

**SUL ROSS STATE UNIVERSITY
DEPARTMENT OF NURSING
NUR 3312**

**Introduction to Patient Centered Concepts Across the Lifespan
Fall Junior Year**

Semester Hours: Three (3) Credit Hours
Clinical Hours: One (1) Credit Hour
Didactic Contact Hours: 2 Clock Hours/Week
Clinical Contact Hours: 4 Clock Hours/Week
Total Contact Hours: 96 Clock Hours

LEVEL: Junior

PREREQUISITES: Admission to the Nursing Program and Successful Completion of Summer Courses

FACULTY INFORMATION: contacts will be updated soon

Name: Ms. Rebecca Lewis Co-Instructor: Ms. Yolanda Juardo

Office Hours:

Hours available via e-mail:

Hours available on campus:

Hours available via phone cell:

Phone number(s):

University e-mail: rebecca.lewis@sulross.edu

COURSE DESCRIPTION:

This course is an introduction to selected behavioral and pathophysiological concepts that commonly occur with patient-care situations. Analysis of these concepts includes data for all age groups. Students will obtain introductory information through classroom discussion for each concept which will be exemplified in the skills and simulation laboratory and external clinical agency activities. Recall of growth and development will enhance knowledge obtained for each age group and concept. Basic nursing activities linked to selected concepts will be experienced and guided within Concept-Based Clinical Competencies.

STUDENT LEARNING OUTCOMES:

Each student enrolled in this course will be expected to meet course objectives that are presented within the framework of Differentiated Essential Competencies (DEC'S) of Graduates from Texas Nursing Programs and The American College of Nursing BSN Essentials. Upon completion of this course, the student will:

MEMBER OF THE PROFESSION

1. Associate information from beginning study of analyzed concepts across the life span included in this course to the legal scope of practice for registered nurses in Texas.

2. Develop a beginning understanding of the relationship between behavioral and pathologic concepts which serve as a foundation for holistic, culturally sensitive, and evidence-based clinical practice.
3. Compare the roles of nursing staff members to other interdisciplinary personnel.
4. Engage in self-evaluation and reflection to appraise and improve practice.

PROVIDER OF PATIENT-CENTERED CARE

5. Utilize a systematic process to compare human-body responses to selected health/illness problems referred to as concepts present across the life span.
6. Establish a knowledge base for each concept that incorporates psycho-social, anatomical and physiological, and historical development of the concept; and for relating definitions, antecedents, diagnostic data, clinical/ empirical referents, and consequences.
7. Develop beginning skills associated with Concept-Based Clinical Competency.
8. Explore the relationship between concepts and assessment findings and diagnostic data obtained from assigned patients or lab scenarios.
9. Identify stages of growth and development for each assigned patient or case scenario provided for weekly clinical activities.

PATIENT SAFETY ADVOCATE

10. Identify real or potential patient-safety issues associated with selected health concepts and patient assignments.
11. Follow safety principles when providing patient care.

MEMBER OF THE HEALTH CARE TEAM

12. Discuss the role of the nurse when communicating members of the interdisciplinary health-care team regarding selected health-care concepts.
13. Observe the members of the health-care team plan for patient-care outcomes.
14. Report observations of the clinical experience and data obtained regarding assigned patients as needed and at the end of each clinical/lab experience.
15. Use appropriate terminology when summarizing and recording patient responses and nursing actions performed.

MARKETABLE SKILLS FOR THE DEPARTMENT OF NURSING

The following marketable skills and dissemination plan has been submitted to the Texas Higher Education Board after approval from the Assistant Vice President for Institutional Effectiveness at SRSU.

Students will:

1. develop inquiry skills to evaluate situations (Sense of Inquiry);
2. develop communication skills to evaluate situations (Communication Skills);
3. develop research skills to promote their lifelong learning (Continuous Lifelong Learning); and
4. comport themselves verbally and visually in a professional manner (Professionalism).

Plan for Dissemination:

Students learn the marketable skills by first being exposed to them in all course syllabi. Each of the marketable skills is closely observed and evaluated by clinical faculty and preceptors as student's progress through the educational program. Students hone their research and communication skills through assignments and activities in multiple classes.

REQUIRED REFERENCES:

Textbooks:

- Callahan, B. (2019). *Clinical nursing skills: A concept-based approach to learning, Volume III* (3rd ed.). New York, NY: Pearson.
- Pearson Concepts Editorial Board & Contributors (2019). *Nursing: A concept-based approach to learning, volumes I & II* (3rd ed.). New York, NY: Pearson.
- Touhy, T. A., & Jett, K. F. (2020). *Ebersole & Hess' toward healthy aging: Human needs & nursing response* (10thed.). St. Louis, MO: Mosby-Elsevier.
- Halter, M. J. (2018). *Varcarolis' foundations of psychiatric-mental health nursing: A clinical approach* (8th ed.). St. Louis, MO: Elsevier.

References:

The following references are classic and will provide pertinent information that will enhance your information. Additional selected articles will be provided in BB as we progress through the list of concepts.

Goosen, G., & Bush, H.A. Adaptation: A feedback process. *Advances in Nursing Science*. Aspen System Corporation:0161-9268, 1979.

Wilmore, D. W., Long, J. M., Mason, A. D, Jr., Skreen, R. W., and Pruitt, B. A., Jr. Catecholamines: Mediator of the hypermetabolic response to thermal injury. *Ann. Surg.* 180. 653, 1974.

Blackburn, G.L., & Bristrian, B. R. Nutritional care of the injured and/or septic patient. *Surg. Clin. North Am.* 56: 1195-1224, 1976.

COURSE LEARNING ACTIVITIES, ASSIGNMENTS, GRADING, AND EXPECTATIONS:

COURSE EXPECTATIONS:

Due to pandemic events which continue to alter the way classes and clinicals are conducted, it is important that each one is clear regarding certain expectations for this course. Since there is uncertainty regarding fall class requirements, we are planning, at the beginning of the semester, to have class remotely, on BB access. This provides the opportunity for all of us to see each other, share resources and communicate with clear visibility and sound. This requires computer access at all times while class is scheduled. Phone access to the class is not acceptable unless prior arrangements have been made with the faculty of record and should be very limited in time. If personal or family emergencies arise, the faculty of record should be notified as soon as possible regarding

alterations/substitutions which need to be established. Attendance at each class and clinical is required.

Presence in the four weekly clock hours scheduled for clinical experience will begin with an online assignment and move to simulation and clinical experiences as feasible. The first two weeks of class is generally time when students and faculty are adapting to new routines and schedules. If clinical experience in the hospital is limited, simulation will be planned to meet course objectives.

LEARNING ACTIVITIES:

Students will participate in classroom and on-line discussion to clarify the need and value of each substantive component of the concept analysis. Student dialogue will focus on identifying and discussing behavioral, physiologic, psychologic, social, and cultural information which comprise the selected concept and applies to the patient as a holistic entity. Students are expected to contribute to the dialogue using critical thinking, clinical reasoning, and ethical comportment.

Students will prepare for class discussion and activities by reading each assignment with focus on the concept analysis provided. The logically ordered concept information will assist each student to develop a routine or pattern to organize pertinent information obtained from patients and resources. A group assignment for the development of a selected concept will further enhance the students' recognition of the need for data to be obtained to complete and understand the value of information included in a concept analysis.

Application of data obtained from patient situations in clinical laboratories will enhance the students' understanding of why and how selected concepts will provide a broader understanding of the patient condition. Open communication with the mannequin provides opportunities to practice verbal and non-verbal communication skills to obtain pertinent data before communicating with patients. Case studies utilized for simulation scenarios will assist students to understand the need for acquiring data from patients which will assist in the planning and delivery of pertinent, individualized care for the experienced concept.

Clinical activities in the laboratories and outside clinical agencies are guided by Concept-Based Learning Competencies. These competencies are organized in levels which flow from simple to complex learning activities to gain pertinent patient information regarding the concept. Levels will be assigned by the Faculty of Record and/or Clinical Faculty Members.

Selected nursing skills will be taught in concert with the concept assigned and Concept-based Competency, starting with vital signs and progressing to personal hygienic care and dietary assistance. This provides the student with beginning opportunities to communicate with and observe the patient while meeting basic patient needs.

ASSESSMENT OF STUDENT LEARNING:

1. Evaluation of student performance is based on evidence of achievement of course objectives. Students are graded on their attendance and participation in the class discussion boards, online reflections and observations, clinical performance when applicable, knowledge and comprehension of reading assignments, and completion of course

assignments. Criteria for each course activity and assignments, including grading rubrics, are delineated either in the syllabus or in the modules.

2. Summary of Measure for Evaluation:

<u>Course Requirements</u>	<u>Percentage</u>
Class Discussion	10%
Clinical & Skills Lab Activities	20%
Examinations	30%
Written Assignments Including Case Studies	20%
ATI Assignments	20%
Total Points	100%

3. Calculation of Final Grade:

The final grade is derived as a summary of the points delineated on specific rubrics for assignments and participation. The final letter grade will follow the program grading scale:

Grading Scale

A = 90-100

B = 80-89

C = 75-79

D = 69-74

F = 69 OR BELOW

CLASS EXPECTATIONS:

POLICIES FOR EXAMS AND ASSIGNMENTS:

A minimum average of 80% must be achieved on examinations to receive a passing grade for the course. This will include weekly concept quizzes and a comprehensive midterm and final examination. The examination average must be calculated before adding grades from other assignments. When a grade of less than 80% is acquired on any examination, the student will be required to meet with the faculty of record, followed with a meeting with the Success Counselor. The purpose for this activity is to assist the student to determine the rationale for the lower grade achievement and develop an action plan to correct identified problems. The Missildine Review will be initiated to follow student progress.

Testing/Assessments: Weekly examinations related to the assigned concept will be given on a weekly basis. Each student will answer each of the 20 questions provided on the test with emphasis on the rationale provided for the answer. A mock review for the type of weekly examination will be reviewed on the first day of class to assist students with the process. Focus for the questions will be from the concept analysis provided for the assigned concept each week.

A comprehensive mid-term and final examination will be given in addition to the weekly exams. Results from these exams will comprise 30% of your course grade.

Missed Examinations and Makeup Examinations: Faculty members must be informed immediately when a student is aware that an examination will be missed. Make-up should occur within a week of the scheduled examination as agreed on between faculty and student. Should

scheduling conflicts and/or family emergencies arise, students should contact faculty by phone, email, or text as soon as possible. If students have spoken with faculty and an agreement is reached, late make-up exams can be arranged without penalty.

Late and Make-up Assignments: To achieve the designated points for an assignment, the assignment must be submitted at or before the scheduled date and time. Five points per calendar day will be deducted for late submission of assignments. Should scheduling conflicts and/or family emergencies arise, students should contact faculty by phone, email, or text as soon as possible. If students have spoken with faculty and an agreement is reached, late and make-up assignment extensions can be arranged without penalty.

Course orientation and introduction to course expectations. Skills and Simulation Labs experiences prepare the students for practicing nursing skills in various clinical settings. Over the semester, clinical rotations will include selected videos, learning activities in the skills and simulation laboratory, acute care settings, clinic settings, long-term care settings, and community agencies to provide students with the opportunity to gain information about this rural/border setting. Beginning skills will be attained to gain understanding regarding prevention of illness, promotion of health and healing, and assistance with understanding life changes consistent with promotion of wellness including end of life issues, linked with course objectives. Students will participate in the Geriatric, Obstetrical, and Peri-Operative Focused Clinical experiences and develop a Behavioral Health Case Study focused on selected behavioral health concepts with designated patients.

