## FLORIDA ATLANTIC UNIVERSITY
## CHRISTINE E. LYNN COLLEGE OF NURSING
## COURSE OVERVIEW
### Fall 2014

**COURSE NUMBER:**      NUR 4764L

**COURSE TITLE:**       Complex Care in Nursing Situations with Adults and Aging
                        Populations in Practice

**COURSE FORMAT:**      Live, Web assist

**CREDIT HOURS:**       1 credits

**COURSE SCHEDULE:**    **************, Boca (*****), NU 202.

**PLACEMENT IN**        Required course
**CURRICULUM:**

**PREREQUISITES:**      NUR 4716, NUR 4716L

**COREQUISITES:**       NUR 4764

**FACULTY:**            Name and credentials:
                        Title:
                        Office Location:
                        Phone:
                        E-mail

**OFFICE HOURS:**       Day of week X-X PM

## COURSE DESCRIPTION:

Emphasis is placed on advancing clinical reasoning by integrating complex concepts and
foundational nursing knowledge, caring science, and evidence-based standards to design person-
centered care in complex nursing situations. The role of collaborative relationships with
patients, their families and the interprofessional team is examined. Evidence-based nursing
responses that nurture the wholeness of persons to maximize outcomes, prevent complications,
and improve the quality of life are examined. Legal, ethical, cultural and economic
considerations associated with complex acute health problems are addressed.

**COURSE OBJECTIVES:** Upon completion of NUR 4764L, the student will be able to create caring nursing responses in:

### Becoming competent

1. Use multiple ways of knowing and systematic inquiry to build a foundation for reflective, evidence-based practice that co-creates a caring environment in complex nursing situations. (PO 2, 3, 4, 5, 6, 8, 9; Essentials I, II, III, VII, IX).

2. Explain the influence of health/illness beliefs, values, attitudes and practices of individuals and families on nurturing the wholeness of persons in complex nursing situations. (PO 1, 2, 3, 4, 5, 8, 9; Essentials I, VII, IX).

3. Design person-centered care that reflects an understanding of human development, pathophysiology, pharmacology, interprofessional and nursing management for adults and the aging across complex settings. (PO 2, 3, 4, 5, 8, 9; Essential I, II, III, VII, IX).

### Becoming Compassionate

4. Explain the cultural, ethical, legal, and spiritual dimensions to be considered in both designing nursing responses and evaluating patient outcomes in complex nursing situations. (PO 1, 2, 3, 4, 5, 6, 8, 9; Essentials I, II, III, VII, IX).

5. Design compassionate, patient-centered and evidence-based nursing responses that respect patient and family values. (PO 1-9; Essential I, II, III, IV, VI, VII, IX).

### Demonstrating comportment

6. Justify ethical standards related to data management, regulatory requirements, confidentiality, and clients' rights to privacy in complex care settings. (PO 1, 2, 3, 4, 6, 7, 8, 9, 10; Essential I, II, IV, VII, IX).

7. Collaborate with patients and interprofessional teams to provide spiritually and culturally appropriate care, including health promotion and disease and injury prevention. (PO 1, 2, 3, 4, 5, 6, 7, 8, 9, 11; Essentials I, II, VI, VII, IX).

### Attending to conscience

8. Examine personal beliefs and values as they relate to professional practice in complex care settings. (PO 1, 2, 3, 4, 5, 8, 9, 10; Essential I, II, VIII).

9. Explain the role of the nurse as advocate for adults, aging populations and families in complex nursing situations. (PO 1-12; Essentials I-IX).

10. Design strategies to promote a culture of quality and safety for patients and their families in complex nursing situations across settings. (PO 2-10; Essential I, II, III, IV, VII, IX).

11. Design relationship-centered end-of-life and palliative care, such as symptom management, support of rituals, and respect for patient and family preferences. (PO 2-9; Essential I, II, III, IV, VI, VII, IX).

### Becoming confident

12. Recognize and value the roles, scope of practice, and contribution of self and the various members of the interprofessional team to patient outcomes in complex nursing situations. (PO 1, 2, 3, 4, 5, 6, 8, 9, 11; Essentials I, II, VI, VII, IX).

13. Evaluate the effectiveness of advanced healthcare equipment and technology in improving patient care outcomes and creating a safe care environment. (PO 2, 3, 4, 5, 6, 8, 9, 10; Essentials I, II, II, IV, VII, IX).

