

CUESTA COLLEGE
NURSING AND ALLIED HEALTH

NRAD 201

FOUNDATIONS OF NURSING/CARING

SYLLABUS

FALL 2008

Instructor: Pam Peachey, R.N., M.S.N.

NRAD 201

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SECTION I

CUESTA ADN CARING CONCEPTUAL FRAMEWORK
PERCEPTIONS OF NURSING PRACTICE

GOALS:	FACILITATE OPTIMAL HEALTH
CLIENTS:	INDIVIDUALS, FAMILIES, GROUPS
PROBLEMS:	GOAL SETTING ENERGY CARING
NURSING INTERVENTIONS:	PREVENTION MAINTENANCE CARE RESTORATION
SETTINGS:	ACUTE CARE HOSPITALS, CLINICS, EXTENDED CARE, HOME HEALTH, SCHOOLS, OUTPATIENT OFFICES, & COMMUNITY SERVICES
TOOLS/CONCEPTS:	COMMUNICATION NURSING PROCESS JUDGEMENT ENERGY PSYCHOMOTOR SKILLS TEACHING LIFE SPAN CARING
WORK/ROLE RELATIONSHIPS:	PROFESSIONAL LEADERSHIP AND MANAGEMENT ADVOCACY

A. CUESTA COLLEGE COURSE OUTLINE – EXISTING COURSE NRAD 201

B. REQUIRED TEXT:

1. Peachey, Pam (2008) Syllabus NRAD 201.
2. Zerwekh, JoAnn and Claborn, Jo Carol. (fifth edition). Nursing Today Transition and Trends. St. Louis: Saunders.

C. COURSE REQUIREMENTS:

The student is expected to:

1. **The class September 15 (Legal) and October 27 (Meyers-Briggs) will be 8 am – 10 am in Rm 5401 (the student center).**
2. Comply with rules and regulations of Cuesta College as found in the Cuesta College Catalog.
3. Complete all assignments. Failure to complete assignments will result in a failing grade in the course.
4. Completion of reading assignments is expected.
5. Late work will be graded down one letter grade for each day late.
6. Actively participate in classroom assignments.
7. Develop self-direction in the progressive achievement of the course objectives.
8. Obtain minimum of a "C" grade for passing the course.
9. Cells phone and beepers should not be audible during class.

Absences:

10. Three times late to class will constitute one absence. Absences due to illness or other reasonable causes may not exceed more than one, 2-hour class. Excessive absences may be just cause for dismissal. For absences on the day of a scheduled exam, please call Instructor for guidance.
11. Students are expected to petition for continuation in the program if they exceed the allowed absences. All faculty will review the request and a decision will be based on the students ability to complete course objectives, as well as clinical and/or theory performance status. Continuation is not guaranteed. (Form is found on the Nursing and Allied Health WEB site)

12. A student who is absent due to illness for three (3) consecutive days may be asked to present a doctor's written note indicating student's present state of health and ability to resume classes.
13. Students sleeping in class will be told to leave. Classes missed will count as an absence and cannot be made up. "too exciting to sleep"
14. Make-up homework is REQUIRED for absences over acceptable number allowed for the course. See instructor promptly.
15. Notify the Instructor by phone (leave a message) prior to class regarding any absence.

Testing and Learning Needs:

16. Students must score a minimum of 70% on the final exam to pass the course. Exception: Student scoring between 65 – 69% may pass the course if the average of all pre – final test scores meet or exceed the following:

Pre Final Average Score (tests/quizzes only)	Final Exam Score %
76	69
77	68
78	67
79	66
80	65

Please note:

- There will be no rounding up, for example if you have a 64.999 on the final exam you would fail.
 - Performance up until the final exam accounts for the percentage of the final grade as indicated in the course syllabus.
 - Meeting the requirements above or scoring 70% or higher on the final does not automatically qualify a student to pass the course
17. If you are a student with documented disabilities, please contact me if you want accommodations. Utilize DSPPS if appropriate for you.
 18. Notify Instructor if you need provisions for CAI or videos.
 19. Early Alerts will be sent if your cumulative grade is < 75%.
 20. All make up examinations will be during open lab time in the skills lab at a designated desk. Arrangements must be made with the class instructor as soon as possible from the absence.

