

**Moravian College
Department of Nursing**

Nursing 313: Embracing the Challenged Family*

Fall, 2015

Elise M. Colancecco, MSN, RN, CCRN

Email: colanceccoe@moravian.edu

Phone: 610.625.7962

Office Hours: Mondays 10:05-1pm, Wednesdays 10:05-11am & by appointment, and Fridays by appointment

Office: Hamilton 204

Cell: 570.778.2979

One Course Unit

Class Meeting Times: 8:55-10:05 M&W (HOSCI 202) and Problem Solving F (Memorial 302)

Clinical Learning: Tuesdays or Thursdays: 0630-1500

Clinical Faculty

Elise M. Colancecco, MSN, RN, CCRN

Email: as above

Phone: as above (cell)

Mary Beth Albert, MSN, RN, CCRN

Email: MBAlbertRN@gmail.com

Phone: 484.894.5991

Sara Gencarelli, BSN, RN

Email: sjgencarelli@gmail.com

Phone: 484.554.9298

Lindsay Corvino, BSN, RN

Email: stlrc01@moravian.edu

Phone: 610.533.2303

Catalog/Course Description:

A course which emphasizes integration of nursing skills and knowledge to facilitate the individuals' and the families' meeting severe episodic and chronic health challenges across the life span. Students analyze these critical challenges to individual & family systems in order to provide holistic and comprehensive nursing care given the resources available to the family within their community. (Pre-requisites: NU 314, NU 339, Co-requisite; NU 315).

“The Moravian College nursing program is accredited by the Commission on Collegiate Nursing Education. As part of the accreditation process the program must provide evidence of assignments completed by students. Any of the methods of evaluation used in this course, may be used as evidence of student assignments during the accreditation process.”

Course Objectives:

1. Synthesize knowledge from the humanities, sciences, and nursing in meeting diverse needs of individuals and families in acute and complex practice environments.
2. Provide holistic nursing care to acutely challenged individuals and families in order to facilitate attainment of safe and quality outcomes.
3. Collaborate with other healthcare team members to foster optimal health outcomes for individuals and families in acute and complex practice environments.

4. Provide culturally competent care to individuals and families in acute and complex practice environments.
5. Incorporate theory-based and evidence-based nursing interventions into the care of acute and complex individuals and families.
6. Assume civic and leadership behaviors when providing care to individuals and families in acute and complex practice environments.
7. Demonstrate professional accountability and advocacy in making judgments and providing care for individuals and families in acute and complex practice environments.

Required Texts*:

Smeltzer, S., Bare, B., Hinkle, J., & Cheever, K. (2013). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (13th ed). Philadelphia: Lippincott, Williams and Wilkins.

Recommended Texts:

*Jarvis, C. (2012). *Physical examination and health assessment* (6th edition). Elsevier, Saunders.

*Karch, A.M. (2013). *Focus on nursing pharmacology*. (6th ed.). Philadelphia: Wolters Kluwer/Lippincott, Williams, & Wilkins.

Ohman, K. (2010). *Davis's Q&A for the NCLEX-RN Examination*. Philadelphia: F.A.Davis Company (good resource if looking for extra questions to practice)

*Potter, P., & Perry, G. (2013). *Fundamentals of nursing*. (8th edition). Mosby, Elsevier.

*you should have these texts already

Required Journal Readings: (all readings are on the BB course site in their respective class weeks)

Blume, L., & Byrum, D. (2009). Unraveling the mystery of ARDS. *Nursing Made Incredibly Easy*, 7(6), 32-40.

Breitenbach, J. (2007). Putting an end to perfusion confusion. *Nursing Made Incredibly Easy*, 5(3), 50-60.

Byrum, D., & Crabtree, C. (2009). Mechanical ventilation – Cruise control for the lungs. *Nursing Made Incredibly Easy*, 7(5), 44-52.

Davidson, J., Harvey, M., Schuller, J., & Black, G. (2013). Post-intensive care syndrome: What is it and how to prevent it. *American Nurse Today*, 8, 32-36.

Fournier, M. (2009). Perfecting your acid-base balancing act. *American Nurse Today*, 4(1), 17-21.

