

10-241

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		09-991	AP-9/21/10	App 11/2/10

Curriculum Proposal Cover Sheet - University-Wide Undergraduate Curriculum Committee

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Check all appropriate lines and complete information as requested. Use a separate cover sheet for each course proposal and for each program proposal.

1. Course Proposals (check all that apply) <input type="checkbox"/> New Course <input type="checkbox"/> Course Prefix Change <input type="checkbox"/> Course Deletion <input checked="" type="checkbox"/> Course Revision <input type="checkbox"/> Course Number and/or Title Change <input type="checkbox"/> Catalog Description Change	
NURS 437 Adult Health Clinical II <u>Current Course prefix, number and full title</u> <u>Proposed course prefix, number and full title, if changing</u>	
2. Additional Course Designations: check if appropriate <input type="checkbox"/> This course is also proposed as a Liberal Studies Course. <input type="checkbox"/> Other: (e.g., Women's Studies, Pan-African) <input type="checkbox"/> This course is also proposed as an Honors College Course.	
3. Program Proposals <input type="checkbox"/> New Degree Program <input type="checkbox"/> Program Title Change <input type="checkbox"/> Program Revision <input type="checkbox"/> New Minor Program <input type="checkbox"/> New Track <input type="checkbox"/> Other <u>Current program name</u> <u>Proposed program name, if changing</u>	
4. Approvals	
Department Curriculum Committee Chair(s)	Theresa Gropelli 1/9/10
Department Chair(s)	Elizabeth Palmer 3/2/10
College Curriculum Committee Chair	Robert Kostelink 4/5/10
College Dean	Carleen P. Zodi 4-7-10
Director of Liberal Studies *	
Director of Honors College *	
Provost *	
Additional signatures as appropriate: (include title)	
UWUCC Co-Chairs	Gail Sechrist 9-22-10

* where applicable

Received
SEP 22 2010
Liberal Studies

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SEP 13 2010
Liberal Studies

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1. Syllabus of record

I. COURSE DESCRIPTION:

NURS 437 Adult Health Clinical II

0 lecture hours

15 lab hours

5 credit hours

(0c-15l-5cr)

PRE-REQUISITES: NURS 336, 337, 330, 331, 332, 333, or permission

CO-REQUISITES: NURS 436

PRE OR

CO-REQUISITES : NURS 412

Designed to provide opportunities for clinical practice as a provider of care for complex, acutely ill clients in a variety of settings including intensive care unit, monitored units, medical-surgical units, and rehabilitation settings. Focus is on secondary prevention/intervention for long-term critically ill patients. Emphasizes the role of designer/manager/coordinator of care with opportunities to apply management principles and practice leadership skills in the acute care and rehabilitation setting. Opportunities for students to receive precepting with a Registered Nurse are an integral component of the course.

II. COURSE OUTCOMES:

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

1. Perform comprehensive nursing assessment of adults with critical/complex health problems.
2. Integrate knowledge of pathophysiology and the nursing process to provide appropriate care for clients with critical/complex health problems.
3. Assume a leadership role within one's scope of practice.
4. Apply management principles in the delivery, supervision, and delegation of nursing care.
5. Analyze problem solving and decision making strategies employed on a given unit.
6. Demonstrate the ability to foster team-building skills with a group.
7. Understand the principles of quality performance improvement.
8. Analyze the usefulness of outcomes research to evaluate the quality of care.

III. COURSE OUTLINE:

UNIT I Care of Acutely Ill Patients with Complex Problems

Day 1

(8 hrs.)

1. **Orientation to clinical agency and course expectations**
2. Overview of expected competencies
3. Skill Lab sessions – psychomotor skill practice
4. Completion of agency orientation requirements

Days 2-15

(97 hrs.)

1. **Provide and coordinate care – complex acutely ill clients**
 - a. Faculty directed experiences with close supervision of essential skills with complex care and critical care populations. Students assume responsibility for primary care of groups of patients with complex health problems. Opportunities for providing care for critically ill patients are an integral component of this unit as well.
 - b. Sites
 - 1.) Intensive care units
 - 2.) Monitor units
 - 3.) Medical-surgical units
2. Participate in clinical conferences with faculty

Exam

(1 hr.)

UNIT II Leadership

Days 16-21

(47 hrs.)