21. Be prepared to bring with you Scantron sheet and a #2 pencil.
22. Cheating in any form means zero for that exam and the student is subject to disciplinary action such as probation or dismissal from the program upon faculty decision.
Remember that you want to work in the medical field. Safe patient care is connected to knowledge and understanding of what you have learned.

D. CRITERIA FOR EVALUATION:

1. Quizzes

There will be four (4) quizzes. Quizzes may be multiple choice, short answer and essay.

2. Paper

One formal paper required. Your paper must be typed using APA format. Please refer to the nursing website under “students” for current APA guidelines. Proper spelling, punctuation, and grammar are expected.

Length should be 3 or 4 pages, excluding cover page and reference page. **A hard copy of your paper is due November 24 at the beginning of class.** A late paper is graded down one grade for each day late

- Interview three (3) practicing Registered Nurses regarding their perception of current nursing issues. (Do not use their actual names.)
- In your paper, (a) Introduction: Summarize the RNs perceptions on current nursing issues (b) Body of the paper: Choose one issue that interests you and address it. Use at least one 2005 or more recent **nursing** journal article to support how nursing actions may be a solution to the primary issue you addressed. (c) Conclusion/closing paragraph: explain how you think this issue will impact your future nursing career.
- Attach the article to your paper-full text only; no abstracts
- Typed, APA format; proper spelling, punctuation, and grammar

Introduction:	15 points
Body of Paper:	30 points
Conclusion:	15 points
Article attached:	5 points
Clarity and APA:	5 points

3. Final grade is based on:

Quizzes (25 points each)	=	100 points
Final	=	100 points
Paper	=	70 points
Critical Thinking Scenarios	=	20 points

TOTAL: 290 points

(10 scenarios each worth 2 points—due at the end of class. NO LATE PAPERS. I will place an answer KEY on my WEB page by 4pm on the same day as the lecture)

- Influences of the Past (homework)
- Legal Issues (homework)
- Caring Curriculum—Conceptual Framework (in class)

- Caring Curriculum—Application (in class)
- Self Care Log (homework)
- Self Care Strategies (homework)
- Ethical Issues (homework)
- Critical Thinking-Application to the clinical setting (in class)
- Reality Shock (homework)
- Life Span (in class)

90 - 100% = A
80 - 89.4% = B
70 - 79.4% = C
69.4% or below = F or not passing

Quizzes/Paper/Final dates:

Quiz 1	September 29
Quiz 2	October 20
Last Day to complete Meyers-Briggs on Line	October 10 by 5 p.m.
Quiz 3	November 17
Paper	November 24
Quiz 4	December 8
Final	December 15 12p-2p

E. INSTRUCTOR INFORMATION

Pam Peachey Office Phone: 546-3100, ext. 2797
Email ppeachey@cuesta.edu
Web Page <http://academic.cuesta.cc.ca.us/ppeachey/>
Password Protected Files User name: ppnrad1
Password: course1
Domain cuesta
Office: Room 2311
Office hours: Posted outside of office or call for an
appointment.

F. POWERPOINT NOTES

I will have the lecture outline notes on my home page by 4:30 p.m. the Sunday before class. In the event there is a server problem and notes are not available, it will be the student's responsibility to take notes.

SECTION II

Schedule

CLASS SCHEDULE/ACTIVITIES
Fall 2008

Class	NRAD 201 Foundations of Nursing/Caring
Class Day:	Monday
Time:	8:00-10:00
Room:	Nursing/Allied Health 2509

