and Cholinergic Drugs
 - 3. Definition of terms: sympathomimetic, sympatholytic, parasympathomimetic, parasympatholytic
- 8. Process of Drug Administration
 - 1. Nursing process and drug administration
 - 2. Abbreviations
 - Legal aspects
 - 4. Five rights of medication administration
 - 5. Routes for drug administration
 - 6. Documentation
 - 7. Types of medication orders
- 1. Drug Calculation
 - Factor label method
- Administering Oral Medications
 - 1. Liquids, solid and sublingual drugs
 - 2. Nursing process in drug administration
- 11. Other Medications
 - 1. Rectal, vaginal, topical, inhalation
- 12. Parenteral Medications
 - 1. Principles of safe administration
 - 2. Parenteral routes
 - 3. Air lock technique
 - 4. Variations for children, adults, and the elderly
- 13. Equipment for Administering Parenteral Medications
 - 1. Syringes and needles
 - Safe handling of equipment
 - 3. Selection of correct equipment based on principles of administration
 - 4. Reading calibrations
- 14. Subcutaneous Injections
 - 1. Sites
 - 2. Techniques
- 15. Intramuscular Injections
 - 1. Sites
 - 2. Techniques
- 16. Other Routes and Preparations
 - 1. Ampule, vial, tubex
 - 2. Mixing two or more medications in one syringe
 - 3. Preparing a dry parenteral medication

22. Required Text(s): Complete citation(s).

- 1. Cox, H., Hinz, M., Lubno, M.A., Newfield, S., Ridenour, N., Slater, M. & Sridaromont, H. (1993). Clinical Applications Of Nursing Diagnosis: Adult, Child, Women S, Psychiatric, Gerontic And Home Health Considerations. 2nd ed. Philadelphia, PA: F.A. Davis Co.
- 2. Daniels, J. and Smith, L. (1994). <u>Clinical Calculations: A Unified Approach</u>. 3rd ed. Albany, NY: Delmar Publishers.
- 3. Govoni, L. & Hayes, J. (1992). <u>Drugs and Nursing Implications</u>. 7th ed. Connecticut: Appleton-Century-Crofts.

 Kozier, B., Erb, G., B Process, and Practice Self-Study guide for t Mourad, L.; Droste, N Conditions. 3rd ed. D Swearingen & Howar Addison-Wesley. 	Hamilton, P. (1992). Realities of Contemporary Nursing. Addison-Wesley. Kozier, B., Erb, G., Blais, K., and Wilkinson, J. (1995). Fundamentals of Nursing: Concepts, Process, and Practice. 5th ed. Redwood City, CA: Addision-Wesley. Also the accompanying Self-Study guide for the Nursing Process Learning Unites, and the Procedures Checklist. Mourad, L.; Droste, M. (1993). The Nursing Process in the Care of Adults with Orthopedic Conditions. 3rd ed. Delmar: Albany, NY. Swearingen & Howard. (1996). Photo Atlas of Nursing Procedures. 3rd ed. Menlo Park: Addison-Wesley.						
9. Wold, G. (1993). <u>Ba</u> 10. Wong, G. (1993). <u>Es</u>	Townsend, M. (1996). <u>Psychiatric Mental Health Nursing</u> . F.A. Davis. Wold, G. (1993). <u>Basic Geriatric Nursing</u> . St. Louis, MO: Mosby-Year Book Inc.						
	ete citation(s). <i>(This information is required.)</i>						
None	Para CT and Land						
24. Required Materials/Supplies/Tools:							
White nursing uniform, uniform shoes, lab coat, stethoscope, optional.							
25. References and Resource	25. References and Resources used to develop this course (Print and Non-Print):						
1. Miller-Keane. (1992). ed. Philadelphia, PA OR	Miller-Keane. (1992). Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health. 5th ed. Philadelphia, PA: W.B. Saunders Co.						
	aber⊡s Cyclopedia Medical Dictionary. 17th ed. Philadelphia, PA: F.A.						
26. Outline Developed By:							
27. Outline Revised By:	Barbara Davey RN MS						
28. <i>TODAY</i> ⊡s Date:	7/14/05						
Is there anything you would like	to add that has not been addressed on this form? Please do so here:						
	FOR DIVISION DIRECTOR USE ONLY						
This course may be used to fulfill the following degree requirements:							
Distri Seque	AAOT General Education Requirement Distribution Requirement Sequence Elective Only						
AAS Other	Approved Course X						
Should this course description be included in the college catalog? Has this course been approved for an R grade? What is the effective date of this course? TermYear							

FOR OFFI	CE OF INST	RUCTION USE O	ONLY	
Reimbursable?	Yes		No	
Reimbursement Code:		records		

kk revised 03/02/99 credit98.wpd

SOUTHWESTERN OREGON COMMUNITY COLLEGE

COURSE INFORMATION UPDATE

for NEW and REVISED *CREDIT* COURSE OUTLINES (Please use non-credit outline form for non-credit submissions.)

<u>APF</u>	<u>PROVAL SIGNATU</u>	RES:							$\mathbf{D}\mathbf{A}$	TE:	
	sion Director										•
	ager	TNIAC	7/10/13 / 20					•			
Şilərə i	uctional Council				• • • • • •				2/21	/06	
DIK	ECTIONS: Please ne Incompl	ete form	er <u>all</u> re is will	equested be retu r	informatic ned.	n bel	ow fo	r each c	ourse.		
		1									
1.	Course Number:	NUR1	102			(Leav	e blank	if new cou	ırse)		
2.	Course Title:	NURS	SING S	CIENC	E AND PR	ACT	ICE I				
3.	Course Sub-Title:										
4.	Program Type:	LDC		X	OccPrep	X	Occ	Supp	5.75 Co. 6	st Sec Remedial/ evelopmental Educ	
		ABE/GE	ED/ESL	Lar Mari	OtherAdult		ОТ	HER	I CONTRACT		ga A. T.
		Separa	ate Cor	itract				Non-F	Reimbui	rsable	
5.	This Outline is:	New		*#.** *********************************	Translation in the second			Revise	ed		X
6.	Offered for:	Credit		X Nor	n-Credit	(If no	n-credit	please		Ed Units (CEU	
•	0114144 101.		applied of a	1101		•	her forr	1	Condi	Eu Ollis (CEO)
7.	Number of Credits:	9		(See hour below)	s/credit formul	a		proved fo st Approvir		_#	
8.	How many times can This refers to how many tim	n this cou	irse be t can get	taken <u>fo</u> credit on the	r credit? (1 eir transcript fo	This is n	ot the s me cou	ame as rep	eating a co	ourse for a better grade	2.
	Once X	Twice		3 Tim	es	C	Other (Specify)		Unlimited	
9.	Course Hours (Instr	uctor wo	rkload	/pay will	be based	on the	info	rmation	below)		
<u> </u>	(CLOCK HOUR			s/Week	Total Co						
	LECTURE		5		55			– Depart	ment of l	Education □ s formul	a
	LAB		12		132			-			
	LECTURE/LAB							- 1 credit =	= 10 to 12 <i>L</i>	ecture hours per term	
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	INDEPENDENT S	TUDY						- 1 credit =	= 30 to 36 <i>L</i>	ab hours per term	
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11.	Grading:	S,U,Y,I	X	A,B,C,D,F,	Y,I	ζ	Either		Non-Grad	ed	
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	Exams Clinical evalu	ıation			100% 100%						
12.	Required Pre course is listed						ation will b r students[]		l into Collea ion.)	gue and	
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	Is Instructor	Consent Re	quired to	Register?			Yes		No	X	
13.	Required Con	ncurrent Co	ourses:		(This in	form ed fo	ation will br students	e entere registrat	d into Collea ion.)	ague and	_
	None:	X				.n					
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	Lab(s):										
14.	Does this cou	ırse require	a separat	e lab?			Yes	X	1	10	
	Course No:]	NUR1021	L Graded	Separat	ely?	Yes	X	No		
 15.	Is this course	part of a se	equence?				Yes	X	No		
	Must the seq	uence be ta	ken in or	der?			Yes	X	No		
	What are the	course seq	uence nui	mbers?			NUR10 203.)1, 102,	103, 201, 2	202, and	
16	Is this course	بردس والماديات	l	Ye	TANA Caran	C	rs#			No	

evaluation.)

Knowledge: 1. Know

(The student will...)

- 1. Know the physiologic processes, stressors, and adaptive mechanisms affecting health patterns of assigned clients.
- 2. Understand the ethical and legal boundaries for nursing practice.
- 3. Know the available resources to provide safe nursing care, for learning and for self-development.
- 4. Know the philosophic basis for caring as applied to nursing practice.

Skills:

(The student will be able to...)

- 1. Demonstrate and document assessment of functional health patterns for assigned clients.
- 2. Identify additional significant data from medical record, etc.
- 3. Identify actual health care needs on the basis of assessment.
- 4. Select nursing diagnosis for identified health care needs.
- 5. Establish client centered goals specific to nursing diagnosis.
- 6. Demonstrate safe performance of nursing skills.
- 7. Provide for the physical and psychological safety of the client.
- 8. Demonstrate caring behavior in providing nursing care.
- 9. Establish a therapeutic relationship with a client.
- 10. Communicate in verbal and written form, client behaviors and responses to nursing interventions.
- 11. Initiate nursing interventions in response to client needs...
- 12. Administer and monitor the prescribed medical regimen to the level of preparation.
- 13. Interact with other members of the health care team in a collegial manner.

Attitudes & Values:

(The student will have...)

- 1. An appreciation for being a member of the health care team.
- 2. An awareness of the limits of their own practice and an appreciation for seeking assistance from appropriate persons as indicated from the situation.
- 3. An attitude of support for peers and others in the delivery of health care.
- 4. An attitude of support for the patient sright to confidentiality.
- 5. A recognition for the client s right to make decisions regarding care.

18.	Status:	Activ	e .	X		Ina	ctive		
19.	Maximum Enrollment:	Lectu	re	e 20		Lab		10	
20.	Does this course require sp	pecial fees?			Yes	X	N	lo	
	If yes, what is the fee?	Per current Board Policy	Fee c	overs:	Lab sup	plies.			

