CONNECTICUT COMMUNITY COLLEGES NURSING PROGRAMS

*Capital Community College, Gateway Community College, Norwalk Community College,*

*Naugatuck Valley Community College, Northwestern Community College,*

*Three Rivers Community College*

THREE RIVERS COMMUNITY COLLEGE

Division of Nursing

Nursing 101

Introduction to Nursing Practice

Syllabus and Course Materials

Fall 2018

Welcome to Nursing!

**CONNECTICUT COMMUNITY COLLEGE NURSING PROGRAM**

*Capital Community College, Gateway Community College, Norwalk Community College,*

 *Naugatuck Valley Community College, Three Rivers Community College Community College*

**NUR\*101: INTRODUCTION TO NURSING PRACTICE**

**Fall 2018**

**Course Prerequisites**

BIO 211: Anatomy & Physiology I; BIO 212: Anatomy & Physiology II; ENG 101: English Composition

**Course Co-requisites**

BIO 235: Microbiology; PSY 111: General Psychology (or passed with required grades)

**Course Components**

Credits 8 credits

Hours Classroom: 60 hours

 Clinical: 180 hours

**Course Description**

The student will focus on concepts basic to nursing practice. Emphasis is placed on application of the nursing process, communication, and skill acquisition. Clinical and laboratory experiences offer opportunities to integrate theoretical principles and demonstrate caring and competence in beginning professional role development.

**Course Objectives**

At the completion of this course, the student will be able to:

1. Identify principles of holism in providing basic nursing care to selected individuals.

(*as measured by exam questions, group case studies and critical thinking exercises, CLEW, formative and summative clinical evaluations*)

2. Utilize the nursing process in planning care for individuals with basic health care needs.

(*as measured by exam questions, group case studies and critical thinking exercises, simulation exercises, CLEW, formative and summative clinical evaluations*)

3. Demonstrate safe use of scientific and quantitative principles and technology in providing basic nursing care to individuals.

(*as measured by dosage calculation exam, technology use in lab/classroom, clinical, and simulation exercises*)

4. Use basic communication in nurse-client interactions.

(*as measured by exam questions, Process Recording, reflections, simulation exercises, formative and summative clinical evaluations*)

5. Identify learning needs for assigned individuals.

(*as measured by exam questions, CLEW, group case studies and critical thinking exercises, simulation, formative and summative clinical evaluations*)

6. Utilize therapeutic interventions that consider the unique rights of individuals.

(*as measured by exam questions, group case studies and critical thinking exercises, CLEW, simulation exercises, formative and summative clinical evaluations*)

7. Identify the roles of various members of the health care team.

(*as measured by exam questions, simulation exercises, formative and summative clinical evaluations*)

8. Demonstrate basic legal and ethical practice standards when providing care to selected individuals.

(*as measured by exam questions, debate exercise with debriefing, critical thinking paper, post-conference discussions, formative and summative clinical evaluations*)

9. Exhibit growth in personal and professional roles in nursing.

(*as measured by CLEW, reflections, formative and summative clinical evaluations)*

**Course Schedule**

Lecture: Monday 9:30-11:30AM and 1:30-3:30PM Room A216.

Classroom Laboratory: Tuesday and Thursday 8:30 AM-4:00 PM, Weeks 2–6, Room A218, A220, and as assigned

Clinical: Weeks 7–15 as assigned

**Nursing Faculty and Staff**

**Director of Nursing and Allied Health:**

Edith Ouellet, M.S.N, RN

Office: C245

Phone & Voicemail:  860 215-9460

E-mail: eouellet@trcc.commnet.edu

**Educational Assistant to the Director:**

Rhonda Charette: 860 215-9301, Office: C245

RCharrette@trcc.commnet.edu

**Faculty:**

**Full-Time Team**

  Associate Professor Krista Prendergast, M.S.N., R.N., CNE- Course Leader

kprendergast@trcc.commnet.edu

Office: C266

Phone & Voicemail: 860-215-9423

Professor Lillian Rafeldt, M.A., R.N., CNE

lrafeldt@trcc.commnet.edu

Office: C230

Phone & Voicemail: 860-215-9463

Assistant Professor Cheryl Gilot, M.S.N., R.N.

cgilot@trcc.commnet.edu

Office: C262

Phone & Voicemail: 860-215-9445

 Assistant Professor Melissa Neill, M.S.N., R.N.

mneill@trcc.commnet.edu

 Office C246

 Phone & Voicemail: 860-215-9477

**Part-Time Faculty**

Jill Blain, M.S.N., R.N., adjunct clinical faculty

 Karen Butterworth-Erban, M.S.N., R.N., adjunct clinical faculty

Teri Walsh, M.S.N., R.N., adjunct clinical faculty

Lee McLallen, M.S.N., R.N., adjunct clinical faculty

 **Nursing Lab Staff:**

 Karen Amor M.S.N., R.N., Nursing Lab Coordinator

 Office: A210

 kamor@trcc.commnet.edu

**Methods of Instruction**

This course is team taught. Teaching and learning approaches include inquiry, reflection and integration through student preparation for class, lecture, discussion, case studies, demonstration, return demonstration, guest speakers, experiential exercises, small group activities, independent assignments, pre and post clinical conferences, clinical practice, and formative feedback. Electronic instruction, interactive video and simulations are also used.  Blackboard Learn is used as a learning management tool. An additional learning tool is ePortfolio. Students may keep their ePortfolio account after graduation.

All students are required to maintain an online learning portfolio in Digication that uses the college template. Students will submit assignments into their portfolio which will guide their learning. The General Assessment and Nursing Department also take random samples for review in curriculum development. This process supports accreditation. Nursing and College accreditation are required for financial aid, easy entry into BSN programs and growth of the department and college.

**Required Textbooks**: All textbooks are used in subsequent courses

Elsevier Bundle available through TRCC Bookstore:

Lewis S. et al. (2017). Medical Surgical Nursing: Assessment and Management of Clinical Problems (10th ed.). St. Louis, MO: Elsevier.

978-0-323-06581-8

Potter, P & Perry, A. (2017). Fundamentals of Nursing (9thed.) St. Louis MO: Elsevier.

978-0-323-32740-4

Perry, A. & Potter, P. (2018). Clinical Nursing Skills and Techniques (9th ed.). St. Louis, MO: Elsevier.

978-0-323-40069-5

Varcarolis, E.M., Carson, V.B., & Shoemaker, M.C. (2018). Foundations of Psychiatric Mental Health Nursing: A Clinical Approach (8th ed.). St. Louis, MO: Elsevier. 978-0323-41733-4

Davis Bundle available through TRCC Bookstore:

Nugent, P.M. & Vitale, B.A. (2015). Fundamentals Success A Q&A Review Applying Critical Thinking to Test Taking (4th ed.) Philadelphia, PA: FA Davis.

978-0-803-64414-4

Van Leeuwen, A. M. (2015). Davis’ Comprehensive Handbook of Laboratory and Diagnostic Tests with Nursing Implications (7th ed.). Philadelphia: FA Davis.

978-0-803-64405-2

Vallerand, A.H., & Sanoski, C.A. (2017). Davis's Drug Guide for Nurses (15th ed.). Philadelphia: FA Davis.

978-0-8036-5705-2

**Please note: ISBN number is for single copy text only, not for the bundle. Bundle saves money. Bundle has a separate ISBN number and is available through TRCC bookstore only.**

Ackley, B.J., & Ladwig, G.B. (2016). Nursing Diagnosis Handbook: An Evidence-Based Guide to Planning Care (11th ed.). St. Louis, MI: Saunders/Elsevier.

978-0-323-32224-9

Pickar, G.D., & Abernethy, A.B. (2013). Dosage Calculations (9th ed.). Clifton Park, NY: Thomson/Delmar.

978-1-133-70727-1

Nursing 101 Tote Bag. Contents are used throughout the 4 semesters on Lab Days. Purchase through the TRCC Bookstore.

In lieu of a textbook; you will be provided with online access to *ATI RN Pharmacology for Nurses* to work in conjunction the PME (Pharmacology Made Easy) online program. Access code supplied by nursing department.

ATI Testing and Resources are utilized during the semester. Access code supplied by nursing department.

**Optional Textbooks: No assignments will be given in these texts. They are for your information only.**

Purnell, L.D., & Paulanka, B.J. Guide to Culturally Competent Health Care (3rd ed.). Philadelphia, PA: F.A. Davis.

Sommers, M.S., & Johnson, S.A. Diseases and Disorders: A Nursing Therapeutics Manual (5th ed.). Philadelphia, PA: F.A. Davis.

Vallerand, A. Nurses Med Deck (15th ed.). Philadelphia, PA: F.A. Davis.

Other company Drug Cards for use in clinical setting

Dudek, Nutrition Essentials for Nursing Practice (8th ed.)

Dillon, Nursing Health Assessment Pocket Guide (3rd ed)

**Faculty / Staff Availability**

Students are encouraged to seek clarification with the course leader as needed. Students are also encouraged to seek advisement with faculty as needed.  Scheduled faculty office hours are posted outside faculty offices. Students may also meet with faculty by appointment. For course questions please contact course leader.

**Study Groups**

Students are encouraged to form study groups which can meet in the lab or at another mutually convenient location.  Tutors within the nursing lab are available during posted hours of the Nursing Laboratory. Be proactive in your learning and seek help independently. The Nursing Lab and Nursing Tutors are in place to promote success and retention.  Use these learning opportunities weekly.

Practice materials are available through supplements of your texts, in the course website on Blackboard, Evolve, and CDs / DVDs, material within the nursing laboratory and the Learning Resource Center (LRC).  Sample exam questions can be found within these materials. Students may use the following in the Nursing Laboratory to improve test taking skills.

**Nursing Program College Facilities**

Faculty offices are located within C wing.

The Nursing laboratory is located in A218.

Computer labs are located in the nursing lab A212 and throughout the campus (library and E wing).

The Learning Resource Center is located in the C wing, ground floor.

