

LSC Use Only
Number: _____
Submission Date: _____
Action-Date: _____



00-18
UWUCC USE Only
Number: 99-62
Submission Date: _____
Action-Date: UWUCC App 2/13/01
Senate App 2/27/01

CURRICULUM PROPOSAL COVER SHEET
University-Wide Undergraduate Curriculum Committee

I. CONTACT

Contact Person Susan Poorman Phone 724-357-3258
Department Nursing

II. PROPOSAL TYPE (Check All Appropriate Lines)

- COURSE** Clin Prob Solving
Suggested 20 character title
- New Course*** NU450
A Cognitive Approach to Clinical Problem Solving
Course Number and Full Title
- Course Revision** _____
Course Number and Full Title
- Liberal Studies Approval+** _____
for new or existing course Course Number and Full Title
- Course Deletion** _____
Course Number and Full Title
- Number and/or Title Change** _____
Old Number and/or Full Old Title

New Number and/or Full New Title
- Course or Catalog Description Change** _____
Course Number and Full Title
- PROGRAM:** _____ Major _____ Minor _____ Track
- New Program*** _____
Program Name
- Program Revision*** _____
Program Name
- Program Deletion*** _____
Program Name
- Title Change** _____
Old Program Name

New Program Name

III. Approvals (signatures and date)

Maria E Tawal 9-8-99 Department Curriculum Committee
Sarah Kuzneski 9-8-99 Department Chair
Mary C. Suenkel 3/1/00 College Curriculum Committee
Charles A. Zou 7 Mar 00 College Dean

+ Director of Liberal Studies (where applicable)

*Provost (where applicable)



Rev.

NURS 450 A Cognitive Approach to Clinical Problem Solving

3c-01-3sh

Prerequisites: NURS 412

This course focuses on advanced clinical problem solving and decision making skills needed by professional nurses. Factors that influence clinical problem solving will be examined to facilitate higher level thinking in simulated clinical situations.

Revised 2-14-01

I. Course Description

NURS 450 A Cognitive Approach to Clinical Problem Solving

**3 lecture hours
0 lab hours
3 semester hours
(3c-01-3sh)**

Prerequisites: NURS 412

This course focuses on advanced clinical problem solving and decision making skills needed by professional nurses. Factors that influence clinical problem solving will be examined to facilitate higher level thinking in simulated clinical situations.

II. Course Objectives

At the conclusion of the course the student will be able to:

1. Use theoretical principles to organize knowledge from previous course work and guide decision making in the nursing process.
2. Identify factors that influence the individual's problem solving ability.
3. Describe cognitive processes that affect nurses' problem solving behaviors in actual and simulated clinical problem solving situations.
4. Apply newly learned problem solving and thinking skills to simulated clinical problem solving situations.

III. Course Outline

Week 1	A. Introduction and Overview of Course 1. Self Assessment 2. Text Attitude Inventory 3. Pretest & Review	3 hrs
Week 2	B. Application of Problem Solving Skills 1. Test Taking Strategies	3 hrs
Week 3	C. Nursing process as an approach to clinical problem solving 1. Application of key nursing concepts in problem solving	3hrs
Week 4	D. Introduction to National Council Licensure Exam (NCLEX) 1. Discussion of test plan	3 hrs

Week 6	F. Identifying faulty thinking in problem solving situations 1. Personal/Professional	(3 hrs)
Week 7	G. Nurses cognitive self-assessment model (NCSAM) 1. Cognitive restructuring 2. NCSAM introduction	(3 hrs)
Week 8	MID-TERM EXAM and review	(3 hrs)
Week 9	H. Evaluation of faulty cognitions to improve problem solving abilities 1. NCSAM examples	(3 hrs)
Week 10	I. Thought Distraction Techniques 1. Thought stopping 2. Prescribed worry 3. Worry breaks 4. Visualization Techniques	(3 hrs)
Weeks 11-14	J. Developing an individualized Plan of Action 1. Class topics and assignments individualized according to identified students needs	(12 hrs)
Finals Week	FINAL EXAM	

IV. Evaluation Methods

Students will be evaluated by their performance on NCLEX simulation midterm and final examination and weekly quizzes. The purpose of this form of evaluation is to enhance clinical judgement skills necessary to be successful on standardized tests using national norms. Students will have the opportunity to drop the lowest quiz score. Extra credit options will be available at faculty discretion.