Clinical experiences will include areas of health service for patients with acute and chronic problems reflecting more complex management and greater understanding of body change. This could include patients with multiple body system involvement, such as renal failure and cardiac rehabilitation. Even though acute management of patients in the Big Bend area may require travel elsewhere for acute management, these same patients return home for continued follow-up care and management to prevent progression of the disorder and complications. Such services will be utilized by students as they gain additional knowledge of nursing care in rural communities.

COURSE ORIENTATION AND INTRODUCTION TO COURSE EXPECTATIONS

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Potential Care settings include: Acute hospital; Long-term Care; HHA - Home health agency; Clinic - various primary-care clinics and community-care settings/services, such as schools and day-care facilities.

Clinical experiences for individual patient or patient in selected settings, as the student progresses, will provide students the opportunity to apply beginning integrative knowledge and skills they have experienced and demonstrated in the Skill/Simulation Laboratory and demonstrated competency through ongoing assessments. Students will be supervised by faculty in clinical settings.

In addition to these assignments the students will implement Focused Clinical Projects with Geriatric and a Behavioral Health Case Study, as opportunities are available over this semester. Guidelines are provided.

COURSE EXPECTATIONS:

Orientation to Course: Students will participate in course orientation and orientation to designated hospitals, community agencies, and clinic settings prior to engaging in clinical learning experiences. Students are accountable to adhere to facility policies and procedures. Orientation will include a review of course skills, experiences, assignments, and clinical evaluation. Expectations regarding meeting scheduled class, clinical and laboratory sessions, attendance, and promptness will be reviewed.

STUDENT/FACULTY EXPECTATIONS IN THE TEACHING/LEARNING PROCESS:

Learning is a shared endeavor based upon respectful and collaborative relationships between students and faculty. The learning activities designed for this course were developed based upon the following:

1. As adult learners we are partners in learning.
2. Faculty members serve as a mentor, resource, guide, or coach and professional peer.
3. Our work and life experiences differ and serve to enrich our individual and mutual learning.
4. Each member of the class is committed to preparing for and successfully completing class learning activities.
5. Each member of the class will organize time, learning goals, work schedules, and family arrangements to fully participate in the course and assignment activities.
6. Each member of the class is able to use computer technology and access resources via the Internet and other mobile technologies as needed for this and other courses.

COMMUNICATIONS:

- **Announcements** – Check announcements each time you log onto the course.
- **Course email** – Check course email frequently for communications and make sure that your email address is current. Faculty will respond to inquiries and comments within 24 hours Monday-Friday.
- **Use of technology:** If you have any technical questions, problems, or concerns with Blackboard, do not spend more than 15 minutes on any technical problems. Seek help immediately. Contact 24-7 Help Desk at: 1-888-837-2882 and/or techassist@sulross.edu.
- **Responses to emails and course postings:** Please respond to faculty requests and/or communications within 24 hours. Use course or Sul Ross email and, if not available, mobile phone or texting between the hours of 9 AM and 6PM if possible. Messages received on the weekends or holidays will be answered by the next working day.
- **Assignments:** Assignments will be reviewed and returned with feedback/grade within 5 days of submission.
- **Writing and use of APA:** All written assignments and bulletin board postings will be submitted using the American Psychological Association (APA) Guidelines, as indicated by faculty. <http://owl.english.purdue.edu/owl/resource/560/01>

ATTENDANCE AND PARTICIPATION:

- Your attendance is expected at every class meeting, both face-to-face and online.
- Readings and learning activities relevant to the weekly topic are identified in the course schedule and modules.
- Scholarly and knowledgeable participation requires that you read your assigned readings prior to joining the class discussions.
- An online course requires participation in all areas for accurate evaluation of performance, including responding to faculty requests or communications.
- If you have an emergency and cannot attend a class meeting or complete an assignment by the due date, you must contact your faculty by phone, email, or text as soon as possible and arrange to make up the assignments.

- Blackboard course platforms have a tracking feature. This feature quantifies how often and when students are active in the course and also provides information if the student has accessed different pages of the course. The Blackboard tracking function may be utilized to verify student online participation.

RULES OF NETIQUETTE:

The term “netiquette” refers to written and unwritten rules regarding appropriate communication on the Internet. It primarily applies to your interactions on the course Discussion Board, assignments both individual and group, and e-mail communications.

1. Help create a community of scholars by encouraging a cooperative win-win attitude in which all members of the class are willing to work together, each contributing in their own way.
2. Be courteous and respectful to students and faculty in the course.
 - a. There is a difference between making a statement that is a critical appraisal of an idea and criticizing someone for their point of view.
 - b. Be careful with the tone of what you are communicating, i. e., sarcasm and subtle humor; one person’s joke may be another person’s insult.
 - c. Do not use all caps in the message box (it is considered shouting).
 - d. Do not use language that is inappropriate for a classroom setting or prejudicial in regard to gender, race, or ethnicity.
3. Be helpful and be sure to do your part in an online class or in group work so that assignments can be completed.
4. Common courtesy and good manners, along with proper use of grammar, sentence structure, and correct spelling, are essential when taking an online class.
 - a. Use a meaningful title in the Subject line. For e-mail, include course number.
 - b. Use the person’s name you are writing to as a greeting in the first line of the message – this helps ensure you are writing to the intended person (group).
 - c. Close the posting by writing your full name at the end of the message.
5. Discussion Boards are public, and the University archives all materials. Do not post anything too personal as all students in the class and your instructor will see what you write.
 - a. Keep the messages you post to the Discussion Board relevant to the course and assignment, and provide a rationale including references as appropriate to support your point-of-view.
 - b. Avoid duplication. Read the previous discussions before you comment or ask a question as the information may have already been covered.
 - c. When posting a response, make sure you identify the post to which you are responding.
 - d. If the topic you plan to address is covered in an existing thread, do not start a new thread.
 - e. When responding to a specific comment, quote only the relevant part of the comment and stay focused on the assignment.
 - f. Try not to lurk, meaning you are just reading and not participating.
6. Quality of online communications/postings is important.
 - a. It is not acceptable to present work or ideas of others as your own. Use APA format when you quote directly from a source—use quotation marks and

provide the original author's name, year, and page or location in the body of the narrative; when you paraphrase a source—using your own words to explain your understanding of another's ideas or work—provide author and year in the body of the narrative. At the end of the posting provide the complete reference using APA format.

- b. If the posting is going to be long, use paragraphs.
 - c. Do not overuse acronyms like you use in text messaging. Some of the participants may not be familiar with acronyms.
 - d. Just as you would proofread a formal paper, before posting:
 - i. Read what you have written for content.
 - ii. Rethink what you have written for tone.
 - iii. Reread what you have written for organization and coherence, and
 - iv. Revise what you have written for grammar, punctuation, and mechanics.
 - e. Once you submit your work, discussion, or e-mail, you cannot change what you have written.
7. Don't send large files, since someone may have a relatively slow internet connection.
 8. Be sure to check for viruses when sending files.
 9. Be patient if you do not get an immediate response to your postings as others may be on a different schedule. If it is urgent, you can contact other students or faculty by e-mail, phone, or text.

MANDATORY UNIVERSITY STATEMENTS:

Academic Integrity

Students in this class are expected to demonstrate scholarly behavior and academic honesty in the use of intellectual property. A scholar is expected to be punctual, prepared, and focused; meaningful and pertinent participation is appreciated. Examples of academic dishonesty include but are not limited to: Turning in work as original that was used in whole or part for another course and/or professor; turning in another person's work as one's own; copying from professional works or internet sites without citation; collaborating on a course assignment, examination, or quiz when collaboration is forbidden.

Academic Dishonesty includes:

1. Copying from another student's test paper, laboratory report, other report, or computer files, data listings, and/or programs, or allowing another student to copy from same.
2. Using, during a test, materials not authorized by the person giving the test.
3. Collaborating, without authorization, with another person during an examination or in preparing academic work.
4. Knowingly, and without authorization, using, buying, selling, stealing, transporting, soliciting, copying, or possessing, in whole or in part, the contents of a non-administered test.
5. Substituting for another student; permitting any other person, or otherwise assisting any other person to substitute for oneself or for another student in the taking of an examination or test or the preparation of academic work to be submitted for academic credit.
6. Bribing another person to obtain a non-administered test or information about a non-administered test.

7. Purchasing or otherwise acquiring and submitting as one's own work any research paper or other writing assignment prepared by an individual or firm. This section does not apply to the typing of a rough and/or final version of an assignment by a professional typist.
8. "Plagiarism" means the appropriation and the unacknowledged incorporation of another's work or idea in one's own written work offered for credit.
9. "Collusion" means the unauthorized collaboration with another person in preparing written work offered for credit.
10. "Abuse of resource materials" means the mutilation, destruction, concealment, theft or alteration of materials provided to assist students in the mastery of course materials.
11. "Academic work" means the preparation of an essay, dissertation, thesis, report, problem, assignment, or other project that the student submits as a course requirement or for a grade.

All academic dishonesty cases may be first considered and reviewed by the faculty member. If the faculty member believes that an academic penalty is necessary, he/she may assign a penalty, but must notify the student of his/her right to appeal to the Department Chair, the Associate Provost/Dean, and eventually to the Provost and Vice President for Academic Affairs before imposition of the penalty. At each step in the process, the student shall be entitled to written notice of the offense and/or the administrative decision, an opportunity to respond, and an impartial disposition as to the merits of his/her case.

In the case of flagrant or repeated violations, the Vice President for Academic Affairs may refer the matter to the Dean of Students for further disciplinary action. No disciplinary action shall become effective against the student until the student has received procedural due process except as provided under Interim Disciplinary Action.

ADA Statement

SRSU Disability Services. Sul Ross State University (SRSU) is committed to equal access in compliance with Americans with Disabilities Act of 1973. It is SRSU policy to provide reasonable accommodations to students with documented disabilities. It is the student's responsibility to initiate a request each semester for each class. Alpine Students seeking accessibility/accommodations services must contact Rebecca Greathouse Wren, LPC-S, SRSU's Accessibility Services Coordinator at 432-837-8203 (please leave a message and we'll get back to you as soon as we can during working hours), or email rebecca.wren@sulross.edu. Our office is located on the first floor of Ferguson Hall (Suite 112), and our mailing address is P.O. Box C122, SUI Ross State University, Alpine, Texas, 79832.

Library Information

The Bryan Wildenthal Memorial Library in Alpine offers FREE resources and services to the entire SRSU community. Access and borrow books, articles, and more by visiting the library's website, library.sulross.edu. Off-campus access requires logging in with your LoboID and password. Librarians are a tremendous resource for your coursework and can be reached in person, by email (srsulibrary@sulross.edu), or phone (432-837-8123).

SRSU DISTANCE EDUCATION STATEMENT

Students enrolled in distance education courses have equal access to the university's academic support services, such as library resources, online databases, and instructional technology support. For more information about accessing these resources, visit the SRSU website. Students should

correspond using Sul Ross email accounts and submit online assignments through Blackboard, which requires secure login. Students enrolled in distance education courses at Sul Ross are expected to adhere to all policies pertaining to academic honesty and appropriate student conduct, as described in the student handbook. Students in web-based courses must maintain appropriate equipment and software, according to the needs and requirements of the course, as outlined on the SRSU website. Directions for filing a student complaint are located in the student handbook.

CLASSROOM CLIMATE OF RESPECT

Importantly, this class will foster free expression, critical investigation, and the open discussion of ideas. This means that all of us must help create and sustain an atmosphere of tolerance, civility, and respect for the viewpoints of others. Similarly, we must all learn how to probe, oppose and disagree without resorting to tactics of intimidation, harassment, or personal attack. No one is entitled to harass, belittle, or discriminate against another on the basis of race, religion, ethnicity, age, gender, national origin, or sexual preference. Still we will not be silenced by the difficulty of fruitfully discussing politically sensitive issues.