**Class Examinations**

Exam 1 Monday,  9/10/18 15%

Exam 2 Monday, 9/24/18 15%

Exam 3 Monday, 10/15/18 15%

Exam 4 Monday, 11/5/18 15%

Exam 5 Monday, 12/3/18 15%

Final Exam Monday, 12/10/18 25%

Dosage Calculation Competency Test: Thursday 9/20/18

Pass/Fail (Must achieve a 90% to pass)

**Grading Policies**

To pass Nursing 101 and progress in the nursing program a student must achieve **ALL** of the following:

* Earn at least a 74 average in the theoretical portion of the course. Exam items are drawn from ALL content of the course; theory, lab, clinical and math. Students who receive a score of 77.5 or below on a theory exam, will receive a nursing lab referral for quiz review with lab faculty. This referral is due one week after the exam date.
* Pass the clinical component of the course in a satisfactory manner.
* Pass Dosage Calculation Competency with 90% accuracy.  Students must use calculators provided by the college for all exams involving drug calculations. A student may not administer medications until s/he has successfully passed the dosage calculation examination.  A student will be given three (3) attempts to pass the dosage calculation examination.  A student who fails the dosage calculation examination must participate in remediation before taking the next examination. A student who fails the third (3rd) examination will be withdrawn from the nursing course and dismissed from the nursing program. See Nursing Student Handbook.
* Pass required clinical skills validations. Three (3) opportunities will be given to pass each clinical skills validation.  Students unable to meet validation criteria must attend mandatory remediation before repeat attempts to validate required clinical skills.  Students who are unable to satisfactorily meet validation criteria upon the third attempt will be dismissed from the nursing program as a clinical failure. See Nursing Student Handbook.
* **Evaluation activities:**
	+ **Clinical:** A conference will be scheduled **by the learner** with his/her clinical instructor for discussion and evaluation **of the student's progress at the end of each clinical week**.  The Formative Clinical Evaluation Form will be completed by the instructor and reviewed and signed by the student at each weekly meeting.  Clinical performance is evaluated according to the objectives identified on the evaluation form. Students must successfully meet the clinical objectives in order to pass the course. Students are responsible for self-evaluation and documentation. A summative evaluation will be completed, reviewed, and signed at the end of the semester.
	+ **Theory:** There will be five 50-minute exams (40-50 questions each) and one two-hour final examination (80 to 100 questions).  The exams will start at 9:30 AM or as assigned.  Class will resume at 10:30 a.m. on exam days.
	+ **Weight:** Each exam is worth 15% of the theory grade for 75% of total grade.   Final examination = 25% of total grade. The five exams plus the final = the letter grade in the course.
	+ **ATI Proctored Test:** Student may earn points on their final exam score based on scores received on the ATI Proctored Test given at the end of the semester. See the ATI performance requirements below to earn points on the final exam.
	+ 80% and above= 3 points, 70-79.9%= 2 points, 65-69.9%= 1 point, 64.9 and below= 0 points
	+ **In order to pass the course students are required to receive a satisfactory clinical evaluation, pass the math test as previously stated, and pass required clinical skills validations.**

       **Grading Scale:**

          A 93-100 A- 90-92

          B+ 87-89 B 83-86 B- 80-82

         C+ 77-79 C 74-76 C- 70-73

          D+ 67-69 D 64-66

          F  63.4 or less.

**Nursing Program Policy Handbook**

Refer to the Nursing Program Policy Handbook for detailed information regarding:

* Missed Exams
* Clinical Evaluations
* College Labs
* Attendance
* Required Clinical Equipment
* Professional Appearance in the Clinical Sites
* Return if withdraw
* Inability to return under certain circumstances

 **Please note: Changes may be made to the schedule if needed.**

**Attendance Policy**

Students are expected to attend each lecture, classroom laboratory and clinical experience.  It is the student's responsibility to notify the instructor if absence is necessary and to fulfill objectives of the experience.  All clinical absences are to be made up as per the Nursing Program Policy Handbook. Uniform is required for both college laboratory clinical experiences and clinical experiences at health care agencies. See Nursing Program Policy Handbook for uniform requirements.

**Clinical Absenteeism Policy**

The student who is absent for one clinical day will receive a PIP. A second clinical absence will result in the student being placed on clinical warning.  To be successful in the course, the student must earn removal from clinical warning status by having no further clinical absences the remainder of the semester.

If the student has more than 2 absences, the student will not be able to meet the clinical objectives resulting in a clinical failure, thereby, failing the course (please see the student nursing handbook). Extenuating circumstances will be reviewed by the nursing faculty and the director of nursing.

If there are greater than one absence in a specialty area, the student will be unable to meet the clinical and course objectives resulting in a clinical failure, thereby, failing the course.  Extenuating circumstances will be reviewed by the nursing faculty and the director of nursing.

**Test Make-Up Policy**

If you must be absent from a scheduled test due to **personal** illness or other emergency, contact the course leader, Krista Prendergast (860) 215-9423, by 8:30AM on the morning of the test.  Failure to do so may result in a failing grade for that test.  Any absent student taking a make-up examination will have 10 points subtracted from the examination grade unless **documentation** of extenuating circumstances has been provided and approved prior to the start of the make-up exam.

Students with an approved absence from scheduled tests will be given an alternate examination. The make-up will be cumulative and determined by the course leader and full-time faculty and administered at the end of the semester.

**Statement on Penalty for Academic Dishonesty or Plagiarism**

Plagiarism is the **unacknowledged** use of another person’s words or ideas in your writing.  Whether conscious or not, plagiarism is a serious offense.  Evidence that you did not write material that you submit under your name can result in failure for the entire course. Refer to College Catalog for policy. Students are expected to: “Demonstrate academic integrity by not engaging in conduct that has as its intent or effect the false representation of a student’s academic performance, including but not limited to: (a) cheating on an examination; (b) collaborating with others in work to be presented, contrary to the stated rules of the course; (c) plagiarizing, including the submission of others’ ideas or papers (whether purchased, borrowed or otherwise obtained) as one’s own; (d) stealing or having unauthorized access to examination or course materials; (e) falsifying records or laboratory or other data; (f) submitting, if contrary to the rules of a course, work previously presented in another course; and (g) knowingly assisting another student in any of the above, including an arrangement whereby any work, classroom performance, examination, or other activity is submitted or performed by a person other than the student under whose name the work is submitted or performed.” Consequences are delineated in the College Catalog.

**Additional Expected Activity Requirements**

Students are expected to engage in class discussions, role-play, material review and lab simulation and practice. Participation enhances the learning experience and allows students and instructors the opportunity to learn from each other. Students will be expected to submit work to ePortfolio and Digication as assigned. Netiquette and HIPAA policies are required to be used for all postings within the electronic tools.

**Digication Statement**

All students are required to maintain a learning portfolio in Digication that uses the Three Rivers College Template.

Students are reminded that classroom demeanor is a vital part of participation.  Practice common courtesy and recognize each person's right to learn in an atmosphere conducive to the learning experience. These same behavioral standards are required when using social networking or social media accounts. Students who violate the rules of courtesy and/or professional demeanor will be asked to leave. Students are required to attend all classes. Tardiness and early leaves as well as absences have a direct impact on student learning.

**WITHDRAWAL POLICY**:

Students may withdraw, **in writing**, at the Registrar's Office for any reason. Refer to the Nursing and College Student Handbooks and College Catalog for withdrawal and readmission policies.

**DISABILITIES STATEMENT**:

If you have a disability that may influence your progress in this course, please meet with a Disability Service Provider (DSP) as soon as possible. (Before the course starts is best.) Please note that accommodations cannot be provided until you provide written authorization from a DSP. Contact Advising and Counseling Services at (860) 215-9017 for further information. Table below provides contact information for College Disability Service Providers.

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| **College Disabilities Service Provider** |   |
| Matt Liscum, Counselor(860) 215-9265, Room A113  |  Learning Disabilities  ADD/ADHD  Autism Spectrum  Mental Health Disabilities  |   |
| Elizabeth Willcox, Advisor(860) 215-9289, Room A113 | Medical Disabilities  Mobility Disabilities  Sensory Disability |

Please see the Three Rivers Community College Catalog for additional policies and information.

**BOARD OF REGENTS FOR HIGHTER EDUCATION AND CONNECTICUT STATE COLLEGES AND UNIVERSITIES POLICY REGARDING SEXUAL MISCONDUCT REPORTING, SUPPORT SERVICES AND PROCESSES POLICY**

**Statement of Policy for Public Act No. 14-11: An Act Concerning Sexual Assault, Stalking and Intimate Partner Violence on Campus:**

“The Board of Regents for Higher Education (BOR) in conjunction with the Connecticut State Colleges and Universities (CSCU) is committed to insuring that each member of every BOR governed college and university community has the opportunity to participate fully in the process of education free from acts of sexual misconduct, intimate partner violence and stalking. It is the intent of the BOR and each of its colleges or universities to provide safety, privacy and support to victims of sexual misconduct and intimate partner violence.”

**UNITED STATES DEPARTMENT OF EDUCATION AND OFFICE OF CIVIL RIGHTS TITLE IX STATEMENT OF POLICY:**

“Title IX of the Education Amendments of 1972 (Title IX) prohibits discrimination based on sex in education programs and activities in federally funded schools at all levels. If any part of a school district or college receives any Federal funds for any purpose, all of the operations of the district or college are covered by Title IX.

Title IX protects students, employees, applicants for admission and employment, and other persons from all forms of sex discrimination, including discrimination based on gender identity or failure to conform to stereotypical notions of masculinity or femininity. All students (as well as other persons) at recipient institutions are protected by Title IX – regardless of their sex, sexual orientation, gender identity, part-or full-time status, disability, race, or national origin-in all aspects of a recipient’s educational programs and activities.”

If any student experiences sexual misconduct or harassment, and/or racial or ethnic discrimination on Three Rivers Community College Campus, or fears for their safety from a threat while on campus, please contact Maria Krug, Title IX Coordinator:

Maria Krug

mkrug@trcc.commnet.edu

860-215-9208

**CLINICAL CANCELLATION DUE TO INCLEMENT WEATHER**:

When the college is closed for reasons of inclement weather, clinical experiences will also be cancelled.  When the college delays opening, clinical experiences will begin one hour later.  However, students should use discretion in traveling in poor weather conditions.  If you are unable to report to scheduled clinical experiences, be sure to notify your clinical instructor. Preplanning and communication with your clinical instructor and course leader are important.  The College Student Handbook and Catalog lists radio stations announcing cancellations.  There also will be a notice of delays or cancellation through the Early Alert Notification system.  Postings may also be seen on the Three Rivers Web Page: [www.trcc.commnet.edu](http://www.trcc.commnet.edu/)  or via Blackboard. You can sign up for the Early Alert Notification System through the Three Rivers Community College web page.

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Lillian Rafeldt** | **Unit: Contemporary Nursing Practice** Discuss various definitions of nursingExplain the use of critical thinking related to the nursing process.Discuss historical leaders in nursing Discuss educational preparation for professional nursingDiscuss the role that caring plays in building a nurse patient relationshipDiscuss contemporary roles of the registered nurseDescribe the philosophy of the nursing program.Identify the core values of the nursing program | 1. Caring: An Introduction to Nursing
	1. Definition of nursing
	2. Historical perspectives
2. Holism: Societal influences on nursing
3. Professionalism: The Role of the Nurse
4. Safe and Competent Practice
	1. Nursing Education
	2. Nursing Practice
5. Nurse Practice Acts
6. Practice Settings
7. ANA Code of Ethics
8. Critical Thinking: Trends in Nursing
9. Communication: Connecticut Community Colleges Nursing Program (CT-CCNP) Philosophy and Core Values
 | Watch the PowerPoint Show before coming to class and as a review. Some students learn through reading, some listening, and some visually. Learn who you are becoming…the nursing role.Assigned Readings:Potter & Perry, Fundamentals of Nursing 9th edition, chapter 1,2, 3,4 Lewis, Medical-Surgical Nursing, Assessment and Management of Clinical Problems 10th edition, chapter 1Student Handbook* 1. Core Values
	2. Program Philosophy

Formulate own definition of nursing—we will put it into your ePortfolioWebsite:CT Nurse Practice Act<https://www.cga.ct.gov/2017/pub/Chap_378.htm>  | Exams and FinalClinical performance evaluationCLEW and reflections  |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **3 hours****Lili Rafeldt** | **Unit: Health Protection & Safety**Use the chain of infection to discuss patient risk factorsDescribe assessment data with inflammatory response vs. infectious responseDiscuss interventions to prevent the transmission of pathogensCompare medical & surgical asepsis Demonstrate use of personal protective equipment in contact, droplet, and airborne isolationDiscuss rationale for standard precautionsDemonstrate correct technique for hand hygieneDemonstrate correct application and removal of clean glovesIdentify the role of the Center for Disease Control in infection management and environmental safetyDiscuss the nurse’s role in early identification of data that might suggest epidemic or bioterrorism activityDiscuss risks to safety based on developmental stage, lifestyle, and pathophysiologyDiscuss interventions to reduce physical hazards in the health care, home, and community environments | 1. Infection
2. Normal body defenses
3. Risk factors for infection
4. Chain of infection
5. Immunity
	1. Active
	2. passive
6. Use of the Nursing Process in infection control
7. Safety
8. Factors that affect safety
	1. developmental / culture
	2. individual / pathophysiology
	3. environmental
9. Public safety and bioterrorism
10. chemical
11. biological
12. nuclear
13. Promoting safety in health care
	1. JCAHO 2018 National Patient safety goals and sentinel events
	2. QSEN (Quality & Safety Ed for