14. Analyze the impact of healthcare policy on issues of access, equity, affordability, and social justice in complex care settings. (PO 2, 3, 4, 5, 6, 8, 9, 10; Essential I, II, III, V, VII, VIII, IX).

**Affirming commitment**

15. Examine the roles and responsibilities of regulatory agencies and their effect on patient care, quality, workplace safety, and the scope of nursing and other health professionals' practices. (PO 2-12; Essential I, II, V, VI, VII, IX).

16. Construct a linkage between caring and technology in order to create a safe, healing environment. (PO 2, 3, 4, 5, 7, 8, 9; Essentials I, II, III, IV, IX).

17. Demonstrate an understanding of conscience and commitment while nurturing the wholeness of others using evidenced based reflective practice in complex nursing situations. (PO 1-12; Essential 1-IX).


## TEACHING LEARNING STRATEGIES:

Clinical experiences; post-conference discussions; written reflection journal; Electronic Health Record Nursing Documentation

## GRADING AND EVALUATION METHODS:

| EVALUATION METHODS | PERCENT OF TOTAL GRADE |
|---|---|
| Clinical worksheets | 10% |
| Weekly EHR Documentation and reflective journal | 25% |
| Adult health Nursing Care Map | 50% |
| Nursing Practice Evaluation Tool | 15% |

## GRADING SCALE:

Satisfactory (S) and Unsatisfactory (U) grades: A grade of S signifies that the work is of C quality or better and meets expectations. A grade of U indicates that the work is below expectations and no credit will be given. A grade below C is not passing in the Undergraduate program. S/U grading is not calculated into the grade point average.


## REQUIRED TEXTS:

Ignatavicius, D. & Workman, L. (2012). *Medical-Surgical Nursing: Patient-Centered Collaborative Care* (7th Ed.). St. Louis: Saunders Elsevier. ISBN (single volume) 978-1-4377-2801-9 or ISBN (2 volume set) 978- 1-4377-2799-9

## RECOMMENDED TEXTS:

Lehne, R. A. *Pharmacology for Nursing Care*. (7th ed). Philadelphia: Saunders. ISBN- 978-1-4160-6249-3.

Smith, S.F., Duell, D.J., Martin, B.C. (2012). *Clinical Nursing Skills* (8th ed.). Prentice Hall Co. ISBN-13:978-0-13-511473-5.

## TOPICAL OUTLINE:

I. Interprofessional approach to person-centered care for individuals with complex health conditions: (Essential I)
   1. Synthesize theories, concepts and caring science to build an understanding of the human experience
   2. Integrate knowledge of and methods from an interprofessional perspective to inform decision-making.
   3. Apply caring, cultural, and social factors to care for diverse populations in the clinical setting.

II. Quality care & patient safety: (Essentials II, V, VII)
   4. Implement communication skills within the context of an interprofessional team to ensure quality & safety.
   5. Accept responsibility for nursing care and team coordination in delivery of person-centered care.
   6. Create a culture of safety and caring.
   7. Participate in quality and safety initiatives.
   8. Identify roles and responsibilities of regulatory agencies and their effect on patient care quality, workplace safety, and the scope of nursing and other health professionals' practices.
   9. Collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions.
   10. Assess health/illness beliefs, values, attitudes and practices of individuals and families in order to design person-centered nursing responses.

II. Evidence-based practices to guide complex care nursing: (Essential III)

   11. Participate in the process of retrieval, appraisal and synthesis of evidence in collaboration with healthcare team to improve patient outcomes.
   12. Use evidence to design nursing care and create caring environments.
   13. Identify practice deviations from standards that may adversely influence patient outcomes.

III. Information management and application of patient care technology. (Essential IV).
   14. Use information technology in the complex care setting to improve patient care outcomes and creating a safe care environment.
   15. Demonstrate competence in using patient care technologies, information systems, and communication devices that support safe nursing practice in complex care settings.
   16. Understanding the use of documentation systems that track nurse sensitive outcomes.
   17. Demonstrate comportment in upholding ethical standards related to data security, regulatory requirements, confidentiality, and the patients right to privacy.

V. Interprofessional Communication & Collaboration (Essentials VI & IX)
   18. Apply of inter and intra professional communication skills to deliver evidence-based, person-centered care.
   19. Incorporate effective communication techniques, including negotiation and conflict resolution to produce caring professional relationships.
   20. Share the unique nursing perspective in interprofessional care opportunities.
   21. Facilitate person-centered transitions of care, including shift to shift, discharge planning and ensuring the caregivers knowledge of care requirements to promote a safe caring environment.