Gallagher, J. (2010). Intra-abdominal hypertension: Detecting and managing a lethal complication in critical illness. *AACN Advanced Critical Care*, 21(2), 205-17

Glass, M. & Spitrey, J. (2009). Heparin-induced thrombocytopenia: Your questions answered. *AACN Advanced Critical Care*, 20(1), 5-9.

- John, C. & Day, M. (2012). Central Neurogenic diabetes insipidus, syndrome of inappropriate secretion of antidiuretic hormone, and cerebral salt-wasting syndrome in traumatic brain injury. *Critical Care Nurse*, 32(2), e1-e8, doi: 10.4037/ccn2012904.
- Kirchhoff, K. & Kowalkowski, J. (2010). Current practices for withdrawal of life support in intensive care units. *American Journal of Critical Care*, 19(6), 532-42, doi: 10.4037/ajcc2009796.
- Lee, R. K. (2012). Intra-abdominal hypertension and abdominal compartment syndrome: A complete overview. *Critical Care Nurse*, 32(1), 19-32, doi: 10.4037/ccn2012662.
- Matura, L. (2011). Pulmonary arterial hypertension: An overview. *British Journal of Cardiac Nursing*, 6(6), 268-277.
- McCarron, K. (2012). Hearts afire: Infective endocarditis. *Nursing Made Incredibly Easy*, 10(3), 44-48, doi: 10.1097/01.NME.0000413350.21059.36.
- McCarron, K. (2011). Understanding care bundles. *Nursing Made Incredibly Easy*, 9(2), 30-33.
- Murphy, F., & Byrne, G. (2010). The role of the nurse in the management of acute kidney injury. *British Journal of Nursing*, 19(3), 146-152.
- Pestka, E., & Dretsch, M. (2010). Genomics in critical care nursing. *Nursing2010Critical Care*, 5(6), 13-16.
- Smithburger, P., Campbell, S., & Kane-Gill, S. (2013). Alteplase treatment of acute pulmonary embolism in the intensive care unit. *Critical Care Nurse*, 33 (2), 17-26.
- Smithburger, P., Kane-Gill, S., Nestor, B., & Seybert. (2010). Recent advances in the treatment of hypertensive emergencies. *Critical Care Nurse*, 30(5), 24-30.
- Strickler, J. (2010). Traumatic hypovolemic shock – Halt the downward spiral. *Nursing 2010*, 40(10), 34-39.
- Tazbir, J. (2012). Early recognition and treatment of sepsis in the medical-surgical setting. *MEDSURG Nursing*, 21, 205-208.
- Woodrow, P. (2011). Abdominal aortic aneurysms: Clinical features, treatment, and care. *Nursing Standard*, 25(50), 50-57.

Additional Learning Resources:

Websites:

Surviving Sepsis Campaign:

<http://www.survivingsepsis.org/Guidelines/Pages/default.aspx>

AACN Practice Alerts

<http://www.aacn.org/wd/practice/content/practicealerts.pcms?menu=practice>

Kaplan Resource Package and Textbook Resources: provide electronic references useful to understanding course content.

-Kaplan Requirements as listed on syllabus and Course Schedule

Please note: Assigned Focused Review Tests (Cardiovascular Version 1 & 2, Respiratory Version 1& 2, and Neurology) are incorporated as part of your course grade

***Kaplan Comprehensive Medical Surgical Assessment** is comprehensive. In preparation for this exam, eight focused review tests are listed as a **Ticket to Test, requiring completion and remediation in order to take this Exam.**

****Additional and/or alternative readings and/or activities may be assigned as part of the course****

Course Requirements:

1. Class attendance is an expectation. Students are expected to be actively engaged in their learning processes which include, but are not limited to, preparation for class and active participation in classroom activities. Absences without written verification will be considered as unexcused and the instructor will use her discretion to penalize any unexcused absence(s) or lateness. Deductions from the final course grade may reflect five tenths (0.5) of a point for each unexcused absence, and three incidences of lateness will equate to 1 unexcused absence. Students are responsible for obtaining any notes, handouts, or other class items from classmates. College policy will be followed relative to inclement weather. Please check blackboard course site for any announcements relative to weather and the cancellation of class.
2. Plagiarism is the intentional use of another's words or ideas as your own. This can range from using another individual's direct words or changing the words slightly (paraphrasing) without the appropriate citation to purchasing a paper from the Internet or a professional writing service. *Please note* that the copying of information from the Internet to a powerpoint slide presentation without acknowledgement of source is plagiarism. Evidence of plagiarism or academic dishonesty will be handled according to the college policy on academic honesty. Copies of the statement on academic dishonesty are published in the Student Handbook.
3. All examinations are to be taken at the scheduled time, unless the instructor is notified of a competing previously scheduled scholastic or athletic activity. Any individual who is not at the scheduled examination based on a claim of illness is required to provide appropriate medical documentation of a valid medical reason for absence. An alternate examination may be determined by the course faculty.
4. Completion and satisfactory achievement of all course objectives in the laboratory and clinical settings, and curriculum requirements including standardized assessment tests (Kaplan Medical-Surgical Examination) are required for course completion.

5. Learning activities stated on the topical outline section of this syllabus are to be completed prior to class time. The student can expect to work approximately 10-12 hours per week in preparing for this class.

Professional behavior and appearance is an expectation when in the classroom and clinical laboratory (both uniform and street clothing). **Professional behavior** includes, but is not limited to, wearing the appropriate attire; having the necessary equipment for practice; adhering to privacy standards; being on-time and eager to learn; attending to your assigned responsibilities, and the demonstration of collaboration, flexibility, and compassion within your practice. If a student is not prepared for clinical and/or performs in an unsafe manner, the nursing faculty member reserves the right to have the student leave the clinical area, and this may result in an unsatisfactory grade for the student. The student must meet with the clinical instructor within one week after the incident.

When a student's conduct is viewed as a discipline problem rather than an academic problem, disciplinary action up to and including dismissal from the Nursing program may be imposed on the student. The decision whether to pursue a student's problem under either an academic or disciplinary model is solely at the discretion of the Nursing Department.

6. Maintenance of confidentiality for all assigned patients or clients as required by law (HIPAA). Students will be required to read and know agency policies on confidentiality and may be required to sign agency forms on confidentiality.
7. Communication between instructor & student can be facilitated through the use of email or phone. Students are expected to check their email daily. Responses to emails will be given within 24 hours unless over the weekend. If a response is not given within this timeframe please recontact, as the email, phone message, etc. may have been inadvertently lost or overlooked.
8. "Students who wish to request accommodations in this class for a disability should contact Elaine Mara, Assistant Director of Academic and Disability Support, located on the lower level of Monocacy Hall, or by calling [610-861-1401](tel:610-861-1401). Accommodations cannot be provided until authorization is received from the Academic Support Center."

It is within the instructor's purview to apply qualitative judgment in determining grades for an assignment or for a course.

9. The syllabus may be subject to change at the discretion of the faculty. All changes will be communicated to the students in writing.
10. Students are expected to review anatomy & physiology, pathophysiology and assessment material as a prerequisite to readings assigned in this course.
11. Texting and using cell phones are not allowed during class time (unless there are exceptional circumstances) or clinical unit. Cell phones may be used as calculators for math problems.

Methods of Evaluation:

Some learning activities will be non-graded but designed to facilitate thought and/or processes involved in achieving learning outcomes.

Graded learning activities are as follows:**Total Percentage****Classroom Learning:**

1. Theoretical Examinations (4) 10% each	40%
2. Case Studies (2)	5%
a. Hypertensive case study	
b. HIT case study	
3. Final Examination (cumulative)	15%
4. Family Research Presentation	10%
5. Kaplan focused reviews	10%
a) CV 1 & 2	
b) Respiratory 1 & 2	
c) Neurology	
d) M/S	
e) Immune/Hematology	
6. Kaplan Comprehensive Medical Surgical Assessment*	10%
7. Clinical experiences' papers (3)	5%
a) PACU	
b) ED	
c) CC	
8. Preparation /Participation**	5%
TOTAL:	100%

*Please see Kaplan Policy

**Participation: graded both quantitatively and qualitatively from pre-class quizzes, attendance, and demonstration of active engagement in the classroom.