21. Contents Outline: (must be in outline format)

1. CARING FOR CLIENTS WITH ALTERATIONS IN FLUID AND ELECTROLYTES

- 1. Body Fluid and Body Electrolytes
 - 1. Proportion of body weight
 - 2. Major electrolytes in intracellular and extracellular compartments
 - 3. Methods of fluid and electrolyte movement, exchange and loss
- 2. Regulating Fluid Volume

- 1. Organs and body mechanisms
- 2. Intake and loss
- 3. Factors affecting fluid and electrolyte balance
- 3. Fluid and Electrolyte Imbalance
 - 1. Causes, physiology and S/S of ECF deficit, excess...
 - Third spacing
- 4. Assessing fluid and electrolyte balance/imbalance
 - 1. Diagnostic tests
 - 2. Pathophysiology and S/S of excess and deficit for sodium, potassium, calcium, magnesium, chloride, and phosphate
 - 3. Monitoring for F/E balance
 - 4. Nursing diagnosis for F/E imbalance
- 5. Intravenous Therapy
 - 1. Complications of IV therapy
 - 2. Types of IV fluids
 - 3. Monitoring, maintaining and initiating and discontinuing IV therapy
- 6. Nursing Care of Clients with Fluid and Electrolyte Problems
 - 1. Relationship between the functional health patterns and F/E problems
 - 2. Nursing process and F/E balance/imbalance

II. CARING FOR CLIENTS WITH ALTERATIONS IN RESPIRATORY FUNCTIONING

- 1. Respiratory Assessment
 - 1. Breath sounds normal and abnormal
 - 2. Respiratory physical assessment
 - 3. Acute and chronic respiratory conditions
- 2. Respiratory System Changes
 - 1. Physiologic changes associated with aging
 - 2. Pediatric considerations
- 3. Respiratory Diagnostic Tests
 - 1. Radiologic and hematologic tests nursing responsibilities
 - Normal/abnormal
- 4. Preventing Respiratory Problems
 - 1. Nosocomial infections
 - 2. Sputum assessment
 - 3. Emotional component of respiratory problems
 - 4. Secretions
 - 5. Cough
- 5. Respiratory Disease, Problems
 - 1. Upper respiratory
 - 2. Lower respiratory
- 6. Respiratory Treatments
 - Medications
 - 2. IPPB
 - 3. Oxygen therapy
 - 4. Other
- 7. Nursing Care of Clients with Respiratory Problems
 - 1. Nursing process for clients with respiratory disorders
 - 2. Interventions
 - Teaching

III. ALTERCATIONS IN CARDIOVASCULAR FUNCTIONING

Pathophysiology

- 1. Heart failure
- 2. Angina pectoris
- 3. AHD
- 4. Congenital health defects
- 5. Rheumatic health disease
- 6. MI
- 7. PVD
- 8. CHF
- 9. HPT
- 10. Vascular dysfunction
- 2. Diagnostic Tests
 - 1. ECG
 - 2. Hematology
 - 3. Echocardiogram
 - 4. Holter
 - Stress testing
 - 6. Angiography
 - 7. MUGA
 - 8. PET
 - 9. Cardiac catheterization
- 3. Nursing Assessments
 - 1. Systematic physical assessment of cardiac
- 4. Medical and Nursing Care
 - 1. Pharmacologic
 - 2. Nutrition
 - 3. Activity
 - 4. Life style
 - 5. Community resources
- 5. Nursing Care During Rehabilitation
 - 1. Post MI
 - 2. Psychological reactions
 - 3. Exercise
 - 4. Lifestyle
- 6. Fluid Excess in Heart Patients
 - ECF excess causes and S/S

IV. CARING FOR CLIENTS EXPERIENCING ALTERATIONS IN SKIN INTEGRITY

- 1. Skin Changes
 - 1. Changes associated with aging
 - 2. Common alterations
 - 3. Skin lesions
 - 4. Edema
- 2. Skin Disorders
 - 1. Common skin infections
 - 2. Parasitic, psoriasis, Hansen s Disease
 - 3. Skin cancer
- 3. Skin Trauma
 - 1. Phases of wound healing
 - 2. Processes in healing
- 4. Physical Assessment of the Skin
 - 1. Assessment various skin types
 - 2. Special considerations for elderly

- Diagnostic tests
- 5. Nursing Care of Clients with Skin Problems
 - 1. Medical treatments and nursing interventions
 - 2. Dressing materials
 - 3. Hot and cold treatments
 - 4. Nutritional therapy
 - Prevention and early detection of skin cancer
 - 6. Medications for skin disorders

22. CARING FOR THE CLIENT EXPERIENCING ALTERATIONS IN NEUROLOGICAL FUNCTIONING

- Assessment of an Unconscious Patient
 - 1. Glascow coma scale
 - 2. Observations
 - Interventions
 - 4. Diagnostic tests radiography
 - 5. Lumbar puncture
- 2. Assessing and Analyzing Patients With Neurological Problems
 - 1. Disorientation
 - 2. Emotional liability
 - 3. Dysphagia
 - 4. Nystagmus
 - 5. Diplopia
 - 6. Parathesis
 - 7. Hemiplegia
 - 8. Chorea
 - 9. Rigidity
 - 10. Hemianopsia
 - 11. Perserveration
 - 12. Hypokinesia
 - 13. Ataxia
 - 14. Parkinson ☐s disease
 - 15. MS
 - 16. Huntington s Chorea
 - 17. Myasthenia Gravis
 - 18. Guillain-Barre
 - 19. AMS
 - 20. Epilepsy
 - 21. Other
- 3. Alterations in Function Due to Stroke
 - 1. TIA
 - 2. Stroke inevolution
 - 3. Completed stroke
 - 4. CVA- nursing diagnosis
 - 5. Hemorrhagic stroke/cerebral stroke
- 4. Caring for the Alheimer ☐s Patient
 - 1. Physiology, S/S diagnosis, progression and prognosis
 - 2. Global deterioration scale
- 5. Seizures
 - 1. Types
 - 2. Nursing diagnosis pre and post ictal
 - 3. Interventions pre and post ictal
- 6. General Treatments and Discharge Planning for the Patient with Neurological Problems

- 1. Legal considerations
- 2. Medications
- 3. Community resource

VI. CARING FOR CLIENTS WITH MENTAL HEALTH PROBLEMS

- 1. Introduction to Mental Health Nursing
 - 1. Mental health and mental illness
 - 2. Anxiety
 - 3. Ego defense mechanisms
 - 4. Stages of grief
 - 5. Normal vs. maladaptive grief
- 2. Anxiety Disorders
 - 1. Stress
 - 2. Anxiety normal vs. psychoneurotic
 - 3. Fear
 - 4. Behavioral responses and S/S
 - 5. Predisposing factors
 - 6. Nursing process
 - 7. Treatment modalities
- 3. Somatoform Disorders
 - 1. Forms and S/S
 - 2. Predisposing factors
 - 3. Nursing process
 - 4. Treatment modalities
- 4. Dissociative Disorders
 - 1. Types and S/S
 - 2. Predisposing factors
 - 3. Nursing process
 - 4. Treatment modalities
- 5. Depression
 - 1. Historical perspectives
 - 2. Epidemiology
 - 3. Forms
 - 4. Developmental stages
 - 5. Predisposing factors
 - 6. Nursing process
 - 7. Treatment modalities
 - 8. Suicide

VII. THE CLIENT WITH VISUAL AND HEARING PROBLEMS

- 1. Physiology and Assessment of the Visual and Auditory Systems
 - 1. Normal vision and hearing
 - 2. Objective and subjective data
 - 3. Physical assessment normal and abnormal findings
 - 4. Diagnostic studies
- 2. Management of the Client with Visual and Auditory Disorders
 - Refractive errors
 - 2. Intraocular disorders
 - 3. Surgical intervention
 - Ear disorders
 - 5. Blindness and deafness causes and assistive measures
 - 6. Psychological nursing measures

- 3. Care of the Client with Sensory/Perceptual Alterations
 - 1. Structural and physiologic elements
 - 2. At risk clients
 - 3. Nursing interventions
- 4. Treatments and Prosthetics for the Client with Visual and Hearing Problems
 - 1. Eye pad and eye shield
 - 2. Eye medications
 - 3. Ear drops
 - 4. Contact lenses and prosthetics
 - 5. Hearing aid
- 5. Medications
 - 1. Mydriatics
 - 2. Miotics
 - 3. Other

22. Required Text(s): Complete citation(s).

- 1. Fishbach. <u>A Manual of Laboratory and Diagnostic Tests</u>. 5th ed. Philidelphia: Lippincott.
- 2. Guyton, A. (1991). Textbook of Medical Physiology. 8th ed. W.B. Saunders Co.
- 3. Porth, C. (1990). <u>Pathophysiology: Concepts of Altered Health States</u>. 3rd ed. Philadelphia: J.B. Lippincott Co.
- 4. Price, S. and Wilson, L, (1992). <u>Pathophysiology: Clinical Concepts of Disease Processes</u>. 4th ed. St. Louis: Mosby Year Book.

FIRST YEAR BOOKLIST:

- 1. Cox, H., Hinz, M., Lubno, M.A., Newfield, S., Ridenour, N., Slater, M. & Sridaromont, H. (1993). Clinical Applications Of Nursing Diagnosis: Adult, Child, Women S, Psychiatric, Gerontic And Home Health Considerations. 2nd ed. Philadelphia, PA: F.A. Davis Co.
- 2. Daniels, J. and Smith, L. (1994). <u>Clinical Calculations: A Unified Approach</u>. 3rd ed. Albany, NY: Delmar Publishers.
- 3. Govoni, L. & Hayes, J. (1992). <u>Drugs and Nursing Implications</u>. 7th ed. Connecticut: Appleton-Century-Crofts.
- 4. Hamilton, P. (1992). Realities of Contemporary Nursing. Addison-Wesley.
- 5. Kozier, B., Erb, G., Blais, K., and Wilkinson, J. (1995). <u>Fundamentals of Nursing: Concepts, Process, and Practice</u>. 5th ed. Redwood City, CA: Addision-Wesley. Also the accompanying *Self-Study guide* for the Nursing Process Learning Unites, and the *Procedures Checklist*.
- 6. Mourad, L.; Droste, M. (1993). <u>The Nursing Process in the Care of Adults with Orthopedic Conditions</u>. 3rd ed. Delmar: Albany, NY.
- 7. Swearingen & Howard. (1996). <u>Photo Atlas of Nursing Procedures</u>. 3rd ed. Menlo Park: Addison-Wesley.

8. Townsend, M. (1996). <u>Psy</u> 9. Wold, G. (1993). <u>Basic Ge</u> 10. Wong, G. (1993). <u>Essentia</u>	<u>riatric Nursing</u> .	St. Louis, MO: Most	y-Year Book Inc.							
23. Optional Text(s): Complete citation(s). <i>(This information is required.)</i>										
None										
24. Required Materials/Supplies/To	ools:		·							
White nursing uniform, uniform shoe	White nursing uniform, uniform shoes, lab coat, stethoscope, optional.									
25. References and Resources use	ed to develop thi	s course (Print and	Non-Print):							
National League for Nursing competencies. FIRST YEAR BOOKLIST: 1. Miller-Keane. (1992). Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health. 5 th ed. Philadelphia, PA: W.B. Saunders Co. OR 2. Thomas, C. (1993). Taber□s Cyclopedia Medical Dictionary. 17 th ed. Philadelphia, PA: F.A. Davis Co.										
26. Outline Developed By:										
27. Outline Revised By:	Barbara Davey	RN MS								
28. TODAY⊡s Date:	7/14/05									
Is there anything you would like to add	that has not been	addressed on this forn	1? Please do so here:							
FOR	DIVISION DII	RECTOR USE ON	LY							
This course may be used to fulfill the	following degr	ee requirements:								
	ication Requirer Requirement ly	ment 🗆								
AAS Other Appro	oved Course									
Should this course description be included in the college catalog? Has this course been approved for an R grade? What is the effective date of this course? TermYear										
FOR OF	FICE OF INST	TRUCTION USE O	DNLY							
Reimbursable?	Yes		No							
Reimbursement Code:										

credit98.wpd

SOUTHWESTERN OREGON COMMUNITY COLLEGE COURSE INFORMATION UPDATE for NEW and REVISED *CREDIT* COURSE OUTLINES (Please use non-credit outline form for non-credit submissions.)