1. Function in team leader and/or primary care nurse roles.
2. Practice delegation and supervision skills, reporting, and evaluating care delivered by others.
3. Participate in interdisciplinary team meetings.
4. Work with head nurse and unit manager to gain insight about the managerial aspects of these roles.
5. Work closely with directing the functions of the patient care unit, i.e., interfacing with physicians, transcribing and implementing medical orders, monitoring status of all patients on the unit.
6. Learn aspects of the unit operation including operating budget, scheduling, staffing, discipline, strategies for problem solving and conflict resolution.
7. Learn how information is disseminated within the agency chain of command.
8. Attend managerial meetings for the purpose of participating as well as analyzing how committee work is accomplished.
9. Participate in clinical conferences with faculty

Exam

(1 hr.)

UNIT III Preceptor Experience with Registered Nurse

Days 22-28

(55 hrs.)

1. Preceptor directed experiences in the provider of care role for complex, acutely ill patient populations. Students will assume responsibility for managing the care to groups of patients. Students will work directly with an assigned registered nurse preceptor. Faculty will continue to provide instruction and monitor student performance with “in-house” presence and will meet regularly with the preceptor and student to determine student progress with expected clinical

- knowledge and competencies.
 2. Participate in clinical conferences with faculty
Exam

(1 hr)

Final Exam**(2 hrs)**Clinical Conference Topics

Unit Assessment – how are problem solving and decision making accomplished?
 Leadership Behaviors – can you recognize them?
 Conflict Resolution – is there an effective model?
 Clinical Delegation – How do you know when it's effective?
 Socialization to the Workplace – can the transition be smoother?
 Interdisciplinary Teams – advantages and obstacles to quality care
 Outcomes Evaluation – what are the indicators? whose responsibility?
 Additional topics related to complex acutely ill clients

IV. EVALUATION METHODS*

The grade for this course will be calculated based on:

1. **The pass/fail grade in clinical performance, including:**
 - a. Written assignments
 - b. Clinical competencies
 - c. Appropriate professional behavior
2. **75% Unit exams (multiple choice nursing process questions)**
3. **25% Final exam (multiple choice)**

V. GRADING SCALE:

A	90-100% + Pass in clinical performance
B	80-89% + Pass in clinical performance
C	70-79% + Pass in clinical performance
D	60-69% + Pass in clinical performance
F	Less than 60% or F in clinical performance

***To progress in the Nursing Program, the student must achieve at least a 70% average grade on the exams and satisfactorily complete all assignments.**

Clinical Competencies

In order to pass clinical performance the student must demonstrate competency in the following areas:

1. *Perform 12 lead EKG and distinguish basic from life threatening arrhythmias
2. Recognize asystole, ventricular fibrillation and ventricular tachycardia on monitor or EKG
3. Administer medication: IV therapy (including piggy-back), Patient Controlled Analgesia (PCA), Total Parenteral Nutrition (TPN)
4. *Participate in a mock code – identifying participants' roles and drugs used
5. Management of central lines
6. Monitor blood/colloids administration
7. *Management of chest tubes
8. *Management of artificial airways
9. Care of clients using special mattress/therapeutic beds
10. Demonstrate principles of supervising nursing care performed by others
11. Demonstrate effective problem solving strategies in the clinical setting

12. Demonstrate effective conflict management strategies
13. Plan and implement a teaching session based on an identified need
14. Perform and synthesize a priority assessment
15. Perform a neurological assessment on a patient with a deficit

*** These competencies can be completed in the Learning Lab.**

Opportunities for competency testing will be available throughout the semester

Content will be provided through CAI, written module, video, post conference, or other appropriate methods.

VI. ATTENDANCE POLICY:

Although there is no formal attendance policy for this class, student learning is enhanced by regular attendance and participation in class discussions.

VII. REQUIRED TEXTBOOKS:

Chernecky, C. et al. (2006). *ECG's & the heart. (2nd ed.)*. Philadelphia: W.B. Saunders.

Karch, A.M. (2008). *Focus on nursing pharmacology (4th ed.)*. Philadelphia: Lippincott Williams & Wilkins.

Schumacher, L. & Chernecky, C. (2005). *Critical care & emergency nursing*. St. Louis: Elsevier Saunders

VIII. SPECIAL RESOURCE REQUIREMENTS:

All nursing students are responsible for and required to have the following:*

1. Current CPR certification
2. Professional liability insurance
3. Health requirements
4. Student uniforms and physical assessment equipment
5. Clearance papers
 - i. (Criminal Record Check and Child Abuse; Act 34 and 151 Clearance forms)
6. Clinical agencies requirements

*Please refer to the Department of Nursing and Allied Health Professions Student Information Handbook for details regarding these items.