DATE	CONTENT	LEARNING ACTIVITY
WEEK 1		
8/18/08	Orientation to Class	<u>Read:</u> Syllabus <u>Handouts:</u> Will be given out in class
WEEK 2		
8/25/08	Historical Perspectives of Nursing Nursing Organizations	<u>Read:</u> Zerwekh ch. 6 <u>Critical Thinking-</u> "Influences of the Past..." DUE 8/25
WEEK 3		
9/1/08	Holiday	<u>Organize your courses</u>
WEEK 4		
9/8/08	Registered Nurse Scope of Practice Policy and Procedure Evidence Based Practice	<u>Read:</u> Zerwekh pp.189-193; 342-343 <u>Read:</u> Nurse Practice Act (2008)- pp. 5-13; 19,20. <u>Bring:</u> Nurse Practice Act (2008) to Class
WEEK 5		
9/15/08	Legal Issues in Nursing	<u>Guest Speaker:</u> student center <u>Read:</u> Zerwekh ch.17, ch 20 <u>Critical Thinking-</u> "Legal Issues" DUE 9/15

WEEK 6

9/22/08

Caring Theory
Caring Curriculum

Handouts: syllabus
Critical Thinking- "Caring Curriculum:
conceptual framework"

AND

Nursing Theory
Cuesta Caring Conceptual
Framework

Critical Thinking- "Caring Curriculum:
Application" **Both completed in
class**

WEEK 7

9/29/08

Quiz #1
Self Care

Read: Zerwekh ch. 2
Handouts: "Self Care Log" DUE 9/29
AND
Critical Thinking-"Self Care Strategies"
DUE 9/29

WEEK 8

10/6/08

Ethics in Nursing

Scantron
Read: Zerwekh ch. 19
Video: Ethical Issues—Respect
Ethical Issues---Introduction
Critical Thinking-"Ethical Issues"
DUE 10/6

**Last Day to complete Meyers-
Briggs on Line is 10/10/08**

WEEK 9

10/13/08

Communication
Group Process
Team Building
Conflict Resolution

Read: Zerwekh ch 11, 12

WEEK 10

10/20/08

Quiz #2
Critical Thinking

Scantron
Read: Zerwekh ch. 16
Critical Thinking-"Application to the
Clinical Setting"
Completed during class

WEEK 11

10/27/08 Learning Style Guest Speaker : You will receive Meyers-Briggs results

WEEK 12

11/3/08 Time Management Read: Zerwekh ch. 13

WEEK 13

11/10/08 Holiday

WEEK 14

11/17/08 **Quiz # 3** Scantron
Successful Role Transition Read: Zerwekh ch. 1
Critical Thinking-“Reality Shock”
DUE 11/17

WEEK 15

11/24/08 Current Trends in Nursing Read: Zerwekh ch. 15; pp. 154-157;
Work Place Issues 561-568; Ch.22, Ch 25
Quality Patient Care **PAPER DUE 11/24**

WEEK 16

12/1/08 Economics of Health Care Read: Zerwekh ch. 16

WEEK 17

12/8/08 Quiz #4 Scantron
Life Span Theory Handouts:
Critical Thinking-“Lifespan” Application
of Theory to Practice”
Completed during class

WEEK 18

12/15/08 **Final:** Bring: Scantron
12p-2p

SECTION III

SLO's Student Learning Outcomes

Course Objectives

Weekly Objectives

COURSE STUDENT LEARNING OUTCOMES

1. Appropriately apply an ethical and legal framework to deal with problems and answer questions.
2. Demonstrate an awareness of nursing trends and issues in determining the future direction for nursing
3. Describe ways the California Nurse Practice Act, standards of care, agency policies, and procedures affect the scope of RN practice
4. Demonstrate understanding of the Caring Conceptual Framework as it relates to becoming a registered nurse.

COURSE OBJECTIVES

WEEKLY OBJECTIVES

WEEK 1

1. Develop a system for tracking assignments and class grade status.
2. Identify a method for class note taking, textbook reading and note taking.
3. Develop a method for exam study.
4. Develop a specific plan for semester academic success.
5. Begin to consider how to critically think

WEEK 2

1. Trace the evolution of nursing.
2. Discuss major historical events and their impact on nursing today.
3. Describe major nursing organizations (ANA, NLN, NSNA) and their functions.
4. Explain the professional characteristics (ANA standards and Nurse Practice Act) of a Registered Nurse

WEEK 3

Holiday

WEEK 4

1. Identify the California's scope of RN practice
2. Identify American Nurse's Association scope of practice (ANA)
3. Define evidenced based practice: CINAHL
4. Describe the relationship between evidence based practice and policies/procedures
5. Discuss the similarities between ANA, California scope of practice and evidence based practice.