VI. Demonstration of professional comportment (Essential VIII).
   22. Model the values of moral, ethical, and legal conduct.
   23. Honor professional boundaries with patients, families, and colleagues.
   24. Identify the impact of attitudes, values, and expectations on the care of frail older adults in the acute care

setting and other vulnerable populations.
25. Act to prevent unsafe, illegal, or unethical care practices.
26. Reflect upon one's own beliefs and values as they relate to professional practice.
27. Model Roach's 6 C's as outlined in the clinical evaluation tool.

# COURSE ASSIGNMENTS:

## Clinical Worksheets
Students are expected to use available clinical time to complete the various worksheets in the clinical resource notebook. At least one worksheet should be completed daily. Worksheets will be graded and returned before you leave the clinical setting. Worksheets are worth 10% of the course grade; a minimum of 15 complete worksheets are needed for full credit.

## EHR Documentation
EHR documentation and reflective journals are to be submitted to your assigned faculty member within 4 days of your clinical experience. Please note that documentation about care of the patient in the electronic health record is largely objective data while your reflective journal, the last section of the EHR documentation, provides an opportunity for self-evaluation and subjective response to the nursing situation. Information provided here will help you with this area of your journal, the reflective component.

> In the journal, consider the objectives that you noted after your previous week's experience.
> Did you meet your objectives?
> Describe your accomplishments and analyze or critique your clinical experience.
> What would you do differently? What did you learn?

Choose one or more of the caring perspectives as a lens for viewing your nursing situation. Incorporate how your situation reflects selects aspects of the caring perspectives.

The following are questions you can consider for reflection in your journal. Please do not attempt to answer them all each week. See if any of them interest you or are important to your clinical experience and address those that are in your journal.

> Did any ethical issues/principles or legal issues surface during this clinical experience?
> What did you find interesting and something that was a learning opportunity for you?
> What about the general environment of the clinical setting – was this a safe area, how could it be improved?
> What did you notice about healthcare economics? Healthcare delivery systems? Use of evidence-based practice?
> How was technology used? Were you familiar with the methodology?

Conclude by identifying one or two objectives that you have for your learning in the next clinical experience for this course.

**The Care Map** is an in-depth look at the patient that includes an oral history, complete physical, and specific knowing of the patient and their concerns. From this knowledge Nursing Calls are discovered. Additionally, nursing diagnoses are developed that require interventions designed by the caregiver to reach short term and long term outcomes or goals. Use the Care Map Guidelines to answer specific concerns related to the patient. The first paper will be due after the third practice week. These will be done weekly until 2 satisfactory papers have been developed (each counts toward 25% of the practice course grade).

This Nursing Care Narrative reflects your ability to organize and interpret data and to critically think about and analyze your nursing care. This is one way to evaluate and document your ability to develop a comprehensive plan of care, hear unique calls, & design holistic nursing responses. It also reflects your assessment and critical thinking abilities and demonstrates the rationale for care including medication and other empirical knowledge, along with ethical and safety concerns. Your ability to accurately document in the clinical area and successfully complete a nursing care narrative provides an effective way for faculty to evaluate your clinical competency.

**Nursing Practice Evaluation Tool:** The nursing practice evaluation tool provides documentation of your performance. At a mid-semester conference, the student and faculty will review progress to date in meeting the learning outcomes for the course. Strategies to facilitate achievement of the learning goals will be mutually

determined. The Professional Practice Lab and electronic resources may be used to augment clinical activities in supporting individual growth. The final evaluation conference will provide the final assessment of achievement of goals. At the conclusion of this course, the nursing practice evaluation tool will be jointly reviewed by the faculty and student in a conference, signed and placed in the student's file at the College of Nursing. Signing the tool does not indicate agreement with the evaluation; the student's signature indicates that the evaluation has been reviewed

## COLLEGE OF NURSING POLICIES

Policies below may be found in:

a). The faculty reserves the right to make changes in course content and requirements.

b). The Christine E. Lynn College of Nursing Undergraduate Handbook located at: http://nursing.fau.edu/index.php?main=3&nav=526

c). Florida Atlantic University's Academic Policies and Regulations http://www.fau.edu/academic/registrar/catalogRevs/academics.php and http://www.fau.edu/regulations

### CODE OF ACADEMIC INTEGRITY:

The University policy regarding academic integrity is enforced in this course. Students at Florida Atlantic University are expected to maintain the highest ethical standards. Dishonesty is considered a serious breach of these ethical standards, because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility. Harsh penalties are associated with academic dishonesty. For more information, see: http://www.fau.edu/regulations/chapter4/4.001_Code_of_Academic_Integrity.pdf

The College of Nursing regards adherence to the Code of Academic Integrity as a professional competency and an expectation of all students. **ANY** act of dishonesty that violates the code of academic integrity and misrepresents your efforts or ability is grounds for immediate failure of the course.