<u>APP</u>	ROVAL SIGNATU	RES:							DATE:
Divi	sion Director			THE STATE OF THE S					
Man				11 3 2 13 13 11 10 10					
Instr	uctional Council	OI							7/14/05
DIRI	ECTIONS: Please ne			_		n bel	ow for	each c	ourse.
	Incomple	ete Iorin	S WIII U	e retur	neu.				
1.	Course Number:	NUR1	03			(Leav	e blank i	f new cou	irse)
2.	Course Title:	NURS	SING S	CIENC	E AND PR	ACT	ICE II		
3.	Course Sub-Title:								
4.	Program Type:	LDC		X	OccPrep	X	OccS	upp	Post Sec Remedial/ Developmental Educ
		ABE/GE	D/ESL		OtherAdult		ОТН	ER	The state of the s
		Separa	ite Con	tract			\$ 1.1 2.0 1.0 1.0	Non-F	Reimbursable
5.	This Outline is:	New			n Paragraphia		10 m	Revise	ed X
6.	Offered for:	Credit		X No	i-Credit		n-credit, j		Conlt Ed Units (CEU)
7.	Number of Credits:	9		(See hour below)	rs/credit formul	a 			or CEUs: # ng Agency) #
8.	How many times can This refers to how many tim	this cou	irse be t can get c	taken <u>fa</u> redit on th	or credit? (T eir transcript fo	his is r	not the sa	me as rep se.)	eating a course for a better grade.
	Once X	Twice		3 Tin	ies	(Other (s _l	pecify)	Unlimited
9.	Course Hours (Instr	uctor wo	rkload/	pay wil	l be based of	on the	e infor	mation	below):
	(CLOCK HOUF	RS)	Hour	s/Week	Total Co	urse I	Iours	, , , , , , , , , , , , , , , , , , , ,	
	LECTURE		5		55			Depart	tment of Education ls formula
	LAB		12		132	***************************************			
	LECTURE/LAB					This is this beaution to a section to		1 credit	= 10 to 12 <i>Lecture</i> hours per term
	TBA LAB HOURS							1 credit	= 20 to 24 Lecture/Lab hours per term
	INDEPENDENT S	TUDY						1 credit	= 30 to 36 Lab hours per term
	TOTA	AL	17		187				

10.	Course Descr	ription:		te approved co				e includ	ded, if availa	able. May			
skill under gastr for s	sing 103 builds are integrated ergoing surgery rointestinal system and rest is atting room, market in the street i	I and appli	ied to the e also ap e care of nd appli	e planning and oplied to client childbearing v ed to a variety	delive s expe women of pat	ery of r riencin and fa	nursing care ng common nmilies is a	e to clie disord lso a fo	ents of all ag ers in the en cus. Basic l	ges Idocrine a human ne	ed		
11.	Grading:	S,U,Y,I	X	A,B,C,D,F,	Y,I	X	Either		Non-Grad	ed			
	Minin	num Gradi	ing Crite	rion:		Recon	nmended V	Veight (or % of Gra	de			
	Exams Clinical				50% 50%						X-100-100-100-100-100-100-100-100-100-10		
12.		Required Pre-Requisites: (If more than one course is listed, please indicate with OR or AND.) (This information will be entered into Colleague and required for students registration.)											
	None:								.,				
	Course(s) and	d Min. Gra	ide:	NUR101 a	nd NU	R102.							
	Placement Te	est Score:	all or see	(2015년) - 12년 - 12년 - 12년 - 12년									
	Other:												
	Is Instructor (Consent R	equired	to Register?			Yes		No	X			
13.	Required Cor	ncurrent C	ourses:				nation will bor students		d into Collea	gue and			
	None:	X											
	Course(s):												
	Lab(s):												
14.	Does this cou	ırse requir	e a sepai	rate lab?			Yes	X	N	Ю			
	Course No:		NUR10	3L Graded	Separ	ately?	Yes	X	No				
15.	Is this course	part of a s	sequence	e?			Yes	X	. No				
	Must the seq	uence be t	aken in	order?			Yes	X	No				
	What are the	course sec	quence r	numbers?	-		NUR10 203.	01, 102	, 103, 201, 2	202, and			
16	Is this course	double ni	ımbered	? Ye			Crs#			No	X		

17. Course Objectives: (Knowledge of specifics, comprehension, application, analysis, synthesis, evaluation.)

Knowledge:

(The student will...)

- 1. Know the physiologic processes, stressors, and adaptive mechanisms affecting health patterns of assigned clients.
- 2. Understand the ethical and legal boundaries for nursing practice.
- 3. Know the available resources to provide safe nursing care, for learning and for self-development in the community.
- 4. Know the philosophic basis for caring as applied to nursing care of individuals and families.

Skills:

(The student will be able to...)

- 1. Demonstrate and document assessment of functional health patterns for assigned clients.
- 2. Identify additional significant data such as lab values, etc.
- 3. Identify actual and or potential health care needs for assigned clients based on assessment.
- 4. Select nursing diagnosis for identified health care needs.
- 5. Establish priorities for care, recognizing the client s diagnosis and needs...
- 6. Provide for the physical and psychological safety of the client.
- 7. Demonstrate caring behavior in providing nursing care.
- 8. Use appropriate communication techniques with clients, their significant others and other members of the health care team.
- 9. Communicate in verbal and written form, client behaviors and responses to nursing interventions.
- 10. Initiate nursing interventions in response to client s needs...
- 11. Administer and monitor the prescribed medical regimen to the level of preparation.
- 12. Promote maintenance or restoration of self-care activities for the client.
- 13. Evaluate the client s progress toward goals..

Attitudes & Values:

(The student will have...)

- 1. An appreciation for the role of the nurse as a member of the interdisciplinary health care team in a managed care environment.
- 2. An awareness of the limits of their own practice and an appreciation for seeking assistance from appropriate persons as indicated from the situation.
- 3. An attitude of support for peers and others in the delivery of health care.
- 4. An attitude of support for the patient sight to confidentiality.
- 5. A recognition for the client s right to make decisions regarding care.

18.	Status:	Active	9	Χ		Ina	ctive		
19.	Maximum Enrollment:	Lectur	е	20		L	ab 🖐	10	
20.	Does this course require spe		Yes	Х	N	lo			
	If yes, what is the fee?	Per current Board Policy	Fee o	overs:	Lab sup	plies.			

21. Contents Outline: (must be in outline format)

- 1. Emotional Preparation for Surgery
 - 1. Preoperational preparation
 - 2. Stress
 - 3. Nursing diagnosis
- 2. Preoperative Teaching and Diet Therapy
 - Factors influencing response to anesthesia and surgical stress
 - 2. Goals of preoperative teaching
 - 3. Nutritional therapy
- 3. Preoperative Laboratory Reports and Preparation
 - 1. Preparing for surgery
 - 2. Pre-op lab values
 - 3. Pre-op check list
- 4. Pharmacological Consideration for the Surgical Client
 - 1. Specific medications
- 5. Intraoperative Nursing Care
 - 1. Nursing roles and responsibilities
 - 2. Anesthesia
 - Nursing diagnosis
- 6. Post-Anesthetic Recovery Period
 - 1. Management of the postoperative patient
 - 2. Shock
- 7. Post-Operative Care and the Nursing Process
 - 1. Assessment
 - 2. Problem identification
 - 3. Planning
 - 4. Interventions
 - Evaluation
 - 6. Discharge planning

II. CARING FOR THE CLIENT WITH DIABETES MELLITUS

- 1. Pathophysiology of Diabetes Mellitus
 - 1. Carbohydrate metabolism
 - Types of diabetes
 - 3. Signs/symptoms
 - 4. Long term complications
- 2. Nursing Process and Diabetes Mellitus
 - 1. Assessments
 - 2. Problem identification
 - 3. Planning
 - Intervention
 - Evaluation
- 3. Learning and Teaching Guidelines
 - Nutrition
 - 2. Insulin administration
 - 3. Regulating blood glucose levels
 - 4. Developing a teaching plan
- 4. Insulin Therapy
 - 1. Types of insulin
 - 2. Testing blood glucose
 - 3. Mixing insulin□s
 - Pharmacology of insulin

III. CARING FOR THE CLIENT WITH GASTROINTESTINAL PROBLEMS

1. Anatomy and Physiology of the Gastrointestinal System

- 1. Structures and functions
- 2. Accessory organs
- Assessment
- 4. Diagnostic studies
- 2. Problems with Ingestion
 - Hiatal hernia
 - 2. Problems with the esophagus
- 3. Problems of Digestion
 - 1. Oral expulsions
 - 2. Gastritis
 - 3. GI bleeding
 - 4. Ulcers
 - 5. Cancer of the stomach
- 4. Absorption and Elimination
 - 1. Problems with elimination
 - 2. Appendicitis
 - 3. Gastrointeritis
 - 4. Ulcerative colitis
 - Crone ☐s disease
 - 6. Bowel obstructions
 - 7. Cancer of the rectum
 - 8. Bowel surgery
 - 9. Ostomy managment
 - 10. Malabsorption syndrome
- 5. Problems of the Biliary Tract
 - Jaundice
 - 2. Hepatitis
 - 3. Gallbladder
- 6. Medications
 - Nausea and vomiting
 - 2. Antiulcei
- IV. SLEEP/REST AND PAIN
 - 1. Physiologic Basis for Sleep
 - 1. Physiologic basis for sleep
 - 2. NREM and REM sleep
 - 3. Age/developmental variations
 - 2. Factors That Affect Sleep
 - 1. Quality and Quantity
 - 2. Sleep disorders
 - 3. Sleep deprivation syndrome
 - 3. Diagnosis and Treatment of Sleep Disorders
 - 1. EEG
 - 2. Pharmocologic interventions
 - 4. Nursing Process Associated with Sleep/Rest Pattern
 - 1. Sleep assessment
 - 2. NCP and sleep disorder
 - 5. Causes of Pain
 - 1. Pathophysiologic Basis for Pain
 - 2. Types of pain
 - 3. Gate control theory of pain
 - 4. Psychosocial influences on pain

	1.	Introduction to the Family
		1. Family structures
		2. Socioeconomic and sociocultural factors
		3. Duvall stages of family development
		4. Role transition of new parents
	•	5. Nursing assessments and interventions
	2.	The Reproductive System
		1. Anatomy and physiology of the reproductive system
		 Development of sexuality Female reproductive system over the lifespan
	3.	Women s Care: Health Promotion Through the Lifespan
	0.	1. Infertility
		 Nursing assessments and interventions for family planning
	4.	Conception and Fetal Development
	т.	1. Fertilization
		Pre-embryonic stage
		3. Milestones in development
		4. Teratogenic influences
		5. Placental development
		6. Amniotic fluid
	5.	The Expectant Family: Age Related Considerations
	0.	1. Adolescents
		Advanced maternal age
	6.	Pregnancy: The Antepartal Family
	0.	Physiologic and psychologic changes of pregnancy
		2. S/S of pregnancy
		3. Discomforts
		4. Physical assessments
		5. Nursing assessments
		6. Danger signals
		7. Rh blood factor
		8. Fetal diagnostics
VI.	INTRAPA	ARTAL, NEWBORN AND POSTPARTAL CARE
	1.	Birth: The Intrapartal Client and Family
		1. Intrapartal assessment
		2. Leopold ☐s maneuvers
		3. Physical assessments
		4. True vs. false labor
		5. 4 stages of labor
		6. Physical and psychologic factors
		7. Nursing process and the laboring woman and fetus
		8. Monitoring the fetal heart rate
		9. Pharmocolic interventions
		10. Preparing for delivery
	0	11. Apgar scoring
	2.	The Normal Newborn
		1. Response of the newborn to birth
		2. Immediate care and assessment of the newborn
		3. Admitting a newborn to the nursery
		4. Assessment of the newborn
	2	5. Transition from intrauterine to extrauterine life
	3.	Postpartal Client/Family
		1. Physiologic changes

- Oxytocics
- 3. Postpartal assessment
- 4. Complications of the postpartal period
- 5. Newborn care/bonding
- 6. Breastfeeding
- 7. Discharge teaching

22. Required Text(s): Complete citation(s).

FIRST YEAR BOOKLIST:

- 1. Cox, H., Hinz, M., Lubno, M.A., Newfield, S., Ridenour, N., Slater, M. & Sridaromont, H. (1993). Clinical Applications Of Nursing Diagnosis: Adult, Child, Women , Psychiatric, Gerontic And Home Health Considerations. 2nd ed. Philadelphia, PA: F.A. Davis Co.
- 8. Daniels, J. and Smith, L. (1994). <u>Clinical Calculations: A Unified Approach</u>. 3rd ed. Albany, NY: Delmar Publishers.
- 9. Govoni, L. & Hayes, J. (1992). <u>Drugs and Nursing Implications</u>. 7th ed. Connecticut: Appleton-Century-Crofts.
- 10. Hamilton, P. (1992). Realities of Contemporary Nursing. Addison-Wesley.
- 11. Kozier, B., Erb, G., Blais, K., and Wilkinson, J. (1995). <u>Fundamentals of Nursing: Concepts, Process, and Practice</u>. 5th ed. Redwood City, CA: Addision-Wesley. Also the accompanying *Self-Study guide* for the Nursing Process Learning Unites, and the *Procedures Checklist*.
- 12. Mourad, L.; Droste, M. (1993). <u>The Nursing Process in the Care of Adults with Orthopedic Conditions</u>. 3rd ed. Delmar: Albany, NY.
- 13. Swearingen & Howard. (1996). <u>Photo Atlas of Nursing Procedures</u>. 3rd ed. Menlo Park: Addison-Wesley.
- 14. Townsend, M. (1996). <u>Psychiatric Mental Health Nursing</u>. F.A. Davis.
- 15. Wold, G. (1993). Basic Geriatric Nursing. St. Louis, MO: Mosby-Year Book Inc.
- 16. Wong, G. (1993). Essentials of Pediatric Nursing. 4th ed. St. Louis. C.V. Mosby.
- 23. Optional Text(s): Complete citation(s). (This information is required.)