 Nurses)* 1. Creating a “just culture of safety”
1. Nursing Process and safety
	1. Assessment: risk assessment tools
	2. Diagnosing: risk for injury, risk for poisoning, deficient knowledge (accident prevention)
	3. planning and implementation: call bells, falls, burns, fire safety, reduction of electrical hazards, bed, chair monitoring devices and restraints
	4. evaluation: in clinical settings and the home
 | Assigned Readings:Potter & Perry Text: Chapter 29 “Infection Prevention and Control” (stop at Surgical Asepsis) and Chapter 27 “Patient Safety”Use the Center of Disease Control website to access guidelines for infection control. Review the CT Hospital Association patient orientation packet and posttest (CHA Test will be due before or by 9/27)Review the QSEN link about pre-licensure knowledge, skills and values of safe nursing practice. Note the similarities with our outcomes and core values. <http://qsen.org/competencies/pre-licensure-ksas/> Review JCAHO 2018 National Patient Safety Goals for hospitals and Nursing Care Centers.<https://www.jointcommission.org/standards_information/npsgs.aspx>Review sentinel event link. <http://www.jointcommission.org/sentinel_event.aspx> | ExamNursing Skills Lab performanceClinical performance evaluationCLEW/ Reflections |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **3 hours****Lili Rafeldt** | **Unit: Therapeutic and Professional Communication**Identify the elements of effective communicationIdentify the different forms of communicationExplain the nursing focus in each of the four phases of communication Describe the importance of effective communication in the delivery of nursing careIdentify behaviors and techniques that impact client/nurse communication Demonstrate communication techniques for healthcare professionals that enhance and promote client/nurse relationships and the delivery of holistic care Describe effective communication between healthcare professionals Identify nursing outcomes of effective and therapeutic communicationIdentify barriers to therapeutic communication Discuss the application of therapeutic communication techniques in each phase of the nursing process Apply the nursing process to clients with specific barriers to effective communication  |  A.    Elements of effective communication1.     Sender2.     Receiver3.     Message4.     Feedback B.    Phases of Communication1.     Pre-interactiona.     Goalsb.     Focus2.     Introductorya.     Goalsb.     Focus3.     Workinga.     Goalsb.     Focus4.     Terminationa.     Goalsb.     Focus   C.    Characteristics of verbal communication1.     Pace and Intonation2.     Simplicity3.     Clarity and brevity4.     Timing and relevance5.     Adaptability6.     Credibility7.     Humor D.    Characteristics of nonverbal communication1.     Reinforcement or contraction of verbal communication2.     Personal Appearance3.     Posture and Gait4.     Facial Expression5.     Gestures E.    Factors influencing Communication1.     Nature of relationship1.     Social vs. professional2.     Level of trust3.     Power differentials4.     Individual factors: Clienta.     Developmental/Lifespan                                        i.          Age/Stageb.     Socio-cultural                                        i.          Language                                       ii.          Customs                                     iii.          Level of education                                     iv.          Attitudes, beliefs, valuesc.     Mood and emotional/mental stated.     Personality Characteristicse.     Physical health factorsf.      Pain/Comfort5.     Client perceptions6.     Environmental factorsa.     Noiseb.     Privacyc.     DistractionsF.     Communication techniques that demonstrate and accomplish therapeutic communication:1.     Active listening2.     Acceptance3.     Respect4.     Clarification5.     Support and Comfort6.     Delivery of information7.     Diversion8.     Assistance with problem solving9.     Assertiveness G.    Barriers to effective communication1.     Specific client communication problemsa.     Aphasia                                        i.          Expressive                                       ii.          Receptiveb.     Language Differencedc.     Alterations in mental status                                        i.          Confusion                                       ii.          UnresponsivenessH.   Communication as part of the phases of the nursing process1.     Assessment2.     Analysis/Diagnosis3.     Planning4.     Implementation5.      EvaluationI.      Desired outcomes for communication between nurse and client/families1.     Value of Process Recordings for growth in communication skillsJ.      Process, Structure and Outcomes of communication among health care providers1.     SBAR as a tool, will expand in documentation classa.     Situationb.     Backgroundc.     Assessmentd.     Recommendation |  Assigned Readings:A. Potter & Perry, Fundamentals of Nursing 9th edition, chapter 24B. Perry & Potter, Clinical Nursing Skills & Techniques C. Foundations of Psychiatric Mental Health Nursing, A Clinical Approach D. Nursing Diagnosis Handbook AckleyReview readings, the Big Picture, and Communication Power Point Part One prior to class.In class: Interact with Power Point Parts Two, Three and FourDiscuss how communication has changed in the 21st centuryApply HIPAA principlesDiscuss impact of language barriers and possible interventions  Case Study: Communication with Patients, Staff, and Faculty Reflective practice Case Studies/Use of Process Recording Form Develop a Process Recording of a nurse/client interaction Use of SBAR, preconference preparation sheetPractice questions After classReview Process Recording and content of unit.  Utilizing principle of reviewing within 24 hours to increase recall, application and learning Are you using a system of organization to retrieve content for easier application of learning in the future?  Help is available in the nursing lab and through faculty too!    |  ExamNursing Skills Lab performanceClinical performance evaluationCLEW / ReflectionsClinical Process Recording |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Krista****Prendergast** | **Unit: Activity and Exercise**Discuss the benefits of exercise on physiological and psychological functioning Demonstrate the principles of body mechanicsDescribe/demonstrate active and passive range of motion exercisesDescribe/demonstrate safe practices when positioning,moving, lifting, and ambulating patientsDiscuss the causes and hazards of immobility on body systemsList nursing interventions for an immobilized patient | 1. Normal Movement and Exercise