WEEK 5

1. Describe caring as a process with stages and apply to the nurse-patient relationship.
2. Identify factors which influence perceptions of caring.
3. Identify factors, which influence the ability to care.
4. Relate the purpose of a conceptual framework for nursing practice and nursing education.
5. Describe the components of the Cuesta College conceptual framework.
6. Apply the conceptual framework to a patient care situation, identifying nursing goals, clients, setting, work-role relationships, nursing problems, nursing behaviors and related tools and concepts.
7. Describe the relationship between conceptual framework, care planning and nursing process.

WEEK 6

1. Distinguish between malpractice and negligence.
2. Cite nursing practices which are causes of legal action.
3. Identify nursing actions to protect yourself from potential legal issues
4. Discuss the responsibilities of nurses related to abuse and incompetence.
5. Distinguish between law, rights, and ethics
6. Provide examples of how a nurse could be accused of assault.

WEEK 7

QUIZ # 1

1. Explain burnout and describe methods to reduce the possibility of burnout occurring.
2. Define self-care.
3. Describe the benefit to a professional of practicing self-care.
4. Identify your personal self-care barriers.
5. Log your sleep, exercise, diet and stress management for one week. Identify what you can modify to strengthen your self care.
6. Identify the practice profile of the impaired nurse.

WEEK 8

1. Define terminology commonly used in discussion about ethical issues.
Autonomy, Beneficence, Nonmaleficence, Fidelity, Justice, Veracity
2. Explain the nursing code of ethics and how it affects your practice.
3. Discuss factors which influence ethical decisions.
4. Describe situations, which present ethical dilemmas.
5. Describe a process for ethical decision making.
6. Define value neutral care.

WEEK 9

1. Analyze the difference between aggressive, passive and assertive communication.
2. List specific behaviors you can change to help you develop professional assertive communication skills.
3. Describe reasons a professional needs group process skills.
4. Identify appropriate professional boundaries in patient care.
5. Describe behaviors that would enhance or hinder development of positive group process.
6. Describe strategies for consensus building and conflict resolution.
7. Describe specific behaviors that will make you an accountable group member.

WEEK 10

QUIZ # 2

1. Define Critical Thinking.
2. Discuss rationale for why critical thinking is necessary for safe nursing practice.
3. Describe two ways a student can enhance or develop critical thinking skills.
4. Apply critical thinking to the clinical setting.

WEEK 11

1. Identify the four major personality types discussed in class.
2. Identify your personality type.
3. Use your type to be able to list at least two "needs" & two "irritations".
4. Apply the results of the Meyers-Briggs to your relationships at home, school, work and clinical.

WEEK 12

1. Give possible benefits of time management
2. List behaviors that may hinder your personal time management: at home, work, school.
3. List personal behaviors that may be your strength in time management: at home, work, school.
4. Apply time management to your home, school and work life

WEEK 13

Holiday

WEEK 14

Quiz #3

1. Identify behaviors that would help in role transition.
2. Identify your response to change: positive and negative.
3. Develop a plan for successful transition into the student role.
4. Discuss the relationship between clinical instructor and student nurse.

WEEK 15

1. Identify at least three current health trends that affect nursing practice.
2. What is a durable power of health care?
3. Give examples of recent California legislation that impacts nursing.
4. Discuss the nursing shortage.
5. Discuss the concept of critical pathways and case management.
6. Have an awareness of patient care delivery systems.
7. Identify healthcare for underserved populations.
8. Familiarize self with sexual harassment policy from a health care setting.

