

SUL ROSS STATE UNIVERSITY

DEPARTMENT OF NURSING

NUR 3413

Introduction to Patient Centered Concepts Across the Lifespan 1
Spring Junior Year

SEMESTER HOURS: Four (4) Credits (Hybrid)

Clinical Hours: 1 Credit

Didactic Contact Hours: 3 Clock Hours/Week

Clinical Contact Hours: 4 Clock Hours/Week

Total Contact Hours: 112

Level: Junior

PREREQUISITES: Successful completion of Previous Courses

FACULTY INFORMATION:

Name: Rene M. Rodriguez

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Office Hours:

Hours available via e-mail: 7a-10p

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COURSE DESCRIPTION: (NUR 3413- Patient Centered Concepts Across the Life Span 1 - This concept-based integrated approach to learning continues with concepts analyzed across the lifespan with the inclusion of frequently occurring exemplars(diagnoses). Nursing management and treatment modalities are included for each of the exemplars. The course begins with psychosocial-cultural concepts commonly encountered in patients of any age and progresses through reproductive events which introduces the newborn infant. Concepts and exemplars in this course are foundational to developing clinical judgment required for the nursing process. Simulation activities will provide opportunities to link classroom data to potential patient clinical experiences.

STUDENT LEARNING OUT COMES:

Upon completion of learning activities in this course, students will be able to:

MEMBER OF THE PROFESSION

1. Demonstrate accountability to provide holistic, culturally sensitive and evidence-based nursing care to patients and families in accordance with established policies and procedures, nursing regulations and standards.
2. Engage in self-evaluation and reflection to appraise and improve practice.

PROVIDER OF PATIENT-CENTERED CARE

3. Demonstrate assessment skills for patients across the life span.
4. Organize patient care activities based upon identified priorities.
 5. Demonstrate initial therapeutic communication skills to establish caring, culturally sensitive relationships with patients and family members.
6. Demonstrate selected nursing activities, interventions, including medication administration as assigned for patients across the life span.
7. Use nursing standards and evidence-based findings to plan, implement, and evaluate nursing care for selected patients and families.

PATIENT SAFETY ADVOCATE

8. Apply principles of safety in the performance of patient care, including medication administration.
9. Assess potential safety hazards in patient-care environments to reduce patient and community risks.
10. Implement measures to promote aseptic techniques and reduce exposure to infections.

MEMBER OF THE HEALTH CARE TEAM

11. Demonstrate initial interpersonal and therapeutic communication skills.
12. Maintain confidentiality in accordance with regulations among the interdisciplinary team and patient.
13. Recognize roles and functions of interdisciplinary team members.
14. Use informatics and technology skills to accurately assess, process, and document patient data.

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 AVP of 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 students' progress through the educational program. Students hone their research and communication skills through assignments and activities in multiple classes.

REQUIRED REFERENCES:

Text Books:

Callahan, B. (2019). Clinical nursing skills: A concept-based approach to learning, Volume III (3rd ed.). New York: Pearson.

Simulation Handbook

ATI RN Content Mastery Review Module eBooks

Recommended

Drug Reference Handbook. Current Edition.

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 to the course 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 often and 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: 1-432-837-8888 and/or ltac@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 make arrangements 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.

COURSE LEARNING ACTIVITIES, ASSIGNMENTS, GRADING, AND EXPECTATIONS:

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 patient as a wholistic 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 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 student's recognition for data 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 opportunity to practice verbal and non-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 patient's which will assist in the planning and delivery of pertinent, individualized care for the experienced concept.

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>
Templates/Notes	10%
Skills/Sim Lab Activities	15%
Examinations	30%
Final Exam	15%
Project	20%
ATI assignments	10%
Total Points	100%

3. **Calculation of Final Grade:** The final grade is derived as a summary of the points delineated on specific rubrics for the assignments and participation.

Grading Scale

A = 90-100

B = 80-89

C = 75-79

D = 69-74

F = 69 OR BELOW

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 3 examinations and a final. 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.

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 SCHEDULE

NUR 3413 PATIENT CENTERED CONCEPTS ACROSS THE LIFE SPAN I (This schedule is subject to change by faculty as needed.)

Week Module	Topics & Objectives	Required Readings & References	Learning Activities, Assignments, & Lab
Week 1 1/20	<p>Orientation Health & Wellness</p> <ol style="list-style-type: none"> 1. Discuss the role which concepts play in the learning process. 2. Recognize the syllabus as a guide to learning. 3. Discuss the relationship between concepts and clinical experiences. 4. Differentiate concepts on Health-wellness and Illness continuum. <p>Exemplars:</p> <ul style="list-style-type: none"> • Rural Concepts of Resilience, Self- reliance, & Independence • Health Beliefs (Individual & Cultural) 	<p>ATI Concept Analysis Template:</p> <p>Illness Bio-Psycho-Social-Cultural Response</p>	<p>ORIENTATION Review Simulation Handbook</p>
Week 2 1/20	<p>Communication</p> <ol style="list-style-type: none"> 1. Differentiate between therapeutic & non-therapeutic communication. 2. Discuss the role of an active listener. 3. Identify non-verbal indications of communication. <p>Exemplars:</p> <ul style="list-style-type: none"> • Motivational Interviewing • Assertive Communication • Conflict Resolution • Civility • Documentation & Reporting 	<p>Read: ATI Fundamentals Ch. 32 (pg. 177-180)</p> <p>View/Read: Engage Fundamentals: Professional Nursing--Communication</p> <p>ATI Template: Therapeutic Communication</p>	<p>Skill: Role Play Communication Strategies & Examples of In Civility</p> <ul style="list-style-type: none"> • AIDET • SBAR

