New Course Proposal Checklist

Submission Date: 10/29/2021
Department: Nursing
Course Title: NUR285 Advanced MSG Nursing
Prepared by: Carol Velas
Department Chair: Carol Velas

X if standards are met	Required Information	Questions/Comments
X	**Cover page that includes the department's endorsement**	
X	**A brief rationale for proposing a new course**	
X	**Course description for the catalogue**	
X	**Prerequisites**	
X	**Course Credit Units**	
N/A	**Modified catalog requirements showing new course placement in each major track and minor (if appropriate)**	
X	**Syllabus that follows the guidelines for syllabus preparation**	
X	**Course Learning Outcomes (CLOs) aligned with the departmental PLOs and listed in a syllabus**	
	Frequency of offering: Check the appropriate box:	
	- every semester	
	- once a year (F or S)	
	- once every other year	
	- Mayterm only	
X	- other (specify) FALL AND SPRING	
	Resources application: Check the appropriate box:	
X	- staffing requirements (adjunct)	
X	- IT resources	
	- other resources such as equipment, space, lab resources	
NA	***Attached Letter /Email from Provost if resources are required***	
NA	Library resources : ***Attached Letter/Email from the Library Director or Associate Library Director if resources are required***	
NUR285	**Requested Course number**: Final determination by the Registrar upon consultation with the Department Chair	

(signature)   10/29/2021

_____   _____
Department Chair (signature)   Date

To: Academic Senate
From: Department of Nursing-ABSN Program
Subject: Proposal for new course
Date: November 1, 2021

The Accelerated Bachelor of Science in Nursing program is a new program at Westmont College. This is a second bachelor degree program with an accelerated prelicensure nursing curriculum. The program is 4 semesters of 16 weeks each. Nursing courses include concurrent theory and clinical courses.

New course

NUR285 Advanced Medical/Surgical/Geriatric is a 6-unit course with 3 units of theory and 3 unit of clinical (135hrs) placed in the fourth semester. This is the fourth course in a four-part series of medical/surgical/geriatric courses to prepare the nursing student for the safe, patient-centered and family-supported management of care.

We are proposing this course so students use the knowledge and experience they have refined through the progress of the four-part series of medical/surgical/geriatric courses that developed critical judgements using evidence-based practice to care for patients at different stages of life and with chronic, acute, complex, and critical illnesses and conditions. This course focuses on the adult and elderly adult patient with critical conditions related to the cardiovascular, respiratory, and neurological systems that affect multiple systems and lead to complex and emergent care in the emergency room and intensive care units. The clinical settings for this course will occur at Santa Barbara Cottage Hospital in the emergency room, surgical and medical intensive care units, and the cardiac catheratization lab.

The attached syllabus enumerates the Course Learning Outcomes including mapping to the Program Learning Outcomes. Assessment Technology Institute, our supplemental instruction is integrated throughout the curriculum with notations for your understanding.

The course will be offered two times per year in varying semesters as the two cohorts of nursing students enroll. Because this is a new course and a new program it will require new staff and IT resources.

This course is part of the required prelicensure curriculum for the Bachelor of Science in Nursing Program. The sequence of this course in the curriculum is permanent in the fourth semester.

Westmont catalog course description

In the last of the four-part series of Medical/Surgical/Geriatric Nursing courses, the student has become the manager and coordinator of care. Patients with multisystem, complex, and emergent conditions will be the focus of this course and clinical care experience. Critical thinking and clinical judgement are refined, and all the pieces needed to determine quality, safe, compassionate care are realized. Students will care for up to four patients in the acute and ambulatory care settings.
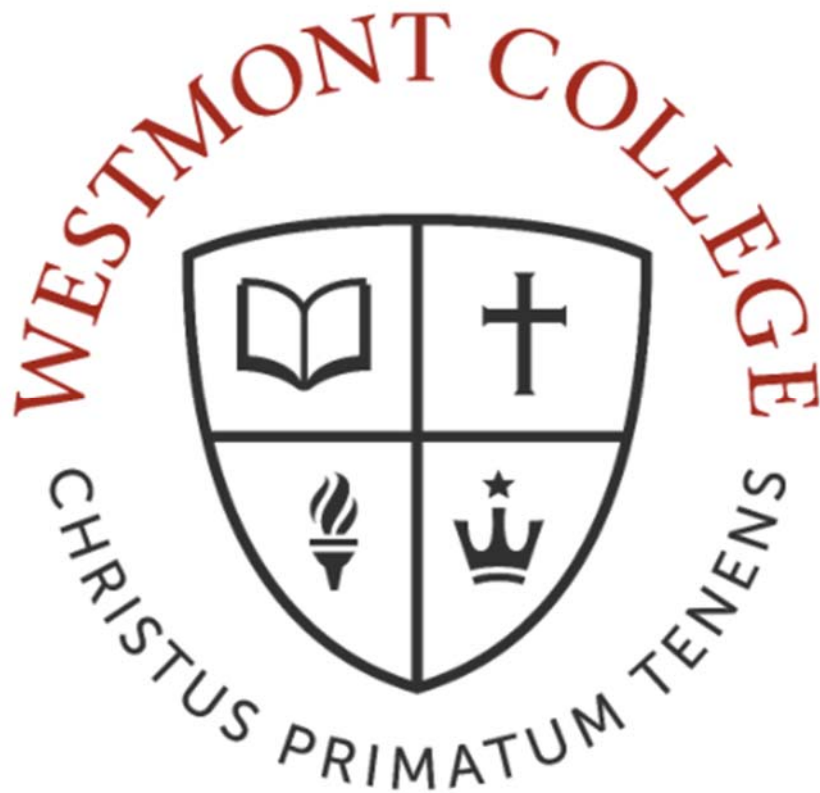
NUR285 Advanced Medical/Surgical Nursing