DIVERSITY STATEMENT

I aim to create a learning environment for my students that supports a diversity of thoughts, perspectives and experiences, and honors your identities (including race, gender, class, sexuality, religion, ability, socioeconomic class, age, nationality, etc.). I also understand that the crisis of COVID, economic disparity, and health concerns, or even unexpected life events could impact the conditions necessary for you to succeed. My commitment is to be there for you and help you meet the learning objectives of this course. I do this to demonstrate my commitment to you and to the mission of Sul Ross State University to create an inclusive environment and care for the whole student as part of the Sul Ross Familia. If you feel like your performance in the class is being impacted by your experiences outside of class, please don't hesitate to come and talk with me. I want to be a resource for you.

GENERAL CAMPUS REGULATIONS AND CONDUCT:

All students are expected to conduct themselves in a manner consistent with the University's functions as an educational institution. It is also expected that all students who enroll at Sul Ross State University agree to assume the responsibilities of citizenship in the university community. Association in such a university community is purely voluntary, and any student may resign from it at any time when he/she considers the obligation of membership disproportionate to the benefits. All students are subject to University authority, and those students whose conduct is not within the policies of the University rules and regulations are subject to dismissal. Students are responsible for abiding by all published University rules and regulations. Failure to read publications will not excuse the student from the requirements and regulations described therein. The SRSU Student Handbook and other official University publications outline specific regulations and requirements.

EXAMPLE OF WEEKLY PRE-TEST

Pre-test: Read the situation and decide whether you agree or disagree with the action taken. Please indicate how sure you are of your answer; wait is it a hunch or are you certain? Provide rationale for your answer. Bring Completed Pre-test to class for discussion.

SITUATION	PRE-TEST	RATIONALE
1. When a 20-year-old man receives a knife wound to his arm, his innate immunity is compromised.	Agree Disagree Hunch Certain	
2. A key purpose for the inflammatory process is to provide the foundation for wound healing.	Agree Disagree Hunch Certain	
3. Infection and inflammation are synonymous terms.	Agree Disagree Hunch Certain	
4. The unidirectional migration of leukocytes (neutrophils) along a chemical gradient toward the site of injury is referred to as diapedesis.	Agree Disagree Hunch Certain	
5. The nurse is not responsible for assessment of patient pain following tissue injury since pain is not a major issue for inflammation.	Agree Disagree Hunch Certain	
6. The vascular response that occurs at the beginning of inflammation is responsible for the redness, warmth, and edema which occurs within hours of tissue injury.	Agree Disagree Hunch Certain	
7. A 10-year-old male with numerous allergies is also diagnosed with a parasite referred to as steric nematodes (worms) in his intestines. To verify the presence of these two conditions, the nurse would check lab data for macrophages.	Agree Disagree Hunch Certain	
8. When histamine is first released into the body tissue, vasoconstriction is <u>the first transient response</u> the nurse would anticipate from the release of this enzyme.	Agree Disagree Hunch Certain	

<p>9. Common antecedents to the non-specific response of inflammation could include internal damage of muscle tissue following ischemia.</p>	<p>Agree Disagree</p> <p>Hunch Certain</p>	
<p>10. A 20-year-old man accidentally shoots his hand with a nail gun while replacing roofing shingles. Leukotrienes would be the first cell type that would arrive at the injury site to prevent infection.</p>	<p>Agree Disagree</p> <p>Hunch Certain</p>	
<p>11. A 25-year-old male is in a car accident and sustains a fracture to his left femur with extensive soft tissue injury. The pain associated with the injury is related to histamine and kinin.</p>	<p>Agree Disagree</p> <p>Hunch Certain</p>	
<p>12. The nurse is reviewing lab data from a newly admitted patient. The nurse notes that the patient had an erythrocyte sedimentation rate (ESR) done, and the results are quite elevated. When the admitting nurse develops the nursing care plan, the focus of care would be on anemia.</p>	<p>Agree Disagree</p> <p>Hunch Certain</p>	
<p>13. A nurse is assessing a reddened area that has occurred around an abrasion the patient received in a motor vehicle accident. To differentiate between inflammation and infection, the nurse would evaluate the presence and appearance of purulent drainage.</p>	<p>Agree Disagree</p> <p>Hunch Certain</p>	
<p>14. Phagocytic action that occurs from monocytes responsible for cleaning up the injury site contributes to the release of IL-1, TNF, and interferon, which are frequently referred to as endogenous pyrogens.</p>	<p>Agree Disagree</p> <p>Hunch Certain</p>	
<p>15. The first indication that tissue injury has progressed from a local response to a systemic is the occurrence of fever.</p>	<p>Agree Disagree</p> <p>Hunch Certain</p>	
<p>16. The process and consequence of inflammation following tissue injury is linked to the extent of tissue damage.</p>	<p>Agree Disagree</p> <p>Hunch Certain</p>	
<p>17. It is possible for tissue injury to heal without evidence of scarring within 6 to 8 months following the inflammatory sequence.</p>	<p>Agree Disagree</p> <p>Hunch Certain</p>	
<p>18. Age of the patient and chronic conditions that the patient may have are issues to be considered when the nurse is evaluating the wound-healing process.</p>	<p>Agree Disagree</p> <p>Hunch Certain</p>	

19. Ethnicity of the patient may influence the final appearance of a healed wound.	Agree Disagree Hunch Certain	
20. The terms acute inflammation and chronic inflammation are temporal (time) terms that are significantly related to the pathophysiology of the inflammatory process.	Agree Disagree Hunch Certain	

EXAMPLE OF CONCEPT-BASED CLINICAL ACTIVITY

Student Name: _____ Date: _____

Clinical Faculty: _____

Assigned Unit: _____

LEARNING ACTIVITY: Fluid Imbalance

Select a patient or two on the unit to “investigate” for this learning activity. It is best to pick patients who are receiving IV fluids, blood transfusions, chemotherapy, tube feeding, wound secretions, vomiting, diarrhea, etc. Address the sections of this learning activity that faculty assign. Use the attached form to record pertinent data from each of your selected patients. Be prepared to discuss each question during post conference and use objective and subjective data to support your statements.

LEVEL I

Without knowing anything about the patients selected, except their diagnoses, answer the following questions for each patient from data obtained from the chart:

1. Review the chart/assessment data of each patient.
2. Identify areas in the patient record where data related to fluid balance/imbalance can be found.
3. What fluid imbalance data do you anticipate finding when you review patient data in the chart?
4. Why do you believe that fluid imbalance is present?
5. Identify areas in the patient record that could provide support data for fluid imbalance.
6. What data do you need to look up in the chart to determine if fluid imbalance is present?
7. Prioritize the above data related to what is the most important in determining the patient's overall fluid status.
8. Determine the status of fluid excess or deficit from the intake and output flow sheet.
9. Identify/document physician orders that are related to the fluid balance.
10. Are there identified goals the physician has for the patient?
11. What changes have been made in the physician orders related to fluid imbalance since the patient has been hospitalized?

LEVEL II

After reviewing Electronic Health Record (HER), speaking with the patient/patient's significant other is important to gain valid information to support what you have already learned and gain new information about fluid status. Some key questions that can clarify chart data include:

1. What is the appearance of the urine? If a Foley Catheter is in place, what is the purpose of the catheter? Then document date of Insertion____; Size____; How many days the catheter has been in place____; current infection—yes or no—if yes what type of infections____; What are the current total WBC levels?

2. Are there obvious signs/symptoms observed while interviewing the patient that are consistent with edema and/or dehydration and reflective of information discussed in class information?
3. How much fluid does the patient drink on a daily basis?
4. What is the make up of the fluids?
5. What is the source of water for the patient?
6. Has the daily intake of fluid changed prior to admission to the hospital?
7. Is there any indication that the patient understands the significance of fluid balance?
8. Identify three questions that you could ask the patient to obtain the greatest amount of pertinent information.

a) _____

b) _____

c) _____

LEVEL III

Discuss the diagnostic data that directly and indirectly relate to fluid balance.

1. Identify laboratory data that reflect normal fluid balance (write actual numerical values).
2. Identify laboratory data that reflect fluid imbalance (write actual numerical values).
3. Identify and discuss laboratory data that reflect hemoconcentration.
4. If you suspect that the patient is dehydrated, what laboratory findings would indicate the condition?
5. Are there additional diagnostic data that reflect fluid imbalance?
6. What symptomology would you expect to find upon assessment of the patient with fluid imbalances?
7. Do you see a relationship between the patients' abnormal laboratory data and assessment data found in the chart?

LEVEL IV

After you have had the opportunity to discuss and carefully consider the assessment data accumulated from the above activities on assigned patients, focus on appropriate treatments/interventions documented in the HER:

1. What treatments/interventions do you anticipate finding on the patient's plan of care related to fluid imbalance (Medications/Medical Consults/Intravenous Therapy)?
2. Are the treatments/interventions included in the plan of care?
3. What documentation is available to indicate the effectiveness of treatments/interventions?
4. What is the expected outcome of each treatment/intervention?
5. What are the day-to-day indicators that reflect success with treatment/interventions?
6. Are there data missing from the HER that could be relational information that can reflect the extent of overall patient condition related to fluid imbalance?
7. Discuss the relationship between fluid imbalance and the admitting diagnosis.

8. Discuss any data you gleaned from your required assignments and class discussion that could be addressed in the plan of care.
9. Utilize nursing staff to answer any questions you have regarding patient information. Discuss thoughts with faculty.

EXAMPLE OF CONCEPT ANALYSIS ACROSS THE LIFE SPAN - HYPERGLYCEMIA

Categories	Neonatal/ Infant (Birth – 1 Yr)	Childhood (Early:1 Yr-6 Yrs) (Late:6 Yrs-Puberty)	Adolescence	Adulthood	Geriatrics
<p style="text-align: center;">I N T R O D U C T I O N</p>	<p>Hyperglycemia is a condition in which the amount of circulating glucose in the bloodstream is higher than normal. When food enters the digestive system, it is broken down into glucose and enters the bloodstream. This triggers a process that makes the pancreas secrete insulin. Insulin then helps pull glucose into cells of the body, where it is converted into ATP. With hyperglycemia in infants their pancreas does not produce enough insulin. This leads to buildup of glucose in the blood stream. Hyperglycemia is common in very low birth weight (VLBW) and in extremely low birth weight (ELBW). Unlike the rest of the lifespan neonatal</p>	<p>Hyperglycemia a complex metabolic condition, is most often seen in people with diabetes is the high amount of glucose level in the blood. In some people hyperglycemia has either an immediate or less immediate threat or long-term risk to microvascular and macro vascular complications. The complications in childhood can go back to gestation in the mother’s uterus and how her health has been during the pregnancy. An overweight and unhealthy pregnancy increases the risk of poor fetal outcome and the risk of being an obese child. Maintaining the mother’s weight normal before pregnancy and hypertension controlled during pregnancy at 24 to 28 weeks of pregnancy will reduce the chances of having a child with hypertension through the age’s newborn to age three. Children who were breastfed the first years of their life were less prone to being overweight.</p>	<p>What is hyperglycemia and how does it affect our bodies and everyday life when diagnosed? Hyperglycemia is a condition characterized by abnormally high blood glucose levels characterized under two different categories which include: Fasting (not eating or drinking for at least 8 hours) hyperglycemia where blood sugar is higher than 130mg/dL, and Postprandial or after meal hyperglycemia that’s higher than 180mg/dL two hours after a meal is consumed. The people who typically suffer from hyperglycemia are those patients diagnosed with a chronic metabolic disease called diabetes.</p>	<p>Hyperglycemia, a cardinal symptom of diabetes mellitus, impacts the lives of nearly - 29 million individuals in the country, many of whom are yet unaware of their condition. The problem spans age groups from newborn infants to the geriatric population. The impact on quality of life for these sufferers and their families is tremendous, increased morbidity and quality of life issues. The economic impact on individuals, families, and communities staggering, roughly 132 billion dollars a year. Even when diagnosed early and treated vigorously, the damage done by hyperglycemia to all body systems can be catastrophic. Diabetes has long</p>	<p>Diabetes is a common problem in older adults. A proximately 70% of individuals over 65 years of age have diabetes mellitus, and almost half of these have not been diagnosed. Diabetes in older adults are no different from those in younger groups with some exceptions. Unlike some cases like in young adults it is not overweight or obesity a common factor in older patients. In fragile patients fasting plasma glucose levels should range from 100 to 140mg/dl and postprandial values should be <200mg/dl.</p>

