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Curriculum Proposal Cover Sheet - University-Wide Undergraduate Curriculum Committee

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Proposing Department/Unit Nursing and Allied Health	Phone 724-357-3264

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

1. Course Proposals (check all that apply)

New Course
 Course Prefix Change
 Course Deletion
 Course Revision
 Course Number and/or Title Change
 Catalog Description Change

Current course prefix, number and full title: NURS 437 Adult Health Clinical II

Proposed course prefix, number and full title, if changing: NURS 437 Adult Health II Clinical

2. Liberal Studies Course Designations, as appropriate

This course is also proposed as a Liberal Studies Course (please mark the appropriate categories below)

Learning Skills
 Knowledge Area
 Global and Multicultural Awareness
 Writing Across the Curriculum (W Course)
 Liberal Studies Elective (please mark the designation(s) that applies – must meet at least one)

Global Citizenship
 Information Literacy
 Oral Communication
 Quantitative Reasoning
 Scientific Literacy

3. Other Designations, as appropriate

Honors College Course
 Other: (e.g. Women's Studies, Pan African)

4. Program Proposals

New Degree Program
 Catalog Description Change
 New Track
 Other
 New Minor Program
 Program Title Change
 Liberal Studies Requirement Changes in Program

Current program name: _____

Proposed program name, if changing: _____

5. Approvals	Signature	Date
Department Curriculum Committee Chair(s)	<i>Theresa Gropelli</i>	11/9/12
Department Chairperson(s)	<i>Elizabeth Reemer</i>	11/9/12
College Curriculum Committee Chair	<i>Jan Kewachter</i>	11/12/12
College Dean	<i>Mary E. Sunde</i>	11/14/12
Director of Liberal Studies (as needed)		
Director of Honors College (as needed)		
Provost (as needed)		
Additional signatures (with title) as appropriate:		
UWUCC Co-Chairs	<i>Gail Sedwitz</i>	2/12/13

Please Number All Pages

Received

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JAN 28 2013

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Liberal Studies Liberal Studies

Part II. Description of Curriculum Change

1. New syllabus of record:

I. CATALOG DESCRIPTION

NURS 437 Adult Health II Clinical

0 class hours
7.5 lab hours
2.5 credits
(0c-7.5l-2.5cr)

PREREQUISITES: NURS 312, 316, 330, 331, 332, 333, 336, 337 or permission

COREQUISITES: NURS 412, 436, and 440

Provides opportunities for clinical practice as a provider of care for critical and/or complex, acutely ill clients in a variety of settings. Places emphasis on leadership, management and providing safe, comprehensive evidence-based nursing care. Utilizes patient care technologies, information systems, and communication devices that support safe, patient-centered nursing care.

II. COURSE OUTCOMES

Students will be able to:

1. Perform comprehensive nursing assessment of adults and older adults with critical and / or complex health problems.
2. Integrate knowledge of pathophysiology and the nursing process to provide appropriate evidence-based care for clients with critical and / or complex health problems.
3. Analyze evidence-based practice to evaluate the quality of care.
4. Utilize patient care technologies, information systems and communication devices that support safe nursing care.
5. Collaborate in a leadership role with members of the health care team to provide patient centered care.