2022

NUR285 Advanced Medical/Surgical Nursing

6 units (Theory=3units, Clinical=3units)
Prerequisites: Acceptance into ABSN program
Placement in curriculum: Prelicensure requirement

Time:TBD
Room: TBD

Course Faculty: TBD
Faculty office: TBD
Faculty email: TBD
Faculty phone: TBD
Faculty office hours: TBD

I. Important Information
This is a course in a series of prelicensure nursing courses to prepare the nursing student for the safe, patient-centered and family-supported, compassionate care in a variety of healthcare settings. The best way to be prepared for your lecture and clinical experience is to maintain a healthy mental, physical, and spiritual life. Come to class after a good night's sleep, eat nutritious food, and stay current with reading assignments. For your clinical experience, come with excitement and understand you will continue to learn in the clinical setting and apply the concepts and skills you are learning in class. To help with your success in this course and program, it is not suggested you work more than 20 hours per week if you have to work.

Westmont catalogue course description
In the last of the four-part Medical/Surgical/Geriatric Nursing course the student has become the manager and coordinator of care. Patients with multisystem, complex, and emergent conditions will be the focus of this course and clinical experience. Critical thinking and clinical judgement is refined, and all the pieces needed to determine quality, safe, compassionate care are realized. Students will care for up to four patients in the acute and ambulatory care settings.

Instructor's further description
In this final course, students will provide compassionate care to a variety of patients with complex and emergent conditions. Time management and organization of thoughts and skill will guide your care of multiple patient, prioritizing and delegating care and leading the interprofessional team to safe, quality care.

ABSN Program Mission
Prepares faithful servant leaders to provide patient-centered and family supported safe, compassionate care for diverse populations and communities across the lifespan and in all health care settings.

AACN Baccalaureate Essentials (2018)
The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. A specialized/professional accrediting agency, CCNE strives to promote the quality and integrity of baccalaureate and graduate nursing programs.

Following are the nine baccalaureate essentials used as the framework for the current curriculum. In 2021 the Essentials were revised and will be integrated into the curriculum over the next three years.

I   Liberal Education for Baccalaureate Generalist Nursing Practice
II   Basic Organizational and Systems Leadership for Quality Care and Patient Safety
III   Scholarship for Evidence-Based Practice
IV   Information Management and Application of Patient Care Technology
V   Healthcare Policy, Finance, and Regulatory Environments
VI   Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
VII   Clinical Prevention and Population Health
VIII Professionalism and Professional Values
IX   Baccalaureate Generalist Nursing Practice

AACN Essentials (revised 2021)
The Essentials: Core Competencies for Professional Nursing Education provides a framework for preparing individuals as members of the discipline of nursing, reflecting expectations across the trajectory of nursing education and applied experience. The *Essentials* introduce 10 domains that represent the essence of professional nursing practice and the expected competencies for each domain. The competencies accompanying each domain are designed to be applicable across four spheres of care (disease prevention/promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care), across the lifespan, and with diverse patient populations.

Domains for Nursing
Domains are broad distinguishable areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing.