None

24. Required Materials/Supplies/Tools:

White nursing uniform, uniform shoes, lab coat, stethoscope, optional.

25. References and Resources used to develop this course (Print and Non-Print):

National League for Nursing competencies.

FIRST YEAR BOOKLIST:

1. Miller-Keane. (1992). Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health. 5th ed. Philadelphia, PA: W.B. Saunders Co.

OR

2. Thomas, C. (1993). <u>Taber S Cyclopedia Medical Dictionary</u>. 17th ed. Philadelphia, PA: F.A. Davis Co.

26. Outline Developed By:	
27. Outline Revised By:	Barbara Davey RN MS
28. TODAYIs Date:	7/14/05

Is there anything you would like to add that has not been addressed on this form? Please do so here:

	FOR D	IVISION DIREC	TOR USE ON	Ĺ Y	
This course may be	used to fulfill the	following degree re	quirements:		
AAOT	General Educ Distribution F Sequence Elective Only	-			
AAS	Other Approv	ed Course			
Has this cou	rse been approved:	be included in the for an R grade? s course? Term	-		s □ No □ s □ No □
	FOR OFF	ICE OF INSTRU	CTION USE C	DNLY	
Reimbursabl	e?	Yes		No	
Reimbursem	ent Code:				

kk revised 03/02/99 credit98.wpd

SOUTHWESTERN OREGON COMMUNITY COLLEGE

COURSE INFORMATION UPDATE

for NEW and REVISED *CREDIT* COURSE OUTLINES (Please use non-credit outline form for non-credit submissions.)

<u>APPI</u>	ROVAL SIGNATU	RES:							<u>DAT</u>	<u>E:</u>			
Divis	ion Director												
Mana -													
Making property	ectional Council								//14/05				
DIRE	CCTIONS: Please no Incompl	eatly enter				n belo	ow for	r each c	ourse.				
1.	Course Number:	NUR 2	201				(L	eave blanl	k if new cou	rse)			
2.	Course Title:	NURS	URSING SCIENCE AND PRACTICE III										
3.	Course Sub-Title:												
4.	Program Type:	LDC		X	OccPrep	X	Occ	Supp	2 1 m 3 mm - 2 m	t Sec Remedial/ elopmental Educ			
<u></u>		ABE/GE	D/ESL		OtherAdult		OTI	HER					
		Separa	te Cont	ract			21130.073997	Non-I	Reimburs	sable			
5.	This Outline is:	New		207-180 (12) (12) (21) (13) (3)				Revis	ed		X		
6.	Offered for:	Credit	7	K No	n-Credit	•	(If non-credit, please use other form.) Con to Ed Units (CEU)						
7.	Number of Credits:	9		(See hou below)	rs/credit formu	a			or CEUs; ng Agency)	<u>#</u>			
8.	How many times ca	n this cou	irse be t	aken <u>fa</u> edit on th	or credit? (T	This is nor the sa	ot the s	ame as reprse.)	peating a cou	arse for a better grade	·.		
	Once X	Twice		3 Tin	ıes		Other (Specify)		Unlimited			
9.	Course Hours (Inst	ructor wo	rkload/j	oay wil	l be based	on the	e info	rmation	below):				
	(CLOCK HOU	RS)	Hours	/Week	Total Co	urse I	Iours			TO THE STATE OF TH			
	LECTURE		5		55			– Depar	tment of E	ducation ls formul	a		
	LAB		12		132			-					
	LECTURE/LAB							1 credit	= 10 to 12 Le	ecture hours per term			
	TBA LAB HOURS	5						1 credit	= 20 to 24 <i>Le</i>	ecture/Lab hours per ten	m		
	INDEPENDENT S	TUDY						1 credit	= 30 to 36 La	ab hours per term			
	тот	AL	17		187								

10.	Course Description: (State approved course description must be included, if available. May be enhanced for Southwestern.)												
carin will	course builds or ag for the adult c learn how to car- enal system, can course with the I	lient with che for clients cer, the pedi	ronic or experier atric clie	normal alteratincing acute alte	ons in f rations and the	unction in func geriatr	nal health pa tional health ic client and	itterns. In patterns. If amily.	in this course s related to co Students wi	e, the student orthopedics,			
11.	Grading:	S,U,Y,I	X	A,B,C,D,F,Y,I,R X Either Non-Graded									
	Minin	num Gradir	ıg Crite	rion:		Recor	nmended W	Veight o	r % of Grad	le			
	Exams Clinical Evalu	ams nical Evaluation)							
12.	Required Pre-Requisites: (If more than one course is listed, please indicate with OR or AND.)						ation will be r students[] 1		into Colleagon.)	gue and			
None:													
	Course(s) and Min. Grade: NUR101 advanced C or bette					UR101, 102, 103, or admission into NUR 201 through lvanced placement as an LPN, BI 231, 232, 233 with grade or better.							
	Placement Te	est Score:											
	Other:												
	Is Instructor (Consent Re	quired	to Register?			Yes X		No				
13.	Required Cor	ncurrent Co	urses:		(This information will be entered into Colleague and required for students registration.)								
	None:	X							330				
	Course(s):												
	Lab(s):								F-12 N-200 100 00 00	C Feed East Machinely.			
14.	Does this cou	ırse require	a separ	ate lab?			Yes	X	N	0			
	Course No:		NUR20	1L Graded	Separ	ately?	Yes	X	No				
15.	Is this course	part of a se	equence	?			Yes	X	No				
	Must the seq	uence be ta	ken in o	order?			Yes	X	No				
	What are the	course seq	uence n	umbers?			NUR 1	01, 102	, 103, 201	Lapery Proceduration			
16.	Is this course	double nu	mbered'	? Y	es		Crs#			No 2	X		

Knowledge:

(The student will...)

- 1. Know the fundamentals of nursing care to support the functional health paterns for clients experiencing acute illness in the areas of orthopedics, cancer, renal, pediatrics and geriatrics.
- 2. The nursing process as applied to problems of immobility, altered cell function, altered renal functioning, pediatric and geriatric.
- 3. Understand the processes involved in management of care.
- 4. Rights and responsibilities related to professional practice of a Licensed Practical Nurse.
- 5. Know how to promote maintenance or restoration of self-care activities for the client including rehabilitation potential.
- 6. Know how to access available resources t provide safe nursing care, for learning and for self-improvement.
- 7. Understand the philosophy of care as applied t othe nursing care of clients in acute care situations.

Skills:

(the student will be able to..)

- 1. Apply knowledge of pathophysiologic processes and homeostatic mechanisms affecting client to direct assessment and documentation of functional health patterns.
- 2. Demonstrate selected physical assessment techniques, identifying normal and abnormal findings.
- 3. Relate additional significant data such as lab values, diagnostic test results to obserced client response.
- 4. Identify changes in health status affecting clients ability to meet needs.
- 5. Identify actual and/or potential health care needs for assigned clients based on assessment.
- 6. Select nursing diagnoses for identified health care needs.
- 7. Establishing priorities of care and client, including safe performance of all skills.
- 8. Develop a care plan incorporating data related to cultural and spiritual beliefs and physiological, psychosocial, and developmental status for assigned clients.
- 9. Support the clients right to make decisions regarding care.
- 10. Provide for the physical and psychological safety of the client, including safe performance of all skills.
- 11. Demonstrate caring behavior in providing nursing care.
- 12. Use appropriate communication techniques with clients, their significant others, and other members of the health care team.
- 13. Apply the nursing process across the lifespan.
- 14. Apply the principles of teaching/learning to a client/patient situation.
- 15. Manage the care of a group of patients.

Attitudes & Values:

(The student will have...)

- 1. An understanding of the ethical and legal boundaries of nursing practice.
- 2. An appreciation for the confidentiality of information regarding clients.
- 3. An appreciation for the importance of communicating truthfully in verbal and written form.
- 4. An attitude which supports peers and colleagues in the delivery of health care.

18.	Status:	Active	Х	Inactive	
19.	Maximum Enrollment:	Lecture	20	Lab	10

20.	Does this course require sp	ecial fees?	Yes	No			
	If yes, what is the fee?	Per current board policy	Fee covers:	Lab Supp	olies.		
21.	Contents Outline: (must be in outline for	mat)					

- I. CARING FOR THE CLIENT WITH MUSCULOSKELETAL PROBLEMS A. Musculoskeletal Tissues: Anatomy and Physiology and Physical Assessment
 - 1. Anatomy and Physiology
 - 2. Physical Assessment
 - B. Nursing Process During Diagnostic Examinations
 - 1. Nursing interventions for selected tests
 - C. Drugs Used in Musculoskeletal Problems
 - 1. Salicylates
 - 2. NSAID
 - 3. Muscle relaxants
 - 4. Other
 - D. Nursing process in the Care of Clients with Trauma
 - 1. Complications related to fractures.
 - 2. Processes of bone healing
 - E. Nursing Process in the Care of Clients in Traction or With an External Fxator
 - 1. Nursing care of client with skeletal/skin traction
 - 2. Principles of effective traction
 - 3. Positioning with traction
 - 4. Interventions for patients with traction
 - F. Nursing Process in the Care of Clients With Casts
 - 1. Nursing actions in application and handling of a cast