WEEK 16

1. Identify the effect of changing clinical practice on economics.
2. Discuss what impact collective bargaining (nursing unions) has on health care.
3. Identify factors in a hospital's mission statement that might influence its economic management.
4. Describe the relationship between access to health care and economics of healthcare.
5. Explain how hospital reimbursement is affected by the nurse's clinical practice.
6. Discuss strategies you will use to achieve fiscal responsibility in your clinical practice.

WEEK 17

Quiz # 4

1. Describe the theories of Erickson, Piaget, and Maslow.
2. Identify rationale for including the above theories in your patient care.
3. Given a patient scenario demonstrate ability to apply theory across the life span.
4. Critically differentiate between each of the above theories.

WEEK 18

FINAL EXAMINATION

December 15, 2008

Time: 12:00- 2:00 pm

Classroom – Room 2509

SECTION IV

Handouts

STAGES OF CARING

STAGE I: ATTACHMENT--The starting point for getting to know others.

	<u>Task</u>	<u>Behavior</u>
1.	Recognition	You determine if there is interest in getting to know each other better.
2.	Self-revelation	You find common interests and reveal information that is non-threatening and low risk.
3.	Validation	You have a beginning acceptance of the other person in this relationship
4.	Potential	There is a beginning expectation of how each person will contribute to Growth of the relationship. This task also shows a decision to move to Stage II.

STAGE II: EFFORT--An exclusive and selfish phase. This is a time for intense work between the caring parties. The caring persons limit their attention to each other.

	<u>Task</u>	<u>Behavior</u>
1.	Respect	The universality and the uniqueness of the one cared about is prized and valued.
2.	Potentiality	With more analysis of the relationship, there is awareness of the abilities for yourselves individually and together in the relationship.
3.	Attentiveness	You listen in a discerning manner.
4.	Honesty	You are open, genuine and truthful while respecting the wishes of the other to either answer truthfully or state clearly that you do not wish to talk about the topic.
5.	Self-revelation	Goes beyond just data gathering into receiving information that reveals more fully who the person really is.
6.	Responsibility	You assume responsibility for activities that affect the relationship as well as the cared one. You assume responsibility for clear communication so there is no need for assumption.
7.	Confidence	You have the ability to recognize and meet your own needs. (Dependent relationships stagnate at this point.)
8.	Courage	The strength to move on to Stage III and to pursue mutual self-actualization.

STAGE III: INTIMACY--Is the stage of caring in which there is sharing of each other's innermost being and a coming to understand and know each other's essential nature. Stage III relationships have a big impact on your life.

	<u>Task</u>	<u>Behavior</u>
1.	Actualization	Because of integrity, trust and non-exploiteness, the needs of both caring persons are met.
2.	Self-revelation	You now can share socially non-sanctioned experiences, for example, drug use, homosexual feelings, feelings of failure, etc.
3.	Insight	Accurate insights into how the other person is feeling have developed. This is not mind reading but "behavior reading."
4.	Sexuality	Exploration of sexual feelings with the one cared about to reach a mutually satisfactory way of dealing with feelings. It is often necessary to accept that it is O.K. to have feelings and they may or may not be acted upon.
5.	Inclusiveness	Movement can now be directed into other relationships without feeling the need to be "exclusively" together. The feelings of comfort and security are developed.

STAGE IV: CONFIRMATION--You feel secure, able to be vulnerable, ready to grow and expand, and be the best possible self. You verify your sense of worth. Caring is ingrained and practiced.

	<u>Task</u>	<u>Behavior</u>
1.	Personal Validation	There is a sense of assurance, strength and well being, similar to self-actualization.
2.	Augmentation	Time is necessary now for the relationship to enlarge, strengthen and become less urgent; there is a sense of ease and trust. You each know the other's behaviors and are positive and supportive.
3.	Sustainment	The relationship is no longer dependent on reinforcement by the other person--this is the self-reinforcement of caring. Memories and conditioning of past experiences together can keep the relationship alive.
4.	Expansion	Now you are able to care for more people, more readily with greater ease and less expenditure of energy. Now the stages of caring can be completed more rapidly.