The Ten Domains:
Domain 1-Knowledge for Nursing Practice
Domain 2-Person-centered Care
Domain 3-Population Health
Domain 4-Scholarship for Nursing Practice
Domain 5-Quality and Safety
Domain 6-Interprofessional Partnerships
Domain 7-Systems-based Practice
Domain 8-Information and Healthcare Technology
Domain 9-Professionalism
Domain 10-Personal, Professionals, Leadership Development
(The Essentials: Core Competencies for Professional Nursing Education, 2021)

Program Learning Outcomes (PLO)
1. Exhibit Christian character and servant leadership while providing compassionate care for a diverse population in communities across state, national, and global settings.
2. Evidence-based best practices, critical thinking, and clinical reasoning, inform clinical judgement for the provision of patient-centered, safe, quality care.
3. Create patient education plans that are culturally specific to the patient and that incorporate the family support system.
4. Communicate effectively with the interprofessional team to ensure a wholistic approach to patient-centered care.

5. Continue inquisitive learning by using the Electronic Medical Record and Informatics to meet quality metrics in a variety of healthcare and geographic settings.
6. Advocate for healthcare policies for the underserved, vulnerable populations to ensure equity with access to care for prevention, remedial, supportive, and rehabilitative nursing care regionally, nationally, and globally.

Course Learning Outcomes (CLO)
1. Through Servant leadership, guides the coordination of care for multiple diverse patients in the acute care and ambulatory care settings.
2. Evaluates best practices in the care of complex and emergent patients.
3. Using informatics provided by the Electronic Medical Record (EMR), understands the use of predictive and prescriptive analytics that guides care.
4. Self-actualization of effective communication to integrate interprofessional care into the care plan.
5. Develops discharge education plans for patients with multisystem, complex conditions. Provides education to patient and support system and evaluates understanding of information taught.
6. Advocates for access to care for current and underserved populations in the region.
7. Consistently supports quality improvement initiatives in each setting.

PLO and CLO Alignment Table

Program Learning Outcomes	Course Learning Outcomes
1. Exhibit Christian character and servant leadership while providing compassionate care for a diverse population in communities across state, national, and global settings.	1. Through Servant leadership, guides the coordination of care for multiple diverse patients in the acute care and ambulatory care settings.
2. Evidence-based best practices, critical thinking, and clinical reasoning, inform clinical judgement for the provision of patient-centered, safe, quality care.	2. Evaluates best practices in the care of complex and emergent patients. 7. Consistently supports quality improvement initiatives in each setting.
3. Create patient education plans that are culturally specific to the patient and that incorporate the family support system.	5. Develops discharge education plans for patients with multisystem, complex conditions. Provides education to patient and support system and evaluates understanding of information taught.
4. Communicate effectively with the interprofessional team to ensure a wholistic approach to patient-centered care.	4. Self-actualization of effective communication to integrate interprofessional care into the care plan.
5. Continue inquisitive learning by using the Electronic Medical Record and Informatics to meet quality metrics in a variety of healthcare and geographic settings.	3. Using informatics provided by the Electronic Medical Record (EMR), understands the use of predictive and prescriptive analytics that guides care.
6. Advocate for healthcare policies for the underserved, vulnerable populations to ensure equity with access to care for prevention, remedial, supportive, and	6. Advocates for access to care for current and underserved populations in the region.

rehabilitative nursing care regionally, nationally, and globally.	

Required Textbooks and Articles

Title	Author	Publisher	ISBN#
Psychology for Nursing & Healthcare Professional: Developing Compassionate Care	Barker	Sage	9-781473925069
Gerontologic Nursing (6th ed.)	Meiner & Yeager	Elsevier	9-780323498111
Brunner & Suddarth's Textbook of Medical-Surgical Nursing (14th ed.)	Hinkle, J.L., & Cheever, K.H.	Lippincott Williams & Wilkins	9-781496355157
Emergency Nursing care of Patients with Novel Coronavirus Disease 2019	Deitrick, Adams, Davis, and Hershey (2019)	Retrieved from https://www.ncbi.nlm.nih.gov/ pmc/articles/PMC7368907/pdf/main.pdf	
Nursing Diagnosis textbook of your choice (can be a bundled application on smart phone)			
Nursing Drug textbook of your choice (can be a bundled application on smart phone)			
Publication Manual of the American Psychological Association (7thed.)	American Psychological Association	American Psychological Association	978-143383216

Supplemental Resources

ATI Supreme Essentials provides the visual and auditory learners with skill vignettes, review modules, online tutorials, dosage calculation and safe medication practice, computer adaptive NextGen and current NCLEX test item types, civility tutorials, and ATI Pulse (analytics engine that predicts students probability of passing the NCLEX). ATI also provides a host of practice and proctored NCLEX style exams as well as a Predictor exam to prepare for the NCLEX. ATI tools will be fully integrated into each nursing course.