### DISABILITY STATEMENT:

In compliance with the Americans with Disabilities Act (ADA), students who require special accommodations due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) located in Boca Raton – SU 133 (561-297-3880), in Davie – MOD 1 (954-236-1222), in Jupiter – SR 117 (561-799-8585) or at the Treasure Coast – CO 128 (772-873-3305), and follow all OSD procedures.

### INCOMPLETE POLICY:

The Incomplete Grade Policy is enforced. A student who registers for a course but fails to complete the course requirements, without dropping the course, will normally receive a grade of "F" from the course instructor. A student who is passing a course but has not completed all the required work because of exceptional circumstances may, with the approval of the instructor, temporarily receive a grade of "I" (incomplete). This must be changed to a grade other than "I" within a specified time frame, not to exceed one calendar year from the end of the semester during which the course was taken.

### ATTENDANCE POLICY:

Students are expected to attend all of their scheduled University classes and to satisfy all academic objectives as outlined by the instructor. The effect of absences upon grades is determined by the instructor, and the University reserves the right to deal at any time with individual cases of nonattendance. Students are responsible for arranging to make up work missed because of legitimate class absence, such as illness, family emergencies, military obligation, court-imposed legal obligations, or participation in University-approved activities. Examples of University approved reasons for absences include participating on an athletic or scholastic team, musical and theatrical performances, and debate activities. It is the student's responsibility to give the instructor notice prior to any anticipated absence and within a reasonable amount of time after an unanticipated absence, ordinarily by the next scheduled class meeting. Instructors must allow each student who is absent for a University-approved reason the opportunity to make up work missed without any reduction in the final course grade as a direct result of such absence.

### RELIGIOUS ACCOMMODATION:

In accordance with rules of the Florida Board of Education and Florida law, students have the right to reasonable accommodations from the University in order to observe religious practices and beliefs with regard to admissions, registration, class attendance, and the scheduling of examinations and work assignments.

Students who wish to be excused from coursework, class activities, or examinations must notify the instructor in advance of their intention to participate in religious observation and request an excused absence. The instructor will provide a reasonable opportunity to make up such excused absences. Any student who feels aggrieved regarding religious accommodations may present a grievance to the director of Equal Opportunity Programs. Any such grievances will follow Florida Atlantic University's established grievance procedure regarding alleged discrimination. USE OF STUDENT COURSE MATERIAL The Christine E. Lynn College of Nursing may use students' course- related materials for legitimate institutional purposes, such as accreditation, university review process, or state board of nursing review process, etc. In such cases, materials will be used within the college and university.

**COURSE SCHEDULE for NUR 4764L Complex Lab/Clinical Course:** During your clinical experiences, you will need to focus on the following content that correlates with the NUR 4766 didactic course.

| Date | Topic | Textbooks Medical & Surgical Nursing: Patient Centered Collaborative Care by Ignatavicius & Workman 2013 (Ig & W) Dale Dubin (DK) R. Lehne Pharmacotherapeutics (most recent editions) | Assignment/Activity |
|------|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| Week 1 | Introduction to course.<br><br>American Heart Assoc. ACLS and cardiac care standards & Interprofessional Team in complex cardiac arrhythmia management and electrocardiographic monitoring in home via telemedicine.<br><br>Linkage between Caring and technology/technological competence | Basic Arrhythmias<br><br>Dubin, p. 90-110, 122-131, 134-139, 144-170, & 176.<br><br>Dubin, p. 259-294.<br><br>ACLS Protocols/Code Skills/ Interprofessional Team/Family Presence<br><br>http://circ.ahajournals.org/content<br>Read Part 8.2 and 8.3.<br>Print out enlarged, colored algorithms and bring to class. | Clinical<br><br>Nursing Situations |
| Week 2 | Caring for persons in complex nursing situations requiring knowledge of oxygenation/perfusion concepts:<br>1. Complex care in low perfusion states/shock<br>2. Use of information systems to track risk for SIRS/Sepsis<br>3. Care of persons experiencing coagulopathies<br>4. Venousthromboembolism (VTE)/Pulmonary Embolism & transitioning to home environment<br>5. Use of information systems to track risk for VTE, VAP<br>6. arterial blood gas data | Ig&Wk –Chapter 39, p. 523, 526-7.<br>Ig&Wk p. 708-710.<br><br><br><br>pp. 798-803. | Clinical<br><br>Nursing Situations |