	<p>does not have a consensus on a specific blood sugar level that defines hyperglycemia. Several researches have been conducted to determine what levels of blood sugar should be considered hyperglycemic. Cornblath discovered in 1976 that 2% or neonates had blood sugar of 125 mg/dL or plasma sugar of 150 mg/dL. Despite Cornblath and other researchers' discoveries, the blood sugar levels considered hyperglycemic are 180 - 200 mg/dL.</p>			<p>been associated with aging, at one time the belief that diabetes was behind age related changes. With that theory debunked it is now recognized that diabetes is a disease process, hyperglycemia a prime symptom of the disease and that diabetes is more common with increasing age</p> <p>It has only been since the initial understanding of the role of the secretion of a substance (insulin) from the pancreas and its effect on serum glucose that a treatment for diabetes mellitus became possible. It was the research of Banting, Best, & Collip with the support of McLeod in Toronto that led to the isolation of insulin, its purification, and the successful treatment of volunteer sufferers of diabetes. Their work led to the</p>	
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				<p>pharmaceutical firm of Eli Lilly's beginning large-scale production of insulin, and for the first time, a drug to treat the hyperglycemia associated with diabetes mellitus was available. (Nobelprize.org, 2014).</p>	
<p>B A C K G R O U N D & S I G N I F I C A N C E</p>	<p>Neonates refers to a newborn baby, specifically a baby in the first four weeks after birth. After a month, the child is no longer considered a neonate, instead it is an infant. In the United States, the prevalence of hyperglycemia in infants is estimated at 20-88%. As mentioned previously, infants with low birth weight and whom are born prematurely are at greater risk. In fact, only 5% of full-term neonates are reported to have</p>	<p>The complications in childhood can go back to gestation in the mother's uterus and how her health has been during the pregnancy. An overweight and unhealthy pregnancy increases the risk of poor fetal outcome and the risk of being an obese child. Maintaining the mother's weight normal before pregnancy and hypertension controlled during pregnancy at 24 to 28 weeks of pregnancy will reduce the chances of having a child with hyperglycemia through the age's newborn to age three. Children who were breastfed the first years of their life were less prone to being overweight. 13.8% of children which are students have a risk of</p>	<p>Hyperglycemia also known as high blood sugar or glucose happens when our body is unable to properly use and or store glucose in which then backs up into the blood stream causing ones blood sugar to rise eventually causing a life-long chronic disease defined as Diabetes Mellitus. DM is a life-long as well as a life changing chronic disease because there is no such cure for this disease, but with healthy life style changes such as in the foods we consume on a routine basis, our physical well-being such as exercise, medications and self-management we can greatly reduce any further complications when precisely managed which in turn can eventually have a positive impact on our lives. Prevention is usually the key in most cases with diabetes. There are 3 common types of diabetes, for instance: Type 1 is an autoimmune reaction in which the body attacks itself stopping it from making insulin which requires a person to use an anti-diabetic injectable medication such as insulin on a daily basis in order to survive, with Type 2 our bodies still produce insulin but sadly doesn't produce enough insulin in order to keep our blood glucose levels normal and can be delayed with healthy life style changes such as losing weight if overweight, healthy food choices and regular physical activity and Gestational diabetes that usually resolves itself after the birth of your child but can put you and your baby at an increased risk to develop the disease later on in life.</p>	<p>The adult found on routine health testing to have a high serum glucose and told that diabetes may be the cause has a typical response of disbelief. Visions of known elder diabetic sufferers, their blindness, the missing leg or foot, or the thrice weekly trips to dialysis fill the imagination. Excuses abound, "I had a sweet roll last night" or some other excuse that will make the possibility of such a diagnosis unlikely. This adult probably has non-insulin dependent diabetes, or Type 2</p>	<p>Increasing age is a major risk factor for the development of type 2 diabetes. It is estimated that the annual cost of diabetes care of older adults exceeds \$5 billion. Despite the magnitude of the problem and its economical social and health implications diabetes in older adults is often unrecognized and undertreated. Older patients are more vulnerable to most of the diabetes related complications since these complications can develop in the elderly subjects at an accelerated rate. The range rate of retinopathy in diabetic subjects over 74 years of age ranges between 25 and 70%, cataracts and glaucoma and also common complications. Painful peripheral neuropathy is also common in this age group. MI, cerebrovascular accidents, and incidence of amputation in older patients is a major cause of morbidity and mortality.</p>

	<p>hyperglycemia. As opposed to 80% of neonates with the extremely low birth weight at 750 grams. A three-year study was conducted in Mahdih Medical Center, located in Iran. Information was collected from the hospital from 2009- 2011. Data collected from this study included: demographic data, pre-or postnatal steroid administration, gestational age, birth weight, sex, APGAR scores at 1 and 5 minutes. To monitor the neonates blood sugar levels (BS), 10 % dextrose water (DW) was administered thru IV. If the BS readings were above 150 mg/dl the DW was reduced to 7.5 % and finally to 5%. Ideally the levels of blood sugar dropped</p>	<p>becoming obese and getting hyperglycemia in which 31.1%- 32% come from families who did not complete school and are not educated on hypertension.</p>		<p>DM. This hyperglycemia reflects the increasing difficulty moving glucose out of the blood stream into the cells where it is utilized as fuel. It is insulin's job to make this transfer happen and it is hampered by inadequate or malfunctioning receptor sites on the muscles and other tissues. The typical picture of a newly diagnosed Type 2 diabetic is one of an inactive lifestyle, excess weight, and a diet high in simple carbohydrates. The epidemic of type 2 diabetes is thought by some authorities to be related to the general obesity of the population. This could explain why Type 2 is being seen more in younger groups, many of whom carry excess weight. Combine this with more</p>	
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	<p>significantly with the decreased dextrose water. In the cases where the BS levels increased to the 250-300 mg/dl IV insulin was administered, until levels lowered 200 mg/dl. This study consisted of 564 very low birth weight infants. The hyperglycemia was resolved during 72 hours in 99.4% of case studied infants. Only one infant did the hyperglycemia persist for longer than 72 hours. The study concluded many factors of gestational age, birth weight, APGAR score below 6 at 5 min, causes the neonate to release stress hormones. The increase in stress hormones forms the pathogenesis of</p>			<p>sedentary work situations, less physical activity, and diets that include large amounts of sugar added foods, the increased incidence of hyperglycemia does not seem surprising. When a stressful situation, infection for example, is added to this situation, life threatening hyperosmolar non-ketotic syndrome (HHNKS) may occur, where the extreme concentration of glucose in the blood causes fluid shifts from tissues to dilute the high serum glucose levels. The resulting dehydration can lead to confusion and coma and without intervention, death.</p> <p>Gestational diabetes mellitus refers to the condition found in</p>	
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	hyperglycemia in them.			about 7% of women during pregnancy. Glucose intolerance develops during the pregnancy but resolves upon delivery. The hyperglycemia is treated with diet and insulin if diet is not enough. (Lewis, et al, 2011, p.1222).	
D E F I N I T I O N O F C O N C E P T	Hyperglycemia by definition is excess levels of sugar in the blood. Normal levels of glucose vary throughout the lifespan. According to Pagana & Pagana Thirteenth Edition Premature infant: 20-60 mg/dL Neonate: 30-60 mg/dL Child < 2 years: 60-100 mg/dL Child > to adult: Fasting 70-110 mg/dL Casual: ≤ 200 mg/dL (casual defined any time of day regardless of food intake.) Elderly:	In elementary grades most overweight children are females at 59.6% and males at 40.4%. Informing parents and controlling what school cafeterias serve would decrease the percentage.	High blood sugar also known as hyperglycemia is defined as an excess amount of glucose (sugar) in the blood stream that often is correlated with the Metabolic disorder called diabetes.		Hyperglycemia means high blood glucose. Hyperglycemia is a defining characteristic of diabetes—when the blood glucose level is too high because the body is not properly using or doesn't make the hormone insulin. Elderly who suffer from Hyperglycemia are usually diagnosed with diabetes and is a common problem among the elderly due to studies show that approximately 20% of individuals over 65 years of age have diabetes mellitus, and almost half of these individuals have not been diagnosed.

	<p>60-90 years: 82-115 mg/dL >90 years: 75-121 mg/dL Type I diabetes mellitus (DM) is insulin dependent (IDDM). This autoimmune disease leads to the destruction to pancreatic islet cells (insulin producing cells). Type II diabetes non- insulin dependent DM</p>				
R E L A T E D T E R M S	<p>Related terms to hyperglycemia are: High blood Sugar in Infants Blood glucose Glycemic Neonatal Hyperglycemia Hyperglycemia in Newborns</p>	<p>Childhood Hyperglycemia- increase blood sugar Normal: Fasting: 126-180mg/dL Non-fasting: about 180</p> <p>Type 1 diabetes symptoms are developed extremely quickly within weeks. Causing increase thirst in excess urination. About 13000 children are diagnosed with type 1 and is the most common in children and teens.</p>	<p>Type 1 Diabetes Mellitus often referred to insulin dependent or juvenile onset diabetes because it often occurs in childhood.</p> <p>Type 2 Diabetes Mellitus also called non-insulin dependent diabetes, which once was referred to as adult onset but with the recent increasing number of obese and overweight kids, more teenagers are developing Type 2 diabetes.</p>	<p>Adult</p> <p>Hyperglycemia – increased blood sugar</p> <p>Normal: Fasting 70 - 110mg/dl Non-fasting < 200 mg/dl (Pagana, K. & Pagana, T. 2009, p.477)</p> <p>Type 1 Diabetes is less frequently found in the adult but does occur. More often is the diagnosis of Type 2 Diabetes once referred to as</p>	<p>In fragile elderly especially those in nursing homes, it's best to avoid FPG on bedtime plasma glucose of <100mg/dl. If the patient is on insulin or sulfonglurea therapy. There are several class of oral antidiabetic agents that have better control of hyperglycemia with reduced risk and adverse events. Normal fasting 100 to 140 no fasting <200mg/dl.</p>