Students will not be permitted to attend clinical without meeting these requirements.

IX. BIBIOGRAPHY:

AACN Practice Alert: Ventilator associated pneumonia (2008). *Critical Care Nurse*, 28(3), 83-85.

Amos, M., Hu, J. & Herrick, C. (2005). The impact of team building on communication and job satisfaction of nursing staff. *Journal for Nursing in Staff Development*, 21 (1), 10-16.

Cahill, D. (2008). The effect of ACT_SMART on nursing' perceived level of confidence toward managing the aggressive and violent patient. *Advanced Emergency Nursing Journal*, 30 (3), 252-268.

- Clark, P. (2009). Teamwork: Building healthier workplaces and providing safer patient care. *Critical Care Nursing Quarterly*, 32 (3), 221-231.
- Cooper, E. (2008). VRE: How you can stop the spread of this drug-resistant organism. *RN*, 71(2), 27-31.
- Coughlin, A. (2006). Go with the flow of chest tube therapy. *Nursing*, 36(3), 36-42.
- David, K. (2007). IV fluids: Do you know what's hanging and why? *RN*, 70(10), 35-41.
- Delahanty, K. & Myers, F. (2010). Three bad bugs: Update your knowledge on a new form of MRSA, A. baumannii, and C. difficile. *Nursing*, 40(3), 24-31.
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- Goldich, G. (2006). Understanding the 12-lead ECG, part 1. *Nursing*, 36(11), 36-42.
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- Gorman, D., Calhoun, K., Carasco, M., Niclaus, D., Neron, M., McNally, L., & Thompson, P. (2008). Take a rapid treatment approach to cardiogenic shock. *Nursing Critical Care*, 3(4), 18-28.
- Gray, A., Hart, M., Dalrymple, K., & Davies, T. (2008). Promoting safe transfusion practice: Right blood, right patient, right time. *British Journal of Nursing*, 17(13), 812-816.
- Hayes, D. (2007). When potassium takes dangerous detours. *Nursing*, 37(11), 56hn1-56hn2.
- Kalilisch, B., Begeny, S., & Anderson, C. (2008). The effect of consistent nursing shifts on teamwork and continuity of care. *JONA*, 38 (3), 132-137.
- Kerfoot, K., Rapala, R., Ebright, P., & Rogers, S. (2006). The power of collaboration with patient safety programs: Building safe passage for patients, nurses, and clinical staff. *JONA*, 36 (12), 582-588.
- Lach, J. (2010). The costs and outcomes of falls: what's a nursing administrator to do? *Nursing Administration Quarterly*, 34(2), 147-155.
- Longo, R. (2010). Understanding oral antidiabetic agents: How to make sense of this vast armamentarium. *American Journal of Nursing*, 110(2), 49-52.
- Lopez, D. (2009). Emergency: Acetaminophen poisoning. *American Journal of Nursing*, 109(9), 49-51.1
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- Ogiehor-Enoma, G., Taqueban, A., Anosike, A. (2010). Evidence-based nursing: 6 steps for transforming organizational EBP culture. *Nursing Management*, 41(5), 14-17.

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- Schleinker, M. (2006). JCAHO solutions: See the positive side of sentinel events. *Nursing Management*, 37(5), 20.
- Shigaki, C., Moore, C., Wakefield, B., Campbell, J., & LeMaster, J. (2010). Nursing partners in chronic illness care: Patients' perceptions and their implications for nursing leadership. *Nursing Administration Quarterly*, 34(2), 130-140.
- Shirey, M., Ebright, P., & McDaniel, A. (2008). Sleepless in America: Nursing managers cope with stress and complexity. *JONA*, 38(3), 125-131.
- Stevens, W. (2008). Fluid balance and resuscitation: Critical aspects of ICU care. *Nursing Critical Care*, 3(4), 12-22.