| | | | |
|---|---|---|---|
| Week 3 | 7 Chest tube & airway management<br>8 Persons requiring long term ventilator support/ transition to long term care<br>9 Core measures-ventilator acquired pneumonia (VAP)<br>10. Conscious sedation<br>11. Acute Adult Respiratory Syndrome (ARDS | Ig&Wk-Chapter 34 | Clinical<br><br>Nursing Situations |
| Week 4 | <u>Caring for persons in complex nursing situations requiring knowledge in acute metabolic nursing concepts</u>:<br>1 Acute thyroid & adrenal crisis,<br>1. DKA, HHNK.<br>2. Core measures for glucose<br>3. Interprofessional Team approach<br>4. Patient teaching/Discharge planning<br>5. Transition to home environment. | Thyroid/Adrenal Crises Ig&Wk pp. 1380-84 & 1393-1404<br><br><br><br>DKA/HNNK    Ig&Wk Chapter 67 Articles on BB/Cypress, M. & Handerhan, B.<br>Lehne's Chapter on Insulins | Midterm Clinical Evaluation<br><br><br><br>Clinical<br><br>Nursing Situations |
| Week 5 | <u>Caring for persons in complex nursing situations requiring knowledge of Disaster/Trauma nursing concepts</u>:<br>1 Care of persons experiencing a natural disaster<br>1. Care of persons experiencing traumatic injury (head injury, spinal cord injury)<br>2. Spinal cord injury (complete and incomplete fx),<br>3. Rehabilitation transition & an interprofessional team | Ig&Wk Chapter 10, 54 &<br><br>967-976. | Clinical<br><br>Nursing Situations |

| | | | |
|---|---|---|---|
| | approach to care<br>4. Patient teaching/Discharge planning | | |
| **Week 6** | <u>Caring for persons in complex nursing situations requiring knowledge of</u>:<br>1. Best Practices for Elder Care in Intensive Care Unit (ICU)<br>2. Care of persons in death and dying stages in the ICU and upon discharge to other setting | Chapter 3 | Clinical<br><br>Nursing Situations |
| **Week 7** | Pulling it all together | | Clinical Final Evaluations |

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## FLORIDA ATLANTIC UNIVERSITY

## CHRISTINE E. LYNN COLLEGE OF NURSING

## STATEMENT OF PHILOSOPHY

Nursing is a discipline of knowledge and professional practice grounded in caring. Nursing makes a unique contribution to society by nurturing the wholeness of persons and environment in caring. Caring in nursing is an intentional mutual human process in which the nurse artistically responds with authentic presence to calls from persons to enhance well-being. Nursing occurs in nursing situations: co-created lived experiences in which the caring between nurses and persons enhance well-being. Nursing is both science and art. Nursing science is the evolving body of distinctive nursing knowledge developed through systematic inquiry and research. The art of nursing is the creative use of nursing knowledge in practice. Knowledge development and practice in nursing require the complex integration of multiple patters of knowing. Nurses collaborate and lead interprofessional research and practice to support the health and well-being of persons inextricably connected within a diverse global society.

Persons as participant in the co-created nursing situation, refers to individual, families or communities. Person is unique and irreducible, dynamically interconnected with others and the environment in caring relationships. The nature of being human is to be caring. Humans choose values that give meaning to living and enhance well-being. Well-being is creating and living the meaning of life. Persons are nurtured in their wholeness and well-being through caring relationships.

Beliefs about learning and environments that foster learning are grounded in our view of person, the nature of nursing and nursing knowledge and the mission of the University. Learning involves the lifelong creation of understanding through the integration of knowledge within a context of value and meaning. A supportive environment for learning is a caring environment. A caring environment is one in which all aspects of the person are respected, nurtured and celebrated. The learning environment supports faculty-student relationships that honor and value the contributions of all and the shared learning and growth.

The above fundamental beliefs concerning Nursing, Person and Learning express our values and guides the actions of Faculty as they pursue the missions of teaching, research/scholarship and service shared by the Christine E. Lynn College of Nursing and Florida Atlantic University.

April 2012