				<p>Adult-Onset Diabetes. As with the younger individual, family history, ethnicity, obesity, and inactivity increase the risk of developing the problem. In the event of symptoms such as, poorly healing wounds, skin infections, thirst and increased frequency of urination (polydipsia and polyuria) as well as elevated serum glucose results with routine blood work, further exploration may be used to establish the adult's glucose tolerance. A GTT - glucose tolerance test establishes the response to a measured amount of glucose taken orally or by IV. Evaluation of serum glucose levels are made at prescribed intervals. A normal finding would be that SG levels have returned to normal</p>	
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				levels within two hours. Failing this IGT is established. This test can be done on the adolescent and the older adult if warranted.	
A S S O C I A T E D T E R M S	<p>Diabetes Mellitus oftentimes leads to chronic hyperglycemia. Acute episodes of hyperglycemia without an obvious cause may indicate diabetes.</p> <p>Type I diabetes (IDDM)</p> <p>Type II diabetes (NIDM) Non-insulin dependent</p> <p>Gestational Diabetes Mellitus (GDM): develops during pregnancy, and however is triggered during middle or late pregnancy and typically resolves once the baby is delivered but can also to some extent lead to increased risk to developing Type 2 later in life for both</p>	<p>Glucose- sugar</p> <p>Diabetes type 1- disease where the body's immune system attacks the pancreas resulting in poor foods or no exercise</p> <p>Diabetes 2- insulin resistant, food and exercise play a big part in avoiding type 2 as well</p>	<p>Blood glucose level This is how much glucose is in your blood. If the blood glucose level is too high (hyperglycemia), that means that there is not enough insulin in the blood. If it's too low (hypoglycemia), that means that there's too much insulin.</p> <p>Fasting blood glucose The fasting blood glucose is one of the ways that diabetes is diagnosed. It measures the blood glucose level when a person is fasting.</p> <p>Glucose Glucose is a sugar that the body uses for energy.</p>		<p>Hyperglycemia Hyperglycemia is when you have too much glucose in the blood.</p> <p>Pre-diabetes Pre-diabetes is an early sign of type 2 diabetes. Insulin resistance (when the body doesn't use insulin as well as it should) is another pre-diabetes sign.</p> <p>Diabetic ketoacidosis (DKA) Diabetic ketoacidosis a serious condition. It occurs when there is no insulin to help the body use glucose for energy. If immediate treatment for DKA isn't addresses, it can lead to a coma or even death.</p>

	<p>mother and child because of high blood sugar levels that are circulated through the placenta from the mother to the baby, but should be controlled if diagnosed to protect the baby's growth. The chances of infant being born with hyperglycemia are increased, when compared to neonates who were not exposed to GDM.</p>				
<p>M Y T H S</p>	<p>Hyperglycemia in neonates in a permanent problem.</p> <p>There is insufficient evidence for preventable morbidity resulting from asymptomatic maternal hyperglycemia during pregnancy to warrant routine detection and treatment of GDM.</p>	<p>Childhood</p> <p><u>If a mother is obese the child will be born obese and remain obese as well.</u></p> <p>If there is an intervention of the bad eating habits and laziness of a child obesity will be low risk. <u>All parents who are obese or have obese children do not have an education.</u></p> <p>A lot of parents feed their children unhealthy foods because it is convenient or that is all the child will eat. <u>Breast fed children will not become obese.</u></p>	<p>As we all know now that hyperglycemia left uncontrolled can lead to the development and diagnosis of Diabetes and therefore there are many myths and misconceptions when it comes to hyperglycemia. For example, here are some myths we may have heard:</p> <p>*You have to be overweight to develop diabetes; thin people do not get the disease. Although obesity is a contributor of the development of DM it is not the sole reason people develop the disease because genetics can also play a role whether overweight or thin.</p> <p>*People with diabetes should limit their physical activity. Which is the total opposite because exercise and physical activity helps control blood sugar as well as weight and blood pressure which in turn keeps cholesterol levels stable.</p> <p>*Everyone with diabetes need insulin injections to control their blood sugars. This is definitely true for people with Type 1 because our pancreas doesn't produce insulin to lower glucose levels, however people with Type 2 can take PO medications as</p>	<p>Adult</p> <p><u>It is possible to have a "touch of diabetes"</u>. (no such thing as a "touch"). The diagnosis of "pre-diabetes reflects the somewhat elevated blood glucose level but may be at a point where diet and exercise and weight loss will lower those levels. This individual is at risk of developing</p>	<p>The high prevalence of diabetes in older as adults is inviable.</p> <p>Hyperglycemia in the older adult population is usually a benign condition.</p> <p>Reduced life expectance makes the consequences of chronic hyperglycemia</p> <p>The majority of older adults with type 2 diabetes are obese and need to lose weight.</p> <p>Older patients are less capable of self- monitoring of blood glucose</p>

	<p>It is often believed that hyperglycemia and diabetes are equivalent.</p>	<p>It is not 100% true if later on in life they pick up bad habits they will still become obese and get hyperglycemia</p>	<p>well as consume a well- balanced diet with exercise to help keep their blood sugar levels regulated and in check.</p>	<p>type 2 diabetes in the future. <u>If blood sugar levels are kept within normal limits after the diabetes has been diagnosed, there is no risk of future complications.</u> There is no guarantee that good control will eliminate the risk, only that it will reduce the risk. Diabetics need frequent follow-up with doctors to identify the earliest signs of complications. <u>No individual diagnosed with either Type 1 or Type 2 diabetes can include sugar or sweeteners in their diet.</u> A balanced diet that includes a given amount of carbohydrates, (sugar is a simple carb), fats and protein is the basis of meal planning for the diabetic. Since sugar is a rapidly absorbed, and has little food value, better food</p>	
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				<p>choices recommended. Sugar-free choices broaden the dietary options for the diabetic trying to bring nutritional value and desirable foods to the daily food plan.</p>	
<p>A S S U M P T I O N S</p>	<p>In theory hyperglycemia should be easily resolved with the administration of insulin in neonates. However, the use of the insulin may indeed lead to hypoglycemia. It is assumed that hyperglycemia in neonate is caused by disease, in reality it rarely is. Hyperglycemia is not to be taken lightly it may lead to retinopathy, increased risk of death, and prolonged hospital stay. Lastly, it is assumed that diabetes is always cause of hyperglycemia</p>	<p>It is assumed that the risk of hyperglycemia throughout a child's life does not only occur at a later stage of life but as early as before and during the gestation of the embryo in the mother's womb. Later on in life the best way to control hyperglycemia is to eat well, exercise, control stress, enough sleep, and medication.</p>	<p>In today's world unfortunately people do not take hyperglycemia as serious as they should due to the denial of the diagnosis of diabetes as well as the myths regarding this disease. As a matter of fact, many of people's assumptions today of hyperglycemia and diabetes believe that it is a short term, non-life-threatening condition that will cure overtime due to lack of education, and or resources.</p>	<p>It is assumed that the adult, newly diagnosed with either Type 1 or 2 Diabetes as a result of the findings of hyperglycemia on routine blood tests or findings from more explicit glucose tolerance testing, will initially deny such findings. Reactions to the diagnosis will be consistent with all the stages of grief, the first being denial. Not all patients reach the acceptance stage and management of their problem is more erratic and difficult for them. As with the adolescent the education of the newly diagnosed needs to take place</p>	<p>Assumptions of diabetes can sometimes lead falsification of the disease itself, for instance: One of the most common assumptions about hyperglycemia is that people with the condition have to eat a sugar-free diet which is untrue people with diabetes need to eat a diet that is balanced, which can include some sugar in moderation, so therefore people with hyperglycemia related to diabetes can eat sugar. Another common assumption is that Type 2 diabetes is mild but of course it isn't true. No form of diabetes is mild. If type 2 diabetes is poorly managed it can lead to serious complications. Good control of diabetes can significantly decrease the risk of complications, but this does not mean the condition itself is not serious.</p> <p>People with diabetes should only eat diabetic food. Often sugar alcohols, or other sweeteners, will be used instead of sugar.</p>

				<p>over time with support coming from healthcare persons and from significant others. It is assumed that their own limitations, real and imagined, (“I can’t possibly stick myself”), will be overcome by steady and supportive assistance. This is perhaps consistent with reaching the stage of acceptance.</p>	
D I A G N O S T I C D A T A	<p>Hyperglycemia commonly prevalent in neonates with ELBW > 1000 grams VLBW > 1500 grams Neonate born prematurely prior to 37th week are at greater risk. Serum glucose/ blood glucose levels 180- 200 mg/dL</p>	<p>Childhood Hyperglycemia in children is seemed to increase due to an obesity epidemic. In elementary grades most overweight children are females at 59.6% and males at 40.4%.</p>	<p>Given with the increase population of obesity in children and adolescents screening for hyperglycemia should start at either the onset of puberty or at the age of 10 years old and every 3 years afterwards whichever occurs first. Diagnosis of hyperglycemia for adolescents are the same as for adults with a fasting plasma glucose concentration level of 126mg/dL or greater, a plasma glucose concentration of 200mg/dL or greater measured 2 hours after oral glucose tolerance test and or a random plasma glucose level of 200mg/dl. Another diagnostic test to confirm DX of hyperglycemia is the glycated hemoglobin test also knowns as HbA1c which is a blood test that tells you the average of your blood glucose levels over the past 3 months. Abnormal lab values of either fasting plasma glucose, oral glucose or HbA1c should be repeated on a different occasion to confirm the diagnosis of hyperglycemia.</p>	<p>Adult Similar symptoms will be seen in the adult as were seen in the adolescent. In addition, the presence of lipid abnormalities, central obesity, and elevated glucose test results suggests that metabolic syndrome is also present. Fasting blood glucose >100 mg/dl and hbA_{1c} > 7% raise concerns of diabetes being the problem. Other symptoms like genital yeast infections, poor</p>	<p>Clinical assessment, history and physical examination, nutritional assessment, functional assessment and psychosocial assessment, gait and balance evaluations and diagnostic test.</p>

				healing of wounds, and skin infections all contribute to the possibility of the diagnosis of diabetes. Micro proteinuria may be found in the early stage of the disease but will certainly be present as time passes.	
C L I N I G N A S L & R E S F E M P T E N O S S A T T R I B U T E S	In neonates, it is often more complicated to exam symptoms due inability to speak. Also, signs for hyperglycemia right after birth aren't too common. However, if neonate is administered dextrose water (DW) through IV and blood sugar levels remain at 180-200 mg/dL would be considered first sign of hyperglycemia.	Childhood By checking the parents background and checking the child's weight throughout the years can lead to signs of early signs of future obesity and hypertension. As a child grows their body changes and insulin levels can go down while growth so discussing what a normal level with the child's provider is necessary.	Most common signs and symptoms of hyperglycemia are the classic symptoms which are referred to as the 3P's: Polyphagia, Polyuria, and Polydipsia, other symptoms may include dry mouth, increased thirst, headaches, trouble concentrating, blurred vision, fatigue, nervousness and weight loss. In severe cases if hyperglycemia is left untreated it can cause ketones to build up in our bodies blood and urine leading to Diabetic Ketoacidosis.	Adult Routine testing by one's physician for fasting blood glucose and hgA1c serve as screening methods to identify early signs of glycemic control. Weight loss, changes in physical activity, increased life stressors, all appear to be precursors to increased blood glucose levels. Normal fasting blood glucose is 70 – 110 mg/dl with critical level being 400mg/dl HgbA1c readings are expected to be <6%. Value slightly higher than	Clinical data coexisting medical diagnoses anthropometric measurements. Biochemical indices medication. Nutrition history usual food choice/pattern of eating Vitamin/minerals supplements, drug nutrients interactions. Weight history Alcohol use Caloric intake and nutrients needed

				normal usually respond well to moderate weight loss.	
E M P I R I C A L R E F E R E N T S	Both extremely low birth weight (ELBW) & very low birth weight (VLBW). Neonates with blood sugar above 60 mg/dL are considered hyperglycemic. Any of the previously mentions signs will require further testing on neonate.	A child's sugar level greater than 110mg/dL should always be monitored and anything higher than 300mg/dL on a diabetic person should seek medical attention as soon as possible.	A well-controlled blood glucose level in an adolescent with diabetes is very important to help grow and develop normally in order to avoid complications down the continued lifespan. Target blood sugar levels: <u>Age 6-12</u> Fasting:80-180mg/dL Before exercise: at least 150mg/dL Bedtime: 100-180mg/dL and an A1c of less than or around 8%. <u>Ages 13-19</u> Fasting: 70-150mg/dL Before exercise: at least 150mg/dL Bedtime: 90-150mg/dL and an A1c less than or around 7.5%	The mark of a normal glucose level is the same as for the child and adolescent. A FBS which is greater than 110mg/dl calls for repeat testing and other tests like the OGGT. When these results show that the patient is not able to control the amount of glucose circulating in the blood stream, the need for treatment of the hyperglycemia is apparent.	The goal of management should be individualized. In general, it is desirable to achieve FPG of <140mg/dl and PPG levels fo <200mg/dl. Given the complexity of the disease, itself and the multiple complication factors an interdisciplinary team working in conjunction with community resources is needed for optimal management of diabetes in older patients.
A N T H E D	Expecting mothers with gestational diabetes mellitus have a higher risk of birthing	Combination of B- cell dysfunction and insulin resistance which causes type 2 diabetes and leads to worsening of hyperglycemia.	Hyperglycemia results from inadequate insulin production.		Many factors can contribute to hyperglycemia, including: not using enough insulin or oral diabetes medication, not injecting insulin properly or using expired insulin,