1. Health promotion in the 21st century1. Range-of-Motion Exercises
2. Active ROM
3. Passive ROM
4. Factors Affecting Alignment and Activity
5. Growth and development
6. Nutrition
7. Personal values and attitudes
8. External factors
9. Prescribed limitation
10. Effects of Immobility
11. Musculoskeletal system
12. Cardiovascular system
13. Respiratory system
14. Metabolic system
15. Urinary system
16. Gastrointestinal system
17. Integumentary system
18. Psychoneurological system
19. Safety
20. Nursing Process and Activity
21. assessment data
22. alignment
23. gait
24. joint appearance and movement
25. limitations and capabilities for movement
26. muscle mass and strength
27. activity tolerance
28. implications for safety
29. risk for obesity and comorbidities
30. Diagnosis
31. Planning—safe clinical reasoning as a priority
32. Implementation
33. body mechanics
34. positioning patients
35. moving and turning patients
36. transferring patients
37. ambulating patients
38. Evaluating
39. Preventing Lift Injuries in Health Care Workers
 | Assigned Readings:Potter & Perry Fundamentals 9th ed. chapters 28 & 39Ackley Nursing Diagnosis 11th ed.-Impaired Mobility and Activity IntoleranceEvidence based practice article: Wood, W. et al. (2014) A mobility program for an inpatient acute care medical unit. American Journal of Nursing, 114 (10), 34-42. In class:Application of safe movement and transfer algorithms  iClicker question activity After class application:Reinforce content in Transfer and Mobility with Body Mechanics lab stations Participate in patient mobility activities in the clinical setting Observe a patient working with a Physical and Occupational Therapist in the clinical setting | ExamClinical & Nursing Lab performance evaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **3 hours****Krista****Prendergast** | **Unit: Vital signs**Define vital signsDiscuss risk factors, incidence, prevalence and significance of hypertension of hypertensionDiscuss the impact of hypertension on wellnessDiscuss the importance of early recognition and treatment of hypertension to wellness/health maintenanceDiscuss the basic goals of the treatment(s) for early stage hypertensionDescribe factors that affect vital signs and accurate measurement of themIdentify peripheral pulse sitesIdentify variations in vital signs according to ageMeasure vital signs in an organized, accurate manner | 1. Critical Thinking
	* 1. Definition of Vital Signs
		2. Factors Affecting Vital Signs
2. Implementing Safe and Competent Care: Accurate Assessment of Vital Signs
3. Temperature
4. Pulse
5. Respiration
6. Blood Pressure
7. Oxygen Saturation
8. Nursing Process related to Hypertension
9. Risk Factors
10. Incidence
11. Prevalence
12. Significance/impact on health status/wellness
13. Importance of early recognition and treatment
14. Goals of Treatment (i.e. Drug Therapy, diet, life style modification):
15. Decreasing peripheral resistance
16. Decreasing blood volume
17. Altering the strength and/or rate of cardiac contraction
 | Assigned Readings:Potter & Perry Fundamentals 9th ed.- Chapter 30  Lewis Med/Surg. 10th ed.- Chapters 31 and 32Evidence based practice article: DeMeester et al. (2012) In-hospital mortality after serious adverse events on medical and surgical units: a mixed methods study. Journal of Clinical Nursing, 22, 2308-2317In class: Case study activityiClicker question activityAfter class application:Practice vital signs skills in lab stationsAssess patient vital signs in the clinical setting and discuss implications of normal and abnormal signs with instructor | ExamNursing Skills Lab performanceClinical performance evaluationVital signs validation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Cheryl Gilot** | **Unit: Oxygenation**Describe normal assessment data related to oxygenationExplain factors that alter respiratory and cardiac functionDescribe assessment findings in patients with altered cardiopulmonary functionList appropriate nursing diagnoses for the patient with cardiopulmonary dysfunctionList nursing intervention that support respiratory and cardiac functionEvaluate outcomes that define patient progress in the promotion of cardiac and respiratory function | A. Factors that Affect Respiratory Function1. Alterations in respiratory function2. Developmental factors3. Lifestyle factorsB. Assessment Data1. Physical exam2. Diagnostic dataC. Nursing diagnoses and altered respiratory FunctionD. Planning outcomes for a patient with altered respiratory functionE. Implementing Nursing InterventionsF. Factors that Affect Cardiac Function1. Alterations in cardiac function2. Developmental factors3. Lifestyle factorsG. Assessment Data1. Physical exam2. Diagnostic dataH. Nursing diagnoses and altered cardiacFunctionI. Planning outcomes for a patient with altered cardiac functionJ. Implementing Nursing Interventions | **Assigned Readings:** Potter & Perry Text: Chapter 41 pg. 880-906Potter & Perry Skills:Chapter 23, pg. 627-648**Review:**You tube video: Congestive Heart FailureArticle Review:*Obesity weighs heavily on lung function***Simulation in Lab:** Asthmatic patient | ExamNursing Skills LabPerformanceSkill ValidationClinicalperformanceevaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **4 hours****Krista****Prendergast** | **Unit: Safe and Competent Practice Medication Administration**Define selected terms related to the administration of medications.Describe the legal aspects of administering medications.Describe various routes of medication administration.Identify factors affecting medications actions.Review systems of measure in medication administration.State rights of medication administration.Identify implications associated with drug therapy in the older adult.Review various medication administration routes.Describe sites used for subcutaneous and intramuscular injections.Review documentation of medication administrationIdentify parts of a medication order | 1. Providing safe, holistic, culturally competent nursing care
2. Pharmacology
3. Medications
4. Therapeutics
5. Classification of therapeutics
6. Prescription and over the counter (OTC) drugs
7. Drug regulations and standards
8. FDA stages of approval for therapeutic and biologic drugs
9. Critical thinking: classifications of drugs
10. Pharmacologic, therapeutic
11. Chemical
12. Generic
13. Trade name
14. Brand names vs. generic equivalents
15. Controlled substances and drug schedules
16. Critical thinking: pharmacokinetics
17. Passage of drugs through plasma membranes
18. Absorption
19. Distribution
20. Metabolism
21. Excretion
22. Plasma concentration of therapeutic response
23. Half-life and duration of drug action
24. Loading and maintenance doses
25. Critical thinking: pharmacodynamics
26. Inter-patient variability
27. Therapeutic index and drug safety
28. Graded dose response and therapeutic response
29. Potency and efficacy
30. Cellular receptors
31. Critical thinking: drug-drug interactions
32. Consequences
33. Basic mechanisms
34. Physical attributes
35. Pathophysiology
36. Renal, hepatic function
37. Acid-base balance
38. Electrolyte imbalance
39. Clinical significance of drug-food interactions
40. Drug tolerance
41. Placebo effect
42. Safe and Competent Practice: medication delivery
43. Nursing implications of medication administrations (e.g. checks and rights)
44. Parts of a medication order
45. Routes of administration
46. Documentation of medications administration
47. Verbal vs. telephone orders
 | Assigned Readings:Potter and Perry Fundamentals 9th ed., Chapter 32 Pickar Dosage Calculations 9th ed., Chapters 6,7,8,9,11 Complete Pharmacology Made Easy- Module One: Introduction to PharmacologyDrug Guide- How to Use the Drug Guide sectionIn class:Group activity- teach class how to administer a certain drug routeiClicker question activityAfter class application:Practice safely administering medications during various lab stationsAdminister medications in the clinical setting with instructor | ExamClinical performance evaluationNursing skill lab performanceMedication Administration ValidationMedication dosage calculation test |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **1 hour****Cheryl Gilot** | **Unit: Blood Glucose and Glycemic Control**Differentiate between Type 1 and Type 2 diabetesDiscuss general physiologic changes that can occur in patients with diabetes (i.e. macrovascular and microvascular)Identify the role of nutritional management in diabetesIdentify the role of insulin administration in diabetes managementIdentify the role of oral agents in themanagement of diabetesIdentify the diagnostic and clinicalsignificance of blood glucose monitoringDiscuss the symptoms ofhypoglycemia and hyperglycemia | A. Overview of Diabetes Mellitus1. Type 1 diabetes2. Type 2 diabetes3. Generalized systemic effects a. Macrovascular b. MicrovascularB. Implementing Safe and Competent Care in Diabetes Management1. Nutritional2. Pharmacologic a. Insulin b. Oral Agents3. Blood glucose monitoring a. Sliding scale for insulin coverage C. Critical Thinking in: Abnormal blood glucose levels1. Hyperglycemia2. Hypoglycemia | Assigned Readings:Lewis Chapter 49Perry & Potter pages 1085-1090 Skills VideosExplore the following websites:[www.diabetes.org](http://www.diabetes.org)[www.eatright.org](http://www.eatright.org)Use nursing drug handbook to compare the onset, peak, duration of different insulin productsSee classroom lab activities | ExamClinical performanceNursing skill lab performance |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **4 hours****Lili Rafeldt** | **Unit: Critical Thinking and the Nursing Process**Discuss the use of critical thinking in clinical practiceDescribe the relationship of critical thinking and problem solving to the nursing processDescribe the components of the nursing processIdentify the components of the assessment phase of the nursing processDifferentiate between subjective and objective dataDescribe methods of data collectionIdentify Erik Erickson’s stages of development as an approach to the psychosocial assessment of clients Describe the purposes of physical assessmentIdentify techniques used for physical assessmentIdentify expected outcomes of physical assessmentDiscuss variations in techniques and findings of physical assessment based on ageCompare frameworks for data organizationDiscuss the process of data analysis and selection of a nursing diagnosisIdentify the components of a diagnostic statementList advantages and disadvantages of a taxonomy of nursing diagnosesDescribe the use of defining characteristics and etiology in individualizing a nursing diagnosisDifferentiate between a nursing diagnosis and a medical diagnosisIdentify the activities that take place in the planning phase of the nursing processDiscuss the process of priority settingDescribe the guidelines for writing goalsDiscuss the process of selecting nursing interventionsCompare a concept map to a nursing care planDiscuss the skills necessary in implementing nursing interventionsDescribe the evaluation phase of the nursing process | 1. Critical thinking
2. Problem-solving
3. Decision-making
4. Clinical reasoning
5. Skills and Attitudes
6. Nursing process overview
7. Assessment
8. Data collection—initial, ongoing, comprehensive, focused, special needs (safety, nutritional, pain, functional ability—ADL and IADL, cultural, spiritual health, psychosocial, wellness, family and community)
9. Communication—directive interviewing, closed ended questions, open ended questions
10. Types of data—observation, senses, health history, physical assessment, consults and health record data
11. Sources of data—patient, significant others, care givers, health providers and records
12. Methods of data collection—observation, interviews— (biographical, chief complaint or reason for seeking health care, history of present illness, client’s perception of health status and expectations for care, past health history, family and social health history, medication—herb—device use, review of body systems and associated functional abilities)
13. Validation of data—congruence of subjective and objective data, outside of the normal ranges
14. Organization of data—nursing and non-nursing models
15. Confidentiality / HIPAA
16. Diagnosis—Reasoning process to identify client problems and strengths
17. Analysis of data—nursing diagnoses, medical diagnoses and collaborative problems
18. Use of defining characteristics to recognize diagnoses; nursing—human response to disease, injury or stressor, medical—disease, illness or injury, collaborative problem—certain diseases, diagnostic tests or treatments that nurses monitor to detect onset or change in status which require physician who then prescribes primary interventions
19. Types of nursing diagnosis—actual, risk for, possible, syndrome, wellness
20. Diagnostic Reasoning—identify significant data, cluster cues, identify gaps or inconsistencies, draw conclusions, identify problem etiologies, verify problems with the patient
21. NANDA nursing diagnosis—formatting
22. Three-part diagnostic statement for actual diagnoses
23. Two-part diagnostic statement for risk for diagnoses
24. Collaborative Problems
25. Infection
26. Planning
27. Types of care plans
	* 1. Collaborative care plans/Critical Pathways
		2. Standardized care plans
		3. Individualized care plans
		4. Special discharge or teaching plans
		5. Student care plans
		6. Mind-mapping care plans
		7. Electronic health record generated
28. Priority setting—safety first, Maslow, problem urgency, future consequences, patient preference
29. Writing over all goals and expected outcome statements
30. Short-term vs. long-term outcomes
31. Initial and ongoing planning
32. Discharge planning begins at assessment—with collaboration
33. NOC—Nursing Outcome Classifications
34. Types of nursing interventions—independent, dependent and collaborative, observation, prevention, treatment and health promotion, NIC—Nursing Intervention Classifications
35. Connection between diagnostic etiology, desired outcome, individual client preferences, available resources and choice of intervention
36. Evidence based practice—clinical practice guidelines and degree of evidence (strongest—meta-analysis of randomized clinical trials, weakest—expert opinion)
37. Working with the client—for success
38. Individualizing client interventions—for success in meeting the desired outcomes
39. Implementation
40. Critical thinking and skills needed for implementation
41. Safe and Competent Practice—first priority
42. Compliance with principles of HIPAA
43. Overlaps with all phases of the nursing process
44. Check and reinforce your knowledge and abilities
45. Organize your work—with realistic goals and outcomes, prepare supplies and equipment, establish feedback points
46. Cultural sensitivity—check your assumptions—be nonjudgmental but realize that some client attitudes may not change. Know the client’s main concerns
47. Individualized client care—assess the client’s readiness, explain what you will do and what the client will feel
48. Remember to provide privacy
49. Talk openly and regularly about the goals and outcomes
50. Documentation
51. Future behaviors and skills that you are developing in school—doing, coordination, collaboration, delegating (right task, right circumstance, right person, right communication, right supervision), recording
52. Evaluation
53. Collecting data—the client is the nurse’s first priority
54. Comparing data with expected cognitive, affective, psychomotor and changes in body systems and function goals and outcomes
55. Identifying if goal and outcomes are met, not met or partially met
56. Reflection and revision of care if client goal and outcomes are not met
57. Evaluating collaborative problems—and continuing to monitor
58. There is a difference between outcome and process evaluation
59. Evaluating the quality of nursing care
	1. Quality Assurance (QA)
	2. Quality Improvement (QI)
	3. Nursing audit

 8. Documentation and reporting 9. Reflecting on use of the nursing  process | Assigned Readings:Fundamentals of Nursing 9th edition, 1.Critical Thinking in Nursing Practice, chapter 152. Nursing Assessment, chapter 163. Nursing Diagnosis, chapter 17 4. Planning Nursing Care, chapter 18 5. Implementing Nursing Care, chapter 19 6. Evaluation, chapter 20Ackley, General Overview at the Beginning of the text.Where do we begin, part one power point or PDF? In class activities:Content review of key points and questions from Part One power pointPowerPoint, case studies and simulations applicationsPractice questionsDemonstrate Critical thinking using examples of: 1. Evidence Based Practice through Nursing Process
2. Holistic Nursing View with Functional Health Pattern Framework as a Sample
3. Holistic Nursing View with a Framework through a Systems’ Review
4. Clinical Reasoning Rubric
5. Application of Erickson (Developmental theorist)