 - 2. Positioning
 - 3. Cleaning
 - 4. Nursing assessments and interventions for a client with a cast
 - 5. Discharge planning for a client with a cast
 - G. Nursing Process in the Care of Clients Having Orthopedic Surgery
 - 1. Pain control and healing potential
 - 2. Styker frame and/or circolectric bed
 - 3. Nursing assessments and interventions for the client having orthopedic surgery
 - 4. CPM devices
 - 5. Polar Pack
 - H. Nursing Process in the Care of the Client With an Amputation
 - 1. Physiological and psychological needs
 - 2. Care of the stump
 - 3. Alteration of body image
 - I. Nursing Considerations in the Care of the Client Having Complications Following Trauma, Disease and Surgery
 - 1. Impairment of circulation
 - J. Nursing Care During the Process of Rehabilitation
 - 1. Physical therapies
 - 2. Crutch / walker
 - K. NursingProcess in the Ccare of Immobilized Clients
 - 1. Physical and psychosocial complicatoins
 - 2. Nursing interventions
 - 3. Prevention of complications
 - L. Nursing Process in the Care of Clients with Inflammatory Conditions
 - 1. Rheumatoid arthritis
 - 2. Systemic lupus erythrmotosus
 - M. Nursing Process in the Care of Clients With Degenerative Conditions
 - 1. Degenerative joint disease
 - 2. Degenerative disc disease
 - N. Nursing Process in the Care of Children with Orthopedic Conditions
 - 1. Scoliosis
 - 2. Congenital hip condition
 - 3. Talipes equinovarus
 - 4. Growth and development considerations
- II. CARING FOR CLIENTS EXPERIENCING GENITOURINARY PROBLEMS
 - A. Genitourinary System: Anatomy and Physiology
 - 1. Anatomy
 - 2. Physiology
 - B. Diagnostic Tests
 - 1. The role of the nurse before, during, and following selected tests.
 - 1. Classification and action of selected drugs for the genitourinary system
 - D. Nursing Process in the Assessment of Clients with urinary problems
 - 1. Signs and symptoms
 - 2. Etiology
 - 3. Assessment criteria

- E. Nursing Process in the Care of Clients With Urinary Problems
 - 1. Incontinence
 - 2. Retention
 - 3. Obstruction
 - 4. Infection
 - 5. Nephrotic syndrome
 - 6. Glomerulonephritis
 - 7. Surgical interventions
 - 8. Benign prostatic hypertrophy and prostatitis
 - 9. Urinary diversion
- F. Nursing Process in the Care of Clients With Renal Failure
 - 1. Acute to chronic renal failure- s/s, phathophysiology, and prognosis
 - 2. Chronic renal disease- etiology and treatment
 - 3. Fluid and electrolyte disturbances
 - 4. Pharmocological intervention
 - 5. Nursing care for the client receiving peritoneal dialysis
 - 6. Nursing care for the client with an arteriovenous fistula/shunt
 - 7. Care of the patient with a renal transplant

III. CARING FOR THE CLIENT WITH CANCER

- A. Pathophysiology
 - 1. Cell reproduction
 - 2. Benign vs. Malignant
 - 3. Grading and staging tumors
 - 4. Etilology of cancer: risk factors
- B. Diagnosis
 - 1. Diagnostic screening procedures
 - 2. Differential diagnosis: adult and children
- C. Treatments
 - 1. Chemotherapy
 - 2. Radiation
 - 3. Surgery
 - 4. Bone marrow transplant
 - 5. Immunotherapy
- D. Nursing Process in the Care of the Client With Cancer
 - 1. Nursing diagnosis
 - 2. Nursing interventions
- E. Nursing Care of the Client With Cancer
 - 1. Holistic cancer care
 - 2. Nutrition
 - 3. Pain
 - 4. Psychosocial problems
 - 5. Community resources
- F. Cancer Prevention
 - 1. Risk factors
 - 2. Screening
- G. Terminal Care of Clients
 - 1. Stages of dying
 - 2. Nursing care of client and family who is dying

IV. CARING FOR THE PEDIATRIC CLIENT

- A. Concepts and Practices in Pediatric Nursing
 - 1. Mortality and Morbidity
 - 2. Family centered care
 - 3. Health promotion
 - 4. Growth and development
 - 5. Anatomy and Physiology
- B. Assessing the Pediatric Client and Family
 - Health and physical assessment
 Communication techniques
- C. Applying the Nursing Process to the Care of the Child and Family
 - 1. Hospitalization
 - 2. Interventions
 - 3. Play therapy
 - 4. Pain management
- D. Caring for the Child and Family Experiencing Chronic Illness, Disability, and Death
 - 1. Developmental stages and conceptualization of death
 - 2. Grieving
 - 3. Family centered care
 - 4. Nursing process
 - 5. Cystic fibrosis
 - 6. Leukemia
 - 7. HIV and TB
 - 8. Mental retardation
 - 9. Down[]s syndrome
 - 10. Other
- E. Caring for the Child and Family Experiencing Acute Illness and or Injury
 - 1. Respiratory
 - 2. Cardiac

- 3. Surgery
- 4. Cleft lip/palate
- 5. Gastrointestinal
- 6. Fluid and electrolyte
- 7. Fever
- 8. Reyells syndrome
- 9. Nervous system
- 10. Injury / poisoning
- 11. Failure to thrive / abuse

V. CARING FOR THE GERIATRIC CLIENT AND FAMILY

- A. Overview of Trends, Issues, and Theories on aging
 - 1. Subjective and objective
 - 2. Personal and societal attitudes
 - 3. Demographic trends
 - 4. Social/economic issues related to aging
 - 5. Role of the nurse in caring for the elderly
 - 6. Biological and psychosocial theories on aging
- B. Physiological Change of Aging
 - 1. Normal aging process
 - 2. Common diseases
- C. Health Assessment of the Elderly Client
 - 1. Interview techniques
 - 2. Physical assessment
- D. Functional Health Patterns
 - 1. Risk factors
 - 2. Culture an d religion
 - 3. Assessment and documentation of the functional health patterns
 - 4. Age related changes
 - 5. Normal and abnormal processes, alterations, and practices
 - 6. Sexuality
 - 7. Roles and relationships
 - 8. Values and beliefs
 - 9. Stress and coping
 - 10. Self-perception / Self-concept
 - 11. Perception / cognition
 - 12. Sleep / rest
 - 13. Exercise / activity
 - 14. Elimination
 - 15. Nutrition / Metabolic
 - 16. Health maintenance
- E. Medications of the Older Adult
 - 1. Risk of medications related problems
 - 2. Pharmokinetics

VI. PROFESSIONAL DEVELOPMENT: THE LICENSED PRACTICAL NURSE

- A. Education for Nursing
 - 1. Developments
 - 2. Differentiation in education between CNA, LPN, RN
 - 3. Registration
 - 4. Nurse Practice Act
 - 5. Disciplinary actions
- B. Credentialing: Licensure and Certification
 - 1. Licensure
 - 2. Certification
 - 3. Registration
 - 4. Nurse Practice Act
 - 5. Disciplinary Actions
- C. Ethics
 - 1. Ethical concepts
 - 2. Ethical decision- making
 - 3. Law vs. Ethic
- D. Legal Issues
 - 1. Types of law
 - 2. Major sources of law
 - 3. Criminal law applied to nursing
 - 4. Criminal procedure process
- E. Managing Stress
 - 1. Recognition and management
 - 2. Areas which cause stress in nursing
- F. Management and Leadership
 - 1. Leadership
 - 2. Management
 - 3. Professionalism

22. Required Text(s): Complete citation(s).

- 1. Cox, H. Hinz, M.; Lubno, M.A.; Newfield, S.;Ridenour, N.; Slater, M.; & Sridaromont, H. (1993). Clinical Applications of Nursing Diagnoses: Adult, Child, Women S, Psychiatric, Gerontic, and Home Health Considerations, 2nd Ed. Philadelphia, PA: F.A. Davis, Co.
- 2. Daniels, J. and Smith, L. (1994). <u>Clinical Calculations: A Unified Approach</u>.3rd Ed. Albany, NY: Delmar Publishers.
- 3. Govoni, L.; Hayes, J.C. (1992). <u>Drugs and Nursing Implications</u>, 7th Ed. Connecticut: Appleton-Century-Croft.
- 4. Hamilton, P. (1992) Realities of Contemporary Nursing, Addison-Wesley.
- 5. Kozier, B.; Erb, G.; Blass, K.; Johnson, J.; and Temple J. (1993). <u>Techniques in Clinical Nursing</u>, 4th Ed. Reading, MA: Addison-Weslely
- 6. Kozier, B.; Erb, G.; & Oliveri, R. (1995) <u>Fundamentals of Nursing: Concepts, Process and Practice</u>. Redwood Atylia: Addison-Wesley. Also accompanying self-study guide for the Nursing Process Learning Units, and the procedure checklist.
- 7. Mourad, L.;Droste, M. (1993) <u>The Nursing Process in the Care of Adults with Orthopedic</u> Conditions. 3rd Ed. Delmar: Albany, NY.
- 8. Townsend, M. (1993) Psychiatric Mental Health Nursing. F.A. Davis,
- 9. Wold, G. (1993). <u>Basic Geriatric Nursing</u>. ST. Louis, MO; Mosby-Yearbook, Inc.
- 10. Wong, G. (1993) Essentials of Pediatric Nursing. 4th Ed. St. Louis. C.V. Mosby.
- 23. Optional Text(s): Complete citation(s). (This information is required.)
- 1. Miller-Keane (1992). <u>Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health.</u> 5th ed. Philadelphia, PA: W.B. Saunders, CO.
- 2. Tabers (1998) Cyclopedic Medical Dictionary (19th ed) Philadelphia: FA Davis
- 24. Required Materials/Supplies/Tools:

None

25. References and Resources used to develop this course (Print and Non-Print):

National League of Nursing Competencies.

26. Outline Developed By:	
27. Outline Revised By:	Barbara Davey RN MS
28. TODAY ls Date:	7/14/05

Is there anything you would like to add that has not been addressed on this form? Please do so here:

				•	
	FOR	DIVISION DII	RECTOR US	SE ONLY	
This cou	rse may be used to fulfill the	following degr	ee requireme	nts:	
AAS	AAOT General Education R Distribution R Sequence Elective Only Other Approved Cou Should this course description as this course been approved I/hat is the effective date of the	equirement arse n be included in for an R grade	?	Yes □ No □	
	FOR OF	FICE OF INS	FRUCTION	USE ONLY	
R	eimbursable?	Yes		No	
R	eimbursement Code:				

credit98.wpd

SOUTHWESTERN OREGON COMMUNITY COLLEGE

COURSE INFORMATION UPDATE

for NEW and REVISED CREDIT COURSE OUTLINES (Please use non-credit outline form for non-credit submissions.)