2. A summary of the proposed revisions- to add new or changed pre- or co- requisites.

Change Prerequisites from NURS 338 and 339 to NURS 330, 331, 332, 333

3. Justification or rationale- to ensure appropriate progress through the program.

Courses NURS 338 was split into two courses, NURS 330 and 332. NURS 339 was split into two courses, NURS 331 and 333. This allows the student to be evaluated on Maternal-Neonatal care and care of the child separately. This change would ensure appropriate progression thru the program

4. The old syllabus of record

I. Course Description

NURS 437 Adult Health Clinical II

0 lecture hours

15 lab hours

5 credit hours

(0c-15l-5cr)

Prerequisites: NURS 336, 337, 338, 339, or permission

Corequisite: NURS 436

Prerequisite or corequisite: NURS 412

Designed to provide opportunities for clinical practice as a provider of care for complex, acutely ill clients in a variety of settings including intensive care unit, monitored units, medical-surgical units, and rehabilitation settings. Focus is on secondary prevention/intervention for long-term critically ill patients. Emphasizes the role of designer/manager/coordinator of care with opportunities to apply management principles and practice leadership skills in the acute care and rehabilitation setting. Opportunities for students to receive preceptoring with a Registered Nurse are an integral component of the course.

II. Course Objectives

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

1. Perform comprehensive nursing assessment of adults with critical/complex health problems
2. Integrate knowledge of pathophysiology and the nursing process to provide appropriate care for clients with critical/complex health problems
3. Assume a leadership role within one's scope of practice
4. Apply management principles in the delivery, supervision, and delegation of nursing care
5. Analyze problem solving and decision making strategies employed on a given unit
6. Demonstrate the ability to foster team-building skills with a group
7. Understand the principles of quality performance improvement
8. Analyze the usefulness of outcomes research to evaluate the quality of care

III. Course Outline

UNIT I Care of Acutely Ill Patients with Complex Problems

Day 1

8 hrs.

1. *Orientation to clinical agency and course expectations*
2. Overview of expected competencies
3. Skill Lab sessions – psychomotor skill practice
4. Completion of agency orientation requirements

Days 2-15

97 hrs.

1. *Provide and coordinate care – complex acutely ill clients*
 - a. Faculty directed experiences with close supervision of essential skills

with complex care and critical care populations. Students assume responsibility for primary care of groups of patients with complex health problems. Opportunities for providing care for critically ill patients are an integral component of this unit as well.

b. Sites

1. Intensive care units
2. Monitor units
3. Medical-surgical units
2. Participate in clinical conferences with faculty

Exam 1 hr.

UNIT II Leadership

Days 16-21 47 hrs.

1. Function in team leader and/or primary care nurse roles.
2. Practice delegation and supervision skills, reporting, and evaluating care delivered by others.
3. Participate in interdisciplinary team meetings.
4. Work with head nurse and unit manager to gain insight about the managerial aspects of these roles.
5. Work closely with directing the functions of the patient care unit, i.e., interfacing with physicians, transcribing and implementing medical orders, monitoring status of all patients on the unit.
6. Learn aspects of the unit operation including operating budget, scheduling, staffing, discipline, strategies for problem solving and conflict resolution.
7. Learn how information is disseminated within the agency chain of command.
8. Attend managerial meetings for the purpose of participating as well as analyzing how committee work is accomplished.
9. Participate in clinical conferences with faculty

Exam 1 hr.

UNIT III Preceptor Experience with Registered Nurse

Days 22-28 55 hrs.

1. Preceptor directed experiences in the provider of care role for complex, acutely ill patient populations. Students will assume responsibility for managing the care to groups of patients. Students will work directly with an assigned registered nurse preceptor. Faculty will continue to provide instruction and monitor student performance with “in-house” presence and will meet regularly with the preceptor and student to determine student progress with expected clinical knowledge and competencies.
2. Participate in clinical conferences with faculty

Exam 1 hr

Finals Week Final Exam

Clinical Conference Topics

Unit Assessment – how are problem solving and decision making accomplished?
 Leadership Behaviors – can you recognize them?
 Conflict Resolution – is there an effective model?
 Clinical Delegation – How do you know when it's effective?
 Socialization to the Workplace – can the transition be smoother?
 Interdisciplinary Teams – advantages and obstacles to quality care
 Outcomes Evaluation – what are the indicators? whose responsibility?
 Additional topics related to complex acutely ill clients

IV. Evaluation Methods*

The grade for this course will be calculated based on:

- 1. The pass/fail grade in clinical performance, including:**
 - a. Written assignments
 - b. Clinical competencies
 - c. Appropriate professional behavior
- 2. 75% Unit exams (multiple choice nursing process questions)**
- 3. 25% Final exam (multiple choice)**

Grading scale:

- | | |
|---|--|
| A | 90-100% + Pass in clinical performance |
| B | 80-89% + Pass in clinical performance |
| C | 70-79% + Pass in clinical performance |
| D | 60-69% + Pass in clinical performance |
| F | Less than 60% or F in clinical performance |