Use classroom examples to identify subjective vs. objective data.Use classroom examples to identify measurable goals.Identify independent, dependent and interdependent nursing interventions.Develop nursing care plans. Compare linear format with a concept map.Compare Clinical Learning Experience Workbook (CLEW), the school data collection and nursing care plan paper, with clinical setting and standardized forms. | ExamNursing Skills Lab performanceClinical performance evaluationReflections |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Krista****Prendergast** | **Unit: Skin Integrity and Wound Care**Discuss the physiologic process of normal wound healingDiscuss complication of normal wound healingIdentify risk factors that contribute to pressure ulcer formationDiscuss staging criteria for pressure ulcersDescribe wound assessment criteriaList nursing diagnoses associated with impaired skin integrityDiscuss interventions for wound management including mechanism of action of wound care dressingsDescribe evaluation criteria for a patient with impaired skin integrity | 1. Types of Wounds
2. Wound Healing
3. Primary
4. Secondary
5. Tertiary
6. Phases of Wound Healing
7. Inflammatory phase
8. Proliferative phase
9. Maturation phase
10. Wound Exudate
11. Complications of Wound Healing
12. Hemorrhage
13. Infection
14. Dehiscence/Evisceration
15. Pressure Ulcers
16. Etiology
17. Risk factors
18. Staging
19. Nursing Process
20. Assessment
	1. Risk assessment
	2. Wounds
	3. Pressure ulcers
	4. Lab data
21. Nursing diagnosis
22. Planning
	1. Wound management
23. Implementation
24. Evaluation
 | Assigned Readings:Potter and Perry Fundamentals 9th ed., chapter 48Lewis Med/Surg.10th ed., Chapter 11In class:Group activity- use dressing formulary to plan care for various skin integrity conditionsiClicker question activityAfter class application:Practice patient positioning and mobility and dressing change skills in labParticipate in skin care and dressing change procedures in the clinical setting  | ExamDry sterile dressing validation in labClinical performance evaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Cheryl Gilot** | **Unit: Urinary Elimination**List developmental, life-style, andother factors that influence the careof patients with urinary and intestinalelimination dysfunction.Describe and perform focusedassessment of urinaryIdentify nursing diagnoses thatcorrectly define patient problemsrelated to urinary elimination.Review common nursing andcollaborative interventions topromote urinary elimination | A. Critical Thinking/Holistic Care1. Review principles and factors affecting the functioning of urinary elimination2. Elimination variations throughout the life cycle.3. Assessment parameters: a. Nursing history b. Physical assessment c. Diagnostic and laboratory studies B. Nursing Process1. Nursing diagnoses related to Elimination a. altered urinary elimination C. Implementing safe, competent care.1. Promote and maintain normal voiding habits a. privacy and timing b. positioning, activity and exercise c. fluid and nutritional intake d. stimulating urination e. assisting with toileting f. hygiene and safety g. indwelling cathetersD. Evaluation of Care | Assigned Readings:Potter & Perry Text: Chapter 45“Urinary Elimination”Lewis: Chapter 45 “Urinary System”Lab Book:Serum creatinine, creatinine clearance, GFR including 24 hour urine collection,blood urea nitrogen (BUN). | Exam Clinicalperformanceevaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Cheryl Gilot** | **Unit: Bowel Elimination**Describe factors which influencebowel elimination.Describe normal and abnormalcharacteristics of feces.Identify common causes and effectsof selected bowel eliminationproblems.Identify interventions which maintainnormal bowel elimination.Develop nursing diagnosis and careof the patient with altered bowelelimination. | A. Critical Thinking/Holistic Care:1. Review principles and factors affecting the functioning of bowel elimination.2. Elimination variations throughout the life cycle.3. Assessment parameters a. Nursing history b. Physical assessment c. Diagnostic and laboratory studiesB. Nursing Process1. Nursing diagnoses related to elimination2. Altered bowel elimination a. Constipation b. Diarrhea c. Hemorrhoids d. Flatulence e. Impaction f. IncontinenceC. Implementing safe, competent care1. Promoting and maintaining normal bowel habits a. privacy and timing b. positioning, activity and exercise c. fluid and nutritional intake d. stimulating defecation e. assisting with toileting f. hygiene and safety g. enemas and suppositories h. rectal tubesD. Evaluation of Care | Assigned Readings:Potter & Perry Text: Chapter 46“Bowel Elimination” (Please read the entire chapter. You will learn about Nasogastric tubes and Ostomies in later courses. Content related to these procedures will not be tested this semester, however, you may seethese in clinical.)Lewis: Chapter 43 up to: “Acute Abdominal Pain” pg. 1015Discuss normal and abnormalcharacteristics of feces.Discuss diagnostic test associated with bowel elimination problems and the nursing interventions related tothem. | Exam Clinicalperformanceevaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****C. Gilot** | **Unit: Sensory Alteration**Describe factors influencing sensory FunctionIdentify clinical symptoms of sensory overload or deprivationDescribe the components whenassessing a patient’s sensory functionDevelop a nursing plan of care forthe patient with impaired sensoryfunction | A. Alteration in sensory perception1. Deprivation2. Overload3. Deficits4. Meaningful stimuliB. Holistic Factors influencing1. Developmental stages2. Culture3. Stress4. HealthC. Nursing Process related to sensory alterations1. Assessment a. Persons at risk b. Activities to assess: vision, hearing,touch, smell, taste2. Nursing Diagnosis and CollaborativeProblems3. Planning4. Implementation a. Safety b. Assistive devices5. Evaluation | Assigned Readings:A. Fundamentals of Nursing 9th edition, chapter 49B. Medical-Surgical Nursing,Assessment and Management ofClinical Problems 9th edition, pages379-382, Chapter 22 review the sections on Cataracts, Age-related macular degeneration, Glaucoma, Hearing LossReview articles posted on BBVision Simulations<https://www.youtube.com/watch?v=KVQvqmze5SU>How Color Blind people see the world<https://www.youtube.com/watch?v=tU1krrUM26Q>In class:Use gloves and other sensoryImpairment tools. Discuss impact tosupport patient care for sensoryperception deficits and alterationsReview care plan of patient withsensory alterationsAfter class/In clinical:Assess the effects of hospitalizationon sensory perception(overload/deprivation) on patients | ExamClinical Performance Evaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****C. Gilot** | **Unit: Holism, Caring and Cultural Diversity in Nursing**Discuss the relationships betweenhealth, wellness, illness, and diseaseExplain the concept of healthPromotionDiscuss the concept of holism as itrelates to nursing practiceDescribe the variables influencinghealth beliefs and health practicesDescribe health promotion for theindividual and the communityDiscuss the concept of caringDescribe patient’s perceptions ofcaring behaviors in a nurseDescribe how nurses demonstratecaring behaviors in practiceDiscuss the nursing process andcritical thinking as they relate tocaringDiscuss demographic trends onhealth and nursingDiscuss health disparities as theyrelate to culture and ethnic diversity | A. Health and holism1. Concepts of Health and well-being2. Models of health and wellness a. Samples b. Agent Host Model c. Health—Illness Continuum3. Factors influencing health a. Internal / External variables b. Health Belief models c. Illness behaviors4. Holism and nursing practice a. Needs theory—Maslow b. Developmental theory—Erickson c. Spirituality d. Communities e. Interdisciplinary team work –independent and collaborative application of nursing process5. National trends in health and illness a. Healthy People b. QSEN-Patient Centered Care6. The nurse’s role in health promotion a. Model healthy lifestyle b. Assess readiness for change c. Promote patient involvement in goals d. Teach self-care strategies to enhance fitness, nutrition, relationships, manage stress e. Reinforce positive behaviors f. Advocate for changes to promote a healthy environment**B. Caring in nursing practice**1. Theories on caring a. Benner-primacy of caring, nursing’s caring helps the patient to cope as well as connect the nurse with others, receiving as well as giving help  b. Leininger-caring as cultural competence c. Watson-nursing is an interpersonal, humanistic process helping the patient strive for the greatest health potential d. Full Spectrum Caring-self-knowledge and ethical knowledge2. Caring behaviors a. Aware of your values, beliefs and biases-maintain non-judgmental attitude and actions b. Respect human dignity c. Show empathy-routinely use opportunities for conversation to communicate genuine interest inwho the patient is, what they are experiencing and provide meaningful nursing assistance d. Be culturally sensitive and become competent e. Understand your obligations: ethics of right and wrong f. Advocate for patients i. Communicates patients’ values, preferences and expressed needs to other members of health care team ii. Seeks information from appropriate sources on behalf of patient, when necessary3. Caring for self a. Components of self-esteem-real self and ideal self-congruence b. Self-Care Behaviors4. Reflection and critical thinking as theyrelate to caring for self as a developinghealth professional as well as caring forvulnerable populations**C. Cultural Diversity**1. Demographics and culture2. Cultural health beliefs and practices a. Time orientation / personal space b. Family and social organization c. Births / death / other life events d. Foods e. Pain f. Magico-religious health beliefs g. Scientific / biomedical health belief h. Holistic health belief and use of the health care system3. Components of a cultural assessment a. how the person identifies himself and communicates with others b. language preferences and tools c. the degree of acculturation d. role of religion e. support systems and primary decision maker f. relationship with health care g. individual’s explanation of illness h. Use of Purnell wheel of culture4. Culturally competent nursinginterventions to meet the holistic needs ofthe patient a. Recognizes impact of personal attitudes, values and beliefs regarding delivery of care to diverse patients b. Conveying cultural sensitivity c. Preservation and maintenance d. Accommodation and negotiation e. Values opportunities to learn about all aspects of human diversity5. Examples of culture assessments,plans, interventions and evaluations inhealth care | Assigned Readings:A. Potter & Perry, Fundamentals of Nursing 9th edition, chapters 7 and 9B. Medical-Surgical Nursing,Assessment and Management ofClinical Problems 8th edition, byLewis, et.al. pages 20-36C. Review Healthy People 2020 and QSEN (Patient Centered Carewebsites)D. NLN Population Health Course- complete Module One Online: hhtp://clnonlineeducation.comPrior to class review power points.In class questionnaire:Focus on Diversity and Culture- How culturally competent are you? After class reflect on your classroom, lab and clinical experiences.How will you care for yourself?How will awareness of other’sCultures and your caring behaviors influence patient care? Also reflect on the one single intervention you could use to promote cultural competence if you are busy-ask the question: “What matters most to them in their illness and treatment?” | ExamClinicalperformanceevaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **1 hour****Lili Rafeldt** | **Unit: Stress and Coping**Discuss the concept of physiologic adaptation to stressDiscuss models of stress used to predict individual responsesCompare the effects of short-term stress vs. long-term stressDescribe the physiologic and psychological responses to stress | 1. Stress and physiologic adaptation
2. Mechanisms of adaptation
3. Limitations of physiologic adaptation
4. Types of Stress
5. Work
6. Family
7. Chronic and acute
8. Daily Hassles
9. Trauma
10. Crisis
11. Adaptation and response to stress
12. Physiologic responses
13. Psychologic responses
14. Responses based on developmental factors
15. Responses based on cognitive level
16. Responses based on emotional level
17. The Nursing Process Related to Stress and