III. COURSE OUTLINE

- A. Care of the Adult and Older Adult with Critical and/or complex Problems 90 hr
1. Care of the Patient with Problems related to Physiologic Homeostasis
 - a. Assessment and diagnosis
 - b. Collaborative care with the interdisciplinary team
 - c. Provide evidence-based nursing care
 - d. Provide patient education
 - e. Quality and safety issues
 2. Care of the Patient with Complex Cardiac Problems
 - a. Assessment and diagnosis
 - b. Collaborative care with the interdisciplinary team
 - c. Provide evidence-based nursing care
 - d. Provide patient education
 - e. Quality and safety issues
 3. Care of the Patient with Critical Oxygenations Problems
 - a. Assessment and diagnosis
 - b. Collaborative care with the interdisciplinary team
 - c. Provide evidence-based nursing care
 - d. Provide patient education
 - e. Quality and safety issues
 4. Care of the Patient with Impaired Liver/Biliary Problems
 - a. Assessment and diagnosis
 - b. Collaborative care with the interdisciplinary team
 - c. Provide evidence-based nursing care
 - d. Provide patient education
 - e. Quality and safety issues
 5. Care of the Patient with Complex Renal Problems
 - a. Assessment and diagnosis
 - b. Collaborative care with the interdisciplinary team
 - c. Provide evidence-based nursing care
 - d. Provide patient education
 - e. Quality and safety issues
 6. Care of the Patient with Complex Immune Problems
 - a. Assessment and diagnosis
 - b. Collaborative care with the interdisciplinary team
 - c. Provide evidence-based nursing care
 - d. Provide patient education
 - e. Quality and safety issues
 7. Care of the Patient with Neurological Problems
 - a. Assessment and diagnosis
 - b. Collaborative care with the interdisciplinary team
 - c. Provide evidence-based nursing care
 - d. Provide patient education
 - e. Quality and safety issues

Mid-term Exam

1 hr

B. Additional Post-conference/Simulation Lab Experiences

14 hrs

1. Management of care for adults and older adults
2. Clinical competency practice and testing
3. Collaborative care and discharge planning for adults and older adults with critical and/or complex problems
4. Dialysis
5. Computerized documentation / electronic medical record

Final Exam**Possible Clinical Sites**

- Outpatient clinics with adults and older adults
- Intensive care units
- Coronary care units
- Emergency departments
- Urgent care units
- Telemetry units
- Post Anesthesia Units

Finals Week: Final Exam

2 hr

IV. EVALUATION METHODS

An example evaluation method is as follows:

A pass/fail grade in clinical performance, including:

- Assignments
- Clinical competencies
- Appropriate professional behavior
- Clinical evaluation with a pass for all behaviors

Mid-term exam – 50%

Final exam – 50%

V. EXAMPLE 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 % or an average on course exams of 60-69% + Pass in clinical performance

F Less than 60% or an average on course exams less than 60% or F in clinical performance

NOTE: for a student whose exam grade is less than a 70% average, a grade of D/F will be assigned regardless of performance on written assignments or class projects. To progress in the

Nursing Program, the student must achieve a 70% average grade (C) or higher on the course exams and satisfactorily complete all assignments. Please see the Department Academic Progression and Graduation Policy.

VI. UNDERGRADUATE COURSE ATTENDANCE POLICY

The undergraduate course attendance policy will be consistent with the university undergraduate attendance policy included in the Undergraduate Catalog.

VII. REQUIRED TEXTBOOK(S), SUPPLEMENTAL BOOKS AND READINGS

Karch, A. M. (2009). *Focus on nursing pharmacology* (5th ed.). Philadelphia: Lippincott Williams & Wilkins.

Lewis, S. M., Heitkemper, M. M., & Dirksen, S. R. (2011). *Medical-surgical nursing: Assessment and management of clinical problems* (8th ed.). St. Louis, MO: Mosby.

Sullivan, E., & Decker, P. (2013). *Effective leadership & management in nursing*. Upper Saddle, NJ: Pearson Education Inc.

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 (Criminal Record Check and Child Abuse; Act 34 and 151 Clearance forms)
6. Clinical agencies requirements
7. Urine drug screening