<p>Week 3 (1/27)</p>	<p>Coping/Stress</p> <ol style="list-style-type: none"> 1. Describe how responses to stress are mediated through perception, personality, social support, culture, and spirituality. 2. Describe holistic approaches to stress management. 3. Describe manifestations of anxiety and obsessive-compulsive disorders. 4. Describe basic nursing interventions for people experiencing anxiety and obsessive-compulsive disorders. <p>Exemplars:</p> <ul style="list-style-type: none"> • Generalized Anxiety Disorders • Obsessive Compulsive Disorders • Separation Anxiety • (Developmental) Phobias • Panic Disorders • Post-Traumatic Stress Disorder 	<p>Read: ATI Mental Health Nursing Ch. 11 (pg. 59-66) and Ch. 12 (69-72)</p> <p>View/Read: Engage Mental Health—Nursing Practice for Clients with Mental Health Disorders: Anxiety, Obsessive-Compulsive, and Related Disorders</p> <p>ATI Pharmacology Made Easy--The Neurological System (Part 2), Medication Therapy for Anxiety Disorders</p> <p>ATI Concept Analysis Template/Notes: Anxiety Disorders (GAD, OCD, Separation Anxiety, Phobias, Panic Disorders) Trauma and Stressor Related Disorders (PTSD)</p> <p>ATI Medication Template:</p> <p>Selective Serotonin Reuptake Inhibitors (Paroxetine, Sertraline, Fluoxetine, Escitalopram, Fluvoxamine)</p> <p>Serotonin Norepinephrine Reuptake Inhibitors (Venflaxine)</p> <p>Tricyclic Antidepressants (Amitriptylline, Imipramine)</p> <p>Monoamine Oxidase Inhibitor (Phenelzine)</p> <p>Noradrenergic and specific serotonergic antidepressant (Mirtazapine)</p> <p>Benzodiazepine Sedative Hypnotic Anxiolytics (Diazepam, Lorazepam,</p>	<p>Skills Lab: Simulation: Anxiety in a Patient Facing Hospitalization for First Time</p> <p>Severe Anxiety <i>Laerdal Scenario Cloud</i></p> <p>Obj:</p> <ol style="list-style-type: none"> 1. Differentiate between acute anxiety and respiratory or cardiac distress. 2. Recognize and respond appropriately to the level of anxiety demonstrated. 3. Incorporate respect for spiritual and cultural issues into the plan of care. 4. Advocate for the patient's right to delay or cancel treatment.
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		Chlordiazepoxide, Clorazepate, Oxazepam, Clonazepam)	
Week 4 2/3	<p>Reproduction/Intrauterine Development</p> <ol style="list-style-type: none"> 1. Identify the calculation process to determine anticipated date of birth. 2. Discuss the risk factors for mothers over 35 years of age. 3. Discuss untoward experiences which may accompany the 1st Trimester of pregnancy & provide potential management. 4. Which techniques are used most frequently to make prenatal diagnoses? 5. Discuss information included in the calculation of the multiple marker test. 6. Provide rational for discomforts the mother experiences during the 3rd Trimester. <p>Exemplars:</p> <ul style="list-style-type: none"> • Male & Female Reproductive Structures • Process of Conception <p>1st Trimester of Pregnancy</p> <ul style="list-style-type: none"> • Embryonic Development <p>2nd Trimester of Pregnancy</p> <ul style="list-style-type: none"> • Development of fetus & placenta Physical & Psychological Changes During Pregnancy 	<p>Read/View:</p> <p>ATI review module RN Maternal Newborn content mastery book: Ch. 3-5 (pg. 19-32) *application exercises at the end of each chapter.</p> <p>ATI Engage Maternal, Newborn, and Women's Health RN: Pregnancy and Fetal Development-- Uncomplicated/Healthy Pregnancy</p> <p>ATI Concept Analysis Template/Notes: Physiological Status of Pregnant Client</p> <p>Examination 1</p>	<p>Skills Lab: Callahan, Chapter 14.2</p> <p>Prepare a teaching plan for a common issue during pregnancy such as nutrition, weight gain, exercise, and sexual contact.</p> <p>Skills Lab – Obj: Prenatal Visit and Assessment</p> <ol style="list-style-type: none"> 1. Calculate the process to determine anticipated date of birth based on last menstrual cycle. 2. Obtain medical and family history. 3. Discuss the risk factors for mothers over 35 years of age. 4. Discuss physical and psychosocial changes which may accompany the 1st Trimester of pregnancy & provide potential management. 5. Perform a physical assessment to include a client's baseline weight vital signs. 6. Discuss initial lab tests, including hemoglobin, hematocrit, WBC, blood type and Rh, rubella titer, urinalysis, renal function

	<ul style="list-style-type: none"> • Signs of Pregnancy • Role of partner <p>3rd Trimester of Pregnancy</p> <ul style="list-style-type: none"> • Health Promotion • Preparation for Birth <p>Concepts Related to Reproduction</p>		<p>test, Pap test, cervical cultures, HIV antibody, hep B surface antigen, toxoplasmosis, and RPR or VDRL.</p> <p>7. Order labs and document EHR and schedule next visit for abdominal ultrasound to determine fetal heart rate.</p>
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<p>Week 5 2/10</p>	<p>Reproduction/Antepartum Care</p> <ol style="list-style-type: none"> 1. Discuss risk factors which may lead to complications during pregnancy. 2. Identify clinical referents which would alert the mother to possible complications. 3. Discuss psychological and physiological preparation for parents facing information regarding potential complications of pregnancy. 4. Discuss nursing management for patients experiencing hemorrhagic complications of pregnancy. <p>Exemplars:</p> <ul style="list-style-type: none"> • 1st Trimester-Diagnosis, Assessment, & Management • 2nd Trimester-Management of Common Discomforts and Follow-up of anticipated development. • 3rd Trimester-Cultural, Ethnicity, & Religious Influences. • Preparation for Labor & Birth <p>Complications of Pregnancy</p> <ul style="list-style-type: none"> • Hypertensive Disorders • Placenta Previa/Abruption • Uterine Rupture • Hydatidiform Moles 	<p>Read:</p> <p>ATI review module RN Maternal Newborn content mastery book Ch. 6-10 (pg. 33-74)</p> <p>*application exercises at the end of each chapter</p> <p>Engage Maternal, Newborn, and Women’s Health: Pregnancy and Fetal Development—Complications of Pregnancy, Hemorrhagic Disorders</p> <p>ATI System Disorder Template:</p> <ul style="list-style-type: none"> • Spontaneous Abortion • Ectopic Pregnancy • Gestational Trophoblastic Disease • Placenta Previa • Abruption Placentae • Vasa Previa <p>ATI: Learn: Maternal Newborn 4.0</p>	<p>Skills Lab:</p> <p>Callahan, Chapter 14</p> <p>Patient with Term Pregnancy & Placenta Previa</p> <p>ATI HealthAssess 3.0: Maternal Newborn—Prenatal Care First Trimester through Third Trimester</p>
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<p>Week 6 2/17</p>	<p>Reproduction: Intrapartum & Post Partum Care</p> <ol style="list-style-type: none"> 1. Discuss Physiological & Psychological Preparation for Labor. 2. Differentiate between fetal presentation, and engagement. 3. Describe the physiology of labor and the forces of labor. 4. Differentiate between false labor and true signs of labor. 5. Discuss type and process for fetal surveillance during labor. 6. Discuss the causes of minimal or absent FHR variability. 7. Discuss the role of the nurse during labor 8. Describe the cardinal movements of labor. 9. Define the Four Stages of Labor. <p>Objectives For Postpartum:</p> <ol style="list-style-type: none"> 1. Identify the factors and process for assessing a patient immediately post- delivery (puerperium). 2. Describe the types of lochia in relation to healing and involution of the uterus. 3. Discuss length of time a patient is amenorrhoeic and the reason for ovulation suppression. 4. Describe the type of care and rationale for episiotomy care. 5. Discuss common causes of postpartum infection/fever. 6. Clarify the care required for breastfeeding and non-breast-feeding mothers. 7. Discuss food, medications, and other factors to avoid during breast-feeding. <p>Exemplars:</p> <ul style="list-style-type: none"> • Reproduction/Intrapartum & postpartum Care • Physiological & Psychological Preparation for Labor • Physiology of Labor • Four Stages of Labor 	<p>Read:</p> <p>ATI review module RN Maternal Newborn content mastery book Ch. 11-22 (pg. 77-154)</p> <p>Engage Maternal, Newborn, and Women’s Health: Labor and Birth--Labor</p> <p>Engage Maternal, Newborn, and Women’s Health: Labor and Birth—Complications of Labor and Birth</p> <p>Engage Maternal, Newborn, and Women’s Health: Following Birth—Complications During the Postpartum Period</p> <p>Notes:</p> <ol style="list-style-type: none"> 1. Stages of labor including nursing care 2. Pain Management 3. Fetal Assessment 4. Procedures to Assist with Labor 5. Potential complications 6. 	<p>Skills Lab:</p> <p>ATI HealthAssess 3.0: Maternal Newborn—Intrapartum Labor</p> <p>ATI HealthAssess 3.0: Maternal Newborn—Intrapartum Birth</p>
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	<p>Post-partum:</p> <ul style="list-style-type: none"> • Physical & Psychological adaptation After Delivery • Maternal Role Attainment Development of Family attachment • Post-Partum Weight & Nutrition • Nutritional Care of Breast-feeding Mother • Focus on Customs, Diversity, and Culture While Teaching • Alteration in the Post-Partum Period For Childbearing Age Groups 		
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Week 7 2/24	<p>Reproduction/Term Newborn/Prematurity</p> <ol style="list-style-type: none"> 1. Discuss the value of neonatal resuscitation (ABCD,s) at birth. 2. Discuss the primary mechanism by which pulmonary blood flow increases after birth. 3. Identify appropriate and hazardous forms of newborn stimulation. 4. Identify and describe the two types of access to be used for volume expansion in the newborn. 5. Discuss the Apgar score used to discuss the newborn's response to extruterine environment and to resuscitation. 6. Discuss pulmonary care for an infant born with meconium-stained amniotic fluid. <p>Exemplars:</p> <ul style="list-style-type: none"> • Adaptation to Extruterine Life • Maintaining Oxygen Transport • Cardiovascular & Hematopoietic Adaptation • Nutrition and Metabolism • Conjugation of Bilirubin • Coagulation • Gastrointestinal Adaptation 	<p>Read:</p> <p>ATI review module RN Maternal Newborn content mastery book Ch. 23-27 (pg. 159-204)</p> <p>Engage Maternal, Newborn, and Women's Health: Newborn Care—Newborn Adaptations</p> <p>Engage Maternal, Newborn, and Women's Health: Newborn Care—Complications of the Newborn</p> <p>ATI Concept Analysis Template: Newborn Expected Reference Ranges and Physical Findings</p> <p>Prepare for Examination #2</p>	<p>Skills Lab: Newborn Infant with Meconium in the Amniotic Fluid</p> <p>ATI Health Assess 3.0: Maternal/Newborn--Newborn Immediate Transition Following Birth</p> <p>ATI Health Assess 3.0: Maternal/Newborn--Newborn Comprehensive Assessment</p> <p>ATI Module Maternal Newborn 4.0: Teaching Prenatal & Newborn Care (submit activity report)</p>
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	<ul style="list-style-type: none"> • Period of Reactivity • Sensory Capability • Newborn Assessment • Neuro-Muscular Characteristics <p>Prematurity:</p> <ul style="list-style-type: none"> • Body System • Physiology • Long Term Needs • Nursing Process for Prematurity • Promotion of Attachment 		
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<p>Week 8 3/3</p>	<p>Tissue Integrity</p> <ol style="list-style-type: none"> 1. Discuss the progression of inflammation as the process occurs with tissue injury across the life span. 2. Describe the basic stages of wound healing, related clinical/empirical referents, and associated time intervals for each age group. 3. Differentiate manifestations of inflammation and infection across the life span. 4. Outline Peri-operative care processes and standards. 5. Discuss diagnostic data used to determine sources of inflammation, infective sources and processes, and wound healing. 6. Identify antecedents to tissue injury, damage, including existing chronic conditions that influence inflammatory processes. 7. Describe basic nursing interventions for people experiencing injuries to tissue integrity, including surgical injuries and decubiti. <p>Exemplars:</p> <ul style="list-style-type: none"> • Stages of Pressure Ulcers • Pressure-Stasis Ulcer • Bacterial Infections • Parasitic Infections • Viral Infections 	<p>Read: ATI Fundamentals Ch. 55 and 56 (pg. 333-346)</p> <p>ATI Assignment: Skills Modules—Wound Care</p> <p>ATI Engage Fundamentals: Tissue Integrity</p> <p>ATI Complete Concept Analysis template:</p> <ol style="list-style-type: none"> 1. Pressure-Stasis Ulcer 2. Bacterial Infections 3. Parasitic Infections 4. Viral Infections 5. Stages of Pressure Ulcers <p>Examination 2</p>	<p>Skills Lab: Callahan, Ch.16.5, pg. 668-670 Sterile Dressing Change</p> <p>Simulation Lab –Patient with Surgical Wound Bacterial Infection. Simulation for Open Foot Wound: Open Food Wound-Science Update 2023 (Laerdal Scenario Cloud, 2024) https://scenariocloud.laerdal.com/library/scenario/open-foot-wound-science-update-2023/simulate</p>
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<p>Week 9 3/10</p>	<p>Perfusion/Clotting</p> <ol style="list-style-type: none"> 1. Describe the process and sequelae of hemorrhage 2. Outline how body systems compensate for early fluid loss. 3. Differentiate thrombus and emboli and their signs and symptoms 4. Identify diagnostic data that are used to identify acute coronary syndrome 5. Describe common nursing actions associated with caring for persons experiencing acute coronary syndrome. <p>Exemplars:</p> <ul style="list-style-type: none"> • Hemorrhage • Hemophilia • Thrombocytopenia • Arterial Thrombus-Emboli • Venous Thrombus-Emboli • Deep Vein Thrombosis • Peripheral Vascular Disease • Acute Coronary Syndrome (MI) • Coronary Artery Disease 	<p>Read:</p> <p>ATI RN Adult Medical Surgical Nursing Ch. 32, 36, 43</p> <p>ATI Engage Medical Surgical: Alterations in Cardiovascular Function and Perfusion</p> <ol style="list-style-type: none"> 1. Peripheral Vascular Disease 2. Peripheral Artery Disease <p>ATI Real Life RN Med/Surg 4.0: Myocardial Infarction Complications</p> <p>ATI Concept Analysis template:</p> <ol style="list-style-type: none"> 1. Myocardial Infarction 2. Peripheral Vascular Diseases 	<p>Skills Lab:</p> <p>Callahan, Chapter 12.5, 12.7, 12.8 pg. 534-542</p> <p>Skills Check offs:</p> <ol style="list-style-type: none"> 1. Applying antiembolism stockings 2. Applying sequential compression devices 3. Using automated external defibrillator
<p>SPRING BREAK</p>			