Coping1. Assessment—subjective and objective data, through the patient’s eyes
2. Diagnosis—anxiety, ineffective coping, ineffective denial
3. Planning goals and outcomes for coping, enhancement and crisis intervention
4. Implementing interventions to reduce levels of anxiety
5. Evaluating
6. Case Studies
 | Assigned Readings:A. Potter & Perry, Fundamentals of Nursing 9th edition, chapter 38B. Varcarolis, Foundations of Psychiatric Mental Health Nursing, A Clinical Approach, Stress and CopingC. Lewis, Medical-Surgical Nursing, Assessment and Management of Clinical Problems 10th ed., chapter 6. D. Ackley, Nursing diagnosis Handbook, An Evidence-Based Guide to Planning Care 10th edition, Nursing Diagnosis: Anxiety, Ineffective CopingIn Class:Discuss sources of stress for the patient and the nursing student Discuss strategies to decrease stress After Class:Review content, Test Taking Anxiety PowerPoint and Killing the ANTS (Automatic Negative Thought) Strategies)Review care plans related to case studies | Exam Clinical performance evaluationCLEW and reflections  |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Lili Rafeldt** | **Unit: Sleep, Comfort and Pain**Describe variations in sleep patterns across the lifespanExplain factors that affect sleepDescribe common sleep disordersDiscuss interventions to promote sleepDescribe developmental and cultural factors that affect the pain experienceDiscuss guidelines for selecting and individualizing pain therapiesDiscuss use of non-pharmacologic pain therapiesDiscuss pharmacologic interventions for painCompare and contrast barriers to pain relief as they relate to nurses and patientsDifferentiate tolerance, dependence, and addiction | 1. Physiology and Functions of Sleep
2. Developmental Sleep Patterns
3. Physiology/Factors Affecting Sleep
4. Common Sleep Disorders
5. Nursing Process and Sleep Disorders
6. The Nature of Pain
7. Types of pain
8. Concepts associated with pain
9. Physiology of Pain
10. Factors Affecting the Pain Experience
11. Cultural
12. Developmental
13. Pain history
14. Applying the Nursing Process to Pain Control
 | Prior to classAssigned Readings and activities:Potter & Perry, Chapters 43, 44Review Pharmacology Made Easy (PME) types of analgesics and the quick tips of pain management—World Health Organization three-step analgesic ladderIn Class—group workUse Sleep and Comfort Handout, Patient Traditional Sleep Diary with Readiness for Enhanced Sleep Diagnosis from Ackley to develop interventions for a patient Question and answersPain: Myth or Fact questionsPower point pain presentation and discussion. Question and answersAfter class—review material, note pages of PPT, research article and complete case study of patient with pain.Miller, J., Dunion, A., Dunn, N., Fitzmaurice, C., Gamboa, M., Myers, S., Novak, P., Poole, J., Rice, K., Riely, C., Sandberg, R., Taylor, D., & Gilmore, L. (2015). Effect of a brief massage on pain, anxiety, and satisfaction with pain management in postoperative orthopaedic patients. *Orthopeadic Nursing, 34* (4), 227-234. | ExamClinical performance evaluationCLEW |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **3 hours****C. Gilot** | **Unit: Fluid and Electrolyte Balance**Identify factors that influence normalbody fluid and electrolyte balance.Collect assessment data of fluid andelectrolyte balance.Identify nursing diagnosis andactions to care for the patient withfluid and electrolyte imbalances.Describe acid base balance and therole of the buffer systems.Identify nursing diagnosis andactions to care for the patient with anacid base imbalance | A. Critical thinking: Body Fluids 1. Composition 2. Regulation a. Intake and Output b. Homeostasis c. Fluid volume deficit d. Fluid excess i. Third spacing ii. Evaluation of edemaB. Safe and Competent Care: electrolytes 1. Distribution 2. Regulation 3. Imbalances: hyper, hypo a. Potassium b. Chloride c. Sodium d. Magnesium e. Calcium f. Phosphate4. Acid-base Balance a. Hydrogen b. Carbon dioxide c. Sodium bicarbonate | **Assigned Readings:**Potter & Perry, Chapter 42 p. 934-956**Handouts:**Crawford, A. & Harris, H. Fluid & Electrolyte Series Balancing Act: Calcium & Phosphorus. Nursing 2012, January Vol 42 #1, p. 36-42Crawford, A. & Harris, H. Fluid & Electrolyte Series Balancing Act: Sodium & Potassium. Nursing 2011, July Vol 41 #7, p. 44-50Crawford, A. & Harris, H. Fluid & Electrolyte Series BalancingAct: Hypomagnesemia &Hypermagnesemia. Nursing2011, October Vol 41 #10, p. 52-55Crawford, A. & Harris, H. Fluid & Electrolyte Series BalancingAct: I.V. Fluids: What nurses need to know, Nursing 2011, May Vol 41, p. 31-38Online article: Steps to ABG Analysis | ExamClinical Experience |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **1 hour****Krista****Prendergast** | **Unit: Discharge Planning**Describe the process of assisting the patient in Discharge Planning.Identify the nurse’s role in preparing the patient for discharge.Describe the coordination between different agencies a patient may use after hospital discharge. |  A. Critical Thinking: Nursing Process* 1. Home Health Teaching
	2. Continuity of Care
	3. Coordination of Health Services
1. Communication with transfer agencies
	1. Preparing the patient for discharge.
2. Teaching
3. Referrals
4. Resources
 | Assigned Readings:Potter & Perry Fundamentals 9th ed., Chapter 3 Perry and Potter Skills 9th ed., Chapter 2EBP article: Graham, J. et al. (2013) Nurses’ discharge planning and risk assessment: behaviors, understanding and barriers. Journal of Clinical Nursing, 22, 2338-2346.In class:Case study group activityAfter class application:Work with coassign nurse in the clinical setting in assisting with patient discharge process | ExamClinical performance |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Lili Rafeldt** | **Unit: Teaching and Learning**Identify the role of the nurse in patient teaching.Describe the domains of learning.Identify basic learning principles.Identify factors that affect learningIdentify the cultural aspects of learning Identify ways to assess the learning needs of the patient.Describe an environment that promotes learning.Identify methods to evaluate learning.Develop a nursing diagnosis and plan of care that reflect the learning needs of a patient. Discuss teaching strategies to facilitate patient learning | 1. Communication and Holistic care of the patient and family through education
2. Learning Theories
3. Factors affecting learning
4. Assessing readiness
5. Barriers to learning
6. Nursing Process related to teaching and learning
 | Assigned Readings:Potter & Perry Text: Chapter 25 “Patient Education”Simulated Teaching and Learning in Class Activity with Power Point InteractionChecklist—what do you have in your institution?After Class: review content and answer the unit objectives. Reflect on the teaching and learning activities you have completed in clinical with your patients.  | ExamClinical performance evaluationCLEW / Reflections |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Krista****Prendergast** | **Unit: Documentation and Reporting**Discuss the purpose of a health care recordCompare and contrast different documentation methodsDiscuss documentation needs of various health care settingsDiscuss legal aspects of documentationRelate the nursing process to documentation on the patient recordDescribe the guidelines for effective reporting | 1. Safe and Competent Practice: Purpose of a

 Patient Record1. Documentation Systems
	* + 1. Source-oriented record
			2. Problem-oriented record
			3. PIE
			4. Focus charting
			5. Charting by exception
			6. Computerized documentation
			7. Case management
2. Professionalism: Legal Aspects of

Documentation1. Nursing Documentation
2. Acute care
3. Long-term care
4. Home care
5. Safe and Competent Practice: Guidelines for Documentation
6. Communication: Reporting
7. SBAR
8. Change of shift report
9. Care plan conference
10. Nursing rounds
11. Telephone reports
12. Telephone orders
13. Transfer reports
14. Incident reports
 | Assigned Reading:Potter & Perry Fundamentals 9th ed., Chapter 26     Perry & Potter Skills 9th ed Chapter 4In class:  Case study group activity using various written and verbal documentation and reporting methods.iClicker questionsAfter class application:Reinforcement of SBAR communication during lab simulation experiences.In clinical setting, practice documentation and reporting methods learned through communication with instructor, peers and nursing staff. | ExamClinical performance evaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **3 hours****C. Gilot** | **Unit: Nutrition**Describe the role of the diet in promoting healthIdentify the components of therecommended dietary allowances (RDA),basic four food groups and exchange listsDescribe the functions of proteins in health and in illnessDescribe risks associated to LipidsDiscuss energy balanceDiscuss alternative therapies as they relate to nutritionDiscuss ways in which information on food labels may help in food selectionDiscuss body weight and body massStandardsDiscuss essential components and purposes of nutritional assessmentIdentify risk factors for and clinical signsof malnutritionIdentify factors influencing nutritionDescribe nursing interventions to promote optimal nutrition Discuss nursing interventions to treatpatients with nutritional problems | **A. Critical Thinking and Nutrition** 1. Food safety and labeling 2. Standards and regulations 3. Safe food handling 4. Balance of nutritional intake and activity expenditure**B. Providing safe, holistic care** 1. Introduction to Nutrition Standards and Tools for Nutrition Planning 2. Dietary Guidelines for Americans a. Definitions b. *My Choices* c. Basic Five Food d. *My Plate* e. Recommended Dietary Intake  (RDI)  f. *Health People Guidelines* g. Specialized-*DASH-Dietary Approaches to Stop Hypertension* h. Nutrition across the lifespan**C. Basic Metabolic Requirements** 1. Body Weight Standards 2. Body mass standards**D. Factors Affecting Nutrition** 1. Developmental stage 2. Activity level 3. Gender 4. Culture and ethnicity 5. Food beliefs 6. Personal preferences 7. Religious beliefs 8. Lifestyle 9. Economics 10. Health/illness 11. Advertising 12. Psychological factors**E. Alterations in Nutrition** 1. Malnutrition 2. Over nutrition 3. Under nutrition 4. Protein-calorie malnutrition 5. Patient examples**F. Nursing Process and Nutrition** 1. Assessment a. Nutritional Screening i. History ii. Physical Examination iii. Diet History iv. Anthropometric measurement v. Lab data 2. Nursing Diagnosis 3. Planning 4. Implementation a. Special Diets b. Diet modifications r/t disease c. Assisting with meals d. Assistive devices e. Meal planning f. Food assistance programs g. Enteral/Parenteral nutrition 5. Evaluation**G. Identify the value of nutrition in 21st century health care****H. Connect teaching and learning needs of patients, disorders and diets****I. Identify nutrition as a thread to learn throughout the curriculum** |  Assigned Readings & activities:**A.** Fundamentals of Nursing 9th edition, chapter 45 p. 1053-1082**B.** Nursing diagnosis Handbook, An Evidence-Based Guide to Planning Care Nursing Diagnosis – Imbalance and Nutrition and Feeding Self-Care Patient**Bring Diagnosis book to class****C.** EBP article, to be assigned***Before coming to class:***1. Review Power Points2. Bring in a canned food item forreview of food labels and donation to the food bank.Identify factors influencing nutrition (e.g. ethnicity, culture, socioeconomic, medications) | ExamClinical Performance evaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **1 hour****Lili Rafeldt** | **Unit: Spirituality**Define concepts of spirituality as it relates to nursing care.Identify characteristics of spiritual health. Identify factors associated with spiritual distress and manifestations.Describe spiritual development across the lifespan.Assess the spiritual needs of the patient and plan care.Review interventions to support the patients’ spiritual beliefs.Identify desired outcomes for evaluating the patients’ spiritual health. | 1. Define spirituality
2. Health-need for meaning and purpose, need for love and belonging, need for forgiveness
3. Distress
4. Holistic religious practices affecting nursing care.
5. Holy Days
6. Diet
7. Dress
8. Beliefs
9. Nursing Process related to the spiritual care of patients
	* 1. Assessment—beliefs, practices, relationship between beliefs and everyday life, deficits or distress, needs, sudden behavioral changes
		2. HOPE—sources of hope, meaning, comfort, strength, peace, love and connection, organized religion, personal spirituality and practice, effects on medical care and end of life issues
		3. Diagnoses
		4. Implementation
		5. Evaluation-identify some spiritual belief that gives meaning and purpose to everyday life, move toward a healthy acceptance of current situation (illness, pain, suffering, impending death), develop mutually caring relationships, reconcile interpersonal differences that cause anguish, express peaceful acceptance of limitations and failures, express an ability to forgive others and live in the present, verbalize satisfaction with relationship with God / Higher being (if important to patient)
 | Assigned Readings:A. Potter & Perry, Fundamentals of Nursing 9th edition, chapter 36B. Lewis, Medical-Surgical Nursing, Assessment and Management of Clinical Problems-see spirituality in index C. Ackley, Nursing diagnosis Handbook, An Evidence-Based Guide to Planning Care, Nursing Diagnosis: Spiritual DistressStudents share religious practices with the class. Discuss the role of the nurse in supporting patients in meeting spiritual needs. In clinical:Pre or post conference with Chaplin or spiritual liaison in the facility. | ExamClinical performance evaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **1 hour****Krista****Prendergast** | **Unit: Sexuality**Define sexual health.Identify specific measures that promote sexual health.Identify personal biases and beliefs related to sexuality.Discuss the role of the nurse in sexual health promotion and health screening.Utilize the nursing process in caring for patients with reproductive and sexuality issues | 1. Characteristics of Sexual Health
2. Age-related
3. Sexual self-concept
4. Body image
5. Gender identity
6. Gender-role behavior
7. Androgyny
8. Holistic Factors that Influence Sexuality
	1. Family
	2. Culture
	3. Religion
	4. Personal ethics
9. Assessment
10. Sexual history
11. Physical exam
12. Identifying patients at risk
13. Nursing Process related to sexuality
 | Assigned Readings:Potter and Perry Fundamentals 9th ed., Chapter 35 Evidence based practice article: Wallace, M. (2008) Assessment of sexual health in older adults: Using the PLISSIT model to talk about sex. American Journal of Nursing, 108 (7), 52-60.In class:iClicker question activitySexual Attitudes and Beliefs Survey  | ExamClinical Performance |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Krista****Prendergast** | **Unit: Legal and Ethical Principles**Compare the concepts of ethics, moral and values.Identify ethical principles.Discuss various legal regulations that influence nursing practice.Describe the legal considerations regarding: confidentiality, documentation, medical records.Describe the legal controls governing the practice of nursing. |  1. Professionalism: Ethics in nursing
2. Professional values
3. Ethical terms
4. American Nurses Association
5. Code of Ethics
6. Nursing Standards
7. Ethical decision making
8. Selected ethical issues in nursing
9. Professionalism: Legal aspects in nursing
10. Legal aspects
11. SN and the law
12. Laws and nursing
13. Nurse practice act
14. Credentials
15. Liability
16. Selected legal issues
17. Malpractice
18. Elements of malpractice
19. Avoiding malpractice
20. Good Samaritan act
21. Liability insurance
 | Assigned Readings:Readings: Potter and Perry Fundamentals 9th ed. Ch. 22&23Listen to audio file of Legal and Ethical Principles power point on BlackboardRead CT Nurse Practice Act- Definitions. Scope of practicehttp://www.ctnurses.org/Main-Menu-Category/Nursing-Practice/Nurse-Practice-ActReview Case Study and How to Conduct a Debate documents on Blackboard In class:Debate ActivityAfter class application:Written Reflection Assignment submitted to Digication System | ExamClinical performance evaluation |