Suggested Resources
1. Articles
2. Position Papers
3. Healthcare Policies
4. Westmont College Library and online databases (EBSCO, ProQuest, ERIC, CINALH)

Assessment of CLOs (Assignments, quizzes, exams)
The assessments used in this course to measure your learning and meeting the content objectives and course learning outcomes will include class participation, quizzes, exams using NCLEX style questions, and a signature assessment (comprehensive assessment). If student earns $\leq$85% on any course exam, student must build a 20-question quiz using ATI's Learning System quiz bank on missed content as remediation for course exam. This quiz will be due on next class day.

Course Learning Outcomes	Instructional activity	Assessment
1. Through Servant leadership, guides the coordination of care for multiple diverse patients in the acute care and ambulatory care settings. 2. Evaluates best practices in the care of complex and emergent patients. 3. Using informatics provided by the Electronic Medical Record (EMR), understands the use of predictive and prescriptive analytics that guides care. 4. Self-actualization of effective communication to integrate interprofessional care into the care plan. 6. Advocates for access to care for current and underserved populations in the region. 7. Consistently supports quality improvement initiatives in each setting.	Lecture, class discussion, shared experiences, and scaffolding case studies	Quizzes, exams, Case Study assignments
5. Develops discharge education plans for patients with multisystem, complex conditions. Provides education to patient and support system and evaluates understanding of information taught.	Case studies and Simulation	Clinical practice using clinical evaluation tool

Class participation   = P/NC
Weekly quizzes   15 x 10pts each   = 150pts
Exams   4 x 100pts each = 400pts Final exam is comprehensive
Signature Assignment 100pts   = 100pts
                                Total = 650pts
*Student must pass theory course with 75% and clinical course with "Pass" to graduate.
II. Course Policies

Grading

Grade points per unit of credit are assigned on the following scale:
A 4 grade points
A- 3.7 grade points
B+ 3.3 grade points
B 3.0 grade points
B- 2.7 grade points
C+ 2.3 grade points

C 2.0 grade points
C- 1.7 grade points
D+ 1.3 grade points
D 1.0 grade points
D- 0.7 grade points
P (At least D-) No grade points assigned. Not computed in the grade point average.
F 0 grade points
NC (F) No grade points assigned. Not computed in the grade point average. W No grade points assigned. Not computed in grade point average.
WF No grade points assigned. Not computed in grade point average.
WP No grade points assigned. Not computed in grade point average.
WX No grade points assigned. Not computed in grade point average.

Westmont does not compute the units and grades students earned at other colleges in its grade average. (Exception: Courses and grades taken as part of a Westmont off- campus program are posted on the Westmont transcript and will be calculated in the Westmont GPA.)

Apart from the exceptions identified below, all courses at Westmont are graded using a letter scale (A, B, C, D, F).
Instructor Initiated Exceptions:
1. For pedagogical reasons, an instructor may elect to use P/NC grade reporting in any class not approved for GE credit. It is assumed that the same grade-reporting system will be applied to the entire class.
2. With the approval of the General Education Committee, P/NC grade reporting may be used in appropriate, GE-approved courses.
3. When P/NC grade reporting is used, the syllabus must reflect this fact. In addition, departments are encouraged to include a notice in the catalog that the course may use P/NC grading.

Office of Disability Services
Students who have been diagnosed with a disability are strongly encouraged to contact the Office of Disability Services as early as possible to discuss appropriate accommodations for this course. Formal accommodations will only be granted for students whose disabilities have been verified by the Office of Disability Services. These accommodations may be necessary to ensure your equal access to this course.

Please contact Sheri Noble, Director of Disability Services. (310A Voskuyl Library, 565-6186, snoble@westmont.edu) or visit the website for more information:
http://www.westmont.edu/_offices/disability