American Nurses Association (ANA) CODE OF ETHICS for NURSES

1. The nurse provides services with respect for human dignity and the uniqueness of the client, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.
3. The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.
4. The nurse assumes responsibility and accountability for individual nursing judgments and actions.
5. The nurse maintains competence in nursing.
6. The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.
7. The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.
8. The nurse participates in the profession's efforts to implement and improve standards of nursing.
9. The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing care.
10. The nurse participates in the profession's effort to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing care.
11. The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

Instructions for Meyers-Briggs (MBTI)

- ◆ **Students pay for the Meyers-Briggs test at the Cashiers**
 - ◆ The cost is approx. \$12.50
 - ◆ You can complete the assessments from any computer that has Internet access. **MUST HAVE COMPLETED BY: October 10, 2008 by 5 p.m.**
 - ◆ The web site is best viewed with Netscape 4.5 or Internet Explorer 4.1 or higher. You may be unable to complete the assessment with browsers 3.0 or lower.
 - ◆ Only authorized people who have paid will be able to receive their assessment results.
 - ◆ If you have questions, please call 546-3162.
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1. Go to the Cuesta College Web Page: www.cuesta.edu
2. Click on "Departments".
3. Scroll down and highlight "Transfer/Career Services". Click on "Choose".
4. Click on "Home Page link" <http://academic.cuesta.edu/counsel/carcntr/carcntr.htm>.
5. Click on "Online Career Assessment". Read the instructions on how to approach taking the MBTI Meyer's Briggs Inventory test.
6. Click on "Continue to MBTI"
7. Enter Login Name (2career), and Password (ajob4u), and then click on "Log In". (No user ID is needed)
8. Scroll down to "Pick an Assessment". Locate MBTI Step 1 (Form M). Click "Take It" for the assessment you wish to complete.
9. Click on the Batch Name drop down menu. Select your instructors' name:
"NURSING P. PEACHEY or NURSING L. HARRIS".
10. Provide the demographic information requested (e.g., name, gender, etc.), then complete and submit the tests.
11. Your results will be given to you at the mandatory class October 27

SECTION V

Critical Thinking Scenarios

**INFLUENCES OF THE PAST ON YOUR PRESENT PRACTICE
(homework)**

Laurie is graduating from nursing school in the next month. As she prepares for graduation, she reflects on her experiences during nursing school. She remembers her fundamentals class; she was so nervous during her first nursing assessment that she fumbled with the blood pressure cuff and had it upside down. Smiling, she remembers how her patient patted her arm and told her she was doing fine. Laurie recalls holding a family member's hand while a patient passed away, feeling inadequate to handle the situation yet powerful in that the family wanted her to stay with them. Then there was the pediatric rotation with that young boy who fell out of the tree and broke his arm. The babysitter heard him fall and called 911. During her assessment, Laurie found bruises all over his little body and showed the nurse. She became sad as she recalled that when social services finished with the case, the babysitter was charged with abuse.

Laurie remembered how she walked dozens of patients, miles and miles of ambulation around the various nursing units. One patient asked questions about his newly diagnosed diabetes and Laurie's mind froze. She felt embarrassed and humiliated that she couldn't quickly respond to his inquiries.

Based on the interaction, Laurie created an educational plan for the patient, but when she arrived at the patient's room, she found his wife and sister at the bedside. Again she froze, but the family was kind and wanted to participate in the teaching. When she discussed the event during post conference, her class mates agreed with her teaching plan and discussed their fears about their own knowledge base of nursing. Her class mates supported her, validating her feelings and suggested methods to overcome the fear associated with teaching. Finally, Laurie evoked memories of her final medical-surgical rotations. She laughed as she recalled her horror over her assignment of three patients during the clinical rotation. With guidance from her clinical instructor, she managed and coordinated the care of the patients.

A. Describe how Laurie demonstrated evidence of the roles of the traditional nurse from the past.

Caregiver

Teacher

Advocate

Manager

Colleague

B. Give examples of how you would anticipate applying these characteristics of the tradition nurse?

Caregiver

Teacher

Advocate

Manager

Colleague

CARING CURRICULUM: APPLICATION **(completed during class)**

Jared is a Cuesta RN School and is excellent at applying the Caring Curriculum. Identify the tools or concepts from the Caring Curriculum that Jared utilized with each patient.