*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. BIBLIOGRAPHY

- 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.
- Craig, K., & Day, M. (2011). Are you up to date on the latest emergency cardiovascular care guidelines? *Nursing 2011 Critical Care*, 6(4), 40-47.
- 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.
- Donahue, L. (2009). A pod design for nursing assignments. *AJN*, 109(11), Supplement TCAB.
- Drexler, A. (2007). Managing the patient with HIT. *Nursing Critical Care*, 2(6), 18-27.
- Fenimore, G. (2010). Evaluating CAD with a pharmacologic stress test. *Nursing*, 40(5), 51-52.
- Gacki-Smith, J., Juarex, A., Boyett, L., Homeyer, C., Robinson, L., & Maclean, S. (2009). Violence against nursing working in US emergency departments. *JONA*, 39(7/8), 340-349.
- Goldich, G. (2006). Understanding the 12-lead ECG, part 1. *Nursing*, 36(11), 36-42.
- Goldich, G. (2006). Understanding the 12-lead ECG, part II. *Nursing*, 36(12), 36-42.
- 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.
- Lian, J. (2011). The arterial blood gas analysis in action. *Nursing 2011 Critical Care*, 5(4), 24-29.
- 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.
- Orcutt, R. (2010). Developing family support groups in the ICU. *Nursing 2010 Critical Care*, 5(6), 33-37.
- Ogiehor-Enoma, G., Taqueban, A., & Anosike, A. (2010). Evidence-based nursing: 6 steps for transforming organizational EBP culture. *Nursing Management*, 41(5), 14-17.
- Palatnik, A. (2009). Too fast, too slow, too ugly: Dysrhythmias that every nurse should

- recognize. *Nursing*, 39(9), 38-46.
- Palmieri, R. (2009). Wrapping your head around cranial nerves. *Nursing*, 39(9), 24-31.
- Powers, K. (2010). Sepsis alert: Avoiding the shock. *Nursing*, 40(4), 34-39.
- Regan, E. (2009). How to care for a patient with a tracheostomy. *Nursing*, 39(8), 34-42.
- 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.
- Wilson, F. M., Newman, A., & Ilari, S. (2011). Improving patient outcomes through multidisciplinary rounds. *Nursing 2011 Critical Care*, 6(2), 26-29.

2. A summary of the proposed revisions:

The course description, outcomes, and outline were changed and updated to reflect current nursing standards. The course bibliography has also been updated. The total credit hour has changed from a 5 credit course to a 2.5 credit course. This course will focus on adults with complex health issues with the clinical setting focusing on critical care and emergency care. The 2.5 hours being removed from this course will be used in a new course NURS 440. NURS 440 will consist of nursing leadership and management and will have a preceptorship experience. This course will be offered in seven week blocks.

3. Justification/rationale for the revision:

This course was revised to meet current nursing practice standards. Changes were also made to the course following the American Association of Colleges of Nursing (AACN) revision to the Essentials of Baccalaureate Education for Professional Nursing Practice (2008). This document is the guiding document of the National Accreditation Agency, Commission of Collegiate Nursing Education (CCNE). CCNE accredits the IUP nursing program. The revision was also based on the department's systematic program assessment process which includes data from students, faculty, alumni, and employers in the community.

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)

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:*

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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. BIBLIOGRAPHY:

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.

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- 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
- Manno, M. (2005). Managing mechanical ventilation. *Nursing*, 35(12), 130-140, 36-42.
- Ogiehor-Enoma, G., Taqueban, A., Anosike, A. (2010). Evidence-based nursing: 6 steps for transforming organizational EBP culture. *Nursing Management*, 41(5), 14-17.
- Palatnik, A. (2009). Too fast, too slow, too ugly: Dysrhythmias that every nurse should recognize. *Nursing*, 39(9), 38-46.
- Palmieri, R. (2009). Wrapping your head around cranial nerves. *Nursing*, 39(9), 24-31.
- Powers, K. (2010). Sepsis alert: Avoiding the shock. *Nursing*, 40(4), 34-39.
- Raso, R. (2010). Leadership Q&A: Tackling time management and performance evaluation. *Nursing Management*, 41(5), 56.

Regan, E. (2009). How to care for a patient with a tracheostomy. *Nursing*, 39(8), 34-42.

Schleinzer, 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.

5. Liberal Studies course approval form: – N/A

Part III. Letters of Support or Acknowledgment – N/A