<p>Week 10 3/24</p>	<p>Perfusion</p> <ol style="list-style-type: none"> 1. Compare and contrast primary hypertension and secondary hypertension. 2. Discuss the long-term effects of primary hypertension. 3. Identify manifestations of ischemia. 4. Describe diagnostic data that can identify indicators of stroke. 5. Relate processes of rehabilitation following stroke. <p>Exemplars:</p> <ul style="list-style-type: none"> • Secondary Hypertension • Mitral Valve Prolapse • Ischemia • Congenital Heart Defects • L to R Shunt • Obstructive Lesions • Cyanotic Lesions • Hypertensive Disorders of Pregnancy • Stroke • Congestive Heart Failure 	<p>Read:</p> <p>ATI RN Adult Medical Surgical Nursing Ch. 16, 33, 37</p> <p>ATI Pediatric Nursing Ch. 20</p> <p>Engage Adult Med/Surg: Alterations in Neurological Function—Stroke</p> <p>ATI Complete Concept Analysis template: Stroke</p>	<p>Lab:</p> <p>ATI Practice Assessment A (Maternal Newborn Nursing)</p>
<p>Week 11 3/31</p>	<p>Comfort/Nociceptive/-Neuropathic/Visceral Pain</p> <p>Differentiate nociceptive pain from neuropathic and visceral pain.</p> <p>Identify conditions which place a patient at risk for impaired comfort/pain.</p> <p>Describe how responses to pain and comfort are mediated through perception, personality, social support, culture, and spirituality.</p> <p>Describe holistic approaches to comfort management.</p> <p>Describe basic nursing interventions for people experiencing pain.</p> <p>Exemplars:</p> <ul style="list-style-type: none"> • Surgical Intervention • Tissue Trauma • Labor Pain • Kidney Stones • Diabetic Neuropathy 	<p>Read:</p> <p>ATI review module RN Adult Medical Surgical Nursing content mastery book Ch. 5, 63, 83 (pg.634)</p> <p>ATI Fundamentals Ch. 41</p> <p>ATI Pediatric Nursing Ch. 9 (pg. 51-54)</p> <p>ATI Engage Fundamentals Physiological Concepts for Nursing Practice: Pain</p> <p>ATI Complete Concept Analysis template: Renal Calculi</p> <p>Prepare for Examination #3</p>	<p>Skills Lab: Callahan, Chapter 3.5, pg. 203-205</p> <p><u>Skills Lab Check off:</u></p> <ul style="list-style-type: none"> • Patient-controlled analgesia (PCA) pump