<u>APP</u>	<u>ROVAL SIGNATU</u>	IRES:							DATE:	
Divis	sion Director			·····						
Mana				·					V 400 M 100	
Instru	uctional Council	OI							_7/14/05	
DIRE	ECTIONS: Please n Incomp	<i>eatly</i> ente lete form				n bel	ow for	r each co	ourse.	
1.	Course Number:	NUR2	NUR202 (Leave blank if new course)							
2.	Course Title:	NURS	NURSING SCIENCE AND PRACTICE IV							
3.	Course Sub-Title:									
4.	Program Type:	LDC		X	OccPrep	X	Occs	Supp	Post Sec Remedial/ Developmental Educ	
		ABE/GE	ED/ESL		OtherAdult		ОТІ	HER		
		Separa	ate Contr	act				Non-R	eimbursable	
5.	This Outline is:	New	New					Revise	d X	
6.	Offered for:	Credit	X	Nor	n-Credit	Credit (If non-credit, ple use other form.)			Conllt Ed Units (CEU)	
7.	Number of Credits:	9	1000	See hour below)	s/credit formul	a		oroved for t Approvin		
8.	How many times ca This refers to how many times	n this cou	urse be ta t can get cre	ken <u>fo</u> dit on the	or credit? (Teir transcript fo	his is n	ot the sa	me as reperse.)	eating a course for a better grade.	
	Once X	Twice		3 Tim	nes	C	Other (s	Specify)	Unlimited	
9.	Course Hours (Inst	ructor wo	orkload/p	ay wil	l be based	on the	infor	mation	below):	
	(CLOCK HOU	RS)	Hours/	Week	Total Co	urse I	Iours		The second secon	
	LECTURE		5		55			- Departi	ment of Education s formula	
	LAB		12		132		· · · · · · · · · · · · · · · · · · ·	-		
	LECTURE/LAB		:			1 credit = 10 to 12 <i>Lecture</i> hours per te			10 to 12 Lecture hours per term	
	TBA LAB HOURS	3						l credit =	20 to 24 Lecture/Lab hours per term	
	INDEPENDENT S	TUDY			510			1 credit =	30 to 36 Lab hours per term	
	ТОТ	AL	17		187			=		

10.	Course Description: (State approved course description must be included, if available. May be enhanced for Southwestern.)											
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11.	Grading: S,U,Y,I A,B,C,D,F,Y,I X Either Non-Graded											
	Minimum Grading Criterion:					Reco	mme	nded V	Veight o	or % of Gra	de	
	Exams Clinical Evaluation				1009 1009							
12.	Required Pre-Recourse is listed, plea				(This	s inform	nation or stu	n will be dents∏ i	e entered registrat	l into Collea ion.)	gue and	
	None:					13,40						
	Course(s) and M	in. Grade	: N	UR101,	102, 1	03, an	d 20	1				
	Placement Test S	Score:										
	Other:	Notes				1682	Lo avecação	Setu ny				
	Is Instructor Con	sent Requ	uired to R	egister?	-		Yes	X		No		
13.	Required Concur	rrent Cou	rses:		(This information will be entered into Colleague and required for students registration.)							
	None:	X								the state of the s		
	Course(s):							оне» 198-г. — 1				
	Lab(s):							una prope exer	etotos.			
14.	Does this course	require a	separate la	ab?				Yes	X	1	Jo	
	Course No:	N	UR202L	Gradeo	l Sepa	rately?	?	Yes	X	No		
15.	Is this course pa	rt of a seq	uence?				13 3 4 4	Yes	X	No		
	Must the sequen	ce be take	en in order	?			Yes X No					
	What are the cor	urse seque	ence numb	ers?	NUR101, 102, 103, 201, 202, and 203.					202, and		
16.	Is this course do	uble num	bered?	Y	es	75.7 (a)	Crs#				No	X
L						•						

Knowledge:

(The student will...)

- 1. Know the fundamentals of nursing care to support the functional health patterns for clients experiencing acute illness in the areas of fluid and electrolytes, hemopoetic system, endocrine system, reproductive system, protective system.
- 2. Understand the nursing process as applied to problems of fluid and electrolyte balance, blood and liver functioning, endocrine functioning, mental health status and reproductive status.
- 3. Understand the processes and practices involved in the management of acutely ill clients.
- 4. Understand the applications of advanced technology in the provision of critical nursing care.
- 5. Know the ethical and legal basis of mental health nursing.
- 6. Know the philosophic basis of caring as applied to nursing practice.
- 7. Know the channels of communication for client, self and peer advocacy.
- 8. Know the available resources in the community for continuity of care and maintenance of the therapeutic regimen.

Skills:

(The student will be able to...)

- 1. Demonstrate and document a complete nursing history and physical examination on selected clients.
- 2. Identify changes in health status related to homeostasis, stress and adaptation, and systems interdependence affect client s functional health patterns and abilities to meet needs.
- 3. Identifies actual and/or potential health care needs for assigned clients based on assessment.
- 4. Select nursing diagnoses for identified health care needs.
- 5. Participate with client, significant others, and members of the health care team in establishing priorities for care and client-centered goals to meet identified needs.
- 6. Develop care plans incorporating data related to cultural and spiritual beliefs and physiological, psychosocial and developmental status for assigned clients.
- 7. Collaborate in the development of individualized teaching plans for assigned clients.
- 8. Support the client s right to make decisions regarding care.
- 9. Provide for the physical and psychological safety of the client, including safe performance of all skills.
- 10. Demonstrate caring behavior in providing nursing care.
- 11. Communicate appropriately in verbal and written form with clients, their significant others and other members of the health care team.
- 12. Initiate nursing interventions and implements care plan in response to clientlls needs and according to priority of goals; adjusts priorities as client situations change.
- 13. Administer and monitor the prescribed medical regimen to level of preparation.
- 14. Implements the teaching plan specific to client s developmental level, knowledge and learning needs.
- 15. Evaluate the effects of nursing interventions on the client and goal achievement. Revise as needed.
- 16. Interact with members of the health care team in a collegial manner.
- 17. Serve as an advocate for clients, using appropriate channels of communication.
- 18. Delegates aspects of nursing care to peers, and/or other health care workers as appropriate, retaining accountability for delegated care.
- 19. Utilize current technology to increase efficiency of care management.
- 20. Practice within the ethical and legal boundaries of nursing.
- 21. Use resources to provide safe nursing care, for learning and for self-development.
- 22. Maintain confidentiality of information regarding clients

Attitudes & Values: (The student will have...)

- 1. An appreciation for the ethical and legal basis of nursing practice.
- 2. A supportive attitude towards peers and others in the delivery of health care.
- 3. An appreciation for the value of nursing as a career and one sown practice of nursing
- 4. An appreciation for collaboration and teamwork.
- 5. A respect for client confidentiality.
- 6. A respect for patient/client\(\text{ls right to self-efficacy and the right to make own decisions regarding health care.}\)

18.	Status:	Active		Χ	To a second seco	Inactive			
19.	Maximum Enrollment:	Lect	Lecture			Lab			
20.	20. Does this course require s	pecial fees?	ecial fees?			X No			
	If yes, what is the fee?	\$30.00	Fee c	overs:	Lab Sup	plies.	·		

21. Contents Outline: (must be in outline format)

- I. CARING FOR THE CLIENT EXPERIENCING ACUTE FLUID AND ELECTROLYTE ALTERATIONS.
 - Role of the Nurse in IV Therapy
 - Registered Nurse
 - 2. Licensed Practical Nurse
 - B. Administering Intravenous Solutions
 - 1. Methods of administration
 - 2. Complications of IV Therapy
 - 3. Special considerations for children
 - C. Intravenous medications
 - Principles in pharmacology
 - D. Central Venous Administration
 - Central venous catheters
 - 2. Central venous pressure
 - Central line dressing changes
 - 4. TPN
 - E. Shock
 - 1. Hypovolemic F. Blood Transfusion T
 - Blood Transfusion Therapy
 - 1. Hematologic system
 - 2. Blood incompatibilities
 - 3. Complications of blood transfusions
 - Nursing responsibilities
- II. CARING FOR THE BURN PATIENT
 - A. Incidence and Pathophysiology of Burns
 - Morbidity and Mortality
 - Etiology and Categories
 Effects of Burns
 - Effects of Burns
 Carbon Monoxide and Smoke Poisoning
 - B. Assessment
 - 1. Factors to assess
 - Categories of Burn depth
 - 3. Rules of Nine
 - C. Interventions
 - 1. First Aid
 - 2. Thermal, Chemical and Electrical
 - Transport
 - 4. Nursing diagnoses
 - 5. Interventions
 - Hydrotherapy
 - 7. Debridement
 - 7. Debridement
 - 8. Topical Therapy
 - Wound Management
 Nutritional Support
 - 11. Pharmacologic Support
 - 12. Positioning
 - D. Psychosocial Implications
 - 1. Psychosocial reactions
 - 2. Interventions
 E. Rehabilitation

C.

1.

2.

3.

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CARING FOR THE CLIENT EXPERIENCING AN ALTERATION IN MENTAL HEALTH
III.
               Introduction
                1.
                       Oregon Administrative Rules
                2.
                       Community Agencies
                3.
                       Theories and Modalities
        В.
               Chronicity
                       Definition
               1.
               2.
                       Nursing process
               3.
                       Family nursing
        c.
                Organic Mental Syndromes and Disorders
               1.
                       DSM IV
               2.
                       Cognitive Impairment
               3.
                       Dementia
               4.
                       Delirium
               5.
                       Depression
                       AlzheimerOs
               6.
        D.
               Suicide and Self-Destructive Behaviors
               1.
                       SAD Person[s assessment
               2.
                       Suicide precautions
               3.
                       Substance Abuse
               4.
                       Nursing Process
               5.
                       Treatment Modalities
                       Eating Disorders
        Ε.
               Mania and Schizophrenia
               1.
                       Characteristics of Mania
               2.
                       Mood, behavior and thought processes
               3.
                       Nursing process- mania
                       Pharmacology
               4.
               5.
                       Seclusion
                       Diagnostic Criteria for BiPolar, Cyclothymia and Schizophrenia
               6.
               7.
                       Nursing process- mania
                       Pharmacology
IV.
       CARING FOR THE HIGH-RISK OBSTETRICAL CLIENT AND FAMILY
               Pregnancy at Risk: Pregestational and Gestational Onset
                       Complications of disease - specific
               1.
               2.
                       Maternal/fetal manisfestations
               3.
                       Care of the client
               4.
                       Rhogam
               5.
                       Hypertensive disorders
                       HELLP syndrome
               6.
               7.
                       Prenatal risk factors
               8.
                       Assessment of Prenatal risk factors
               9.
                       Treatment
               10.
                       Pharmacology
               11.
                       PROM
               12.
                       Uterine Bleeding
               Childbirth at Risk
       В.
               1.
                       Effects on the Family
               2.
                       Prolapsed cord, dystocia
               3.
                       Cesarean delivery
       C.
               The Newborn at Risk
                       Care of the Newborn in an isolette
               1.
                       Resuscitation
               2.
               3.
                       Dextostix
               4.
                       SGA/LGA
                       Assessment of the Newborn
               5.
               6.
                       Hyperbilirubinemia
                       Multiple births
                       Family nursing
       D.
               The Postpartal Family at Risk
               1.
                       Risk during postpartum
               2.
                       Assessment and treatment
       E.
               Abortion
               1.
                       Types
                       Community Resources
               2.
               3.
                       Methods of induction
                       Legal, moral and ethical issues
       CARE OF THE WOMAN EXPERIENCING ALTERATIONS IN REPRODUCTIVE HEALTH
٧.
               WomenOs Care: Social Issues
                       Access to the system
                       Feminization of poverty
               2.
               3.
                       Environment and politics
       В.
               Assessment
                       Health and physical assessment
               1.
                       Breast self-examination
               Common health problems
```

Benign vs. Malignant breast disorders

Menstrual disorders

Cervical cancer

Pelvic support disorders