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| **HOURS** | **UNIT OBJECTIVES** | **CONTENT** | **LEARNING ACTIVITIES** | **EVALUATION** |
| **2 hours****Melissa Neill** | **Unit: Introduction to Mental Health and Illness**Describe the holistic approach to sustaining health and well-being considering cultural, ethical and legal implications for patients dealing with mental illness.Identify the psychosocial needs of all patients.Define the Mental Wellness/Illness continuum according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV- TR).Describe the elements of a mental status examination.Discuss the application of Erikson’s theory of psychosocial development to the delivery of nursing care that is developmentally appropriate.Explain the concepts of anxiety, posttraumatic stress disorder, depression, loss and grief.Assess the impact of a patient with mental illness on family functioningDetermine the role of the nurse in the care and support of patients and families with mental health problems.  | Holism: Define Emotional Health and emotional distress1. Overview of implications related to caring for the patient with mental illness
2. Developmental
3. Cultural
4. Ethical
5. Legal
6. Factors that influence and impact patients with emotional disorders
7. Family functioning
8. Stress
9. Assessment of Mental Health and Illness
10. Mental Health and Illness on a continuum as per the DSM-IV-TR
11. Psychosocial Assessment
12. Physical Assessment
13. Elements of the Mental Status Examination
	1. Appearance
	2. Behavior
	3. Speech
	4. Mood
	5. Disorders of Form of Thought
	6. Perceptual Disturbances
	7. Cognition
	8. Ideas of Harming Self or Others
14. Integration of Erikson’s theory of psychosocial development
15. Nursing Implications in caring for common emotional disorders
16. Post-traumatic stress disorder
17. Depression
18. Loss and grief
19. Substance abuse
 | Assigned Readings:Varcarolis-8th ed. Chapters 1,7Potter & Perry – 8th edition, Self-Concept chapter 33Varcarolis- Psych Mental Health Needs of the Medical-Surgical Patient- ON RESERVE IN LRCPerform a psychosocial assessment on a patientCase study | ExamClinical performance evaluation |

**CONNECTICUT COMMUNITY COLLEGE NURSING PROGRAM (CT-CCNP)**

*Capital Community College, Gateway Community College, Norwalk Community College,*

*Naugatuck Valley Community College, Three Rivers Community College*

**NUR\*101: INTRODUCTION TO NURSING PRACTICE**

**On Campus Clinical Laboratories**

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| **Library Services and Information/Technology Literacy Lab** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:** |
| **Library Services:**1. List nursing 2 major nursing databases and process of obtaining these databases on-line, hardcopy.

 2. Discuss evidence-based nursing and sources to research for  current trends. 3. Demonstrate information literacy by completing an abstract  on nursing topic. | TRCC Librarian visit class to review healthcare databases and Nursing Library Gateway resources and their use in finding evidence-based practice literature.Students utilize databases to find reference for Critical Thinking written assignment.American Psychological Association (APA) format resource links and link to Writing Center provided.Digication system overview. Demonstration on uploading a document. Students open account using Chromebook.Blackboard use and myCommnet resources review. Students use Chromebook to navigate sites.Assessment Technologies Institute (ATI) and Pharmacology Made Easy (PME) sign on and access review. Students open account using Chromebook. Learning resources navigated by students. |
| **Information/Technology Literacy:**1. Define information literacy, technological literacy and evidence-based practice (EBP).
2. Identify differences between information and technological literacy.
3. Demonstrate use of technologic resources.
4. Identify 5 elements to evaluate web sites.

 4. Discuss how Information Literacy and Technological  Literacy support EBP. |

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| **Introduction CT-CCNP Core Values Lab**  |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Identify course content, core values, (Critical Thinking, Safe and Competent Practice, Holism, Caring, Communication, Professionalism) and course outcomes.
 | Review Syllabus, Formative Evaluation, and Multiple-Choice Questions lab station |
| 1. Discuss professional role of the registered nurse.
2. Identify value of self-assessment and reflection: Observing, Interpreting, Judging, Planning
3. State the importance of organization, holism, caring and lifelong learning as they relate to nursing.
 | In lab:Review NUR\*101 Syllabus and Formative Evaluation. Discuss how Core Values are used to guide course objectives and evaluation process in course and clinical setting.Multiple choice exam question activity. Apply nursing process in answering practice multiple choice questions as part of evaluation process in meeting course objectives. |

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| **Nursing Care of Clients Requiring Respiratory Support Lab** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Discuss the principles of oxygen therapy.
 | Respiratory Support/Oxygenation lab stationAsthma Simulation lab stationIn lab:Discuss safe use of equipment used to assess and support effective oxygenationDemonstrate correct application and use of various oxygen delivery systems in case study-respiratory support galleryPractice patient positioning, application of oxygen device, and collaboration with respiratory therapy to improve patient oxygenation during asthma simulation |
| 1. Distinguish between different types of oxygen delivery systems.
 |
| 1. Discuss the principles of incentive spirometry.
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| **Medical Asepsis and Precautions Lab** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to:  | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Demonstrate principles of basic medical asepsis:
2. Hand washing with water and Hand hygiene with waterless antiseptic agents
3. Donning and removing clean gloves.
4. Identify clinical settings where basic medical asepsis would be applied.
5. Discuss the importance of standard and transmission-based precautions.
6. Identify clinical situations when personal protective equipment (PPE) is used:
7. Gloves
8. Masks
9. Eye Protection
10. Gowns
11. Exposure
12. Demonstrate competence related to OSHA standards
 | Medical Asepsis/Standard Precautions lab stationPersonal Protective Equipment lab stationIn lab:Discuss chain of infection and use of standard precautions with all patientsReview patient cases where transmission-based precautions are utilizedDemonstrate appropriate use of alcohol-based hand sanitizerPractice effective hand washing with soap and water in Glo-Germ activityParticipate in case study activities where appropriate personal protective equipment is chosen and safely donned and doffedPersonal Protective Equipment Validation |

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| **Safe and Competent Medication Administration Lab** |  |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab stations |
| 1. Discuss the principles of medication administration
	1. Legal aspects
	2. Ten “rights” of medication administration
 | Dosage Calculation Math Practice lab stationMedication Administration-PO-Oral lab stationMedication Administration-Other Routes lab stationMedication Administration-Injections lab stationIn lab:Calculate correct dose of medication using provider order and supplyDemonstrate safe administration of oral medication in simulation using 6 rights and 3 checksPractice safe injection techniques for various injection routesDiscuss preparation and administration of medications having routes other than parenteral or oralMedication Administration Validation |
| 1. Discuss different medication dispensing systems
	1. Unit dose
	2. Medication cart
	3. Computerized dispensing systems
 |
| 1. Discuss principles of administering oral/sublingual medications
	1. Ascertaining correct dosing
	2. Inspecting & opening unit dose packaging
	3. Pouring liquid medication
 |
| 1. Discuss principles of injectable medication administration
	1. Identify parts of the syringe
	2. Discuss needle gauges
	3. Safety aspects related to sharps materials
	4. Pre-filled unit dose syringe systems
 |
| 1. Prepare & administer parenteral medications
	1. Draw medications from vial & ampules
	2. Discuss principles of reconstituting a powdered medication
	3. Demonstrate reconstituting a powdered medication
	4. Discuss the principles of combining medications in one
	5. syringe
 |
| 1. Discuss principles of selecting sites for injectable medications
	1. Identify locations for SQ & ID injections
	2. Identify locations for administration of IM injections
	3. Identify bony landmarks for IM injections
 |
| 1. Discuss nursing considerations when administering anti-coagulants & insulin SQ
 |
| 1. Discuss other routes of medication administration
	1. Inhalation
	2. Transdermal
	3. Skin – Ointments/creams/lotions
	4. Eye, ear, nose
	5. Rectal, vaginal
 |
| 1. Discuss aspects of charting medications
	1. Legal aspects
	2. Written record
	3. Computerized record
	4. Bar code
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| **Vital Signs Lab** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Discuss and implement principles of measuring a client’s vital signs.
 | Vital Signs-BP lab stationVital Signs-Temperature, Heart Rate, Respiratory Rate, Oxygen Saturation lab stationIn lab:Demonstrate proper technique in assessing vital signs on simulation mannequinsPractice vital signs assessment on classmatesDiscuss normal and abnormal vital sign data and implications for safe patient careApply knowledge of safe use of equipment: stethoscope, sphygmomanometer, blood pressure cuff, thermometer, pulse oximeter, watch with second handVital Signs Validation |
| 1. Demonstrate recording vital signs.
 |
| 1. Accurately obtain a temperature
	* 1. Identify locations for measuring temperature on a client
		2. Demonstrate measuring body temperature.
 |
| 1. Accurately obtain a pulse
2. Discuss locations for measuring pulses on a client
3. Describe apical and pulse points
4. Demonstrate measuring an apical pulse on a classmate
 |
| 1. Accurately obtain a respiratory rate.
2. Demonstrate measuring a respiratory rate on a classmate
 |
| 1. Accurately obtain a blood pressure
2. Discuss systolic and diastolic readings
3. Discuss cuffs and appropriate application of cuff
4. Demonstrate measuring a blood pressure
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| **Hygiene Lab** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab  |
| 1. Demonstrate clinical application to maintain the patient’s personal hygiene:
	1. provision of privacy
	2. bathing
	3. mouth, foot and hair care
	4. bony prominences
	5. use of compression devices to prevent venous stasis and emboli formation
2. Apply principles of bed making:
	1. Occupied
	2. Unoccupied
	3. Orthopedic bed
3. Differentiate when to make an occupied or unoccupied bed
4. Demonstrate safe and competent practice when applying principles of body mechanics during bed making
 | Hygiene lab stationIn lab:Reflect on how the core values and nursing assessment / implementation connects to hygiene practices Simulation hygiene practice interacting with Power Point Key Principles  |