	<ul style="list-style-type: none"> • Degenerative Disc Disease • Phantom Limb Pain • Diabetic Neuropathy • Alcoholic Neuropathy • Nerve Root Compression • Degenerative Disc Disease <p>Visceral Pain Exemplars:</p> <ul style="list-style-type: none"> • Volvulus Intussusception 		
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<p>Week 12 4/7</p>	<p>Acid-Base/Acidosis & Alkalosis</p> <ol style="list-style-type: none"> 1. Distinguish between metabolic and respiratory alkalosis. 2. Discuss the concept alkalosis including the pathophysiology, related terms, background and significance, and the significance to nursing. 3. Describe regulatory functions that regulate hydrogen and bicarbonate ion concentration in the blood. 4. Discuss clinical and empirical referents related to alkalosis. 5. Identify key antecedents that commonly lead to an alkalotic state. 6. Describe basic nursing interventions for people in an alkalotic state. <p>Exemplars For Metabolic Acidosis:</p> <ul style="list-style-type: none"> • Salicylate Intoxication • Diabetic Ketoacidosis <p>Exemplars For Respiratory Acidosis:</p> <ul style="list-style-type: none"> • Hypoventilation • Hypercapnia • Central Nervous System Depression • Over-sedation • Obesity <p>Exemplars For Metabolic Alkalosis:</p> <ul style="list-style-type: none"> • Gastro-intestinal Losses/Vomiting or Suctioning • Hypokalemia • Antacid Ingestion 	<p>Read:</p> <p>ATI RN Adult Medical Surgical Nursing Ch. 46</p> <p>ATI Complete Concept Analysis template: Acidosis & Alkalosis</p> <p>Examination 3</p>	<p>Skills Lab:</p> <p>ATI Maternal Newborn Assessment Practice B</p>
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	<p>Exemplars For Respiratory Alkalosis:</p> <ul style="list-style-type: none"> • Hyperventilation • High Fever • Hypoxia • High Progesterone Levels 		
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<p>Week 13 4/14</p>	<p>Metabolism/Hormone Imbalances</p> <ol style="list-style-type: none"> 1. Differentiate factors and antecedents to metabolic imbalance in age groups. 2. Relate clinical/empirical referents to common metabolic disorders. 3. Discuss diagnostic data to determine common metabolic disorders. 4. Discuss consequences of hyperglycemia on each body system. 5. Describe basic nursing interventions for people experiencing chronic metabolic disorders. <p>Exemplars:</p> <ul style="list-style-type: none"> • Diabetes Mellitus Type I • Diabetes Mellitus Type II • Hyperglycemia • Hyperosmolar • Non- Ketotic Syndrome (HHNKS) • Gestational Diabetes • Osteoporosis • Acromegaly Goiter • Addison Disease- • Hypercortisolism • Cushing Syndrome • Hypercortisolism • Liver Cirrhosis 	<p>Read:</p> <p>ATI RN Adult Medical Surgical Nursing Ch. 71 (529-533), 78 (pg. 591-592), 81 (615-619), 82 (621-623), 83 (627-635)</p> <p>ATI Complete Concept Analysis template:</p> <p>Osteoporosis</p>	<p>Skills Lab:</p> <p>Callahan, Chapter 8.1, pg. 374-376</p> <p>Assessing Endocrine Disorders</p>
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<p>Week 14</p>	<p>Elimination/Altered Elimination</p> <ol style="list-style-type: none"> 1. Discuss the importance of elimination functions in each age group. 2. Describe how body systems compensate for challenges to elimination processes. 3. Identify clinical referents that are altered when persons experience retention and constipation. 4. Outline basic nursing interventions for people experiencing chronic metabolic disorders. <p>Exemplars:</p> <ul style="list-style-type: none"> • Urinary Retention • Extropy of the Bladder Incontinence • Benign Prostatic Hyperplasia Bowel & Bladder Incontinence Constipation/Impaction Diarrhea • Encopresis • Urinary Calculi • Colostomy • Ileostomy • Nephrolithiasis • Nephrotic Syndrome Hypospadias • C-Difficile 	<p>Read:</p> <p>ATI Medical Surgical Ch. 53</p> <p>ATI Fundamentals Ch. 43 and 44</p> <p>ATI Engage Fundamentals: Physiological Concepts for Nursing Practice— Elimination</p> <p>ATI Complete Concept Analysis template: Constipation</p> <p>ATI Proctored Assessment: Maternal Newborn</p>	<p>Skills Lab: Callahan, Chapter 4</p> <p><u>Skills Lab Check Off:</u> Urinary Catheterization Enema Ostomy Care</p>
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<p>Week 15</p>	<p>Mobility/Immobility</p> <ol style="list-style-type: none"> 1. Discuss the factors that influence changes in mobility in each age group. 2. Describe how body systems compensate for challenges to mobility. 3. Identify clinical referents which occur in each body system that are altered when persons experience common reductions in mobility 4. Outline basic nursing interventions for people experiencing reductions in mobility. <p>Exemplars:</p> <ul style="list-style-type: none"> • Bed Rest Contractures • Back Injuries Fractures • Disuse Syndrome • Hip Fractures • Osteoarthritis • Osteoporosis • Scoliosis • Osteogenesis Imperfecta • Congenital Musculoskeletal Abnormalities • Legg-Calve'-Perthes Disease • Cerebral Palsy • Spinal Cord Injury 	<p>Read:</p> <p>ATI Fundamentals Ch. 40</p> <p>ATI Engage Fundamentals Foundational Concepts of Nursing Practice—Mobility</p> <p>ATI Complete Concept Analysis template: Immobility</p> <p>Submit Focused Review for Proctored Exam</p> <p>Prepare for Final Examination</p>	<p>Skills Lab: Callahan, Chapter 9</p> <p>Prepare for Final Examination</p>
<p>Week 16</p>			<p>Final Examination</p>

DIGITAL CITIZENSHIP AND TECHNOLOGY SUPPORT

Students recognize the responsibilities and opportunities for contributing to their digital communities.

1.2. Digital Citizen Students recognize the responsibilities and opportunities for contributing to their digital communities. Students:

1.2.a. Manage their digital identity and understand the lasting impact of their online behaviors on themselves and others and make safe, legal and ethical decisions in the digital world.

1.2.b. Demonstrate empathetic, inclusive interactions online and use technology to responsibly contribute to their communities.

1.2.c. Safeguard their well-being by being intentional about what they do online and how much time they spend online.

1.2.d. Take action to protect their digital privacy on devices and manage their personal data and security while online.

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TECHNOLOGY SUPPORT:

Who should I contact?

<p>Online Support Desk</p> <p>☎ 888.837.6055</p> <p>✉ blackboardsupport@sulross.edu</p> <p>Available: 24/7</p> <ul style="list-style-type: none">• Logging into Blackboard• Questions about Blackboard tools/software• Trouble with tests/quizzes/assignments• Error messages on Blackboard• Online course video problems	<p>Lobo Technology Assistance Center (LTAC)</p> <p>☎ 432.837.8888</p> <p>✉ ltac@sulross.edu</p> <p>Available: Monday-Friday 8 a.m. - 5 p.m.</p> <ul style="list-style-type: none">• Logging into your mySRSU/Banner/SRSU email• Campus computer, computer lab, or campus Wi-Fi issues• Security concerns with your SRSU or VPN account• Questions about Office 365 or OneDrive
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ADA Statement

SRSU Accessibility Services. Sul Ross State University (SRSU) is committed to equal access in compliance with the 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. Students seeking accessibility/accommodations services must contact Mrs. Mary Schwartz Grisham, LPC, SRSU's Accessibility Services Director at 432-837-8203 or email mschwartz@sulross.edu or contact Alejandra Valdez, at 830-758-5006 or email alejandra.valdez@sulross.edu. Our office is located on the first floor of Ferguson Hall, room 112, and our mailing address is P.O. Box C122, Sul Ross State University, Alpine, Texas, 79832.

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 a 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.

Libraries

The Bryan Wildenthal Memorial Library and Archives of the Big Bend in Alpine offer 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 LobolD and password. Librarians are a tremendous resource for your coursework and can be reached in person, by email (srsulibrary@sulross.edu), or by phone (432-837-8123).