```
Gvn cancer
               Nursing process
       6.
       7.
               Endometriosis
       8.
               Menopause
               Reproductive surgery
       9.
D.
       Infectious Disorders
               STDs - description
       1.
       2.
               Risk Factors
               Assessment
       3.
               Diagnostics
        4.
               Pharmacology
               Teaching plan
        6.
               Nursing process
        7.
       Violence against Women
1. Cycle of violence
Ε.
        2.
               Indicators of abuse
               Interventions
        3.
               Rape trauma
        4.
                Rape examination
        5.
               Nursing process
CARING FOR PATIENTS EXPERIENCING ALTERATIONS IN THEIR ENDOCRINE SYSTEM
        Diabetic Crisis, Pancreatitis
                S&S, physiologic mechanisms, treatment of diabetic emergencies
                Acute pancreatitis - S&S, physiologic mechanisms, treatment
        2.
        Endocrine problems
В.
                Pituitary
                Adrenal
        3.
                Thyroid
                Parathyroid
        4.
                Endocrine related diseases
        5.
                Special considerations for pediatrics, geriatrics
                Surgical intervention
        7.
                Pharmacology
        8.
        Identifying and treating thyroid problems
c.
                Radioactive iodine
        1.
        2.
                Diagnostics
                Surgical intervention
        3.
                Medical treatment
        4.
D.
        Fluid and Electrolyte Imbalances
                Regulation of calcium
        1.
                S&S of calcium excess
        2.
CARING FOR THE CLIENT EXPERIENCING ALTERATIONS IN THE BLOOD/LIVER SYSTEM
        Clients with Immunological Disorders
                Functions and components of the immune system
        1.
                Causes and types of immunological disorders
        2.
                AIDS/HIV
        3.
        4.
                Allergic Response
                Anaphysactic Response
        Clients with Blood Disorders
в.
                Clotting mechanisms
        1.
                Types of blood cells; functions
        2.
        3.
                Anemials
                Diagnostics
        4.
                Hemophilia
        5.
        6.
                DIC
                Blood dyscrasia
        8. Nursing process
Clients with Liver disorders
c.
        1.
                Cirrhosis
        2.
                Liver biopsy
        3.
                Hepatic coma
                Esophageal varices
```

VI.

VII.

Daniels, J. and Smith, L (1998) <u>Clinical Calculations: A Unified Approach</u> (4th ed). Albany, NY: Delmar Fuller, J. and Shaller-Ayers, J (1994) <u>Health Assessment: A Nursing Approach</u> (2nd ed). Philadelphia: J.B. Lippincott

Kozier, B., Erb, G., Blais, K., & Wilkinson, J (1998) <u>Fundamentals of Nursing: Concepts, Process and Practice</u> (5th ed) Redwood City, CA: Addison-Wesley

Kozier, B, Erb, G., Blais, K., Johnson, J., & Temple, J (1993) <u>Techniques in Clinical Nursing</u> (4th ed) Redwood City, CA: Addison-Wesley

Lemone, R., and Burke, K (1996) Medical-Surgical Nursing: Critical Thinking in Nursing Care (5th ed) Menlo Park, CA: Addison-Wesley

Reiss, B., and Evans, M (1996) <u>Pharmacological Aspects of Nursing Care</u> (5th ed) Albany, NY: International Thompson

VanLeuven, K (1995) <u>Study Guide for Fundamentals of Nursing</u> (5th ed) Redwood City, CA: Addison-Wesley

23. Optional Text(s): Complete citation(s). (This information is required.)

Carpentino, L (1997) <u>Nursing Diagnosis: Application to Clinical Practice</u> (7th ed) Philadelphia: J.B. Lippincott Davis (1997) <u>Drug Guide for Nurses</u> (6th ed) Philadelphia: F.A. Davis

Doenges, M. et all (1997) <u>Nursing Care Plans: Guidelines for Individualizing Patient Care</u> (4th ed) Philadelphia: F.A. Davis

Fischbach, F (1996) <u>A Manual of Laboratory and Diagnostic Tests</u> (5th ed) Philadelphia: J.B. Lippincott Tabers (1998) <u>Cyclopedic Medical Dictionary</u> (19th ed) Philadelphia: FA Davis

Beyea, S (1997) <u>Study Guide for Medical Surgical Nursing by LeMone & Burke</u>. Menlo Park, CA: Addison-Wesley

24. Required Materials/Supplies/Tools:

None

25. References and Resources used to develop this course (Print and Non-Print):

National League of Nursing Competencies.

26. Outline Developed By:	Kristen Crusoe and Barbara Davey
27. Outline Revised By:	Barbara Davey RN MS
28. TODAY Date:	7/14/05

Is there anything you would like to add that has not been addressed on this form? Please do so here:

FOR DIVISION DIRECTOR USE ONLY

This course may be used to fulfill the following degree requirements:

AAOT General Education	Requirement									
Distribution	Requirement									
Sequence										
Elective Only	ly									
AAS Other Approved Course										
Has this course been approve	Should this course description be included in the college catalog? Yes \(\subseteq \) No \(\subseteq \) Has this course been approved for an R grade? What is the effective date of this course? Term \(\frac{\cdots}{2} \)									
FOR O	FFICE OF INSTRU	UCTION USE ONLY								
Reimbursable?	Yes	No								
Reimbursement Code:										

kk revised 03/02/99 credit98.wpd

SOUTHWESTERN OREGON COMMUNITY COLLEGE COURSE INFORMATION UPDATE

for NEW and REVISED CREDIT COURSE OUTLINES (Please use non-credit outline form for non-credit submissions.)

<u>APP</u>	ROVAL SIGNATI	JRES:							DAT	<u>E:</u>		
Divi	sion Director											
Man										Who accepted to the second		
Instr	uctional Council	OI_			_				7/14/0)5		
DIRI	ECTIONS: Please n Incomp	eatly ente		-		n bel	ow for	r each c	ourse.			
1.	Course Number:	NUR	203									
2.	Course Title:	NURS	NURSING SCIENCE AND PRACTICE V									
3.	Course Sub-Title:									-		
4.	Program Type:	LDC		X	OccPrep	X	Occs	Supp		Sec Remedial/ elopmental Educ		
		ABE/GE	ED/ESL		OtherAdult		ОТІ	IER		- 21,00°C - 21,0		
		Separa	ate Cont	ract				Non-F	Reimburs	able		
5.	This Outline is:	New	New					Revise	ed		X	
6.	Offered for:	Credit	3	K Non	-Credit	-Credit (If non-credit, use other form			- Condi La Omis (CLO)			
7.	Number of Credits:	10		(See hour below)	s/credit formu	la		proved fo t Approvin	or CEUs:	#		
8.	How many times ca	n this cou	urse be t	aken <u>fo</u> edit on the	r credit? (T	This is n	ot the sa	ame as rep	eating a cou	rse for a better grade	÷.	
	Once X	Twice		3 Tim	19990	1/0/11/9	Other (s			Unlimited		
9.	Course Hours (Inst	ructor wo	rkload/ _l	oay will	be based	on the	infor	mation	below):			
2.0	(CLOCK HOU	RS)	Hours	/Week	Total Co	urse I	Iours			33		
	LECTURE		5		55			- Depart	tment of E	ducation∏s formul	a	
	LAB LECTURE/LAB		15		165			•				
								1 credit = 10 to 12 <i>Lecture</i> hours per term				
	TBA LAB HOUR	S						1 credit = 20 to 24 <i>Lecture/Lab</i> hours per term 1 credit = 30 to 36 <i>Lab</i> hours per term				
1	INDEPENDENT S	STUDY										
	ТОТ	`AL	20		220			-				

10.	Course Descri	ption:		e approved conhanced for S			n must be	include	d, if availa	ıble. May	
week unsc clien man	sing 203 is a 10 ckly. Independent heduled time. Notes requiring high agement. Studies cepts such as man	study, clinursing 203 acuity nursing hearth	nical plant introduce sing care. v to apply	ning, research and students to the A primary for patient/client of the students.	and skills/co he theoretica cus is on cri care in a var	mpu al and tical riety	ter lab app d practical thinking, o of health c	lication v applicati lecision 1	vill require ons related naking and	to the care	9 01
11.	Grading:	S,U,Y,I	X	A,B,C,D,F,	Y,I,R X	Į. S	Either		Non-Grad	ed	
	Minim	ium Grad	ing Criter	rion:	Rec	omn	nended W	eight or	% of Gra	de	
	Exams Clinical Evalu	ation			50% 50%						
12.	Required Precourse is listed,	Requisite please indic	s: (If more cate with O	than one R or AND.)	(This info	rmat for s	ion will be students∏ r	entered egistratio	into Collea n.)	gue and	
	None:										
	Course(s) and	Min. Gra	ade:	NUR 101,	102, 103,2	201,2	202				
	Placement Te	st Score:									
	Other:				1.			I.			
	Is Instructor C	Consent R	equired 1	to Register?		Y	Tes X		No		
13.	Required Con	current C	ourses:		(This info	rmat I for	ion will be students⊡re	e entered egistratio	into Collea n.)	gue and	
	None:	X									
	Course(s):										
	Lab(s):										
14.	Does this cou	rse requir	e a separa	ate lab?		42.7	Yes	X	1	lo .	
	Course No:		NUR203	3L Gradeo	l Separately	y?	Yes	X	No		
15.	Is this course	part of a	sequence'	?			Yes	X	No		
	Must the sequ	ience be t	aken in o	rder?			Yes	X	□No		
	What are the	course se	quence n	umbers?			NUR 10	01, 102,	103, 201,	202	
16.	Is this course	double n	umbered?	Y	es	Cr	s#			No	X
17.	Course Object	tives: (kno evalu	wledge of s ation.) Obje	specifics, comprectives need not	ehension, app be limited to	olicat 3 eac	ion, analysis ch.	s, synthesi	S,		
	Knowledge:			The student v	will)						
	2. Knov	v the relat	tionship b	arse as a mana etween critica nents of holis	al thinking	and	the nursin	g proces	SS.		

Know the nursing measures appropriate for assisting clients of all ages who experience

critical care nursing.

conditions requiring critical care nursing.

5. Know the principles of teaching/learning as applied to client care situations in a variety of health care settings and situations.

Skills:

(the student will be able to..)

- 1. Identify the nurse as a health care team member working with clients who require critical care thinking.
- 2. Apply the nursing process when providing care t clients requiring critical care nursing.
- Apply therapeutic communication techniques t clients and families when critical illness 3. or emergency situations are experienced.
- Manage a group of patients applying principles of management and leadership. 4.
- 5. Apply principles of teaching / learning in all client situations.

Attitudes & Values:

(The student will have...)

- 1. An appreciation for the diversity of human needs in complex, life-threatening situations.
- 2. Respect for the confidentiality of client information.
- 3. Respect for the rights of patients and families in all situations including the right to die with dignity.

18.	Status:	Activ	/e	Χ	2 2	lnac	tive	
19.	Maximum Enrollment:	Lectu	ıre	20		La	ab	10
20.	Does this course require sp	ecial fees?			Yes	X	i sarah N	O
	If yes, what is the fee?	per current board policy	Fert Manage Alberta	overs:	Lab Suj	pplies.		

21. Contents Outline: (must be in outline format)

- I. CARING FOR THE CLIENT EXPERIENCING ACUTE ALTERATIONS IN CARDIAC FUNCTIONING
 - A. Anatomy and Physiology
 - 1. Conduction system in the heart
 - 2. Interpreting an EKG strip