Dress Code
Comfortable, non-binding clothing

Academic Integrity
When students join our college community, they are expected, as apprentice scholars, to search for truth with integrity and accuracy. This quest requires humility about our abilities, respect for the ideas of others, and originality in our thinking. Since Westmont is a Christian community, the integrity of our scholarship is rooted in the integrity of our faith. We seek to be followers of Christ in the classroom, in the library, and at the privacy of our computers. Violations of academic integrity are a serious breach of trust within the Westmont community because they violate the regard for truth essential to genuine

learning and Christian consistency. Such deception also hurts those students who do their work with integrity. Violations of Academic Integrity may consist of cheating (the use of unauthorized sources of information on an examination or other assignment), falsification (misrepresentation of facts in any academic project or obligation) or plagiarism (the use of someone else's words or ideas without giving proper credit). Faculty and students should operate in an environment of mutual trust and respect. Faculty will expect students to act in ways consistent with academic integrity. However, for both scholarly and spiritual reasons, cheating, falsification, plagiarism and all other violations of academic integrity will not be tolerated in the Westmont community. Please familiarize yourself with the entire Westmont College Academic Integrity Policy. This document defines different violations of academic integrity and their consequences. It also contains very helpful information on strategies to recognize violations of academic integrity before they occur. Dishonesty in the clinical setting, will not be tolerated and students will be removed followed by program suspension or termination.

Technology in the Classroom
Laptops, tablets, and smart phones can be used in the classroom with the permission of the faculty. The use of smart phones in the clinical setting will depend on each clinical setting's rules. Smart phones in the clinical setting can be used for clinical related resources (drug book, Tabers, calculation, etc). Recording lectures is also at the discretion of the faulty and permission must be granted.

Emergencies
In the event that an emergency occurs during instruction, it is important to be familiar with the practices in place for the classroom. Please review the document at https://integready.app.box.com/AnticipatingInClass and direct any questions or concerns to the Office of Institutional Resilience.

III. Weekly course schedule

Textbooks:
1. Medical/Surgical Nursing Hinkle & Cheever (H&C)
2. Psychology of Nursing Barker (Barker)
3. Gerontologic Nursing Meiner & Yeager (Meiner)
4. Covid-19 article
5. ATI- supplemental instruction

*Subject to change at any time, you will be notified of any changes

Week	Content Objectives	Reading	Activities and assignments	Outcome Measurement
1	**-Orientation to class, clinical, and syllabus** **-Cardiac system (dysrhythmias), and pacemakers** 1. Analyze elements of the ECG rhythm strip (rate, rhythm, QRS complex and shape, duration, P wave and shape, PR interval, and P:QRS ratio. 2. Evaluate ECG criteria, causes, and management of several dysrhythmias, including conduction disturbances. 3. Create nursing care plans, using the nursing process as a framework, for care of patients with dysrhythmias. 4. Compare the different types of pacemakers, their uses, possible complications, and patient-centered compassionate care.	H & C: 26 Meiner: Ch. 19 ATI:	**Small group discussion:** Consider the current treatment for A-Fib, including the classification system and risk associated with Stroke. Be ready to share	

	5. Discusses the telemetry technician notes in the EMR to assist in making informed clinical judgements. 6. Examines the pharmacological management of cardiac dysrhythmias implementing best practices. 7. Summarizes the laboratory and diagnostic tests to confirm best nursing practices.		your findings in class.	
2	**-Cardiac** **(CAD, CHF, Pericarditis, Structural defects, HTN crisis, and cardiac rehabilitation** 1. Discuss the clinical manifestations and patient-centered, compassionate care of patients with heart failure. 2. Discuss the clinical indications, patient preparation, and other related nursing implications for common tests and procedures used to assess cardiovascular function and diagnose cardiovascular diseases. 3. Create a care plan using the nursing process as the framework for a patient with pericarditis. 4. Examine valvular disorder of the heart and describe the clinical manifestations, medical care, and patient-centered compassionate nursing care of patients with mitral and aortic disorders. 5. Examines the pharmacological management of cardiovascular disorders and conditions implementing best practices. 6. Appraise the Electronic Medical Record capabilities to produce prescriptive and predictive analytics for cardiovascular disorders.	H & C: 25, 28, 29, 31 Meiner: 19 ATI:	**Small group discussion:** As our population continues to grow in the elderly age group, what are some of the lifestyle modifications that can be changed in younger life to combat the cardiovascular disease in older age? How much does genetics matter? ATI Video Case Studies: Heart Failure	
3	**-Cardiac** **(CAD, CHF, Structural defects, HTN crisis, and cardiac rehabilitation** 1. Identify why self-awareness is important within the therapeutic relationship. 2. Compare and contrast the psychological perspectives underpinning therapeutic relationships. 3. Modify the plan of care when information from your assessment and the EMR data demonstrates a change in the patient condition. 4. Examine hypertensive crises and their patient-centered, compassionate care and interprofessional team treatment. 5. Differentiate between hypertensive emergency and hypertensive urgency. 6. Examines the pharmacological management of hypertension implementing best practices. 7. Create a discharge plan with enrollment in cardiac rehabilitation.	Barker: Ch.7 Meiner: Ch. 27 (cardiac rehab) ATI:	**Small group activity:** Complete Critical Thinking exercise #3 in H&C Ch. 31 and present in class.	
4	**-Disorders of the pulmonary system (COPD, trachs, mechanical ventilation, Cor Pulmonar)** 1. Discuss the pathophysiology, clinical manifestations, and treatment of chronic obstructive pulmonary disease (COPD).	H & C: 22, 23, 24 Meiner: 20 ATI:		**Exam 1-Cardiac weeks 1-3**

	2. Analyze the major risk factors for developing COPD and nursing interventions to minimize or prevent these risk factors. 3. Create a patient-centered, compassionate care plan using the nursing process as a framework for patients with COPD. 4. Evaluate the pharmacologic management for COPD by gathering data from the EMR entered by the interprofessional team. 5. Develop an education plan for patients with COPD. 6. Examine the patient-centered compassionate care of a patient with an endotracheal tube and a patient with a tracheostomy. 7. Compose a plan of care using the nursing process as a framework for care of patients who are mechanically ventilated. 8. Justify the process of weaning the patient from mechanical ventilation.			
5	-Pulm cont. **(Covid-19, Pulmonary edema and hypertension Chest injuries, lung cancer)** 1. Discuss the history and management of Covid-19. 2. Create an evidence-based plan of care for the prevention of spread, infection, and rehabilitation of patients with Covid-19. 3. Demonstrates understanding of pulmonary and cardiac complications causing pulmonary edema. 4. Evaluate how fluid and electrolyte management can result in pulmonary edema. 5. Discussion the complication of pulmonary hypertension, cor pulmonale, and its effect on the cardiovascular system. 6. Evaluate the complications of chest trauma and their clinical manifestations as well as the patient-centered compassionate care. 7. Examine the evidence-based best practices for the modes of therapy related to nursing management of patients with lung cancer. 8. Examines the pharmacological management of pulmonary injury, disease, and multisystem conditions implementing best practices. 9. Appraise the Electronic Medical Record capabilities to produce prescriptive and predictive analytics for lung cancer therapies.	H & C: 13, 23, 29 (Pulm edema) **Article:** Emergency Nursing Care of the patients with Novel coronavirus disease, 2019 Meiner: 20 ATI:	**Small group discussion:** Examine your groups experience with either having Covid-19 (symptomatic or nonsympt-omatic) or kowing someone who suffered from it. What can we do as a population to prevent another pandemic?	
6	-Pulm cont. **(Acid/base balance, pulm fibrosis, lung transplant, sleep apnea, ARDS, and atelectasis** 1. Discuss the oxyhemoglobin dissociation curve and its impact on pulmonary disorders. 2. Explore the patient-centered compassionate care of the patients experience respiratory acidosis and respiratory alkalosis. 3. Examine pulmonary diagnostic reports in the EMR to assist in interprofessional care planning. 4. Discuss the compensatory mechanisms involved when acid/base is imbalanced. 5. Describe the genetic connection to pulmonary fibrosis and importance of genetic testing.	H & C:23 Meiner: 19 ATI:	**Small group discussion:** Discuss the sixth content objective for this week.	

	6. Examine the healthcare disparities in pulmonary health related to socioeconomics, race, and ethnicity. 7. Discuss the therapeutic management techniques of acute respiratory distress syndrome to the underlying pathophysiology of the syndrome. 8. Examines the pharmacological management of ARDS implementing best practices. 9. Examine the patients at risk for atelectasis and the patient-centered care management of them.			
7	**-Neurological disorders (seizures, epilepsy, ICP, Parkinson's Disease, and Stroke)** 1. Discuss functional changes in the neurologic system during the aging process. 2. Examine symptoms and diagnostic tests in the EMR and interventions related to common neurologic disorders in older adults. 3. Analyze evidence-based best practices that enhance patient-centered compassionate care in older adults with neurologic disorders. 4. Compare the early and late clinical manifestations of increased intracranial pressure (ICP) 5. Evaluate the evidence-based, patient-centered compassionate care of patients experiencing a new diagnosis of ICP. 6. Discuss the various types and causes of seizures. 7. Construct a plan of immediate care for a patient having a grand mal seizure. 8. Examines the pharmacological management of neurological conditions/disorders implementing best practices.	H & C: 66, 67 Meiner: 24 (Parkinson's disease and stroke) ATI:		**Exam 2 Pulmonary weeks 4-6**
8	**-Neuro cont.** 9. Explore the social world in which emotional intelligence has become necessary. 10. Examine the importance of emotional intelligence when providing compassionate care. 11. Compare the various types of cerebrovascular disorders; their causes, clinical manifestations, and evidence-based, patient-centered compassionate care. 12. Examines the pharmacological management of STROKE implementing best practices. 13. Construct a discharge plan for the patient with newly diagnosed CVA with hemiparesis, explaining the importance of interprofessional care and collaboration. 14. Appraise the Electronic Medical Record capabilities to produce prescriptive and predictive analytics for certain neurological disorders. 15. Provide effective communication within the collaborative efforts of the interprofessional team for patients with spinal cord injuries.	Barker: Ch. 8 H & C: 67 Meiner: 24 ATI:	**Small group discussion:** Discuss the incidence and prevalence of college acquired meningitis. Have you gotten the vaccine?	
9	**-Neuro cont.** **(Multiple sclerosis, meningitis, cranial nerve damage, Bell's palsy, amyotrophic lateral sclerosis-ALS)** 16. Discuss the pathophysiology, clinical manifestations, medical management, and evidence-based, patient-centered compassionate care of patients with multiple sclerosis (MS). 17. Construct an interprofessional care plan for the home care of the patient with MS.	H & C: 67, 70 Meiner: 24 ATI:	**Small group discussion:** Share experiences with friends or family members who experienced Bell's Palsy.	

	18. Examine evidence-based, patient-centered compassionate care of the patient with meningitis. 19. Analyze information for college students regarding the increased risk of obtaining meningitis, develop discharge teaching. 20. Establish a nursing diagnosis for Alteration in Body Image for the discharge plan for a patient with Bell's Palsy. 21. Evaluate the social adjustments for patients with ALS and develop the patient-centered compassionate plan of care to support the patients' needs and preferences.		**Class discussion:** Discuss the funding sources for current research on ALS. Has the survivorship changes in the last 10 years?	
10	**-Bleeding disorders (hemophilia and von Willebrands disease, blood transfusions)** 1. Discuss the patient-centered compassionate care for patient experiencing bleeding disorders. 2. Use the EMR to track and trend changes in lab values associated with bleeding disorders. 3. Examine the pharmacologic management of bleeding disorders including the safety protocols with blood product transfusion. 4. Examine the genetic relationship to common bleeding disorders like hemophilia and von Willebrand's disease. 5. Create a comprehensive discharge education plan for the newly diagnosed patient with a bleeding disorder.	H & C: 32,33 Meiner: ATI:	**Individual work:** Explore the website of the American Society of Hematology www.hematology.org	**Exam 3 Neuro Weeks 7-9**
11	**-Hematology (leukemia, lymphoma, myeloma, DIC)** 1. Assess the older adult for their end-of-life care planning. 2. Examine evidence-based, patient-centered compassionate care of the patient with blood cancers. 3. Examine the prescriptive analytics from the EMR for the care of patients with blood cancers. 4. Evaluate the need for a nurse navigator for the comprehensive care of patients undergoing a bone marrow transplant. 5. Compare the leukemias in terms of their incidence, physiologic alterations, clinical manifestations, management, and prognosis. 6. Use the nursing process as a framework for care of patients with acute leukemia. 7. Compare the myeloproliferative disorders in terms of their incidence, clinical manifestations, management, complications, and prognosis. 8. Analyze the emergent care needed for patients developing disseminated intravascular coagulation. 9. Examines the pharmacological management of hematologic disorders/conditions implementing best practices.	H & C: 33 (pgs. 956-959), 34 Meiner: Pgs. 602-605 ATI:	**Small group discussion:** Compare your own practice and safeguards with blood transfusions with each other. ATI Dosage Calc and Safe Medication Administration Case Study: Leukopedia	**ATI Comprehensive Predictor Practice A with Focused Review and post-study quiz**
12	**-Cancer (chemotherapy, radiation, immunologic, clinical trials)** 1. Compare the role of nurses in health education and prevention of oncologic disorders. 2. Differentiate among the goals of cancer care: prevention, diagnosis, cure, control, and palliation. 3. Evaluate the roles of surgery, radiation therapy, chemotherapy, hematopoietic stem cell transplantation, hyperthermia, targeted therapy, and symptom management in treating cancer.	H & C: 15 Meiner: Pgs. 595-602 ATI:		

	4. Create a plan of care using the nursing process as a framework for the patient-centered, evidence-based, compassionate care of patients with cancer. 5. Analyze the pharmacologic management and patients lab values to make informed clinical judgement. 6. Discuss the role of nurses in cancer survivorship care.			
13	**-Shock (Hypovolemic shock Cardiogenic shock Sepsis and septic shock Neurogenic shock Anaphylactic shock** 1. Describe shock and its underlying pathophysiology. 2. Compare clinical findings of the compensatory, progressive, and irreversible stages of shock. 3. Examine similarities and differences in shock due to hypovolemic, cardiogenic, neurogenic, anaphylactic, and septic shock states. 4. Appraise the EMR and prescriptive analytics in the medical management of different types of shock. 5. Construct a comprehensive, interprofessional plan of care that is evidence-based and patient-centered for the compassionate care of patients with shock. 6. Include the patient's support system in care of patient. 7. Examines the pharmacological management of different types of shock implementing best practices.	H & C: 14, 32, 33 ATI:	**Class discussion:** Compare and contrast the different types of shock. What is one common underlying theme? Complete Critical thinking exercise #4.	**Exam 4 Hematology and Cancer- weeks 10-12** **ATI Comprehensive Predictor Practice B with Focused Review and post-study quiz**
14	**Shock cont. -Systemic inflammatory response syndrome (SIRS) -Multiple organ dysfunction syndrome (MODS)** 1. Describe organ dysfunction that may occur with shock. 2. Differentiate vasoactive medications used in treating shock, and describe nursing implications associated with their use. 3. Relate the importance of nutritional support in all forms of shock, SIRS, and MODS. 4. Discuss the role of nurses in psychosocial support of patients experiencing shock and their families. 5. Construct the nursing management priorities in treating patients with multiple organ dysfunction syndrome. 6. Evaluate how SIRS impacts the care delivery to patients in various states of shock.	H & C: 14 ATI:	**Small group discussion:** Discuss in detail, the pathophysio-logy of SIRS and its impact in the care of patients in shock.	
15	**Semester Review**	ATI: Proctored Exam		**ATI Comprehensive Predictor Proctored Assessment**
16	**Comprehensive Final Exam (including weeks 13 and 14)**			

Clinical syllabus

Faculty: TBD
Clinical Site: TBD
Faculty: TBD
Phone: TBD
Email: TBD
Office hours: TBD

Clinical objectives:
1. Create safe, quality, patient-centered and evidence-based care plans for patients with complex multisystem conditions.
2. Validate compassionate care using evidence-based best practices.
3. Organize interprofessional collaboration using effective communication for the wholistic care of patients with complex and emergent conditions.
4   Using Informatics, discuss predictive and prescriptive analytics from the data produced by the Electronic Medical Record.
5. Justify the need for community and population health to diverse and underserved people in Santa Barbara.
6. Assess medication administration routine for possible work-arounds, short-cuts or need to deviate from policy.
7. Safely care for 3-4 patients by end of semester.

**Please refer to the Student Handbook, Clinical Policies for dress code and clinical conduct in the clinical setting
First day of class: 13:00-17:00 Meet in skills lab to practice advanced assessment techniques, IV competency, IV push, Blood transfusion review.

Clinical schedule:

Week	Patient care focus	Preconference Lunch Post-conference
1	Hospital orientation	Location TBD

06:30-19:30	Medication Proficiency Exam Cardiac patients	
2 06:30-19:30	Cardiac patients	Location TBD
3 06:30-19:30	Cardiac patients	Location TBD
4 06:30-19:30	Cardiac and pulmonary patients	Location TBD
5 06:30-19:30	Cardiac and pulmonary patients	Location TBD
6 06:30-19:30	Cardiac and pulmonary patients	Location TBD
7 06:30-19:30	Cardiac, pulmonary, and neuro patients	Location TBD
8	Cardiac, pulmonary, and neuro patients	Location TBD
9 06:30-19:30	Cardiac, pulmonary, and neuro patients	Location TBD
10 06:30-19:30	Cardiac, pulmonary, neuro, hematology, and cancer patients	Location TBD
11 06:30-19:30	Cardiac, pulmonary, neuro, hematology, and cancer patients	Location TBD
12 06:30-19:30	Cardiac, pulmonary, neuro, hematology, and cancer patients	Location TBD
13	Cardiac, pulmonary, neuro, hematology, and cancer patients	Location TBD
14 06:30-19:30	Patients with multisystem complications or conditions	Location TBD
15 06:30-13:00	Patients with multisystem complications or conditions	Celebratory Lunch in Santa Barbara
13:00-15:00	Celebratory Lunch in Santa Barbara	
16	Clinical Evaluations	