No matter where you are based, public libraries and many academic and special libraries welcome the general public into their spaces for study. SRSU TexShare Cardholders can access additional services and resources at various libraries across Texas. Learn more about the TexShare program by visiting library.sulross.edu/find-and-borrow/texshare/ or ask a librarian by emailing srsulibrary@sulross.edu. Mike Fernandez, SRSU Librarian, is based in Eagle Pass (Building D-129) to offer specialized library services to students, faculty, and staff. Utilize free services such as InterLibrary Loan (ILL), ScanIt, and Direct Mail to get materials delivered to you at home or via email.

Academic Integrity

Students in this class are expected to demonstrate scholarly behavior and academic honesty in the use of intellectual property. Students should submit work that is their own and avoid the temptation to engage in behaviors that violate academic integrity, such as 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. Students should also avoid using open AI sources *unless permission is expressly given* for an assignment or course. Violations of academic integrity can result in failing assignments, failing a class, and/or more serious university consequences. These behaviors also erode the value of college degrees and higher education overall.

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.

Supportive Statement

I aim to create a learning environment for my students that supports various perspectives and experiences. I understand that the recent pandemic, economic disparity, and health concerns, or even unexpected life events may 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 a supportive 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.

SAMPLE OF SIMULATION SCENARIO

DATE:

Discipline:

STUDENT LEVEL:

TIME: 1 HR

LOCATION:

REFLECTION TIME: 50 MIN

PHYSIOLOGIC CONCEPT: CLOTTING

Exemplar: Immune Thrombocytopenic Purpura

EXPECTED SIMULATION RUN

DEBRIEFING – GUIDED

Admission Date: 3/3/20

Today's Date: 3/3/20

Brief Description of Client

Name: Michele Johnson

Gender: Female

Age: 13 **Race:** Caucasian

Weight: 34.4 kg **Height:** 55 in.

Allergies: NIDA

Immunizations: Current

Religion: Non-denominational **Major Support:** Parents

Attending Physician/Team: Dr. Purple

Past Medical History: Patient in excellent health with an active lifestyle until approximately 3 months ago when she went to ER with a persistent nosebleed. She was evaluated and diagnosed with acute Immune Thrombocytopenic Purpura (ITP). A related antecedent was an episode of the flu that resolved with palliative treatment one week before the beginning of epistaxis. She was treated successfully with oral prednisolone which was slowly weaned off and her platelet count continued to rise after the drug was discontinued. She was followed closely and discharged from the care of Dr. Purple when her platelet count rose to 250,000.

She was encouraged to withdraw from contact sports. The goal was for her to return to minimal sports activity in fall 2017, if there were no further indications of the disorder.

History of Present Illness: Michele entered the ER this a.m. with epistaxis and concerns over large purple areas (purpura) that are present on both legs. She noted some bleeding when she brushed her teeth before coming to the ER. She recalled that the day before she assisted her grandfather in cleaning his garage and they removed large amounts of rat feces from a storage area. She went home and showered, including shaving her legs. She rested well until 6 a.m. when she awakened with epistaxis which was still occurring when she came to the ER. Her mother accompanied to the ER.

Social History: Michele is an excellent student that loves mathematics. She interacts well with her peers and is active in a church group that spends weekends assisting the poor in her community. She has played competitive basketball and baseball at her middle school.

Primary Medical Diagnosis: Immune Thrombocytopenic Purpura

Surgeries/Procedures & Dates: NONE

Psychomotor Skills Required Prior to Simulation

1. Interview skills
2. Assessment skills: complete physical assessment.
3. Clinical judgment and critical thinking.
4. IV insertion
5. Monitoring labs: Hemodynamic and clotting evaluation.
6. Administer IVP Medications.
7. Dimensional Analysis-Drug Dosage calculations.
8. SBAR Report skills.

Cognitive Activities Required Prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]

[i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]

- ▶ ITP
- ▶ IVP and PO Meds
- ▶ IV Infusion and Fluid Volume Management
- ▶ Hemodynamic assessment and Lab evaluation
- ▶ Bone Marrow Biopsy
- ▶ Platelet transfusion if plate count < 10,000

SIMULATION LEARNING OBJECTIVES

SIMULATION LEARNING OBJECTIVES: **Purpose:** Collaborative management of ITP in a pediatric patient focused on the assessment and evaluation of causative sources, managing symptoms, treatment and prevention of complications.

1. Identify relevant assessment data for a patient with Immune (previously called Idiopathic) thrombocytopenia Purpura (ITP).
2. Implements a focused Integumentary, Respiratory and Circular Vascular Assessment.
3. Describes relationship of clinical referents to diagnostic data and collaborative management of care of a pediatric patient with ITP.
4. Discuss complications of ITP.
5. Develop a nursing care plan for a pediatric patient with ITP.
6. Identify and implement relevant safety measures, evaluate results of diagnostic testing.
7. Implement clinical orders appropriately.
8. Implement nursing interventions based on patient care needs.
9. Identify medication indications, contraindications, and potential adverse effects of prescribed medications.
10. Demonstrate correct medication administration.
11. Provide relevant patient/ family education and teaching, particularly in regard to developmental stage of patient and nutritional implications for medications.
12. Demonstrate therapeutic and confidential communication.
13. Demonstrate effective teamwork, direct patient care and accurate communication with inter- professional team members.
14. Demonstrate preparation for bone marrow biopsy and immediate follow-up care of the patie

Fidelity (choose all that apply to this simulation)

Setting/Environment	Props: Equipment attached to manikins:
ER	02 deliverdevice (type):
Med/Surg	Crash cart with airway devices and emergency medications
Peds	Defibrillator/Pacer
ICU	Suction
OR/PACU	Other
Women's Center	Medications and Fluids
Behavioral Health	IV Fluids: NS
Home Health	Oral Meds: Tylenol 325MG
Pre-Hospital	IVPB: Platelet transfusion
Other	Methyl-Prednisolone 1 mg/kg
Simulator Manikin(s) Needed: Sim Man	<u>Cyclosporin</u>
Heart sound: Rapid	Rituximab
Monitor: Normal Sinus Rhythm	Amicar
Lungs: Clear Bilaterally	IV <u>immuno-globulin</u>
Props: Equipment attached to manikins:	IV Push: Morphine and Versed
IV tubing with primary line N/S fluids running at 125 ml/hr	Diagnostics Available
Secondary IV line____ running at ____ml/hr	Labs drawn in ER
IV pump	X-rays (images)
Foley Catheter ____ cc output	12-Lead EKG
PCA pump running	Other: Bone Marrow Pathology Report
IVPB with _____running at ____ml/hr	Documentation Forms
02	Physician Orders
Monitor attached	Admit Orders
ID band	Flow Sheet
Other IV 20 G	Medication Administration Record
Equipment available in room	Kardex
Bedpan/Urinal	Graphic Record
Foley kit	Shift Assessment
Straight Catheter Kit	Triage Forms
Incentive Spirometer	Code Record
Fluids	Anesthesia/PACU Record
IV start Kit	Standing (Protocol) Orders
Tubing IVPB	Transfer Orders
Tubing IV	Bone Marrow Biopsy Consent
Pump	Recommended Mode for Simulation (i.e. manual, programmed, etc.)
Feeding Pump	