 - B. Pacemakers and Defibrillation
 - 1. Nursing assessment of a patient with a pacemaker
 - 2. Nursing responsibilities in defibrillation procedures
 - 3. The resuscitation record
 - C. Complications of MI
 - 1. Fluids and electrolytes
 - 2. Pain
 - 3. Ventricular failure, pulmonary edema, shock, embolism, dysrthmias
 - 4. Pharmacology
 - 5. Equipment
 - D. Behavior and Needs During Convalence
 - 1. Activity and lifestyle modifications
 - 2. Emotional rehabilitation
 - 3. Discharge planning/teaching
 - E. Physical Assessment
 - 1. Physical assessment of the heart
 - 2. Heart sounds
- II. CARING FOR CLIENTS EXPERIENCING ACUTE ALTERATIONS IN RESPIRATORY AND VASCULAR FUNCTIONING
 - A. Ventilators
 - 1. Types and modes of ventilation
 - 2. Complications
 - 3. Nursing process and ventilation
 - B. Chest Surgery
 - 1 Chest drainage systems
 - 2. Nursing care
 - 3. Pre/post surgical care
 - C. Cardiac Surgery
 - 1. Care of the client with valvular heart disease 2. Complications

 - 3. Pre/post cardiac procedure care

- D. Organ Transplants
 - 1. Types
 - 2. Complications
 - 3. Nursing process
- E. Vascular Surgery
 - 1. Aneurysms
 - 2. Nursing management of the client with an aneurysm
 - 3. Anticoagulant therapy

III. CARING FOR THE CLIENT EXPERIENCING ACUTE NEUROLOGICAL DYSFUNCTION AND REHABILITATION NURSING

- A. Anatomy and Physiology
 - 1. Major neurotransmitters
 - 2. CNS, PNS, ANS
 - 3. Major structures and functions of the nervous system
- B. Assessment and Diagnosis
 - 1. Physical and nursing assessment
 - 2. Diagnostic studies
- C. Nursing and Medical Therapeutics
 - 1. Head injury
 - 2. Pharmocology 3. ICP

 - 4. Craniotomy
 - 5. Nursing process
- D. Spinal Cord Injury and Rehabilitation
 - 1. Mechanisms of spinal cord injury
 - 2. Treatment and nursing management
 - 3. Long-term complications
 - 4. Assistive devices
 - 5. Ethics and spinal cord injury

IV. LEADERSHIP/ MANAGEMENT ROLE OF THE NURSE

- A. Role Transmission
 - 1. Problems anticipated by the new graduate nurse
 - 2. Potential threats to health and well-being
 - 3. Reality shock
- B. Nursing Service and Health Care Delivery
 - 1. Organizational structure of a health care institution
 - 2. Nursing care delivery systems
 - 3. Nursing roles
- C. Extended Roles in Nursing
 - 1. Extended roles: characteristics of
- D. Management Theory
 - 1. Roles of leader and manager
 - 2. Financial management
 - 3. Management styles
 - 4. Components of effective leadership
 - 5. Stages of management process
 - 6. Leader/follower
 - 7. Leadership styles
 - 8. Power/ authority
 - 9. Problem-solving and decision making strategies
 - 10. Group process
- E. Management Skills
 - 1. Organization of work and delegation
 - 2. Order, direction and request
 - 3. Reporting
 - 4. Time management and assessment
 - 5. Managing care for a group of clients
 - 6. Stressors
 - 7. Problem-solving and decision making
 - 8. Communication skills
 - 9. Individual style
- F. Respponsibility and Accountability
 - 1. Communication
 - 2. Standard reviews, quality assurance, utilization review
 - 3. Ethnical responsibility
 - 4. Planning work
- G. Ethical Issues
 - 1. Ethical decision making
 - 2. ANA.ICN codes of ethics
- H. Legal Issues
 - 1. Rights and responsibilities of the nurse
 - 2. Regulation of nursing practice
 - 3. Nurse Practice Act
 - 4. Board of Nursing
 - 5. Licensure
 - 6. Risk management
 - 7. Nurse impairment
- I. Legal Regulations

- 1. Terminology
- Legal responsibility of the nurse
 Trends and Economics
- - Contemporary healthcare
 Nursing care systems
 Traditional / Non-traditional methods of health care delivery
- K. The Political Process
 - 1. Nursing and politics

 - 2. Government of nursing3. Political action committees
 - 4. Political issues that impact nursing
- L. Collective Bargaining

Reimbursable?

- Current issues
 History, purpose and process
 Workplace governance structures
- M. Change Theory

 - Planned change
 Strategies for effecting change

22. Required Text(s): Complete of	citation(s).
As per course syllabus	
	itation(s). (This information is required.)
	al Dictionary (19 th ed) Philadelphia: FA Davis
24. Required Materials/Supplies/	
None	
25. References and Resources use	ed to develop this course (Print and Non-Print):
National League of Nursing Comp	etencies.
26. Outline Developed By:	
27. Outline Revised By:	Barbara Davey RN MS
28. TODAY s Date:	7/14/05
Is there anything you would like to	add that has not been addressed on this form? Please do so here:
·	
FOI	R DIVISION DIRECTOR USE ONLY
This course may be used to fulfill t	he following degree requirements:
Sequence Elective On AAS Other Approved C Should this course descript Has this course been approv	Requirement Requirement Outse Tion be included in the college catalog? Yes No
FOR C	FFICE OF INSTRUCTION USE ONLY

Yes

No

Reimbursement Code:	

credit 98 wpd

$\boldsymbol{APPENDIX\ J}$

AAS Nursing Theory Credits, Clinical Credits, Total Credits

APPENDIX J 2006-2008 AAS Nursing at Southwestern Oregon Community College

ZUVO-2008 AAS INURSING at Southwestern Oregon Community College	Estern Oregon Comm	nunity College	
Contac # 68, Antic	1 otal Credits	Nursing I neory Creatts (lecture)	(campus learning lab/clinical)
Year 1 (Pre-Requisite Year):			(
BI 149: Genetics	3		
CH 110: Chemistry	4		
MTH 95: Int Algebra II (or higher)	4		
WR 121: English Comp	3		
BI 231: A & P I	4		
CS 120: Concepts of Computing	4		
PHL 102: Ethics	3		
PSY 237: Lifespan Dev	3		
WR 122: English Comp	3		
BI 232: A & P II	4		
FN 225: Nutrition	4		
SOC 206: Sociology	3		
SP 218 or SP 219: Interpersonal Communication or Small Group Discussion	3		
BI 233: A & P III	4		
Year 2:			
NRS 110: Foundations of Nursing-Health Promotion	6	5	4
BI 234: Microbiology	4		
ANTH221 or 222 or 223: Intro to Cultural Anthropology	3		
NRS 111: Foundations of Nursing in Chronic Illness I	9	3	3
NRS 230: Clin Pharm I	3	3	0
NRS 232: Pathophys I	3	3	0
Writing 123 or 227	3		
NRS 112: Foundations of Nursing in Acute Care I	9	3	3
NRS 231: Clin Pharm II	3	3	0
NRS 233: Pathophys II	3	3	0
PHL 103: Logic & Critical Thinking	3		
Year 3:			
NRS 222: Nursing in Acute Care II & End-of-Life	6	4	5
Humanities, Social or Natural Science	9		
NRS 221: Nursing in Chronic Illness II & End-of-Life	6	4	5
Humanities, Social or Natural Science	9		
NRS 224: Scope of Practice & Preceptorship for AAS completion	6	4	5
PE 231/HE 250/PE 185 x 3: Wellness for Life/Personal Health/3 cr of PE 185 Activity	3		
Courses			
Electives	3		
Associate Degree (Year 2 & Year 3 classes; some of the pre-requisite year courses	91	35	25
Will fulfill the rumanities, Social of Inatural Science of Elective credit	oo (nursing)		
100 10/77/02			

BS: 10/27/06 2006-2007 Catalog pages 116-117 Nursing program core classes and Course Descriptions pages 191-193

APPENDIX J

2005-2007 AAS Nursing at Southwestern Oregon Community College

2003-2007 AAS INITSING AT SOUTHWESTEIN OFEGON COMMUNITY COLLEGE	estern Oregon Comn	nunty Conege	
Course # & Title	Total Credits	Nursing Theory Credits	Nursing Clinical Credits
Pre-Requisite Year:		(22222)	(100)
BI 149: Genetics	3		
CH 110: Chemistry (or CHEM 104 & 105 &106)	4 (or 4/4/4)		
-	The second secon		
Year 1:			
BI 231: A & P I	4		
MTH 95: Int Algebra II (or higher)	4		
NUR 101 Fundamentals of Nursing	6	5	4
BI 232: A & P II	4		
CS 101: Computers in Society	2		
NUR 102 Nursing Science & Practice I	6	5	4
SP 219: Small Group Discussion	3		
ANTH103 General Anthropology	3		
BI 233: A & P III	4		
NUR 103 Nursing Science & Practice II	6	5	4
Year 2:			
BI 234: Microbiology	4		
NUR 201 Nursing Science & Practice III	6	5	4
WR 121: English Comp	3		
Students eligible to sit for PN exam (final offering)	A THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERT		
NUR 202 Nursing Science & Practice IV	6	5	4
PE 231/HE 250/PE 185 x 3: Wellness for Life/Personal Health/3 cr of PE 185 Activity	3		
Courses		٠	
*Sequence/Distribution Course	3		
NUR 203 Nursing Science & Practice V	10	5	5
*Sequence/Distribution Course	3		
&Electives	3		
Associate Degree	86	30	25
	55 (nursing)		

BS: 10/27/06

*Sequence/Distribution Courses must be taken from each of the following areas:

PSY 201 or 202 or 203

SOC 204 or 205 or 206; or any Human Service course & Elective must be one course from: ART 204, 205, 206, ENG 104, 105, 106, 107, 108, 109, 201, 202, 203, 204, 205, 206, 253, 254, 255, MUS 261, 262, 263, PHL 102, 103 2005-2006 Catalog page 91 Nursing program core classes and Course Descriptions pages 149-150

APPENDIX K

RN Pass Rate

APPENDIX K

Southwestern RN Nursing Program NCLEX Pass Rates

	4/1/06-6/30/06	1/05-12/05	1/04-12/04	1/03-12/03	1/03-12/03 10/01-9/02	10/00-9/01	10/66-6/01	10/98-9/99	10/97-9/98
Percent	100%	84%	%06	84.62%	88.9%	94.7%	91 7%	%08	
Passed									0.7.700

Columns 2-4: Per OSBN Quarterly Reports
Columns 5-10: Per OSBN 2003-2004 Statistical Report, p 19; and OSBN 2000-02 Statistical Report, p 20;
*As of 1/1/04, the National Council of State Boards of Nursing calculates pass rates by calendar year, instead of by academic year.

NCLEX for Registered Nurse Graduates of Southwestern Oregon Community College July 15, 2006 OSBN report APPENDIX K

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NCLEX for Registered Nurse Graduates of Southwestern Oregon Community College January 15, 2006 OSBN report

		Current (Quarter			Year t	Year to Date	
		10/1/05-12	-12/31/05			1/1/05-1	1/1/05-12/31/05	
Grad Date	Cand	Pass	Fail	% Pass	Cand	Pass	Fail	% Pass
90-90	0	0	0	0	25	21	4	84
TOTAL	0	0	0	0	25	21	4	84

NCLEX for Registered Nurse Graduates of Southwestern Oregon Community College October 15, 2005 OSBN report

		Current Q	t Quarter			Year t	Year to Date	
		7/1/05-	7/1/05-9/30/05			10/1/04	10/1/04-9/30/05	
Grad Date	Cand	Pass	Fail	% Pass	Cand	Pass	Fail	% Pass
06-05	14	12	2	85.71	25	21	4	84
TOTAL	14	12	2	85.71	25	21	4	84

APPENDIX K

NCLEX for Registered Nurse Graduates of Southwestern Oregon Community College July 15, 2005 OSBN report

% Pass 81.82	t Quarter -6/30/05 Fail 2	Current Quarter 4/1/05-6/30/05 Pass Fail 9 2	Current Q 4/1/05-6/. 9 9
	2	9 2	11 9 2

NCLEX for Registered Nurse Graduates of Southwestern Oregon Community College October 15, 2004 OSBN report

		Current	Quarter			Year t	Year to Date	
		7/1/04-9/3	9/30/04			10/1/03	10/1/03-9/30/04	
Grad Date	Cand	Pass	Fail	% Pass	Cand	Pass	Fail	% Pass
06-04	16	15	Τ	93.75	20	18	2	06
TOTAL	16	15	T	93.75	20	8	2	06

NCLEX for Registered Nurse Graduates of Southwestern Oregon Community College January 15, 2004 OSBN report

· ·	I	T	Γ
Year to Date 1/1/03-12/31/03	% Pass	84.62	84.62
	Fail	2	2
	Pass	11	11
	Cand	13	13
Current Quarter 10/1/03-12/31/03	% Pass	0	0
	Fail	0	0
	Pass	0	0
	Cand	0	0
	Grad Date	06-03	TOTAL