***To progress in the Nursing Program, the student must achieve at least a 70% average grade on the exams and satisfactorily complete all assignments.**

Clinical Competencies

In order to pass clinical performance the student must demonstrate competency in the following areas:

1. *Perform 12 lead EKG and distinguish basic from life threatening arrhythmias
2. Recognize asystole, and ventricular fibrillation and ventricular tachycardia on monitor or EKG
3. Administer medication: IV therapy (including piggy-back), Patient Controlled Analgesia (PCA), Total Parenteral Nutrition (TPN)
4. *Participate in a mock code – identifying participants' roles and drugs used
5. Management of central lines
6. Monitor blood/colloids administration
7. *Management of chest tubes
8. *Management of artificial airways
9. Care of clients using special mattress/therapeutic beds
10. Demonstrate principles of supervising nursing care performed by others
11. Demonstrate effective problem solving strategies in the clinical setting
12. Demonstrate effective conflict management strategies
13. Plan and implement a teaching session based on an identified need
14. Perform and synthesize a priority assessment
15. Perform a neurological assessment on a patient with a deficit

*** These competency can be completed in the Learning Lab.**

Opportunities for competency testing will be available throughout the semester

Content will be provided through CAI, written module, video, post conference, or other appropriate methods.

V. Required Textbooks

Deglin, J.H., & Vallerand, A.H. (1999). Davis's drug guide for nurses (6th ed.). Philadelphia: Davis.

Jaffe, M. & McVan, B. (1997). Davis's laboratory and diagnostic test handbook. Philadelphia: Davis.

Lewis, S.M., Heitkemper, M.M., & Dirksen, S.R. (2000). Medical-surgical nursing: Assessment and management of clinical problems (5th ed.). Mosby: St. Louis.

O'Brien, P. (2000). Study guide to accompany medical-surgical nursing. St. Louis: Mosby.

Schultz, C., Decker, P.J., & Sullivan, E.J. (1992). Effective management in nursing: An experiential/skill building workbook (3rd ed.). Menlo Park, CA: Addison-Wesley.

Sullivan, E.J. & Decker, P.J. (1997). Effective leadership and management in nursing (4th ed.). Menlo Park, CA: Addison-Wesley.

VI. Special Resource Requirements

All nursing students are responsible for and required to have the following:*

7. Current CPR certification
8. Professional liability insurance
9. Health requirements
10. Student uniforms and physical assessment equipment
11. Clearance papers
(Criminal Record Check and Child Abuse; Act 34 and 151 Clearance forms)
12. Clinical agencies requirements

*Please refer to the Department of Nursing and Allied Health Professions Student Information Handbook for details regarding these items.

Students will not be permitted to attend clinical without meeting these requirements.

VII. Bibliography

Management

Abdenour, J.M. (1999). What makes a great nurse? RN, 62(10), 47-48.

Andersen, C.A.F. (1999). Nursing student to nursing leader: The critical path to leadership development. Albany, NY: Delmar Publishers.

Boucher, M.A. (1998). Delegation alert: How to delegate effectively while maintaining your nursing presence with patients. American Journal of Nursing, 98(2), 26,28-32.

Burkhardt, M.A., & Nathaniel, A.K. (1998). Ethics and issues in contemporary nursing. Albany, NY: Delmar Publishers.

Cherry, B., & Jacob, S.R. (1999). Contemporary nursing: Issues, trends, and management. St. Louis: Mosby.

Cohen, E.L. (1996). Nurse case management in the 21st century. St. Louis: Mosby.

Lachman, V.D. (1998). You can take charge of your practice. RN, 61(2), 19-20.

Lachman, V.D. (1988). The chemically dependent nurse. Holistic Nurse Practitioner, 2(4), 34-44. (Classic)

Liebler, J.G., & McConnell, C.R. (1999). Management principles for health professionals. Gaithersburg, MD: Aspen.

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Wilson, C.K. & Porter-O'Grady, T. (1999). Leading the revolution in health care: Advancing systems, igniting performance (2nd ed.). Gaithersburg, MD: Aspen.

Complex Care

Chan, H. (1997). Bladder management in acute care of stroke patients: A quality improvement project. Journal of Neuroscience Nursing, 29(3), 187-191.

Clayton, L.H., & Dilley, K.B. (1998). Clinical snapshot: Cushing's syndrome. American Journal of Nursing, 98(7), 40-41.