Pressure Bag	Program Simulation
Roles/Guidelines for Roles	<u>Report Students Receive Before Simulation</u>
Primary Nurse: Primary Assessment and delegation	Michele Johnson, a 13-year-old female, entered the ER with persistent epistaxis and large areas of purpura on both legs and very small petechiae beginning to appear on the inner aspect of both lower arms and the chest. Michele has a previous history of ITP that resolved after the administration of methyl-prednisolone. She denies any evidence of bleeding from that time. She and her mother appeared to be well informed regarding her previous diagnoses of ITP. She is awaiting an order to be transferred to the ICU where she will receive a bone marrow biopsy and follow-up care from a hematologist.
Secondary Nurse: Medications and preparation for bone marrow biopsy and post care	
Clinical Instructor: Physician to give Telephone orders and clarify orders.	
Family Member #1: Mother	
Family Member#2:	
Observer (s):	
Recorder:	
Physician/Advanced Practice Nurse	
Respiratory Therapy	
Anesthesia	
Pharmacy	
Lab	
Imaging	
Social Services	
Clergy	<u>Objective Data:</u>
Unlicensed Assistive Personnel	Patient is alert, oriented, cooperative, and physically active with minimal complaints of a burning sensation in her leg. She frequently expresses concern over the appearance of her legs and has difficulty believing that the lesions will disappear after management of her diagnoses. All vital signs are slightly elevated. Initial labs were drawn in the ER with a critical value reported on the platelet count of 55,000. Following a comprehensive physical assessment, report will be given to the ICU nurse prior to transfer.
Code Team	
Other	
Important Information Related to Roles: 2 - students- Primary Nurses working together. 1 - Student - as the mother asking questions about the disease process.	
Significant Lab Values: See attached labs drawn in ER	
Physicians Orders: See attached orders	
Student Information Needed Prior to Scenario	Time: 0745
Has been oriented to simulator	
Understands guidelines/expectations for scenario	
Has accomplished all pre-simulation requirements	

All participants understand their assigned roles	
Has been given time frame expectations	
Other:	

References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario: (site source, author, year, and page)

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- Harding, M. M., Kwong, J., Roberts, D., Hagler, D., & Reinisch, C. (2019). *Lewis's medical-Surgical Nursing: Assessments and Management of Clinical Problems* (11th ed). St Louis: Mosby
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NCLEX-RN 2019 Test Plan Categories and Subcategories. Choose areas in simulation

Safe and Effective Care Environment		
Management of Care		
	Advance Directives	Establishing Priorities
	Advocacy	Ethical Practice
	Case Management	Informed Consent
	Client Rights	Information Technology
	Collaboration with Interdisciplinary Team	Legal Rights and Responsibilities
	Concepts of Management	Performance Improvement (QI)
	Confidentiality/Information Security	Referrals
	Consultation	Resource Management
	Continuity of Care	Staff Education
	Delegation	Supervision
Safety and Infection Control		
	Accident/error/injury Prevention	Reporting of Incident/Events
	Disaster Planning	Irregular Occurrence/Variance
	Emergency Response Plan	Safe Use of Equipment
	Ergonomic Principles	Security Plan
	Handling Hazardous and Infectious Materials	Standard Precautions/Transmission-Based Precautions / Surgical Asepsis
	Home Safety	Use of Restraints/Safety Devices
Health Promotion and Maintenance		
	Aging Process	Health Promotion/Disease Prevention
	Ante/Intra/Postpartum and Newborn Care	Health Screening
	Developmental Stages and Transitions	High Risk Behaviors
	Disease prevention	Human Sexuality
	Expected Body Image Changes	Immunizations
	Family Planning	Lifestyle Choices
	Family Systems	Self-Care
	Growth and Development	Techniques of Physical Assessment
	Health and Wellness	
Psychosocial Integrity		
	Abuse/Neglect	Mental Health Concepts
	Behavioral Interventions	Religious and Spiritual Influences on Health
	Coping Mechanisms	Sensory/Perceptual Alterations
	Crisis Intervention	Stress Management
	Cultural Awareness/Cultural Influences on Health	Substance Use and Other Disorders and Dependencies
	End-of-Life Care	Support Systems
	Family Dynamics	Therapeutic Communication

	Grief and Loss		Therapeutic Environment
Physiological Integrity			
Basic Care and Comfort			
	Assistive Devices		Nutrition and Oral Hydration
	Elimination		Personal Hygiene
	Mobility/Immobility		Rest and Sleep
	Non-Pharmacological Comfort Interventions		
	Pharmacological and Parenteral Therapies		
	Adverse Effects/Contraindications/Side Effects/Interactions		Medication Administration
	Blood and Blood Products		Parenteral/Intravenous Therapies
	Central Venous Access Devices		Pharmacological Pain Management
	Dosage Calculation		Total Parenteral Nutrition (IPN)
	Expected Actions/Outcomes		
Reduction of Risk Potential			
	Changes/Abnormalities in Vital Signs		Potential for Complications from Surgical Procedures and Health Alterations
	Diagnostic Tests		System Specific Assessments
	Laboratory Values		Therapeutic Procedures
	Potential for Alterations in Body Systems		Vital Signs
	Potential for Complications of Diagnostic Tests/Treatments/Procedures		
Physiological Adaptation			
	Alterations in Body Systems		Infectious Diseases
	Fluid and Electrolyte Imbalances		Medical Emergencies
	Hemodynamics		Pathophysiology
	Illness Management		Unexpected Response to Therapies

Scenario Progression Outline

Timing (approx)	Manikin Actions	Rational	Expected Actions/ Interventions/ Responses	May Use the Following Cues
0745	VS: BP 101/73, HR 102, RR 20, T 100.5 F., SPo2 96% Pain 3/10	IITP is a decrease in platelets. The immune system attack platelets and in teenagers may follow a viral infection.	Initial assessment, obtain history of present symptoms.	Role member providing cue: Mother
	"Okay" "My nosebleed doesn't stop!"	IITP in teens usually resolves without any treatment, but may require steroids as initial treatment.	Completes admission assessment with special attention to the integument and observance of sub-q bleeding.	Cue: Do you know why she is bruising so much?
	"Yes I have burning and aching in both my legs" "Yes, I woke up with these large bruises on both legs this morning" "No I haven't been sick since I had IITP about 3 months ago" "I'm in 8th grade" "Math is my favorite subject"	Reassure and support patient since crying can stimulate blood flow. Sit patient up straight and drop head slightly forward, apply pressure with finger and thumb to the soft part of the nostrils below the bridge of the nose for at least 10 minutes	Provide patient and family teaching on IITP, and disease process. Provide teaching on management of nosebleeds. Observe for increase or decrease in blood flow.	Cue: She was treated for IITP 3 months ago with methyl- prednisolone. Her platelets increased and she was slowly tapered off the prednisolone.
0800	" Are you going to poke me with a needle" " How many times do you have to do that" "Will it hurt" What is all that blood for?"	Physician orders and labs are reviewed. Labs, especially a CBC, is drawn to assess for platelet count and presence of abnormal platelets. Checks H & H and differential to determine findings consistent with IITP. Assess for pain level, location and change.	Explanation of daily diagnostic labs and why they are needed. IV started to draw labs and give possible medications needed.	Cue: What tests are you running on her? "How long will it take to get the results back?"
Timing (approx)	Manikin Actions	Rational	Expected Actions/ Interventions/ Responses	May Use the Following Cues
0810	"yes I can swallow pills."	Assess patient for medication administration, children	Administer Tylenol for pain.	Cue: "What did the doctor order?"

		may have a hard time swallowing and may need liquid medications instead		
0815	"Will I go through a similar experience that I went through 3 months ago?"		Explains doctors' orders for platelets depending on am lab count, if count is below 10,000. Explains to patient and mother function of platelets.	Cue: "Is doctor going to give her medication to stop the bleeding?" "Are her labs back?" "What is her platelet count?"
0830	"I didn't have to have platelets 3 months ago since the medication helped me get better."	Explanation of consent and procedure provides the patient or their guardian the opportunity to make an informed decision about treatment and procedures to treat condition. Explains the relationship between the platelet level and providing platelets to the patient.	Nurse explains Consent and Administration of platelet transfusion side effects and risks. Nurse explains that the consent will be explained and signed but may not be necessary if platelet count is greater than 10,000.	
0900	"What does my body need to do to prevent this from [happening again]?"	Explains value of close scrutiny of her body, avoiding viral exposures, and healthy nutritional practices. Explains the process to be initiated in the ICU to help the patient over this crises.	Explains the need to transfer her to the ICU so she can have the bone marrow biopsy and then proceed with necessary treatment.	
Timing (approx)	Manikin Actions	Rational	Expected Actions/ Interventions/ Responses	May Use the Following Cues
0915	"I have never been in an ICU. How does the ICU differ from the ER/ED. "		Report given to the ICU nurse as soon as lab reports are obtained. Utilize SBAR for	Cue: Now that we have Lab reports can we proceed with her care?