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| **Head to Toe Assessment Lab** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Discuss the purposes of physical assessment.
 | Head to Toe Assessment Power Point and Video lab stationPhysical Assessment Simulation lab stationHead to Toe Simulation lab stationIn lab:Demonstrate proper physical assessment techniques for various body systemsDifferentiate between normal and abnormal physical assessment findings during physical assessment simulationApply physical assessment skills in simulation using standardized patientsHead to Toe Assessment Validation |
| 1. Interview client to obtain health history applying principles of therapeutic communication
 |
| 1. Discuss the four examination techniques used during physical assessment.
 |
| 1. Assist in positioning the client for each phase of the physical examination.
 |
| 1. Use proper equipment to perform the physical assessment.
 |
| 1. Begin assessment with general survey of the client to include:
	1. Overall appearance and body position
	2. Pain/distress level (if any)
	3. Mood/behavior
 |
| 1. Perform a basic Neurological assessment to include:
	1. Facial symmetry
	2. Level of consciousness (A&Ox3)
	3. Ability to follow commands
 |
| 1. Perform a basic Cardiovascular assessment to include:
	1. Vital signs (including apical pulse)
	2. Skin color, temperature, and moisture
	3. Capillary refill
	4. Peripheral edema, pedal pulses, and Homan’s sign
 |
| 1. Perform a basic Respiratory assessment to include:
	1. Chest shape and symmetry
	2. Respiratory rate and effort
	3. Use of oxygen therapy (type and amount)
	4. Lung auscultation (anterior and posterior)
	5. Oxygenation saturation measurement
 |  |
| 1. Perform a basic Gastrointestinal assessment to include:
	1. Type and tolerance of diet, presence/absence of nausea, vomiting, belching, bloating, diarrhea, or constipation
	2. Date of last BM, passing flatus
	3. Abdominal assessment (inspection, auscultation, palpation)
	4. Presence of feeding tube
 |  |
| 1. Perform a basic Urological/fluid balance assessment to include:
	1. Oral mucous membranes/tongue
	2. Skin turgor
	3. Presence of intravenous fluid
	4. Elimination pattern (frequency, volume, symptoms of dysuria, presence of indwelling catheter/tube)
	5. Intake and output for past 24 hours
	6. Daily weights (if indicated)
 |  |
| 1. Perform a basic Integumentary assessment to include:
	1. Skin color, temperature, moisture
	2. Presence/absence of redness, edema, or lesions over pressure areas (sacrum, hips, elbows, heels, ankles)
	3. Presence/absence of rashes or excoriations especially in skin folds (under breasts, abdominal and groin folds)
	4. Presence of wounds or dressings
 |  |
| 1. Perform a basic Musculoskeletal/Safety assessment to include:
	1. Upper extremity sensation & mobility (ability to perform hygiene and feeding)
	2. Lower extremity sensation & mobility (ability to reposition in bed, transfer OOB, and ambulate with or without assistive devices)
	3. Use of artificial sensory devices (eyeglasses, hearing aids, dentures)
	4. Client safety protocols (fall risk, aspiration risk, bed in low position, bed wheels locked, side rails up, call light in reach, clean & uncluttered environment)
 |  |
| 1. Document assessment findings.
 |  |
| 1. Communicate abnormal findings to appropriate member of health care team.
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| **Body Mechanics Lab** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Utilize principles of safe body mechanics while:
	1. Ambulating a client
	2. Turning and positioning a client
	3. Transferring a client
	4. Lifting a client
 | Transfer with Body Mechanics lab stationMobility with Body Mechanics/Restraints/Turns/Bed Alarms lab stationIn lab:Use various assistive devices and lifts to practice safe patient mobility and transferApply safe turning and positioning techniques with classmatesPractice safe restraint application and use. Discuss legal implications of restraintsDemonstrate use of bed and chair alarmsPerform range of motion exercises with classmate |
| 1. Demonstrate safe technique while
	1. Ambulating a client
	2. Turning and positioning a client
	3. Transferring a client
	4. Lifting a client
 |
| 1. Discuss principles of active and passive range of motion.
	1. Demonstrate active and passive range of motion exercises
 |
| 1. Discuss principles of using restraints
	1. Reasons
	2. Safety
	3. Demonstrate applying restraints
	4. Discuss client alarm systems
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| **Nursing Care of Clients with Diabetes; Blood Glucose Monitoring and Control Lab** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Discuss the difference between Type 1 and Type 2 Diabetes
 | Insulin Drawing Up and Mixing and Blood Glucose Monitoring lab stationHyper/Hypoglycemia Simulation lab stationIn lab:Use the nursing process to plan care for the patient with diabetes in the acute care and outpatient settingsDemonstrate safe technique in assessing capillary blood glucose and the interpretation of results using glucometer.Differentiate between different insulin types and practice drawing up and mixing insulin in syringe as appropriateApply skills in the care of a patient with hyper and hypoglycemia during the Hyper/Hypoglycemia simulation |
| 1. Compare and contrast the signs and symptoms of hyperglycemia and hypoglycemia.
 |
| 1. Discuss the normal parameters for blood glucose
 |
| 1. Discuss the diagnostic and clinical significance of blood glucose monitoring
 |
| 1. Discuss appropriate equipment for blood glucose monitoring
 |
| 1. Discuss the accurate use of the Blood Glucose Monitor (Glucometer).
 |
| 1. Discuss the use of the sliding scale.
 |
| 1. Compare and contrast the different types of insulin.
 |
| 1. Compare and contrast approaches to insulin administration (i.e. basal rate and bolus).
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| **The Nursing Process Lab** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Discuss the use of critical thinking in clinical practice.
 | Nursing Process lab stationCase Study-CLEW lab stationLab Value Review lab stationIn labs:Use you Diagnostic Text by Ackley and Potter and Perry Text to assess, diagnosis, and plan nursing care of assigned case studies.Peer review each other’s care plan.Discuss efficient ways to complete nursing care plans.  |
| 1. Describe the components of the nursing process.
 |
| 1. Review assigned case study to collect data needed to complete Clinical Learning Experience Workbook Component (CLEW): Nursing Assessment.
 |
| 1. Use assigned case study to collect data needed to complete CLEW: Laboratory and Diagnostic Studies, Medication Therapy, Pathophysiology Map.
 |
| 1. Use appropriate references/resources to complete lab rationales for abnormal values, medication information, and pathophysiology map on CLEW form.
 |
| 1. Complete CLEW: data analysis page.
 |
| 1. Complete CLEW: nursing care plan page.
 |
| 1. Verbalize understanding of how to complete CLEW: reflection on the clinical learning experience page.
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| **Nutrition and Feeding Lab** |  |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
|  1. Discuss concepts related to client feeding:* 1. Types of diets
	2. Principles of feeding
	3. Aspiration Precautions

2. Measure height and weight accurately | Nutrition and Feeding and Intake and Output lab station In lab:Discuss nutritional screening and body mass index assessmentsSelect and explain progressive and therapeutic diets for a variety of patient conditionsDemonstrate safe feeding and swallowing techniques with classmate using aspiration precaution procedures |

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| **Intake and Output Lab** |  |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Implement principles of intake and output accurately:* 1. Metric system conversion
	2. Measuring intake
	3. Calculate intake
	4. Document intake
	5. Measuring output
	6. Calculate output
	7. Document output
 | Nutrition and Feeding and Intake and Output lab station In lab:Calculate and document the intake and output of a patient case study over a 24-hour period, using various measurement devices. |

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| **Principles of Surgical Asepsis and Wound Care Lab** |  |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Discuss principles of surgical asepsis.
2. Compare and contrast differences between medical and surgical asepsis.
 | Surgical Asepsis/Wound Care/Dry Sterile Dressing lab station |
| 1. Review types of dressings and associated procedures:
	1. wet to dry dressings
	2. dry sterile dressing
	3. vacuum dressings
	4. other types
	5. associated procedures:
		1. wound irrigation and packing
		2. wound culture
		3. Montgomery straps
2. Identify appropriate use of types of dressings in the clinical setting.
3. Utilize evidence from literature to support practice.
4. Demonstrate critical thinking when choosing a type of dressing in various client scenarios.
 | In lab:Discuss surgical asepsisPractice dry sterile dressing change techniqueUse wound formulary to choose appropriate dressing type for various wounds and skin conditionsExamine various wound drainage devices and their therapeutic effects on wound healingDry Sterile Dressing Validation |
| 1. Differentiate between various wound drainage devices
	1. Penrose
	2. Hemovac
	3. Jackson Pratt
	4. Wound VAC
2. Identify clinical rationales for drainage of wounds.
 |  |
| 1. Demonstrate sterile technique
	1. Don and remove sterile gloves using surgical aseptic technique
	2. Open sterile gauze packages using surgical aseptic technique
	3. Apply sterile dressing.
 |  |
| 1. Discuss legal aspects of client documentation related to wound care.
 |  |
| 1. Document for a client needing wound care utilizing the nursing process.
 |  |
| 1. Differentiate care of a pressure ulcer in comparison to a surgical wound.
2. Identify assessment, diagnosis, planning, implementation and evaluation strategies which are the same and those that are different.
3. Identify risk factors for development of pressure wounds and plans to deter development of the same
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| **Principles of Intravenous Therapy Lab** |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Discuss principles of IV therapy
	1. Types of solutions
		1. Hypertonic
		2. Hypotonic
		3. Isotonic
	2. Types of tubing
2. Compare and contrast clinical scenarios where different solutions

would be administered in a safe and competent manner. | I.V. Set Up System, Drip Rates, Discontinuing I.V. Catheters lab stationIn lab:Discuss different I.V. solutions used to manage various patient conditionsDescribe normal and abnormal I.V. site assessment findingsPractice aseptic technique in setting up an I.V. systemCalculate accurate I.V. drip rates as orderedDemonstrate skill of discontinuing I.V. infusion and removing I.V. catheterReview electronic infusion pumps and setting infusion rate as orderedAdministration of I.V. Therapy Validation |
| 1. Calculate IV drip rates using various drip factors.
 |
| 1. Demonstrate hanging an IV

a.       Maintenance of asepsisb.      Spike and prime IV tubingc.       Complete IV bag and tubing labelsd.      Regulate the IV drip rate  |
| 1. Discuss principles of electronic infusion devices (i.e. IV pumps).
2. Compare and contrast safe use of gravity IVs and electronic

Infusion devices.1. Demonstrate use:

a.       Electronic or Gravity infusionb.      Setting up system |

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| **Nursing Care of Clients in Support of Urinary and Bowel Elimination Lab**  |
| **Learning Objectives**Upon completion of the Learning Laboratory the student will be able to: | **Suggested Learning Activities:**See Blackboard for pre-reading and activities to be completed before lab |
| 1. Discuss principles of maintaining optimal urinary and bowel function.
 | Urinary Elimination lab stationBowel Elimination lab stationIn lab:Demonstrate safe technique in use of various urinary and bowel elimination assistive devicesPractice bowel and urinary specimen collection procedures using sample equipmentDiscuss case studies of the patients with urinary and bowel elimination problems and therapeutic interventionsUse proper body mechanics in assisting a classmate on and off of a bedpan |
| 1. Discuss care of the client with complications related to urinary and bowel elimination.
 |
| 1. Discuss devices used to assist client with urinary and bowel elimination.
 |
| 1. Discuss nursing care for a client with an external condom catheter.
 |
| 1. Discuss nursing care for a client with an indwelling urinary catheter.
 |
| 1. Demonstrate placing and removing a bedpan.
 |
| 1. Discuss procedure for administering an enema.
 |
| 1. Discuss procedure for collecting urine and fecal specimens.
 |
| 1. Test selected urine and fecal specimens: occult blood; urine dipstick.
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