<p>E N T S</p>	<p>neonate with hyperglycemia. Neonates who are born prematurely with underdeveloped organs and hormone imbalances. Have an impairment in neonates' body on a physiological level to manage glucose. Neonates that are required via IV as source of nutrition support are too at greater risk</p>				<p>not following your diabetes eating plan, being inactive, having an illness or infection can cause hyperglycemia as well as using certain medications such as steroids. Nondiabetic geriatric patients can very well develop hyperglycemia during severe illness.</p>
<p>C O N S E Q U E N C E S</p>	<p>A study was conducted on 859 infants who were born prematurely at 32 weeks. This study took place at Neonatal Intensive Care Unit (NICU) of Leiden University Medical Center during Jan 2002- Dec 2006. In this study 66/859 infants were born prematurely. Twenty-seven of the sixty-six neonates died. The mortality</p>	<p>Nerve damage (neuropathy) Kidney damage (diabetic nephropathy) Kidney failure Damage to retina BV (diabetic retinopathy) Possibly blindness</p>	<p>There are unfortunately countless number consequences for someone with hyperglycemia that can affect many major body systems such as our integumentary, reproductive, cardiovascular, musculoskeletal and nervous systems etc., and or organs which can lead to long term complications such as cardiovascular disease, nerve damage leading neuropathy pain , kidney damage which can lead to renal failure, restricted blood flow due to fatty deposit formation leading to the hardening of our blood vessels causing atherosclerosis and or potentially blindness related to damage of the retinal blood vessels, as well as skin problems leading to bacterial and or fungal infections which can lead to wounds and poor wound healing. Emergent consequences include: Diabetic ketoacidosis and Hyperglycemia hyperosmolar syndrome. DKA develops when your body doesn't produce enough insulin and your body starts to break down fat for energy and if left untreated can lead to a diabetic coma. HHS occurs when our bodies produce insulin, but it doesn't work properly the way it should causing glucose levels to be as high as 600mg/dL and if left untreated can lead to life threatening dehydration and or coma.</p>		<p>Painful peripheral neuropathy is also common in this age group. MI, cerebrovascular accidents and incidence of amputation in older patients is a major cause of morbidity and mortality.</p> <p>Diabetes is the sixth most common cause of death among elderly adults.</p> <p>Cardiovascular diseases are the most common complications because of accelerated atherosclerosis.</p> <p>Urinary and fecal incontinence are higher in old diabetics compared to nondiabetic population.</p> <p>Reduced vision is also much higher in old people with DM because of hypertensive retinopathy, cataracts, and glaucoma.</p>

	<p>was more evident in the premature neonates. These neonates' hyperglycemia was treated with insulin. The study followed up with neonates until the age of 2. While the growth of child was presumed normal, they had higher incidence of neurological and behavior problems.</p>				
<p>R E F E R E N C E S</p>	<p>1. Kao LS, Morris BH, Lally KP, Stewart CD, Huseby V, Kennedy KA. Hyperglycemia and morbidity and mortality in extremely low birth weight infants. <i>J Perinatol.</i> 2006; 26: 730 – 736.</p> <p>2. Beardsall K, Vanhaesebrouck S, Ogilvy-Stuart AL, Vanhole C, Palm-er CR, Ong K, et al. prevalence and determinants of hyperglycemia in very low birth weight infants: Cohort Analyses</p>	<p>Hillier, T., Pedula, K., Schmidt, M., Mullen, J., Charles, M., & Pettitt, D. (2007). Childhood obesity and metabolic imprinting: the ongoing effects of maternal hyperglycemia. <i>Diabetes Care</i>, 30(9), 2287-2292.</p> <p>-52328-1-SM.0808201405</p> <p>Donovan, L. E., & Cundy, T. (2016). Does exposure to hyperglycemia in utero increase the risk of obesity and diabetes in the offspring? Bhattarai MD. Response to Donovan and Cundy: Does exposure to hyperglycemia in utero increase the risk of obesity and diabetes in the offspring? <i>Diabet Med</i> 2015; 33: 694 –</p>	<p>https://www.webmd.com/diabetes/guide/diabetes-hyperglycemia#1</p> <p>https://www.mayoclinic.org/diseases-conditions/hyperglycemia/basics/symptoms/con-20034795</p> <p>http://www.merckmanuals.com/professional/pediatrics/endocrine-disorders-in-children/diabetes-in-children-and-adolescents</p> <p>https://www.webmd.com/diabetes/type-1-diabetes-guide/normal-blood-sugar-levels-chart-kids-teens</p> <p>Diabetes in Children and Adolescents Thomas M. Parker, Pharm.D., CDE; and Brian K. Irons, Pharm.D., BCPS, BC-ADM Reviewed by Lisa M. Lubsch, Pharm.D., AE-C; Katherine H. Chessman, Pharm.D., FCCP, BCPS, BCNSP; and Kelly S. Thomas, Pharm.D., BCPS, CDE www.accp.com</p>		<p>Diabetes Spectrum volume 12 November 2, 1999 pages 70-77 Diabetes care for older adults Arshago D. Mooradian, MD. Sue McLaughlin, RD, CDE. Cecilia Casey Boyer, RN, MSN, CDE. And Jewel Winter, BSN, GNP.</p> <p>http://www.diabetes.co.uk/diabetes-myths.html</p>

	<p>of the NIRTURE Study. <i>J Pediatr.</i> 2010; 157: 715 – 719.</p> <p>3.Sabzehei MK, Afjeh SA, Shakiba M, Alizadeh P, Shamshiri AR, Esmaili F. Hyperglycemia in VLBW Infants; Incidence, Risk Factors and Outcome. <i>Arch Iran Med.</i> 2014; 17(6): 429 – 434</p> <p>4. Pagana, Kathleen Deska, et al. <i>Mosby's Diagnostic And Laboratory Test Reference.</i> 13th ed., Elsevier, 2017. 450</p> <p>5.Grossman, Sheila C, and Carol Mattson Porth. <i>Porth's Pathophysiology.</i> 9th ed., Wolters Kluwer, 2014. 15</p> <p>6.Van der Lugt, N. Margreth et al. “Short- and Long-Term Outcome of Neonatal Hyperglycemia in Very Preterm Infants: A Retrospective Follow-up</p>	<p>695. <i>Diabetic Medicine,</i> 33(5), 695-696. doi:10.1111/dme.12974</p>			<p>Completed by: Zolanyee McGary</p>
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	Study." <i>BMC Pediatrics</i> 10 (2010): 52. <i>PMC. Web. 28 Nov. 2014</i>				
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**STUDENT EVALUATION:
DISCUSSION RUBRIC (example)**

CRITERIA	Performance Indicators			
	Proficient	Competent	Substantive Area for Improvement	Unsatisfactory Work
<p><u>Content</u></p> <p>Information in the posting is relevant to the assigned questions and demonstrates student learning.</p>	<p>Responds to discussion questions with a clear understanding of the focus of study in the module.</p> <p>Posting & responses meet all the requirements of the discussion instruction</p> <p style="text-align: center;">25 Points</p>	<p>Responds to discussion questions but with minor confusion about the focus of study in the module.</p> <p>Posting & responses meet most of the requirements of the discussion instructions</p> <p style="text-align: center;">20 Points</p>	<p>Responds to 1 or more discussion questions with major confusion about the focus of study in the module.</p> <p>Or</p> <p>Provides some answers but fails to respond to discussion questions as directed in the Forum.</p> <p>Posting & responses meet some of the requirements of the discussion instructions</p> <p style="text-align: center;">10 Points</p>	<p>The discussion questions are not answered.</p> <p>Or</p> <p>Responses have no connection to the questions.</p> <p>Posting & responses meet few/none of the discussion instructions.</p> <p style="text-align: center;">0 Points</p>
<p><u>Scholarly Presentation</u></p> <p>Writing style allows for clear communication of thoughts through logical presentation of ideas with correct spelling, grammar, and punctuation (SGP).</p>	<p>Thoughts are logically organized at the paragraph level without errors in SGP.</p> <p style="text-align: center;">15 Points</p>	<p>Thoughts are logically organized at the paragraph level with no more than 3 errors in SG</p> <p style="text-align: center;">10 Points</p>	<p>Thoughts are logically organized at the paragraph level with no more than 4 errors in SGP.</p> <p>&/Or</p> <p>Thoughts show limited logical organization between ideas.</p> <p style="text-align: center;">5 Points</p>	<p>Thoughts show no logical organization in the paragraph.</p> <p>&/ Or</p> <p>Postings contain in excess of 4 errors in SGP.</p> <p style="text-align: center;">0 Points</p>
<p><u>Engagement</u></p> <p>Student engagement in discussion occurs through use of thoughtful replies to the postings of other students.</p>	<p>Replies in the forum to 2 peers in a thoughtful, reflective, and respectful manner.</p> <p style="text-align: center;">20 Points</p>	<p>Replies in the forum to 1 peer in a thoughtful, reflective, and respectful manner.</p> <p style="text-align: center;">10 Points</p>	<p>Gives a limited reply to peers in a respectful manner.</p> <p style="text-align: center;">5 Points</p>	<p>No replies to any postings.</p> <p>&/ Or</p> <p>Replies are clearly disrespectful.</p> <p style="text-align: center;">0 Points</p>
<p><u>Citations/APA</u></p> <p>Ideas are supported by proper citation and use of references following APA format.</p>	<p>Postings incorporate citations and references following APA format with only 1 error.</p> <p style="text-align: center;">20 Points</p>	<p>Postings incorporate citations and references following APA format with no more than 2 errors.</p> <p style="text-align: center;">15 Points</p>	<p>Postings incorporate citations and references following APA format with no more than 3 errors.</p> <p style="text-align: center;">10 Points</p>	<p>Postings include three or more errors in APA format.</p> <p style="text-align: center;">5 Points</p>
<p><u>Literature/Evidence</u></p> <p>Ideas are supported by student- conducted research from sources outside the required course material.</p>	<p>Postings and replies are supported by more than <u>two</u> outside references in addition to required readings.</p> <p style="text-align: center;">20 Points</p>	<p>Postings and replies are supported by <u>one</u> outside reference in addition to required readings.</p> <p style="text-align: center;">10 Points</p>	<p>Postings and/or replies are <u>only</u> supported by required readings.</p> <p style="text-align: center;">5 Points</p>	<p>Postings and replies are not supported by any evidence.</p> <p style="text-align: center;">0 Points</p>

Professional Paper Grading Rubric

Student: _____ Date _____

Section			
Introduction Hey!! 15= ____	Describes subject and goal of paper Points 10-15	Describes topic Points 1-9	Topic not defined Points 0
Body See!! 50= ____	Addresses the following: 1. Building and maintaining clinical competence. 2. Building and maintaining professional leadership. Points 40-50	Partially responds to questions. Points 1-39	Fails to address questions Points 0
Summary So!! 15= ____	Succinct summary of topic Points 10-15	General comments about the subject Points 1-9	Does not fully address topic and issues Points 0
Format 20= ____	Adheres to APA* format with cover page, body not to exceed two (2) pages, double-spaced in 12-point font. References formatted by APA. Points 15-20	Partially adheres to APA format Points 1-14	Fails to adhere to APA format Points 0
Total 100			

*Use OWL or comparable reference for APA format.