			the report. Prepare patient for transport.	
0930	"Have my lab reports arrived?"	Reports received and shared with physician and staff involved in M.J.'s care.		
0945	"This is a great room. Do I get it all to myself?"	Routine admission to the ICU including EKG monitoring.	Nurse will explain the transfer and admission procedure and at the same time make preparations for the bone marrow biopsy.	
1000	"Boy, things move fast around here."	Teaching initiated for the bone biopsy.	ICU physician, the intensivist, Dr. Pink, communicated with Dr. Purple to prepare for the biopsy. Dr. Pink explains the purpose, procedure and risks and spends time with Mother and M.J. to allay their fears.	Cue: Consent signed by mother
1030	"Will it hurt when the needle goes into my bone?" "What will I feel like when you give me the medication for pain?"	Bone marrow biopsy performed by the radiologist with Dr. Pink in attendance and providing reassurance to the patient and mother.	Morphine 2 gm & Versed 2 mgm given slow IV push	Role member providing cue: Mother
Timing (approx)	Manikin Actions	Rational	Expected Actions/ Interventions/ Responses	May Use the Following Cues
1100	"I didn't feel a thing" "Can I go to sleep now?"		Nurse applies pressure according to the procedure and applied a dry gauze dressing. Labels tubes and lab slips for biopsy.	Cue: "is that all my daughter will have done?" Cue: Mother, "What will the biopsy results show to the doctor?"
1115		Methyl-prednisolone started after the		

		<p>biopsy. Other potential medications are held until the bone marrow results are reviewed.</p>		
1130	<p>Radiologist performs procedure and results are received with no indication of abnormalities in the bone marrow. The patient is placed on Prednisone @ 10 mg daily at home for 3 weeks. Patient is to follow up with a hematologist for assessment of platelet count. Provide teaching/education to the patient and the family about precautions she needs to take, clinical referents of ITP, and follow up. End of Scenario</p>	<p>Teaching is important in prevention of further injury and bleeding, especially in active pediatric patients.</p> <p>Results from the bone marrow biopsy and the last CBC results will be utilized to determine the need for continued treatment. Goal will be a gradual increase in the platelet count.</p> <p>These factors will also determine the length of stay in the hospital.</p>	<p>Educate the patient and family on the importance of taking the medication as prescribed and not to stop it abruptly.</p> <p>Explain side effects of medication and how it is indicated for ITP.</p> <p>Educate on precautions to prevent injury at home and observe for clinical referents of ITP.</p>	<p>Cue: "How often will she be on this treatment?"</p> <p>"What happens if the platelets don't go up?"</p> <p>"What can we do to prevent any injury and bleeding episodes?"</p> <p>"What do we need to watch out for?"</p>

PHYSICIANS ORDERS

Patient: Johnson, Michele MRN # 123456 Loc: MS 132	Allergies: NKDA DX: ITP	Adm date: 3/3/2017
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DATE/TIME	
3/3/17 0730	Start IV, large bore needle. Draw the following labs -CBC -PT/PTT D-Dimer -Blood Smear NPO until after the bone marrow biopsy is performed. Liquid Diet after bone marrow biopsy Monitor and record blood loss from epistaxis Perform measures to prevent bleeding including a nasal tampon Observe for increase in purpura, ecchymosis, and petechiae
	<p>Medications:</p> Tylenol 250 mgm. P.O. for mild discomfort in legs Methyl-Prednisolone P.O. 1 mg/kg. Give total dose after platelet count is received and bone marrow biopsy obtained. Beginning tomorrow, 3/4/20, divide dose in two and give one-half to patient in a.m. and one-half to patient in p.m. Cyclosporine P.O. 2mgm/kg/days starting on March 4, 2020 Type and Cross for 4 units of platelets and transfuse if PLT count is less than or equal to 10,000. Consent for Bone Marrow Biopsy. Transfer to ICU for routine ICU care. Bone Marrow Biopsy by radiology at the bedside in ICU ASAP.
	<p>Consult Dr. Pink to prepare for Bone Marrow Biopsy Dr. Purple</p>
1030	Give morphine 2mgm and versed 2 mgm slow IV push. Take vital signs every 5 minutes during procedure and every 15 minutes post procedure.
	Dr. Thomas Pink, MD

PHYSICIANS ORDERS

Patient: Johnson, Michele MRN # 123456 Loc: MS 132	Allergies: NKDA DX: ITP	Adm date: 3/3/2020
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DATE/TIME	
3/3/20 1030	Have lidocaine without epinephrine 1mgm available for Dr. Pink to use.
1100	Call results of biopsy when obtained. Observe biopsy site frequently and call Dr. Pink for comfort medications when patient awakens, if needed. Repeat CBC. Dr. Pink

9:30 a.m. Lab results from blood drawn in ER: CBC (with microscopic differential)

Normal Range:

RBC	4.52 X 10 ¹² / L	420- 5.10 X 10 (12)/L
HGB	1.4 g/dl	12.0 - 14.0 g/Dl
HCT	37.2 %	35.8-42.4%
MCV	82.3 fL	78.5 - 90.4 fL
MCH	29.6 pg	
MCHC	35.9 g/dL	
RDW	12.1	12.0-14.0%
WBC	5.3 x 10 ⁹ / L	3.4 - 9.5 x 10 (9)/L
N	44%	1.50- 8.50 x 10(9)/L
I	39	1.50 - 6.50 x 10(9)/L
M	14	0.00 - 0.80 x 10(9)/L
E	1	0.00 - 0.50 x 10(9)/L
B	2	0.00 - 0.20 x 10(9)/L
PLT	<55 x 10 ⁹ /L	150 - 450 x 10(9)/L
MPV	10.9 fL	

***NUMEROUS
SCHISTOCYTES
PRONOUNCED
RETICULOCYTOSIS***

Coagulation:

INR 0.91 (RI 0.85-1.15)

PTT 24.8 SEC (RI 23-34)

PT 15.8 sec (RI 13-18)

BLOOD SMEAR

RBC MORPHOLOGY:

NORMOCYTIC,

NORMOCHROMIC WBC

MORPHOLOGY: WITHIN

NORMAL LIMITS

(one lymphocyte shown here)

PLT morphology: Appear increased in size

BONE MARROW BIOPSY

Aspirate: Erythrocyte and granulocyte maturation within normal limits. Megakaryocytes appear normal in number and morphology.

Sections: Slightly hypocellular for her age, with abundant megakaryocytes

Debriefing / Guided Reflection Questions for This Simulation

(Remember to identify important concepts or curricular threads that are specific to your program)

1. How did you feel taking care of MJ?
2. Describe the objectives you were able to achieve?
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Where you satisfied with your ability to work through this simulation?
6. What were your priorities for this patient?
7. What developmental stage impacts MJ's response to her chronic illness?
8. How did the team determine who would do what? How did you communicate?
9. What do you know about individualizing MJ's care based on his/her age?
10. What do you feel was the primary nursing diagnosis?
11. What medications considerations – effects, side effects, and implications for interactions with other medications as well as nutrition – do you need to consider when planning for patient teaching?
12. What did you do well?
13. What were the key assessments and interventions? Were your interventions effective?
14. To Observers: What questions or comments do you have for the team?
15. What will this family need to know prior to discharge? How can you help them manage Immune Thrombocytopenic Purpura?
16. What do you want to know more about after caring for MJ?
17. What is the most important thing you learned from this case?