Jared provides care based on his assessment of the following patients:

Rm 431: A 68 year old female with surgical repair of a hip fracture. Jared notes that the patient lives independently in her home with two sons living in the same community. She will be discharged tomorrow and Jared prepares to address her needs.

Rm 432: A 32 year old female post hysterectomy. The patient is upset and tired, having been up all night because of her roommate (a dementia patient up all night screaming). Jared arranges to have the dementia patient moved into a single-bed room.

Rm 433: A 66 year old male with chronic congestive heart failure. Jared identified the need for prevention of further disease-related problems and promoting optimal health. He initiates teaching the patient on diet, exercise, fluid restriction, medications, and signs/symptoms of disease progression.

Rm 434: A 70 year old male rehabilitating from a stroke with right-sided weakness. Jared rearranges the room to promote accessibility to certain items such as the phone, call light, and the water cup. He also arranged the get-well cards on a bulletin board so the patient could see the well wishes.

Rm 435: A 40 year old female with surgical repair for bladder cancer. Jared's assessment identified needs within the following systems: elimination, pain, and sexuality. He focuses his care on each body system in order to restore balance.

SELF CARE LOG---1 week (homework)

	Sleep Pattern	Exercise	Diet	Stress Management
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Identify what you can modify to strengthen your self-care				

ETHICAL ISSUES
(homework)

1. Maria is an RN who recently lost her husband after he suffered a massive stroke. One of her patients is a 42 year old male with a stroke or cerebrovascular accident. She notes on his history that he is married with 3 young children. Currently, his only form of communication is by slowly writing with his non dominant hand. He is requesting do not resuscitate (DNR) orders and that his feeding tube be removed. Maria finds the patient alert and oriented to time place and person. After spending time with the patient during rehabilitation therapy, she also determines that the patient is competent to make health care decisions. During their interaction, the patient asks that his wife not be informed of his wishes concerning the feeding tube and the DNR status. Marie has trouble acknowledging the patient's wishes because they go against her value of human life and belief in the patient's ability to recover with compensation for deficits.

A. Describe how Maria's values and recent experience influence her care of the patient.

B. Identify how the principles of autonomy, beneficence, nonmaleficence, fidelity, justice and veracity apply to this case.

Autonomy:

Beneficence:

Nonmaleficence:

Fidelity:

Justice:

Veracity:

C. Describe how Maria's values conflict with the above principles.

CRITICAL THINKING: APPLICATION TO THE CLINICAL SETTING
(completed during class)

Distinguishing Normal from Abnormal/Identifying Signs and Symptoms

Recognizing abnormal data (signs and symptoms) is the first step of identifying a problem. “Red Flags” that prompt you to suspect health problems.

Ask the questions:

- How does my patient’s information compare to normal standards for someone’s age, lifestyle and disease process?
- Is my patient taking any medications that change the normal function?
- BASELINE?

EXAMPLE

Place an “S” next to the data below that are signs or symptoms of a possible problem. Place an “O” if it it’s neither a sign nor a symptom. Place a question mark if you need more information to decide. For each question mark you placed above, explain what else you want to know before you decide whether the information is abnormal.

- _____ Temp of 99.6° F.
- _____ Bilateral pulmonary rales
- _____ Someone tells you she rarely sleeps more than 3 hours at a time
- _____ Someone’s nasogastric drainage has turned from brown to red.
- _____ Someone’s abdominal incision is slightly red around the sutures.
- _____ A 2 year old is inconsolable when his mother leaves the room.
- _____ Someone with no health problems has developed ankle edema.
- _____ Someone tells you that they bathe only once every other week.
- _____ Someone on kidney dialysis never urinates
- _____ Pulse of 54 per minute.

Distinguishing Relevant from Irrelevant

Deciding what information is pertinent to understanding the situation and what information is immaterial. You will be faced with lots of information—lessen the clutter in you brain with unnecessary facts. “EVERYTHING IS IMPORTANT”.