Clinical Learning:

Performance in the clinical practice area is evaluated as satisfactory or unsatisfactory. In order to earn a satisfactory evaluation, the student must achieve each course objective and supporting criteria as well as complete all clinical assignments in a satisfactory manner.

Students are required to earn a score of 90% in the drug calculation competency in order to administer medications and progress in the course. If this score is not achieved, students will remediate by reviewing the calculation section in Karch, provided review material, and be re-evaluated with a second drug calculation competency. Failure to achieve a score of 90% on second attempt will result in a grade of unsatisfactory for Objective I in the formative evaluation. A third and final drug calculation competency will be given to the student. If the student does not achieve the 90% benchmark required for practice, the student will be unable to administer medications during the first seven weeks of the course which will result in an unsatisfactory formative clinical evaluation. **STUDENTS WILL BE REQUIRED TO EARN A 90% SCORE IN THE DRUG CALCULATION COMPETENCY IN ORDER TO PROGRESS IN THE COURSE.**

Clinical Attendance

1. Clinical attendance is mandatory for the student to consistently demonstrate the ability to meet course objectives. It is the student's responsibility to notify the appropriate person(s) as identified by course faculty in the event that he/she is unable to attend clinical experiences. Such notification is to occur up to two hours prior to the scheduled clinical experience. If a student is absent from class/clinical activity due to illness, a health care provider's statement verifying the illness and certifying that the student is able to resume class or clinical activity may be required.
2. All clinical absences will be tracked in a database for review by future course instructors and the Chairperson of the Department of Nursing. Students who request time off from clinical, due to events in which they have no control (death of a family member), will contact the course faculty and the clinical instructor, and the determination for clinical makeup will be decided. Students who arrive to clinical practice late or leave early may be required to make up those cumulative minutes at the end of the semester on a clinical makeup day. It is up to the discretion of the course faculty to require clinical makeup for students who routinely leave clinical early due to co-curricular activities. For student involved in co-curricular activities such as sports or music, etc, schedules must be submitted to clinical faculty at the beginning of the semester so that clinical experiences can be appropriately determined.
3. Students will be required to makeup clinical absences. **The designated clinical makeup day is Saturday, December 12. It is mandatory that students requiring clinical makeup attend this day. Because this is a reading day, please plan your schedules accordingly. Students will be charged \$250.00 per day of clinical make-up to reimburse the department for clinical supervision and administrative fees.** All clinical requirements, including make-up, must be completed by the end of the final examination period for that semester. Any associated fees must be paid in full by the end of the final examination period for that semester. Students are exempt from clinical make-up if they are attending a faculty approved conference (i.e.-NSNA or SNAP convention). In the event that a student receives an excused absence for a required educational trip and later in the semester incurs more clinical absences, the student may be in a position to consider withdrawal from the course, if the clinical experiences absences are too numerous to be made up within the available faculty contract time.
4. In the event of a protracted illness requiring multiple missed clinical days, the student, course instructor(s), and Chairperson will meet to discuss alternatives and develop an individual education plan.
5. Students are expected to adhere to the policies and procedures of the clinical agencies in which they are assigned.

Grading Policy:

1. Where applicable, class assignments are to be typed and submitted according to APA style (6th Ed.). Use of a computer, Internet access, and electronic searches of CINAHL and other databases is required.
2. Assignments are expected on or before their due date. At the discretion of the instructor, five points per day may be deducted from the grade if assignments are handed in late. **Students are required to maintain an overall cumulative GPA of 3.0 and a nursing cumulative GPA of 3.0 in order to progress in the nursing major.**

The grading scale is as follows:

A = 93-100

A- = 90-92.99

B+ = 87-89.99

B = 83-86.99

B- = 80-82.99

C+ = 77-79.99

C = 73-76.99

C- = 70-72.99

D+ = 67-69.99

D = 63-66.99

D - = 60-62.99

F = <59.99