Complexity- Simple to Complex

Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners

-
-
-
-
-

**STUDENT EVALUATION:
DISCUSSION RUBRIC**

CRITERIA	Performance Indicators			
	Proficient	Competent	Substantive Area for Improvement	Unsatisfactory Work
<p><u>Content</u> 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. 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. 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. Or Provides some answers but fails to respond to discussion questions as directed in the Forum. 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 Or Responses have no connection to the questions. Posting & responses meet few/none of the discussion instructions.</p> <p style="text-align: center;">0 Points</p>
<p><u>Scholarly Presentation</u> 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.&/Or 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. &/ Or Postings contain in excess of 4 errors in SGP.</p> <p style="text-align: center;">0 Points</p>
<p><u>Engagement</u> 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. &/ Or Replies are clearly disrespectful.</p> <p style="text-align: center;">0 Points</p>
<p><u>Citations/APA</u> 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> 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>

Rubric for Reflective Journal Writing

Student Name:		Date:		
Task Description: Using the model for reflection, each week, the student will make a reflective journal entry regarding a particular learning activity or experience in class or other settings that demonstrates nursing values and principles and how this activity impacted the student's understanding of professional nursing.				
Criteria	Exemplary	Accomplished	Developing	Beginning
Retelling of Experience	<input type="checkbox"/> Detailed explanation of experience <input type="checkbox"/> Specific descriptors of observations during experience <input type="checkbox"/> Writing is highly organized with logical sequence	<input type="checkbox"/> Clear explanation of experience <input type="checkbox"/> Objective observation of experience <input type="checkbox"/> Organization is clear and easy to follow	<input type="checkbox"/> Somewhat clear explanation of experience <input type="checkbox"/> Somewhat objective observation of experience <input type="checkbox"/> Minimal organization	<input type="checkbox"/> Vague explanation of experience <input type="checkbox"/> Non-objective observation of experience <input type="checkbox"/> No organization evident; confusing
Reflections/ Personal Response	<input type="checkbox"/> Reflects well on own work <input type="checkbox"/> Provides many examples	<input type="checkbox"/> Reflects on own work <input type="checkbox"/> Provides examples	<input type="checkbox"/> Some reflection on own work <input type="checkbox"/> Provides few examples	<input type="checkbox"/> Little reflection on own work <input type="checkbox"/> Provides very few or no examples
Relevance to Classroom Concepts or Personal Experience	<input type="checkbox"/> Student listens well in different contexts; relates observations to classroom concepts and/or personal experiences	<input type="checkbox"/> Student listens in class; relates some observations to classroom concepts and/or personal experiences	<input type="checkbox"/> Makes minimal reference to what is heard in class or to personal experience	<input type="checkbox"/> Makes no reference to what is heard in class or personal experiences
Analysis of Experience	<input type="checkbox"/> Makes many inferences <input type="checkbox"/> Comprehends deeper meanings <input type="checkbox"/> High level of critical thinking expressed	<input type="checkbox"/> Makes inferences most of the time <input type="checkbox"/> Usually comprehends deeper meanings <input type="checkbox"/> Some critical thinking expressed	<input type="checkbox"/> Some inferences are made <input type="checkbox"/> Comprehends surface level meaning <input type="checkbox"/> Minimal critical thinking expressed	<input type="checkbox"/> Few or no inferences are made <input type="checkbox"/> No comprehension or reflection on assignment <input type="checkbox"/> Little or no evidence of critical thinking
Effort on Assignment	<input type="checkbox"/> Obvious, detailed effort on assignment <input type="checkbox"/> Neat, legible handwriting	<input type="checkbox"/> Acceptable effort on all parts of the assignment <input type="checkbox"/> Legible handwriting	<input type="checkbox"/> Some effort on assignment <input type="checkbox"/> Readable handwriting	<input type="checkbox"/> Little or no effort on assignment <input type="checkbox"/> Illegible handwriting
Faculty Feedback				

Professional Paper Grading Rubric

Student: _____ Date _____

Section			
Introduction Hey!! 15=____	Introduction 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. Address building and maintaining clinical competence. 2. Address 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 limited use of graphics rarely supports text and presentation.	Student appropriate use of graphics relates to text and presentation.	Student graphics illustrate and reinforce screen text and presentation.	
Mechanics	Student's presentation has four or more spelling errors and/or grammatical errors.	Presentation has three misspellings and/or grammatical errors.	Presentation has no more than two misspellings and/or grammatical errors.	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; pronounces words incorrectly	Student's voice is low; some students in class have difficulty hearing; pronounces several words incorrectly	Student's voice is clear. Most audience members can hear presentation; pronounces most words correctly	Student uses a clear voice; all students can hear presentation; pronounces words precisely and correctly	
				Total Points:	

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

Objectives	TBON DEC's	AACN Essentials
MEMBER OF THE PROFESSION		
1. Expand knowledge of regulations that clarify the nursing role as specified by the Texas Board of Nursing guidelines in additional concepts with identified exemplars.	I-A 1-4; B 1, 2; D 1; II-D 1 a-c	VIII
2. Recognize and adhere to standards of practice identified by the American Nurses Association that specify actions for identified concepts and exemplars for this course.	I-B 2; C 3; II-E 8, 9	II
3. Discuss the role of the professional nurse when providing holistic, culturally sensitive and evidence-based care individuals across the life span.	I-B 7; C 2	III
4. Engage in self-evaluation and reflection to appraise and improve practice	I -B 5	VIII, IX
PROVIDER OF PATIENT-CENTERED CARE		
5. Utilize a systematic process to analyze selected health concepts for diverse patients across the lifespan.	II-A 1.a; C.1.a; F 1	II, III
6. Describe management of care recommended by evidence-based practice for selected health care concepts.	II-A 3.a, 4.a, b; C 4 a; E 5;	III, VII
7. Apply biophysical and pathophysiological concepts to identified exemplars in each age group.	II-B 1.b, 4; 3.a, b; E.2; F 2	I, III, IX
8. Describe the interrelatedness between health care concepts to assist in developing clinical judgment.	II-B 6; C 6; G 1 a	I, III
9. Develop understanding and recognition of patient communication patterns which reflect behavioral issues that impact health concerns.	II-B 5; C 1a., 2b;	I, III, VIII
10. Explain common clinical referents/manifestations, antecedents, consequences, diagnostic findings, drug therapy and other treatment modalities for patient exemplars across the life span.	II-B 9; C 3; E 4a, 6a, 7, 12; G 3	I, II, III, VII
11. Analyze the impact of physiological, psychosocial, pathophysiological, and/or cultural status on the patient and family throughout the reproductive years.	II-B 4; D 5; E 13	I, II, III, VII
12. Identify role of nurse in providing patient education regarding health promotion and well-being.	I-A 1-4; B 1, 2; D 1; G 2a, b, 3 a; IV G 3a-c	VII, VIII
PATIENT SAFETY ADVOCATE		
13. Identify activities used to prevent or respond to safety hazards associated with concepts and exemplars.	II-B 10; III-B 1, 2, 4; C	VII, IV, V
14. Apply knowledge of the rules and regulations that address patient and nurse rules safety in health care settings.	III-A1, 2, 3; B 4; C 2; D1; E 1, 2; F 1, 2	II, III,
MEMBER OF THE HEALTH CARE TEAM		
15. Explain the relevance of evidence-based practice to patient safety, quality of care, and best practice interventions associated with concepts and exemplars.	IV A 5; B 2c; D 3; E2; F 1	IV, V
16. Discuss collaborative communication principles and how these contribute to the functions of the health care team.	IV A 2, C 3; D 1; E 1a, b, 3; F 4 a	IV, V, IX
17. Identify changes associated with concepts that require communication and/or documentation with health care team.	IV A 2; C 4; D3; E 2; F 4 a	II, VI, IX