The course grade will be determined based on:

Weekly quizzes (30 pts each)	420 pts
Midterm exam	50 pts
Final Exam	<u>70 pts</u>
Total possible points	540

Grading Scale:

A = 486-540
B = 432-486
C = 378-432
D = 324-378
F = 323 or below

V. Required Text

Poorman, S.G., Webb, C.A., Mastorovich, M.L., & Molcan, K.L. (1999). A Good Thinking Approach to NCLEX and Other Nursing Exams. Pittsburgh: STAT Nursing Consultants.

VI. References

Ambrose, M.L., Goldberg, K.E., Johnson, P.H., Mauro, E., Nash, J., Sabella, B.L. & Shaw, M. (Eds.). (1997). Fluids & electrolytes made incredibly easy! Springhouse, PA: Springhouse.

Bourne, E.J. (1995). The anxiety and phobia workbook (2nd ed.). Oakland, CA: New Harbinger.

Burns, D.D. (1989). The feeling good handbook: Using the new mood therapy in everyday life, New York: William Morrow. (Classic)

Carpenter, D.O., Ambrose, M.L. & Wittig, P. (Eds.). (1998). Pathophysiology made incredibly easy! Springhouse, PA: Springhouse.

Davis, M., McKay, M., & Eshelman, E.R. (1996). The relaxation and stress reduction workbook (4th ed.). Oakland, CA: New Harbinger.

Fanning, P. (1994). Visualization for change (2nd ed.). Oakland, CA: New Harbinger. (Classic)

Greenberger, D. & Padesky, C.A. (1995). Mind over mood: A cognitive therapy treatment manual for clients. New York: Guilford Press.

Johnson, S. (1997). Taking the anxiety out of taking tests: A step-by-step guide. Oakland, CA: New Harbinger.

McKay, M., Davis, M., & Fanning, P. (1997). Thoughts & feelings: Taking control of your moods and your life (2nd ed.). Oakland, CA: New Harbinger.

Meltzer, M. & Palau, S.M. (1997). Learning strategies in nursing: Reading, studying and test taking (2nd ed.). Philadelphia: Saunders.

Sides, M.B. & Korchek, N.B. (1997). Nurse's guide to successful test-taking (3rd ed.). Philadelphia: Lippincott. (Classic)

Simonton, O.C., Matthews-Simonton, S. & Sparks, T.F. (1980). Psychological intervention in the treatment of cancer. Psychosomatics. 21 226-235. (Classic)

Winningham, M.L. & Preusser, B.A. (1996). Critical thinking in medical-surgical settings: A case study approach. St. Louis: Mosby.

Zerwekh, J., Claborn, J.C. & Miller, C.J. (1997). Memory notebook of nursing. (Vol. 2). Dallas: Nursing Education Consultants.

**A Cognitive Approach to Clinical Problem Solving
NU 481
Course Analysis Questionnaire**

Section A: Details of the Course

- A1** How does this course fit into the programs of the department? For what students the course designed? (majors, students in other majors, liberal studies).

This course is designed for second semester senior students. It will be an elective 3 credit course for students to enhance their problem solving in simulated clinical situations.

- A2** Does this course require changes in the content of existing courses or requirements for a program? If catalog description of other courses or department programs must be changed as a result of the adoption of this course, please submit as separate proposals all other changes in courses and /or program requirements.

No.

- A3** Has this course ever been offered at IUP on a trial basis (e.g. as a special topic)? If so, explain the details of the offering.

Yes, it has been offered for 2 years in Spring term as a special topics course.

- A4** Is this course to be a dual-level course? If so, what is the approval status at the graduate level?

No.

- A5** If this course may be taken for variable credit, what criteria will be used to relate the credits to the learning experience of each student? Who will make this determination and by what procedures?

N/A

- A6** Do other higher education institutions currently offer this course? If so, please list examples.

No. This course was developed specifically for the IUP nursing student. However, with national NCLEX pass rates declining (NCSEB.ORG), many colleges and universities are offering similar courses for their nursing students. (e.g. East Georgia State University, Wilcox College, * see attached article)

- A7 Is the content, or are the skills, of the proposed course recommended or required by a professional society, accrediting authority, law or other external agency? If so, please provide documentation. Explain why this content or these skills cannot be incorporated into an existing course.

The course does not reteach information from other courses, but helps students enhance critical thinking and problem solving skills, necessary for NCLEX success.

Section B: Interdisciplinary Implications

- B1 Will this course be taught by one instructor or will there be team teaching? If the latter, explain the teaching plan and its rationale.

One instructor.

- B2 What is the relationship between the content of this course and the content of courses offered by other departments? Summarize your discussions (with other departments) concerning the proposed changes and indicate how any conflicts have been resolved. Please attach relevant memoranda from these departments which clarify their attitudes toward the proposed change(s).

Content is specific for senior level nursing students and need small class size for increased interaction with instructor.