Presentation Rubric

Evaluating Student Presentations					
	1	2	3	4	Total
Organization	Audience cannot understand presentation because there is no sequence of information.	Audience has difficulty following presentation because student jumps around.	Student presents information in logical sequence the audience can follow.	Student presents information in logical, interesting sequence the audience can follow.	
Subject Knowledge	Student does not have grasp of information; student cannot answer questions about subject.	Student is uncomfortable with information and is able to answer only basic questions.	Student is at ease with information, answers questions briefly and does not elaborate.	Student demonstrates extensive knowledge, answers all questions thoroughly with elaboration.	
Graphics	Student uses excessive graphics or no graphics	Student's use of graphics limited, rarely supports text and presentation.	Student's appropriate use of graphics relates to text and presentation.	Student's graphics illustrate and reinforce screen text and presentation.	
Mechanics	Student's presentation has four or more spelling errors and/or grammatical errors.	Student's presentation has three misspellings and/or grammatical errors.	Student's presentation has no more than two misspellings and/or grammatical errors.	Student's presentation has no misspellings or grammatical errors.	
Eye Contact	Student reads all of script; makes no eye contact with audience.	Student mostly reads script and makes occasional eye contact	Student frequently refers to script and makes frequent eye contact	Student seldom refers to script and maintains eye contact with audience	
Speech	Student mumbles, speaks too quietly for students in class to hear; student pronounces words incorrectly	Student's voice is low; some students in class have difficulty hearing; student pronounces several words incorrectly	Student's voice is clear. Most audience members can hear presentation; student pronounces most words correctly	Student uses a clear voice; all students can hear presentation; student pronounces words precisely and correctly	
				Total Points:	

Clinical Reflective Journal

Name _____

Date _____

The Clinical Reflective Journal is a process of inquiry that supports students' development of clinical judgment and reasoning, professional behaviors, knowledge, skills, and compassion by examining and exploring their clinical experiences. By recapturing an experience through reflection, students are able to examine how theory relates to clinical experiences, to develop self-awareness, organize their thinking (Bulman and Schutz, 2008). Reflection helps students to debrief clinical simulation and practice experiences and to gain a deeper understanding of approaches for relating to patients, families, communities, and inter-disciplinary team members. Students complete a Clinical Reflective Journal following each weekly clinical experience.

You may use these questions to guide your reflections or use free writing.

What did you notice about your performance this week?

What excited, troubled, or unnerved you?

What do you think your patient or patient gained from your interaction?

What was the most significant thing that happened to you as a learner this week?

What knowledge did you draw upon this week to support your care?

What additional knowledge do you need to gain based on your experience this week?

What did you learn about yourself?

Grading Rubric for Behavioral Case Study

Student:

Criteria	Excellent 5	Good 4	Average 3	Weak 0-2	Score
Patient-Centered Content:	Provides comprehensive insight, understanding, and reflective thought about the case.	Provides moderate amount of insight, understanding, and reflective thought about the case.	Provides minimal insight, understanding, and reflective thought about the case.	Provides no insight, understanding, or reflective thought about the case.	
Evidence-Based Resources:	Excellent use of research to support case presentation and analysis. Sources are reputable and cited.	Considerable use of research to support case presentation and analysis. Sources are cited	Some use of research to support analysis. Lacks citation when needed	Use of research to support analysis questionable. No citations.	
Patient-Centered Critical Thinking:	Demonstrates excellent critical thinking when identifying and discussing the various factors affecting the case.	Demonstrates considerable critical thinking when identifying and discussing the various factors affecting the case.	Demonstrates some critical thinking when identifying and discussing the various factors affecting the case.	Demonstrates limited critical thinking when identifying and discussing the various factors affecting the case.	
Informatics Communication:	Presented in a very clear, concise, and logical manner. Students display a clear understanding of the case and present it with a relaxed informed style. Layout and use of font, bullets and headings enhance content and increase readability. Graphics enhance the content.	Presented in a clear and logical manner. Students display some complex aspects of the case with minimum consideration of resources. Presentation style is factual but limited in engagement. Visual appeal and readability is occasionally enhanced by font, headings and bullets. Limited use of graphics.	Presented in factually limited way but logical in scope. Students' presentation style is awkward and lacks audience engagement. Case fails to examine the complexities evident. Visual appeal and readability are acceptable but challenged by font, headings and bullets. Graphics lack pertinence to content.	Presented in a clear, concise, or logical manner. Students read slides. Case lacks important aspects needed to fully discuss the case. Visual appeal and readability are challenged by font, headings and bullets. No graphics.	
Informatics Technical:	No spelling, grammar, or structural mistakes. Includes links to websites	Limited spelling, grammar, and structural mistakes. Includes links to	Some spelling, grammar, and structural mistakes. Includes links to	Numerous spelling, grammar, and structural mistakes. Links	

	or documents that enhance the information. All links accessible.	websites or documents, but not all links enhance the information. All links accessible.	websites or documents which add little value to the information. Not all links accessible.	not included, inaccessible, or are of poor quality and do not add any value to the information presented.	
Peer Evaluation: Teamwork & Collaboration: Individual Effort	Contributes equally with partner to develop a comprehensive case study. Meets deadlines. Efforts are recognized by partner.	Assists some with partner. Meets deadline. Efforts are minimally recognized by partner.	Provides minimal assistance to partner. Problems with deadlines as set by the team. Efforts are questioned by partner	Does not contribute to the project. Ignores deadlines. Fails to respect the work of the team reflected in peer evaluation.	
Total Score <i>Max possible 30.</i> Final grade reflects the project as a whole with the individual effort evaluation. 30-26: = 100 25- 21: = 90 20-16: = 80 15-0: = 68					

Additional Comments:

Faculty:

Date:

SKILLS COMPETENCY ASSESSMENT FORM

Student: _____ **Semester:** _____

Preceptor _____

Faculty: _____

Instructions: Students will be evaluated wherever clinical activities occur. Clinical activities occur in Nursing Skills and Simulation Laboratory and agencies.

Scale of 4 to 0 using the following:

- 4 = Accomplished (routinely and consistently demonstrates competency)
- 3 = Proficient (demonstrates competency in most situations)
- 2 = Evolving (demonstrates basic competency with faculty/preceptor support or reminders)
- 1 = Developing (Requires direction or support in order to carry out basic competency)
- 0 = Unsafe (Unable to demonstrate competencies without direct monitoring or instruction)
- CI = Critical Incidence (requires completion of a critical incident report)

All skills must be **Proficient or Evolving** for each course competency at the summative evaluation. Skills evaluated as **“Developing” or “Unsafe”** during any formative evaluation will require the student to successfully complete a Learning Contract in conjunction with the student’s clinical faculty. The student is required to complete a self-evaluation using **this form prior to** the evaluation appointment with the faculty. The Contract form may be copied.

The skills on the following list are expected to be mastered at level 3 or 4 by the end of the course. Once the skill is demonstrated as mastered the score and date are entered into the chart.

Learning Contract

Student _____ Faculty _____

Concern:

Skill Attempt 1 2 3

Objectives (What am I going to learn?)	
Strategies and Resources (How am I going to learn it?)	
Time Frame (When will I need to finish?)	
Evidence of Completion (How will I know that I have learned it?)	
Verification/Evaluation (How will I prove that I have learned it?)	

The signatures below indicate approval/completion of the contract:

Student _____

Date _____

Faculty _____

Date _____

cc Course Coordinator verifying evidence of completion

Date

CLINICAL PERFORMANCE EVALUATION

Student: _____

Semester: _____

Preceptor _____

Faculty: _____

Instructions: Students will be evaluated at midterm and final for where clinical activities occur. Clinical activities occur in the Skills and Simulation Laboratory and agencies.

Scale of 4 to 0 using the following:

4 = Accomplished (routinely and consistently demonstrates competency)

3 = Proficient (demonstrates competency in most situations)

2 = Evolving (demonstrates basic competency with faculty/preceptor support or reminders)

1 = Developing (Requires direction or support in order to carry out basic competency)

0 = Unsafe (Unable to demonstrate competencies without direct monitoring or instruction)

NO = No Opportunity (did not have the opportunity to demonstrate competency based on clinical setting or experience)

CI = Critical Incidence (requires completion of a Department of Nursing Critical Incidence Report and a Learning Contract)

Scoring sample **48 items X 4 = 192 = 100%**

48 items X 3 = 144 = 75%

48 items X 2 = 96 = 50%

The final passing score for the semester must be 75% or higher as for each course competency (Accomplished, Proficient, and Developing). Behaviors evaluated as “Developing” or “Unsafe” during any formative evaluation will require the student to successfully complete a Learning Contract in conjunction with the student’s clinical faculty. The student is required to complete a self-evaluation using this form prior to the evaluation appointment with the faculty.

Students who are rated at “Unsafe” in any course competency by the end of the semester will not pass the course.

Mid Semester Score		Final Score	
	Professional Nursing Standards		Professional Nursing Standards
	Standard 1 - Clinical Attendance, Scheduling, and Appearance		Standard 1 - Clinical Attendance, Scheduling, and Appearance
	Adheres to institutional policies and procedures		Adheres to institutional policies and procedures
	Accountable for adhering to clinical schedule		Accountable for adhering to clinical schedule
	Attends clinical on time		Attends clinical on time
	Adheres to dress code		Adheres to dress code
	Standard 2 – Professional Behaviors		Standard 2 – Professional Behaviors
	Maintains patient confidentiality		Maintains patient confidentiality
	Exhibits professional attitude		Exhibits professional attitude
	Exhibits civility and respect for patients, colleagues, staff and families		Exhibits civility and respect for patients, colleagues, staff and families
	Seeks out resources to inform practice		Seeks out resources to inform practice
	Standard 3 – Professional Integrity		Standard 3 – Professional Integrity
	Accountable for learning and clinical preparation		Accountable for learning and clinical preparation
	Seeks out and engages in learning opportunities		Seeks out and engages in learning opportunities
	Accepts individual responsibility and accountability for actions		Accepts individual responsibility and accountability for actions
	Accepts constructive criticism and develops a plan of action of improvement		Accepts constructive criticism and develops a plan of action of improvement
	Member of the Profession		Member of the Profession
	1. Associate information from beginning study of analyzed concepts across the life span included in this course to the legal scope of practice for registered nurses in Texas as evidenced by:		1. Associate information from beginning study of analyzed concepts across the life span included in this course to the legal scope of practice for registered nurses in Texas as evidenced by:
	Applies legal and ethical standards		Applies legal and ethical standards
	Values cultural and health beliefs of Patient, Family, and Community		Values cultural and health beliefs of Patient, Family, and Community
	Adheres to professional standards of practice		Adheres to professional standards of practice
	Adheres to BON standards of practice		Adheres to BON standards of practice
	2. Develop a beginning understanding of the relationship between behavioral and pathologic concepts which serve as a foundation for holistic, culturally sensitive, and evidence-based clinical practice as evidenced by:		2. Develop a beginning understanding of the relationship between behavioral and pathologic concepts which serve as a foundation for holistic, culturally sensitive, and evidence-based clinical practice as evidenced by:
	Communicates clearly with patient and family		Communicates clearly with patient and family
	Applies the nursing process in patient care for selected patients		Applies the nursing process in patient care for selected patients
	Demonstrates clinical reasoning and judgment in planning and providing patient-centered care		Demonstrates clinical reasoning and judgment in planning and providing patient-centered care
	Communicates effectively with faculty, staff, and team members		Communicates effectively with faculty, staff, and team members
	3. Compare the roles of nursing staff members to other interdisciplinary personnel as evidenced by:		3. Compare the roles of nursing staff members to other interdisciplinary personnel as evidenced by:
	Communicates effectively with faculty, staff, and team members		Communicates effectively with faculty, staff, and team members
	Uses I-SBAR technique for patient handoffs		Uses I-SBAR technique for patient handoffs
	4. Engage in self-evaluation and reflection to appraise and improve practice as evidenced by:		4. Engage in self-evaluation and reflection to appraise and improve practice as evidenced by:

Mid Semester Score		Final Score	
	Accountable for individual practice		Accountable for individual practice
	Reflects on practice, evaluates effects of choices and actions on others		Reflects on practice, evaluates effects of choices and actions on others
	Provider of Patient Centered Care		Provider of Patient Centered Care
	5. Utilize a systematic process to compare human body responses to selected health/illness problems referred to as concepts present across the life span as evidenced by:		5. Utilize a systematic process to compare human body responses to selected health/illness problems referred to as concepts present across the life span as evidenced by:
	Conducts a comprehensive physical, behavioral, psychological, spiritual assessment eliciting patient values, experiences and expressed needs		Conducts a comprehensive and focused physical, behavioral, psychological, spiritual assessment eliciting patient values, experiences and expressed needs
	Interprets assessment findings in the context of the patient presentation		Interprets assessment findings in the context of the patient presentation
	Applies assessment findings to the plan of care		Applies assessment findings to the plan of care
	Recognizes the need for follow-up patient assessment		Recognizes the need for follow-up patient assessment
	6. Establish a knowledge base for each concept that incorporates psycho-social, anatomy and physiology, historical development of the concept, relate definitions, antecedents, diagnostic data, clinical/ empirical referents, and consequences as evidenced by:		6. Establish a knowledge base for each concept that incorporates psycho-social, anatomy and physiology, historical development of the concept, relate definitions, antecedents, diagnostic data, clinical/ empirical referents, and consequences as evidenced by:
	Plans holistic, patient-centered care that reflects psychosocial integrity, physiological integrity, and health promotion and maintenance for selected patient.		Plans holistic, patient-centered care that reflects psychosocial integrity, physiological integrity, and health promotion and maintenance for selected patient within a variety of healthcare systems.
	Uses the nursing process in providing patient care.		Uses the nursing process in providing patient care.
	Demonstrates clinical reasoning and judgment in planning and providing patient-centered care.		Demonstrates clinical reasoning and judgment in planning and providing patient-centered care.
	Accurately prioritizes patient safety		Accurately prioritizes patient safety
	7. Develop beginning skills associated with Concept-Based Clinical Competency as evidenced by:		7. Develop beginning skills associated with Concept-Based Clinical Competency as evidenced by:
	Communicates clearly with Patient, Family, and Community		Communicates clearly with Patient, Family, and Community
	Delivers compassionate patient- centered care within expected time frame		Delivers compassionate patient- centered care within expected time frame
	Demonstrates psychomotor clinical skills for efficient, safe, patient-centered care under appropriate faculty supervision		Demonstrates psychomotor clinical skills for efficient, safe, patient-centered care under appropriate faculty supervision
	Engages only in clinical skills in the clinical setting that are successfully demonstrated in the skills lab		Engages only in clinical skills in the clinical setting that are successfully demonstrated in the skills lab
	8. Explore the relationship between concepts and assessment findings and diagnostic data obtained from assigned patients or lab scenarios as evidenced by:		8. Explore the relationship between concepts and assessment findings and diagnostic data obtained from assigned patients or lab scenarios as evidenced by:
	Accurately prioritizes patient care		Accurately prioritizes patient care
	Applies diagnostic data to planning and implementing patient care		Applies diagnostic data to planning and implementing patient care

Mid Semester Score		Final Score	
	Locate resources appropriate for clinical practice		Locate resources appropriate for clinical practice
	Delivers care within the expected time frame		Delivers care within the expected time frame
	9. Identify stages of growth and development for each assigned patient or case scenario provided for weekly clinical activities as evidenced by:		9. Identify stages of growth and development for each assigned patient or case scenario provided for weekly clinical activities as evidenced by:
	Plans holistic, patient-centered care that reflects stages of growth and development for patient		Plans holistic, patient-centered care that reflects stages of growth and development for patient
	Provides nursing care in accord with patient's stage of life and development.		Provides nursing care in accord with patient's stage of life and development.
	Patient Safety Advocate		Patient Safety Advocate
	10. Identify real or potential patient safety issues associated with selected health concepts and patient assignments as evidenced by:		10. Identify real or potential patient safety issues associated with selected health concepts and patient assignments as evidenced by:
	Provides safe and effective patient-centered care		Provides safe and effective patient-centered care
	Provides care in a timely and efficient manner		Provides care in a timely and efficient manner
	Adheres to clinical support technology systems		Adheres to clinical support technology systems
	Administers medications using 2 patient identifiers, 3 checks, and 6 rights at the bedside		Administers medications using 2 patient identifiers, 3 checks, and 6 rights at the bedside
	Completes both pre- and post- medication administration assessments as appropriate for the medication and safety factors		Completes both pre- and post- medication administration assessments as appropriate for the medication and safety factors
	Uses medication technology dispensing systems as available in the clinical setting		Uses medication technology dispensing systems as available in the clinical setting
	Completes documentation of medication administration in accordance with facility policy and legal standards		Completes documentation of medication administration in accordance with facility policy and legal standards
	11. Follow safety principles when providing patient care as evidenced by:		11. Follow safety principles when providing patient care as evidenced by:
	Identifies risks to patients and implements actions to reduce risks		Identifies risks to patients and implements actions to reduce risks
	Demonstrates aseptic technique and infection-control standards by consistently completing hand hygiene protocols prior to care and when exiting patient room.		Demonstrates aseptic technique and infection-control standards by consistently completing hand hygiene protocols prior to care and when exiting patient room.
	Member of Health Care Team		Member of Health Care Team
	12. Discuss role of the nurse when communicating with members of the interdisciplinary health care team regarding selected health care concepts as evidenced by:		12. Discuss role of the nurse when communicating with members of the interdisciplinary health care team regarding selected health care concepts as evidenced by:
	Communicates effectively with faculty, staff, and team members		Communicates effectively with faculty, staff, and team members
	Demonstrates confidentiality of patient health information		Demonstrates confidentiality of patient health information
	Adheres to agency, institutional, or organizational policies and procedures for the protection of patient-sensitive information		Adheres to agency, institutional, or organizational policies and procedures for the protection of patient-sensitive information

Mid Semester Score		Final Score	
	13. Observe the members of the health care team plan for patient care outcomes as evidenced by:		13. Observe the members of the health care team plan for patient care outcomes as evidenced by:
	Identifies examples of collaborative relationships with members of the interdisciplinary team		Identifies examples of collaborative relationships with members of the interdisciplinary team
	14. Report observations of and data obtained regarding assigned patients as needed and at the end of each clinical/lab experience as evidenced by:		14. Report observations of and data obtained regarding assigned patients as needed and at the end of each clinical/lab experience as evidenced by:
	Communicates patient-sensitive information to the collaborative team on a need-to-know basis		Communicates patient-sensitive information to the collaborative team on a need-to-know basis
	Uses I-SBAR technique for patient handoffs		Uses I-SBAR technique for patient handoffs
	15. Use appropriate terminology when summarizing and recording patient responses and nursing actions performed as evidenced by:		15. Use appropriate terminology when summarizing and recording patient responses and nursing actions performed as evidenced by:
	Accesses information effectively		Accesses information effectively
	Uses EHR to ensure accuracy of information and to protect against errors		Uses EHR to ensure accuracy of information and to protect against errors
	Applies information technology according to agency guidelines to communicate and support decision making		Applies information technology according to agency guidelines to communicate and support decision making
	Documentation is accurate, timely, and maintained in a confidential manner		Documentation is accurate, timely, and maintained in a confidential manner
	Total score for Weeks 13, 14, & 15		Total Score for Final
	Percentage of possible score = > 75%		Percentage of possible score => 75%
Faculty Evaluation Date _____		Faculty Evaluation Date _____	
Student Self Evaluation Date _____		Student Self Evaluation Date _____	

Crosswalk of Course Objectives with TBON DEC's and AACN Essentials

Objectives	TBON DEC's	AACN Essentials
MEMBER OF THE PROFESSION		
1. Associate information from beginning study of analyzed concepts across the life span included in this course to the legal scope of practice for registered nurses in Texas.	I-A 1-4; I-D 1-5; II-C 2 b, 3; II-D 1-5; II-E 2-4 & 7-12	I-1-10; VIII
2. Develop a beginning understanding of the relationship between behavioral and pathologic concepts which serve as a foundation for holistic, culturally sensitive, and evidence-based clinical practice.	I-B 2a, b; I-B 2, 3d; I-B, 4-9; III-B5; 7	II-1-10
3. Compare the roles of nursing staff members to other interdisciplinary personnel.	I-A2; I-B1-8; III-C1, 2	V & VI
PROVIDER OF PATIENT-CENTERED CARE		
4. Utilize a systematic process to compare human body responses to selected health/illness problems referred to as concepts present across the life span.	II-A 2b, c, 3; II-F3; III-A1-6; IV-C4-8; IV-D2, 4, 6, 7; IV-F1-4	III & VI
5. Establish a knowledge base for each concept that incorporates psychosocial, anatomical and physiological, and historical development of the concept and relate definitions, antecedents, diagnostic data, clinical/empirical referents, and consequences.	IIA-1a; II-B-3a; II B-4;	III & IV
6. Develop beginning skills associated with Concept-Based Clinical Competency.	II-D-1d	II
7. Explore the relationship between concepts and assessment findings and diagnostic data obtained from assigned patients or lab scenarios.	II-B-1a	III & IV
8. Identify stages of growth and development for each assigned patient or case scenario provided for weekly clinical activities.	II-B5	III & IV
PATIENT SAFETY ADVOCATE		
9. Identify real or potential patient-safety issues associated with selected health concepts and patient assignments.	II D-4 III-B-1a & b	II
10. Follow safety principles when providing patient care.	II-D4 III-A & B	II
MEMBER OF THE HEALTH CARE TEAM:		
11. Discuss role of the nurse when communicating with members of the interdisciplinary health-care team regarding selected health-care concepts.	II-D-5a IV-A V-A & D	VI
12. Observe the members of the health-care team plan for patient-care outcomes.	II-C-4 IV-D-5a	VI
13. Report observations of the clinical experience and data obtained regarding assigned patients as needed and at the end of each clinical/lab experience.	IV-A & B	III
14. Use appropriate terminology when summarizing and recording patient responses and nursing actions performed.	IV-A-1a IV-E-1a	IV