Cook, L. (1999) The value of lab values. American Journal of Nursing, 99(5), 66-75.

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Goldy, D.A. (1998). Emergency! Circulatory overload secondary to blood transfusion. American Journal of Nursing, 98(7), 33-34.

Harvey, C.V. (1998). Challenges of traction in critical care: A case study. Critical Care Nursing Quarterly, 21(2), 114.

Horne, C., & Derrico, D. (1999). Mastering ABGs. American Journal of Nursing, 99(8), 26-32.

Ignatavicius, D. (1999). Resolving the delerium dilemma. Nursing99, 99(10), 41-46.

Kanacki, L. (1997). How to guide ventilator-dependent patients from hospital to home. American Journal of Nursing, 97(2), 37-40.

Kost, M. (1999). Conscious sedation: Guarding your patient against complications. Nursing99, 99(4), 34-40.

- McCaffery, M., & Ferrell, B.R. (1999). Opioids and pain management: What nurses know. Nursing99, 99(3), 48-52.
- Mackin, D. (1997). How to manage PICC lines. American Journal of Nursing, 97(9), 26-32.
- Miracle, V.A. & Sims, J.M. (1999). Making sense of the 12 lead ECG. Nursing99, 99(7), 34-39.
- Miracle, V.A. & Sims, J.M. (1999). Using the ECG to detect MI. Nursing99, 99(8), 41-46.
- Nield-Anderson, L., Minarik, P.A., Dilworth, J.M., Jones, J., Nash, P.K., ODonnell, K.L., & Steinmiller, E.A. (1999). Responding to "difficult" patients. American Journal of Nursing, 99(12), 26-32.
- OHanlon-Nichols, T. (1998). Basic assessment of the GI system. American Journal of Nursing, 98(4), 48-52.
- Poupolo, A.L. (1999). Gaining confidence to talk about end of life care. Nursing99, 99(7), 49-51.
- Stark, J. (1997). Dialysis choices: Turning the tide in acute renal failure. Nursing97, 27(2), 41-48.
- Stuifbergen, A.K. & Rogers, S. (1997). Health promotion: An essential component of rehabilitation for persons with chronic disabling conditions. Advances in Nursing Science, 19(4), 1-21.

**COURSE ANALYSIS QUESTIONNAIRE
NURS 437 Adult Health Clinical II**

Section A: Details of the Course

- A1 This course will fit into the senior year of the Bachelor of Science degree in the Nursing program. It is a required course for students in the major.
- A2 This course is part of the curriculum revision in the Nursing program.
- A3 This course has never been offered at IUP.
- A4 This course is not intended to be offered as a dual-level course.
- A5 This course is not intended to be taken for variable credit.
- A6 This material on managing patients with complex problems and leadership skills would be included in other baccalaureate nursing programs.
- A7 The content in this course is necessary to practice nursing in multiple health care settings (Commission on Collegiate Nursing Education, State Board of Nursing Professional and Vocational Standards.) The information taught in this course is consistent with the test plan for the licensing exam for nursing (NCLEX-RN.)

Section B: Interdisciplinary Implications

- B1 This course will be taught by a team of faculty members within the Nursing Department.
- B2 This course does not overlap with any other courses at the University.
- B3 No seats in the course will be reserved for students in Continuing Education.

Section C: Implementation

- C1 No new faculty are needed to teach this course.
- C2 Other Resources
- a. Current space allocations are adequate to offer this course
 - b. Currently Stapleton Library subscribes to a number of nursing journals that would be helpful for students in this course. These journals include: American Journal of Nursing, RN, Nursing, Heart & Lung, Nursing Clinics of North America, and Nursing Management. In addition, the Department of Nursing and Allied Health Professions receives subscriptions to other journals which might be useful to students in the course. These journals include: Research in Nursing and Health and Journal of Nursing Scholarship. The library also has a holding of references related to nursing. To update these holdings, the department has a mechanism in place for identifying and recommending future library purchases.
 - c. The clinical course will be held at affiliating agencies
- C3 No grant funds are associated with this course

- C4 This course will be offered in both the Fall and Spring semesters.
- C5 Four sections of the course will be offered at a time.
- C6 Forty students will be accommodated in this course (10/section.)
- C7 Size of clinical group is based on the nature of the clinical experiences, the limitations established by the affiliating agencies, and guidance by the Pennsylvania State Board of Nursing.

5. Liberal Studies course approval form and checklist (if appropriate)

Non-applicable