- B3 Will seats in this course be made available to students in the School of Continuing Education?

No.

Section C: Implementation

- C1 Are faculty resources adequate? If you are not requesting or have not been authorized to hire additional faculty, demonstrate how course will fit into the schedules of current faculty. What will be taught less frequently or in fewer sections to make this possible?

Yes - course will be taught once per academic year.

- C2 What other resources will be needed to teach this course and how adequate are the current resources? If not adequate, what plans exist for achieving adequacy? Reply in terms of the following:

*Space
*Equipment

- *Laboratory Supplies and Other Consumable Goods
- *Library Materials
- *Travel Funds

Computer programs, videos, and textbooks have been purchased to enhance this course.

C3 Are any of the resources for this course funded by a grant? If so, what provisions have been made to continue support for this course once the grant has expired? (Attach letters of support from Dean, Provost, etc.)

No.

C4 How frequently do you expect this course to be offered? Is this course particularly designed for or restricted to certain seasonal semesters?

Yes - will only be needed spring term for second semester nursing seniors.

C5 How many sections of this course do you anticipate offering in any single semester?

One.

C6 How many students do you plan to accommodate in a section of this course? Is this planned number limited by the availability of any resources? Explain.

20 – small class size needed for increased interaction with student.

C7 Does any professional society recommend enrollment limits or parameters for a course of this nature? If they do, please quote from the appropriate documents.

No – other than general documentation that small class size enhances learning and allows for increased interaction.

Section D: Miscellaneous

Include any additional information valuable to those reviewing this new course proposal.

To prepare for the exam, the instructor posted a large "Do Not Disturb—Testing In Progress" sign on her office door, forwarded the phone to the secretary, arranged a comfortable chair for the student, and placed the tape recorder in the periphery. After the instructor greeted the student, she requested that the student sign a form granting permission to tape record the evaluation and promised test confidentiality to the student.

The exam began with the first of two expected questions. An example is, "Relate age, gender, ethnicity, and social class to health using life expectancy, morbidity, mortality, and health services utilization rates." Answers did not have to include specific statistics, but they had to include the relationship of gender; children, adults, and older adults; African-Americans, Asian-Americans, Native Americans, and Latinos; and upper, middle, and lower socioeconomic classes to the concepts of life expectancy, morbidity, mortality, and health service use rates. For example, in general, women in the United States have longer life expectancies than men, higher levels of morbidity but lower levels of mortality, and higher rates of health services use, even when maternity services are excluded from analysis. To grade the students, the instructor reviewed the audio tapes and compared the answers to the criteria for adequacy and appropriateness of responses.

Student evaluations of the oral exam were very positive! Although not statistically significant, the means of the oral exams exceeded those of the written final exams for every class. The only negative responses were anxiety and nervousness before the exam. The instructor gained a better understanding of where the students were in relation to comprehending the course concepts. Nevertheless, the administration of the exam was exhausting when more than six students were scheduled sequentially.

In conclusion, the authors recommend oral exams as an alternative evaluation method of student learning. Oral exams offer another viable perspective on students' understanding of material, and when used with other more traditional assessment techniques such as papers and written exams, oral exams

add a significant dimension to the evaluation process.

Reference

1. Solomon, DJ. An assessment of an oral examination for evaluating clinical competence in emergency medicine. *Acad Med.* 1990; 65(9)(suppl):43-4.

A Solution-Focused Approach to Help High-Risk Students

Ann M. Devine, MS, RN, CS, APRN,
Professor of Nursing, Wilcox College,
Middletown, Connecticut.

A meaningful approach to working with associate degree nursing students who are at risk for failing the NCLEX-RN examination can be developed. Frustration with mandatory intervention programs for at-risk students, the lack of student participation in optional tutorial programs, and student apathy forced me to review my repertoire of skills when helping at-risk students prepare for the NCLEX-RN examination.

My review led me to draw on my expertise in solution-focused therapy as a nurse psychotherapist. Solution-focused therapy is a targeted and strategic treatment process based on cognitive behavioral principles. The process helps the therapist quickly identify core treatment issues, formulate a concrete goal, and develop interventions to achieve that goal. To accelerate treatment, interventions can include directive therapy techniques, assignments, psycho-educational programs, and self-help group participation. Cognitive behavioral treatment helps to identify and change irrational thoughts, unmanageable feelings, and self-defeating behaviors that drive the target problem.

Because I had successfully used this treatment process in my private practice, I decided to modify the process and incorporate some of the concepts into my work with high-risk students. My goals were to motivate the students to develop a study plan they would own, to increase the students' abilities to formulate solutions rather than to focus solely on problems and "quick fixes," and to create cooperation and accountability.

With these goals in mind, I developed an approach that contained four components: assessment, identification of target problems and behaviors, development of a plan of action, and evaluation of progress.

The first step is to identify and clarify the problem. Before I implement this step, I try to make the student feel comfortable by talking about nonproblem-related issues for a few minutes. Next, I ask the student to give a brief statement about a particular problem. Then I begin to ask the following solution-oriented questions to guide the student's thinking toward his or her own strengths and possible solutions:

1. How will your life be different when you don't have this problem?
2. How would you like things to change as a result of working with me?
3. How will you alter your approach to study?
4. What have you done in the past to try to solve this problem? What worked? What didn't work?
5. What obstacles are preventing you from achieving your goal?
6. How do you believe you can overcome these obstacles?

The next step is to identify the target problems and behaviors that will become the focus of the student's work. Common target problems can include deficiencies in theoretical knowledge, critical skills, test taking, and computer skills, and also test anxiety management. Once the target problem is identified, I ask the student to identify the behaviors that drive the target problem. The answer to this question gives me ideas about what behaviors need to be changed to resolve the target problem.

Many target problems are fueled by irrational thoughts (such as "I can't do multiple-choice tests"), unmanageable feelings that create high anxiety levels during test taking, and self-defeating behaviors (such as fragmented study times and disorganized study materials). If these behaviors are identified, interrupted, and replaced with self-enhancing behaviors, the target problem is often resolved.

The next step is to develop a plan of action. I use a two-tiered approach

4 consisting of a study plan developed by the student and a series of interventions that I develop. The interventions are directive and supportive strategies that keep the student focused on resolving the target problem.

Interventions may include a prescription to complete assigned readings; the use of NCLEX review books, videotapes, and computer software; and participation in group tutorial sessions. More important are the referrals made to appropriate personnel who can help the student change the behaviors that drive the target problem and help improve the student's critical thinking, test-taking abilities, and computer skills. These referrals set the stage for ongoing support and progress after the student's work with me is completed.

The final step is evaluating the student's progress by scheduling a series of appointments to review documentation that details the student's progress in areas such as implementing a study plan, and closely examining any responses the student may have had to prescribed interventions. Close follow-up is important during the early stages of the program to monitor potential behavioral relapses and to encourage ongoing personal growth and development.

This approach is valuable for students because it provides hope for improvement and change, it identifies and supports strengths, and it assists in realistic goal setting. Another benefit is fostered communication between the student and faculty in identifying the student's needs. By using a solution-focused approach, the faculty member gains insight into the student's strengths, abilities, and resources. As a result of this partnership, the faculty member and student create solutions that are pragmatic and compatible with the need for accountability.

Improving Teaching Effectiveness: Facilitating Student Feedback

Elaine Souder, PhD, RN, Associate Professor, College of Nursing, University of Arkansas for Medical Sciences, Little Rock.

Traditionally, educators gather student feedback on teaching effectiveness at the end of the semester, when students

may be exhausted, anxious about grades, or emotionally disengaged. Course and teaching evaluations conducted at the end of the semester are limited because they lack specificity, and because they are weighted more heavily on recent events and are subject to student apathy, resulting in mediocre ratings with no descriptive feedback to guide faculty in making changes.

To remedy this problem, educators can request anonymous feedback from students on a class-by-class basis. Students have an opportunity to evaluate each class session as it is completed, facilitating timely and specific feedback. The evaluation can be a simple rating scale with space for comments and

suggestions. For example, a class consisting of a 50-minute lecture, a 20-minute small group exercise, a large group discussion, and a 15-minute videotape listed the major learning activities on the evaluation form shown in Figure 1. Students rated the effectiveness of each component and provided commentary as needed. Evaluation forms also can query students' overall level of satisfaction with the course at intervals and solicit specific suggestions for change. Students use the general comment/concern category to communicate an "aha" as well as dissatisfaction with certain situations, such as a student who monopolizes

Continued on page 14

Class Feedback: Crisis Intervention					
<i>Please provide feedback on the effectiveness of the following aspects of class by circling a number.</i>					
	Not Effective			Very Effective	
	1	2	3	4	5
Crisis Intervention lecture					
Comments	-----				

Videotape of family in crisis	1	2	3	4	5
Comments	-----				

Small Group Exercise	1	2	3	4	5
Comments	-----				

Large Group Discussion	1	2	3	4	5
Comments	-----				

Usefulness of assigned readings	1	2	3	4	5
Comments	-----				

Other Comments or Concerns					

Figure 1. Class feedback: crisis intervention.