Try this...

1. _____
2. _____
3. _____

EXAMPLE

You assess Mrs. Clark, a 32 year old diabetic who is in for a routine visit. When you ask how the new diet is going, she breaks down into tears, saying, “I’m never going to be able to do this!” Consider the following data, decide its possible relevance to the problem with sticking to the diabetic diet, and mark whether you think it’s relevant and why.

1. Diagnosed with diabetes 2 months ago
2. Vital signs within normal limits
3. Complains of constipation

3. A diabetic is 100 pounds overweight and says his blood sugar is always out of control, even though he watches his food intake and takes his insulin regularly.
4. A 5 year old child whose mother told you he broke his leg falling down the stairs keeps looking at his mother before answering any of your questions.
5. A grandmother who is usually alert and active in her church presents with an unkempt appearance and seems a bit confused.

It is Hard to Think Critically When You are Stressed Out

Life Span Theories

Jean Piaget: (1896-1980) Developmental theorist--explored intelligence and cognitive functioning in child development.

- Intelligence progresses through a series of stages based on age and each stage is higher than the previous stage.
- Child development is steered by interaction of environmental and genetic influences; therefore focus is on environmental and social forces. Biological changes and maturation are responsible for cognitive development
- Process of acquiring new knowledge, skills, and insight by using what they already know and have. The person can accommodate and adjust to change by solving previously unsolved problems because of newly knowledge that was learned. The person is able to adapt by using coping processes to handle environmental demands.
- **4 stages (age specific developmental levels)**

Sensorimotor—birth to 2 years: the child develops a sense of self as separate from the environment

--tangible objects don't seem to exist just because they are out of sight.

Preoperational—2-6 years: the child develops the ability to express self with language, understands the meaning of symbolic gestures, and begins to classify objects.

Concrete operations—6-12 years: the child begins to apply logic to thinking, understands spatiality and reversibility and is increasingly social and able to apply rules, however thinking is still concrete

Formal operations—12-15 years and beyond: the child learns to think and reason in abstract terms; further develops logical thinking and reasoning; achieves cognitive maturity.

Helpful in the clinical setting—critics would say that cognitive learning is more individualized than Piaget states.

Abraham Maslow: (1921-1970) American; Humanist Theorist

- studied the needs or motivations of the individual. He was considered different because he focused on the total person and not just one facet. He also emphasized “health” instead of just focusing on “illness” or problems. The “**Hierarchy of Needs**” is a pyramid that Maslow used to arrange the basic drives or needs that motivate people. The base of the pyramid is the most basic human needs—(physiological needs)—the bottom would dominate until the persons needs are met. Traumatic life circumstances or compromised health can cause a person to regress to a lower level of motivation.

Erik Erikson: (1902-1994) German born; Developmental Theorist—carried Freuds work forward on personality development across the life span while focusing on social and psychological development in the life stages.

- **8 stages of the Life Cycle**---Erikson believes that every person must go through 8 psychosocial growth occurs in sequential phases, and each stage is dependent on completion of the previous stage and life task. A person experiences a series of normative conflicts and crises through each stage and task that the work through.

LIFE SPAN: APPLICATION OF THEORY TO PRACTICE
(completed during class)

Mr. James, a 60 year old man whose company downsized 4 months ago. In the process of downsizing, Mr. James’s position of consulting engineer was eliminated; he was given a golden handshake and early retirement. He had no plans for retirement until age 65 or 70 and “there was plenty of time to plan what he would do”. He had enough income to live if he had retired at the planned time. Mrs. James is still working. They own their own home and at the present time have no serious financial concerns. Both of their children are married and live with the spouses and children in other cities in the state. The entire family gets together 3Xper year and keeps in touch via phone or email.

Mr. James reports that since his retirement he is not sleeping well, he feels tired all the time, and he does not really have much interest in food. In fact, he has lost 10 pounds in the last 4 months. He says he feels useless and, at time, hopeless.

Maslow	Piaget	Erikson

Identify rationale for including the above theories in your patient care: