



BOARD OF NURSING
Room 121A, 1400 East Washington Avenue, Madison
Contact: Dan Williams (608) 266-2112
January 8, 2015

Notice: The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of actions and deliberation of the Board.

8:00 A.M.

AGENDA

CALL TO ORDER – ROLL CALL – OPEN SESSION

- A. Adoption of the Agenda (1-4)**
- B. Approval of the Minutes of December 11, 2014 (5-11)**
- C. Administrative Matters – Discussion and Consideration**
 - 1) Staff Updates
 - 2) Board Member – Term Expiration Date
 - a. Paul Abegglen – 7/1/2015
 - b. Julie Ellis – 7/1/2015
 - c. Maria Joseph – 7/1/2013
 - d. Sheryl Krause – 7/1/ 2018
 - e. Jeffrey Miller – 7/1/2016
 - f. Peter Kallio – 7/1/ 2018
 - g. Lillian Nolan – 7/1/2015
 - h. Luann Skarlupka – 7/1/2017
 - i. Cheryl Streeter – 7/1/2017
- D. Election of Board Officers for 2015 (12)**
- E. Appointment of Board Liaisons, and Delegation of Authority (12-15)**
- F. Legislative and Administrative Rule Matters – Discussion and Consideration**
 - 1) Update on Pending and Possible Projects (16)
- G. Education and Examination Matters – Discussion and Consideration**
 - 1) Overview of Recent Updates to Board of Nursing Forms and Website Pages (17)
 - 2) Request for Initial Board of Nursing Approval of a Nursing School – Lac Courte Oreilles Ojibwa Community College (18-23)
 - 3) Request for Approval of Nursing Refresher Course – Chippewa Valley Technical College (CVTC) (24-192)

- 4) Request for Approval of Nursing Refresher Course – Fox Valley Technical College (FVTC) **(193-263)**
- 5) Request for Approval of Nursing Refresher Course – Minnesota State Community and Technical College **(264-362)**
- 6) Request for Approval of Nursing Refresher Course – Waukesha County Technical College (WCTC) **(363-377)**

H. Speaking Engagement(s), Travel, or Public Relations Request(s) – Discussion and Consideration

- 1) Consistency Measures in Consideration of Speaking Engagement Requests from Wisconsin Schools of Nursing
- 2) Marquette University Request for a Board Member Presentation **(378)**
- 3) Designation of Attendee to the 2015 National Council of State Boards of Nursing (NCSBN) Midyear Meeting and Nurse Licensure Compact Administrators (NLCA)– March 15-18, 2015 – Louisville, KY **(379-381)**

I. Discussion and Consideration of Items Received After Preparation of the Agenda

- 1) Introductions, Announcements, and Recognition
- 2) Election of Board Officers
- 3) Appointment of Board Liaison(s)
- 4) Informational Item(s)
- 5) DLSC Matters
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Legislation / Administrative Rule Matters
- 10) Liaison Report(s)
- 11) Presentations of Petition(s) for Summary Suspension
- 12) Presentation of Proposed Stipulation(s), Final Decision(s) and Order(s)
- 13) Presentation of Final Decision and Order(s)
- 14) Speaking Engagement(s), Travel, or Public Relations Request(s)

J. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

K. Deliberation on Division of Legal Services and Compliance (DLSC) Matters

- 1) **Monitoring Including but not Limited to; Modifications, Reinstatements, and Consideration of Board Order Violations (382-383)**
 - a. Mary Trunnell, R.N. – Requesting Full Licensure **(384-404)**
 - b. Barbara Warner, R.N. – Requesting Full Licensure **(405-424)**
- 2) **Proposed Final Decision and Order**
 - a. Deborah J. Mishler, L.P.N., Respondent (DHA Case # SPS-13-0031)(DLSC Case # 12 NUR 020) **(425-467)**

3) **DLSC Attorney Amanda Florek**

a. **Proposed Stipulations, Final Decisions and Orders**

1. 14 NUR 353 (M.J.S.) **(468-476)**
2. 14 NUR 354 (C.M.C.) **(477-485)**

b. **Administrative Warnings**

1. 14 NUR 581 (H.R.K.) **(486-487)**
2. 14 NUR 649 (J.S.) **(488-489)**

4) **DLSC Attorney Kim Kluck**

a. **Proposed Stipulations, Final Decisions and Orders and Proposed Interim Orders**

1. 13 NUR 517 (C.T.S.) **(490-494)**
2. 14 NUR 398 (S.M.B.) **(495-500)**
3. 14 NUR 412 (L.S.P.) **(501-506)**
4. 14 NUR 425 (R.R.E.) **(507-512)**
5. 14 NUR 506 (J.M.C.) **(513-518)**
6. 14 NUR 660 (C.D.L.) **(519-523)**

b. **Administrative Warnings**

1. 14 NUR 122 (J.J.S.) **(524-525)**
2. 14 NUR 533 (M.K.H.) **(526-527)**

5) **Case Status Report (528-535)**

6) **Case Closures**

L. **Deliberation of Credentialing Matters**

- 1) Jennifer Howard – Conviction and Discipline Review **(536-630)**

M. **Deliberation of Items Received After Preparation of the Agenda**

- 1) Professional Assistance Procedure (PAP)
- 2) Monitoring Matters
- 3) Credentialing Matters
- 4) Education and Examination Matters
- 5) Administrative Warnings
- 6) Review of Administrative Warnings
- 7) Proposed Stipulations, Final Decisions and Orders
- 8) Proposed Final Decisions and Orders
- 9) Orders Fixing Costs/Matters Related to Costs
- 10) Case Closings
- 11) Case Status Report
- 12) Petitions for Summary Suspension
- 13) Petitions for Designation of Hearing Examiner
- 14) Petitions for Re-hearings
- 15) Complaints
- 16) Appearances from Requests Received or Renewed
- 17) Motions
- 18) Consulting with Legal Counsel

RECONVENE INTO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Voting on Items Considered or Deliberated on in Closed Session, If Voting is Appropriate

N. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

O. Board Strategic Planning and its Mission, Vision, and Values – Discussion and Consideration

ADJOURNMENT

The next scheduled meeting is February 12, 2015.

**BOARD OF NURSING
MEETING MINUTES
December 11, 2014**

PRESENT: Paul Abegglen, Julie Ellis, Maria Joseph, Peter Kallio, Sheryl Krause, Lillian Nolan, Luann Skarlupka, Cheryl Streeter

EXCUSED: Jeffrey Miller

STAFF: Dan Williams, Executive Director; Kimberly Wood, Bureau Assistant; and other DSPS Staff

CALL TO ORDER

Sheryl Krause, Vice Chair, called the meeting to order at 8:07 a.m. A quorum of eight (8) members was confirmed.

ADOPTION OF AGENDA

MOTION: Julie Ellis moved, seconded by Paul Abegglen, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF NOVEMBER 13, 2014

Amendments to Minutes:

- On Page 1 of the Minutes: **Correct** the date listed at the top of the page from “November 12, 2014” to “November 13, 2014”.
- On Page 2 of the Minutes: **Add** “Luann” before “Skarlupka” in the motion to convene to closed session.
- On Page 2 of the Minutes: **Correct** the time listed for when the Board reconvened into open session from “2:04 a.m.” to “2:04 p.m.”

MOTION: Lillian Nolan moved, seconded by Luann Skarlupka, to approve the minutes of November 13, 2014 as amended. Motion carried unanimously.

EDUCATION AND EXAMINATION MATTERS

Request for Authorization to Admit Students – Carthage College

MOTION: Luann Skarlupka moved, seconded by Julie Ellis, to acknowledge the appearance of Dr. Frank Hicks, of Carthage College. Motion carried unanimously.

MOTION: Julie Ellis moved, seconded by Peter Kallio, to grant authorization to admit students to Carthage College’s BSN program. Motion carried unanimously.

CLOSED SESSION

MOTION: Paul Abegglen moved, seconded by Luann Skarlupka, to convene to closed session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85 (1)(b), Stats.); to consider closing disciplinary investigation with administrative warning (ss.19.85(1)(b), Stats. and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and, to confer with legal counsel (s.19.85(1)(g), Stats.). Jeffrey Miller read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call vote: Paul Abegglen-yes, Julie Ellis-yes, Maria Joseph-yes, Peter Kallio-yes, Sheryl Krause-yes, Lillian Nolan-yes, Luann Skarlupka-yes, Cheryl Streeter-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:44 a.m.

RECONVENE TO OPEN SESSION

MOTION: Peter Kallio moved, seconded by Luann Skarlupka, to reconvene into open session. Motion carried unanimously.

The Board reconvened into Open Session at 12:05 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED ON IN CLOSED SESSION

MOTION: Paul Abegglen moved, seconded by Julie Ellis, to affirm all motions made in closed session. Motion carried unanimously.

DELIBERATION OF PROPOSED FINAL DECISION AND ORDER

Yvette Johnson Harris, RN, Respondent (DHA Case SPS-14-0049) (DLSC Case # 13 NUR 133)

MOTION: Julie Ellis moved, seconded by Maria Joseph, to remand this matter back to Administrative Law Judge (ALJ) Nashold for the purpose of opening the record to consider the respondent's objections to the ALJ Proposed Decision and Order and the Division's responses to the respondent's objections, to take additional testimony if needed, and to issue a new Proposed Decision after consideration. The Board considers all submissions to be relevant and timely. Motion carried unanimously.

Trista E. Ney, RN, Respondent (DHA Case SPS-14-0054) (DLSC Case # 14 NUR 039)

MOTION: Lillian Nolan moved, seconded by Paul Abegglen, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against Trista E. Ney, RN, Respondent (DHA Case SPS-14-0054) (DLSC Case # 14 NUR 039). Motion carried unanimously.

Sandra B. Graham, RN, Respondent (DHA Case SPS-14-0067) (DLSC Case # 13 NUR 470)

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to adopt the Findings of Fact, Conclusions of Law, and Proposed Decision and Order in the matter of disciplinary proceedings against Sandra B. Graham, RN, Respondent (DHA Case SPS-14-0067) (DLSC Case # 13 NUR 470). Motion carried unanimously.

MONITORING

Mark Kongshaug, R.N. – Requesting Modifications

MOTION: Luann Skarlupka moved, seconded by Peter Kallio, to deny the request of Mark Kongshaug, R.N. for modifications. The Board further removes the stay of suspension, and prohibits respondent from seeking a reinstatement of the stay any sooner than 3 months from the date of the Order which removes the stay of suspension. **Reason for Denial and Removal of Stay of Suspension:** Substantial and/or repeated violations of provisions in Section ‘C’ or ‘D’ of the March 1, 2007 Board Order. Motion carried unanimously.

Carrie Voss, A.P.N.P. – Requesting Modifications

MOTION: Maria Joseph moved, seconded by Paul Abegglen, to grant the request of Carrie Voss, A.P.N.P., for a reduction in the frequency of drug and alcohol screens, the Board hereby reduces screens to 36 per year. Motion carried unanimously.

STIPULATIONS, FINAL DECISIONS AND ORDERS

13 NUR 504 (M.L.G.)

MOTION: Paul Abegglen moved, seconded by Cheryl Streeter, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against M.L.G., DLSC case number 13 NUR 504. Motion carried unanimously.

13 NUR 504 (S.E.K.)

MOTION: Paul Abegglen moved, seconded by Cheryl Streeter, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against S.E.K., DLSC case number 13 NUR 504. Motion carried unanimously.

14 NUR 313 (M.A.P.)

MOTION: Paul Abegglen moved, seconded by Cheryl Streeter, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against M.A.P., DLSC case number 14 NUR 313. Motion carried unanimously.

14 NUR 351 (N.J.D.)

MOTION: Paul Abegglen moved, seconded by Cheryl Streeter, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against N.J.D., DLSC case number 14 NUR 351. Motion carried unanimously.

14 NUR 373 (A.D.H.)

MOTION: Paul Abegglen moved, seconded by Cheryl Streeter, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against A.D.H., DLSC case number 14 NUR 373. Motion carried unanimously.

14 NUR 469 (D.D.L.)

MOTION: Paul Abegglen moved, seconded by Cheryl Streeter, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against D.D.L., DLSC case number 14 NUR 469. Motion carried unanimously.

13 NUR 205 and 13 NUR 443 (L.F.M.)

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against L.M.F., DLSC case number 13 NUR 205 and 13 NUR 443. Motion carried unanimously.

13 NUR 282 (G.A.P.)

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against G.A.P., DLSC case number 13 NUR 282. Motion carried unanimously.

14 NUR 110 (R.H.H.)

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against R.H.H., DLSC case number 14 NUR 110. Motion carried unanimously.

14 NUR 139 (A.C.S.)

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against A.C.S., DLSC case number 14 NUR 139. Motion carried unanimously.

14 NUR 452 (J.W.K.)

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against J.W.K., DLSC case number 14 NUR 452. Motion carried unanimously.

14 NUR 528 (T.M.F.)

MOTION: Paul Abegglen moved, seconded by Peter Kallio, to accept the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against T.M.F., DLSC case number 14 NUR 528. Motion carried unanimously.

CASE CLOSURES

13 NUR 504

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **13 NUR 504**, against P.A.K. for Insufficient Evidence. Motion carried unanimously.

13 NUR 611

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **13 NUR 611** for Prosecutorial Discretion (P6). Motion carried unanimously.

13 NUR 673

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **13 NUR 673**, against L.S.H., for No Violation, and against Unknown, for Insufficient Evidence. Motion carried unanimously.

14 NUR 002

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 002** for Prosecutorial Discretion (P7). Motion carried unanimously.

14 NUR 162

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 162** for Prosecutorial Discretion (P2). Motion carried unanimously.

14 NUR 238

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 238** for Prosecutorial Discretion (P5-Flag). Motion carried unanimously.

14 NUR 289

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 289**, against C.A.R., for Insufficient Evidence, and against D.D.R., for No violation. Motion carried unanimously.

14 NUR 376

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 376** for Prosecutorial Discretion (P1). Motion carried unanimously.

14 NUR 409

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 409** for Prosecutorial Discretion (P5-Flag). Motion carried unanimously.

14 NUR 423

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 423** for No violation. Motion carried unanimously.

14 NUR 477

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 477** for Prosecutorial Discretion (P2). Motion carried unanimously.

14 NUR 492

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 492** for Prosecutorial Discretion (P2). Motion carried unanimously.

14 NUR 539

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 539** for Prosecutorial Discretion (P1). Motion carried unanimously.

14 NUR 547

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 547** for Prosecutorial Discretion (P2). Motion carried unanimously.

14 NUR 567

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 567** for No violation. Motion carried unanimously.

14 NUR 591

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 591** for Prosecutorial Discretion (P7). Motion carried unanimously.

14 NUR 608

MOTION: Maria Joseph moved, seconded by Lillian Nolan, to close DLSC case number **14 NUR 608** for Prosecutorial Discretion (P2). Motion carried unanimously.

DELIBERATION OF CREDENTIALING MATTERS

Jacqueline Geske – Discipline Review

MOTION: Julie Ellis moved, seconded by Maria Joseph, to **deny** the RN application of Jacqueline Geske for full licensure. The Board, in lieu of denial, will offer the applicant a limited license with terms to be determined by the Credentialing Liaison. **Reason for Denial:** Denial of full licensure per Wis. Stat. 441.07(1g) and Wisconsin Administrative Code N7.03(1)(b). Motion carried unanimously.

ADJOURNMENT

MOTION: Cheryl Streeter moved, seconded by Julie Ellis, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 12:14 p.m.

JULY-2014

APPOINTMENT OF LIAISONS AND COMMITTEE MEMBERS

2014 COMMITTEE MEMBER APPOINTMENTS	
Rules and Legislation Committee	Jeffrey Miller, Lillian Nolan, Luann Skarlupka, Peter Kallio

2014 LIAISON APPOINTMENTS	
Board Practice Liaison(s)	Paul Abegglen, Alternates: Sheryl Krause, Maria Joseph
Board Education Liaison(s)	Julie Ellis, Alternate: Sheryl Krause
DLSC Liaison (PAP)	Jeffrey Miller, Alternate: Cheryl Streeter
DLSC Liaison (Monitoring)	Jeffrey Miller, Alternate: Paul Abegglen
Credentialing Liaison	Paul Abegglen, Alternate: Julie Ellis
Legislative Liaison	Jeffrey Miller
Newsletter Liaison	Lillian Nolan

2014 SCREENING PANEL APPOINTMENTS	
February-June 2014	Sheryl Krause, Julie Ellis, Lillian Nolan
July-December 2014	Peter Kallio, Cheryl Streeter,

Department Appointment as Wis. Stats. 441.50(8)(a)	
Administrator of the Nurse Licensure Compact	Dan Williams

ANNUAL MEETING MOTIONS

MOTION: Jeffrey Miller moved, seconded by Sheryl Krause, to acknowledge the appointments made by the chair as to the 2014 Liaisons, Screening Panel, and Committee Members, and to acknowledge that Executive Director Dan Williams is the DSPS appointed Administrator of the Nurse Licensure Compact. Motion carried unanimously.

(DOCUMENT SIGNATURE DELEGATION)

MOTION: Jeffrey Miller moved, seconded by Maria Joseph, that the Board delegates authority to the Chair to sign documents on behalf of the Board. In order to carry out duties of the Board, the Chair has the ability to delegate this signature authority to the Board’s Executive Director for purposes of facilitating the completion of assignments during or between meetings. Motion carried unanimously.

(DELEGATION FOR MATTERS THAT ARISE BETWEEN MEETINGS)

MOTION: Julie Ellis moved, seconded by Lillian Nolan, in order to facilitate the completion of assignments between meetings, the Board delegates its authority by order of succession to the Chair, to appoint liaisons to the Department to act where knowledge or experience in the profession is required to carry out the duties of the Board in accordance with the law. Motion carried unanimously.

(CREDENTIALING DELEGATIONS)

MOTION: Jeffrey Miller moved, seconded by Lillian Nolan, to delegate authority to the Credentialing Liaison(s) to address all issues related to credentialing matters except potential denial decisions will be referred to the full Board for final determination.

MOTION: To delegate decision making authority to DSPS staff for licensure purposes relating to:

- 1) a single OWI conviction.
- 2) OWI prior to the entering into Nursing School
- 3) Under Age Drinking
- 4) Ordinance or municipal violations prior to entering Nursing School
- 5) Retail theft prior to entering Nursing School.
- 6) The granting of a limited license for a Nurse Refresher Course (as long as all other requirements are met) unless there are convictions, prior Board discipline, or impairment issues. Staff can then move forward with the granting of full licensure after verification of successful completion has been received

(SCREENING DELEGATIONS)

MOTION: Julie Ellis moved, seconded by Jeffrey Miller, to delegate to the attorney assigned to each screening panel the discretion to close cases that clearly do not allege a provable violation of law and therefore do not merit review by the full screening panel. Motion carried unanimously.

(MONITORING APPOINTMENTS AND DELEGATIONS)

MOTION: Jeffrey Miller moved, seconded by Sheryl Krause, to adopt the “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” document. Motion carried unanimously.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Ashley Horton Department Monitor Division of Legal Services and Compliance		2) Date When Request Submitted: December 23, 2014 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: January 8, 2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Delegation to Monitoring Liaison and Department Monitor	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Delegated Authority Motion: <i>“ _____ moved, seconded by _____ to adopt/reject the Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor document as presented in today’s agenda packet.”</i>			
11) Authorization <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Signature of person making this request </div> <div style="text-align: center;"> December 23, 2014 Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> Supervisor (if required) </div> <div style="text-align: center;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="text-align: center;"> Date </div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor

The Monitoring Liaison is a board designee who works with department monitors to enforce the Board's orders as explained below.

Current Authorities Delegated to the Monitoring Liaison

The Liaison may take the following actions on behalf of the Board:

1. Grant a temporary reduction in random drug screen frequency upon Respondent's request if he/she is unemployed and is otherwise compliant with Board order. The Department Monitor will draft an order and sign on behalf of the Liaison. The temporary reduction will be in effect until Respondent secures employment in the profession.
2. Grant a stay of suspension if Respondent is eligible per the Board order. The Department Monitor will draft an order and sign on behalf of the Liaison.
3. Remove the stay of suspension if there are repeated violations or a substantial violation of the Board order. The Department Monitor will draft an order and sign on behalf of the Liaison.
4. Grant or deny approval when Respondent proposes continuing/remedial education courses, treatment providers, mentors, supervisors, change of employment, etc. unless the order specifically requires full-Board approval. The Department Monitor will notify Respondent of the Liaison's decision.
5. Grant a maximum 90-day extension, if warranted and requested in writing by Respondent, to complete Board-ordered CE, pay proceeding costs, and/or pay forfeitures upon Respondent's request.

Current Authorities Delegated to the Department Monitor

The Department Monitor may take the following actions on behalf of the Board, draft an order and sign:

1. Grant full reinstatement of licensure if CE is the sole condition of the limitation and Respondent has submitted the required proof of completion for approved courses.
2. Suspend the license if Respondent has not completed Board-ordered CE and/or paid costs and forfeitures within the time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof completion and/or payment have been received.

Clarification

1. In conjunction with removal of any stay of suspension, the Liaison may prohibit Respondent from seeking reinstatement of the stay for a specified period of time. (This is consistent with current practice.)

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 23 December 2014 Items will be considered late if submitted after 12:00 p.m. on the deadline date: ▪ 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Board of Nursing			
4) Meeting Date: 11 January 2015	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Legislation and Rule Matters – Discussion and Consideration 1. Update on pending and possible projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>23 December 2014</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager		2) Date When Request Submitted: 12/17/2014	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before meeting for all others 	
3) Name of Board, Committee, Council, Section: Board of Nursing			
4) Meeting Date: 1/8/2015	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Nursing Education and Examination -Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1) Overview of recent updates to Board of Nursing forms and website pages. 2) LCO initial school approval 3) School requests – Refresher courses			
11) Authorization			
Jill M. Remy		12/17/2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager		2) Date When Request Submitted: 12/16/2014	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before meeting for all others 	
3) Name of Board, Committee, Council, Section: Board of Nursing			
4) Meeting Date: 1/8/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Request for Initial Board of Nursing Approval of a Nursing School – Lac Courte Oreilles Ojibwe Community College	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review, discuss and make motion relating to an application for initial Board of Nursing approval of Lac Courte Oreilles Ojibwe Community College nursing school.			
11) Authorization			
Jill M. Remy		12/16/2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
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Wisconsin Department of Safety and Professional Services

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Madison, WI 53708-8366

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1400 E. Washington Avenue
Madison, WI 53708-8366
E-Mail: dsps@wisconsin.gov
Website: dsps.wisconsin.gov

BOARD OF NURSING

NURSING SCHOOL SELF-EVALUATION REPORT FOR INITIAL BOARD OF NURSING APPROVAL

As indicated in Chapter N 1.05, a school of nursing may apply for approval of the school of nursing upon graduation of the first class or eligibility to sit for the NCLEX, but may not apply later than graduation of the third class. The school of nursing shall submit a self-evaluation report setting forth evidence of compliance with the standards in N 1.08 and an evaluation of the NCLEX success rate. This form #3029 must be completed as part of the self-evaluation report for initial Board of Nursing approval.

Directions for completing the Self-Evaluation Report: On the line next to each requirement, please indicate the date of compliance or anticipated compliance, or "NA" for not applicable. For each "NA" indicated, please explain why the requirement does not apply to the nursing school in the space provided on page six or on attached clearly labeled pages.

After receiving the Self-Evaluation Report, the Board may conduct a site survey of the school of nursing to verify compliance with Board standards.

Please submit this completed and signed report to dspsexaminationsoffice@wisconsin.gov.

Name of Nursing School: Lac Courte Oreilles Ojibwa Community College

Address: 13466 West Trepania Road
Hayward, WI 54843

Program (ADN, BSN, Other): ADN

An electronic version of Chapter N 1 is available at: https://docs.legis.wisconsin.gov/code/admin_code/n/1.pdf.

CHAPTER N 1.08(1) ORGANIZATION AND ADMINISTRATION

N 1.08 (1)(a) Governing Institution

NOTE: *The Board may examine administrative policies during a site survey to ensure Board standards are being met.*

- Yes LCO Charter revised April 2006
Institution assumes legal responsibility for overall conduct of the school of nursing.
- Yes Institution has a designated educational administrator, established administrative policies and fiscal, human, physical, clinical and technical learning resources adequate to support school processes, security and outcomes.
- Yes Institution has maintained institutional accreditation; *attach evidence of accreditation to Self-evaluation Report.*
- Yes The next accreditation visit is planned in May, 2015 by Higher Learning Commission.
Institution has developed and maintained written school of nursing administrative policies which are in accord with the institution.

#3029 (9/14)
Wis. Admin. Code Ch. N 1

Page 1 of 5

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Safety and Professional Services

5. Yes Institution has written contracts in place between the school of nursing and institutions which offer associated academic study, clinical facilities and agencies for related services for students.

CHAPTER N 1.08(2)(a) EDUCATIONAL ADMINISTRATOR

6. Yes Nursing school educational administrator holds a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered. NO: 198321 - 30 Expires on 02/29/2016
7. Yes Nursing school educational administrator has evidence of a graduate degree with a major in nursing.
Msc in Nursing education
8. Yes Nursing school educational administrator has knowledge of learning principles for adult education, including nursing curriculum development, administration and evaluation, and either educational preparation or 2 years experience as an instructor in a nursing education program within the last 5 years.
9. Yes Educational administrator has current knowledge of nursing practice.
10. Yes Institution must notify the board within 48 hours of the termination, resignation or retirement of an educational administrator and designate the interim educational administrator within 5 business days. The institution may request board approval of an interim educational administrator who does not meet the qualifications in N 1.08 (2)(a), but the interim educational administrator may serve no longer than 6 months. The institution may request an extension of time based upon hardship.
College administration is aware of all these regulations.

CHAPTER N 1.08(3) FACULTY

NOTE: Evidence of meeting faculty standards shall be noted on Form #1114 and kept on file in the School of Nursing office and the forms may be examined by the Board representative(s) during the survey.

11. Yes School of nursing has evidence of the faculty meeting the standards in N 1.08 on file in the school of nursing office and available to the board upon request.
12. Yes All faculty of the school of professional nursing hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
13. Yes All faculty of the school of professional nursing have a graduate degree with a major in nursing. Interprofessional faculty teaching non-clinical nursing courses all have advanced preparation appropriate for the content being taught.
14. Yes All faculty of the school of practical nursing hold a current, active registered nurse license or privilege to practice in Wisconsin that is not encumbered.
15. Yes All faculty of the school of practical nursing have a baccalaureate degree with a major in nursing.
16. No If faculty exceptions are utilized, all were requested for approval following requirements in N 1.08 (3)(d).
No exceptions are requested

CHAPTER N 1.08(4)(a) CURRICULUM

17. Yes Curriculum enables the student to develop the nursing knowledge, skills and abilities necessary for the level, scope and standards of competent nursing practice expected at the level of licensure.
18. Yes Curriculum is developed by a faculty member with a graduate degree and is revised as necessary to maintain a program that reflects advances in health care and its delivery.

Revised curriculum will be presented for the visit.

Wisconsin Department of Safety and Professional Services

19. The curriculum includes all of the following:

- (a) Yes Evidence-based learning experiences and methods of instruction consistent with the written curriculum plan. *Note: Method of instruction may include distance education methods.*
- (b) Yes Diverse, didactic and clinical learning experiences consistent with program outcomes.

20. Coursework includes all of the following:

- (a) Yes Content in the biological, physical, social and behavioral sciences to provide a foundation for safe and effective nursing practice.
- (b) Yes Content regarding professional responsibilities, legal and ethical issues, and history and trends in nursing and health care.
- (c) Yes Didactic content and supervised clinical experiences in the prevention of illness and the promotion, restoration and maintenance of health in patients across the lifespan and from diverse cultural, ethnic, social and economic backgrounds.

CHAPTER N. 1.08(5) CLINICAL LEARNING EXPERIENCES

NOTE: *The Board may inspect clinical facilities during a site survey to ensure Board standards are being met.*

21. Patient experiences occur in a variety of clinical or simulated settings and include all of the following:

- (a) Yes Integration of patient safety principles throughout the didactic and clinical coursework.
- (b) Yes Implementation of evidence-based practice to integrate best research with clinical expertise and patient values for optimal care, including skills to identify and apply ~~of~~ best practices to nursing care.
- (c) Yes Provision of patient-centered culturally competent care that recognizes that the patient or designee is the source of control and full partner in providing coordinated care by doing the following:
- 1) X Respect of patient differences, values, preferences, and expressed needs.
 - 2) X Involvement of patients or designees in decision-making and care management.
 - 3) X Coordination and management of patient care across settings.
 - 4) X Explanation of appropriate and accessible interventions to patients and populations that may positively affect their ability to achieve healthy lifestyles.
- (d) Yes Collaboration of interprofessional teams to foster open communication, mutual respect and shared decision-making in order to achieve quality patient care.
- (e) Yes Participation in quality improvement processes to monitor patient care outcomes, identify possibility of hazards and errors and collaborate in the development and testing of changes that improve the quality and safety of health care systems.
- (f) Yes Use of information technology to communicate, mitigate errors and support decision-making.

Wisconsin Department of Safety and Professional Services

22. Yes All cooperating agencies selected for clinical experiences have standards which demonstrate concern for the patient and evidence of the skillful application of all measures of safe nursing practices.
23. Yes All faculty teaching clinical or practicum courses are experienced in the clinical areas of the course and maintain clinical expertise.
24. Yes Faculty-supervised clinical practice includes all of the following:
- (a) X Development of skills in direct patient care.
 - (b) X Making clinical judgments.
 - (c) X Care and management of both individuals and groups of patients across the lifespan.
 - (d) X Delegation to and supervision of other health care providers.
25. Yes Clinical experiences shall be supervised by qualified faculty.
26. Yes All student clinical experiences, including those with preceptors, shall be directed by nursing faculty.

CHAPTER N 1.08(6) PRECEPTORS

27. Yes Preceptors shall be approved by the faculty of the school of nursing:
28. Yes School of nursing shall provide each preceptor with an orientation concerning the roles and responsibilities of the students, faculty and preceptors. The preceptor shall have clearly documented roles and responsibilities.
29. Yes Clinical preceptors shall have an unencumbered license or privilege to practice in Wisconsin as a nurse at or above the licensure level for which the student is being prepared.
30. Yes Preceptors shall demonstrate competencies related to the area of assigned clinical teaching responsibilities.

CHAPTER N 1.08(7) EVALUATION

31. Yes Educational administrator shall implement a comprehensive, systematic plan for ongoing evaluation and evidence of implementation shall reflect progress toward or achievement of program outcomes.

CHAPTER N 1.09 NCLEX PASS RATES

IMPORTANT: School of nursing NCLEX pass rate includes all programs or tracks in the school of nursing. The Board shall consider both the registered nurse NCLEX and practical nurse NCLEX pass rates when evaluating a school of professional nursing that grants a certificate of completion for practical nursing.

32. X Nursing school must provide a self-evaluation of NCLEX success rate, including any current steps being taken to improve NCLEX success rate or plans to implement steps in the near future.

Wisconsin Department of Safety and Professional Services

SELF-EVALUATION NOTES

For each "NA" indicated in this report, please provide an explanation as to why the rule does not apply to the specific nursing school in the space provided below. Please write the corresponding report item number for each explanation. Attach clearly labeled additional pages as necessary.

Chapters N 1 09

32: To start with, the LCO college ADN program NCLEX passing rate is very poor. When it was brought to the knowledge of the college administration, our second group of graduates had already taken the NCLEX. The third, and current group of students were enrolled from semester one into the Hesi online program to prepare them gradually for NCLEX standard and they are doing relatively well with their grades.

As the new administrator of this program, I have planned to do a NCLEX review throughout the fourth semester apart from their regular curriculum hours. Also, the college administration is financially supporting us to buy NCLEX prep products which will be used during review and remedial purposes.

REPORT/FORM COMPLETED BY:

Sajeetha Babu
Educational Administrator

Signature

715-699-3592, 715-634-4790 ext 149
Telephone Number

ADN Program Director
Title

12/16/2014
Date

sbabu@lco.edu
Email Address

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

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11) Authorization			
Jill M. Remy		12/16/2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
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Revised 8/13

Wisconsin Department of Safety and Professional Services

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Website: <http://dps.wi.gov>

BOARD OF NURSING

REQUEST FOR APPROVAL OF A NURSING REFRESHER COURSE

Approval by the Board of Nursing is required for all nursing refresher courses.

To apply for Board of Nursing approval, the course provider must submit this completed form and the course curriculum to dps examinationsoffice@wisconsin.gov.

NOTE: Individual course participants are only required to submit curriculum to the Board of Nursing for approval if the course is not on the list of approved nursing refresher courses.

All approved courses will be included on an approved course list posted to the DSPS website; providers are urged to inform the Board of Nursing of any changes in the contact information listed on this application form to ensure accurate, current information is included on the list of approved courses.

I. COURSE PROVIDER

- Name of course provider: Chippewa Valley Technical College
- Provider address: 620 W Clairemont Ave, Eau Claire, WI 54701
- Name of course administrator: Jennifer McSorley, MSN RN Associate Dean of Health
- Type of nursing refresher course: Professional Nurse (RN) Practical Nurse (PN)

II. COURSE INSTRUCTOR

- Do all instructors of the nursing refresher course have a master's degree in nursing and recent clinical experience or clinical teaching experience? Yes No
- If preceptors are used, are they selected by the instructor using criteria developed for the course and does the instructor provide supervision of the preceptors? Yes No

III. COURSE CURRICULUM

A. PROFESSIONAL NURSING (RN) REFRESHER COURSE CURRICULUM REQUIREMENTS

- Does the RN skills lab include basic nursing skills review and technology and equipment update?
 *Yes No *List number of required hours in skills lab: 25
- Is direct supervision or precepted clinical experience performed in a hospital, clinic, long-term or subacute facility required? *Yes No *List number of required hours: 100

Does the theory portion of the RN nursing refresher course include all of the following content?

- A3. Yes No Nursing process review
- A4. Yes No Infection control
- A5. Yes No Medication and pharmacology update
- A6. Yes No Recent trends in nursing techniques and responsibilities
- A7. Yes No Communication
- A8. Yes No Documentation and reporting
- A9. Yes No Supervision and delegation

B. PRACTICAL NURSING (PN) REFRESHER COURSE CURRICULUM REQUIREMENTS

- B1. Does the PN skills lab include basic nursing skills review and technology and equipment update?
 *Yes No *List number of required hours in skills lab: _____
- B2. Is direct supervision or precepted clinical experience performed in a hospital, clinic, long-term or subacute facility required? *Yes No *List number of required hours: _____

Does the theory portion of the PN nursing refresher course include all of the following content?

- B3. Yes No Nursing process review
- B4. Yes No Infection control
- B5. Yes No Medication and pharmacology update
- B6. Yes No Recent trends in nursing techniques and responsibilities
- B7. Yes No Communication
- B8. Yes No Documentation and reporting
- B9. Yes No Supervision and delegation
- B10. Yes No Aging population

Jennifer MacSorley, MSN, RN
Nursing Refresher Course Administrator
Jennifer MacSorley, MSN, RN
Signature
715-833-6433
Telephone Number

Associate Dean of Health
Title
11/26/14
Date
jmsorley@dcvhc.edu
Email Address

Chippewa Valley Technical College
Eau Claire, Wisconsin

Course Syllabus

TITLE: Nursing Refresher for Registered Nurses

COURSE NUMBER: 543-496

COURSE CREDITS: Continuing education credits

Theory Credits: 3 (104 hours-7 modules including 25 hours Skills practice and checkoff)

Clinical Credits: 2 (100 hours precepted with RN Preceptor)

PREREQUISITES/CO-REQUISITES:

- A. Registered nurse in Wisconsin with an active registered nurse's license or an individual with an inactive license who has applied to the Wisconsin State Board of Nursing for a Limited License.
- B. Professional liability insurance.
- C. Criminal Background Check
- D. Health Information Form (requiring a physical and a TB test)
- E. Current CPR certification.

INSTRUCTOR:

This course is facilitated by Kim Ernstmeyer, kernstmeyer@cvtc.edu, telephone 715-833-6344, office in Health Education Building Room 215. (It is best to contact Kim by email.) Other nursing faculty may be utilized as faculty advisors or for specific clinical expertise. Clinical preceptors will be selected from area health care facilities. The preceptors will be registered nurses with clinical expertise in the selected areas who have volunteered to be preceptors.

COURSE DESCRIPTION:

This course provides an overview and update of nursing for registered nurses who are preparing to return to practice after an absence. The course is composed of independent study modules and clinical practice in local health care institutions. This self-paced course requires learner participation in independent study with resources provided online, skills practice in the nursing Learning Resource Center (Health Education Center, room 204 E), and individual clinical practice with an RN preceptor.

MODULES OF STUDY AND PROGRESSION THROUGH THE COURSE:

There are seven course modules, each of which contain from three to six units. Each unit consists of learning objectives, activities, and resources. The student must email each course module to the course facilitator after completion for feedback. The course facilitator will provide an “application question” to the student to answer before completing the following unit. After the first seven modules are satisfactorily completed, the student can progress to clinical placement. Module and unit titles are as follows:

- I. Planning Nursing Care.
 - A. Nursing Process.
 - B. Client Assessment.
 - C. Nursing Care Plans and Documentation.
 - D. Developmental Approaches.
 - E. Teaching and Learning.
 - F. Management of Care: Nursing Delegation and Supervision.

- II. Providing Safe Nursing Care.
 - A. Standard Precautions and Infection Control.
 - B. Professional, Ethical, and Legal Issues and Recent Trends in Nursing.
 - C. Concepts of Pharmacology and Medication Update.

- III. Communication in Nursing.
 - A. Therapeutic Interactions.
 - B. Assertiveness.
 - C. Computers in Nursing.

- IV. Nursing a Client with an Acute Condition, including recent changes in nursing techniques and responsibilities.
 - A. Concepts in Acute Care: Crisis.
 - B. Cardiac Conditions (selected conditions: coronary artery disease, congestive heart failure, arrhythmias, cardiac arrest).
 - C. Neurological Conditions (selected conditions: neuro trauma, increased intracranial pressure, spinal cord injury).
 - D. Surgical Conditions (selected topics: general surgical/orthopedic care, nutritional support, preventing complications, pain control).

- V. Nursing the Client with a Chronic Condition including recent changes in nursing techniques and responsibilities.
 - A. Neurological Conditions (selected conditions: multiple sclerosis, Alzheimer's disease, Parkinson's disease, seizure, stroke).
 - B. Renal Conditions (selected conditions: dialysis, transplant).
 - C. Pulmonary Conditions (selected conditions: chronic obstructive pulmonary disease).

- D. Endocrine Conditions (selected conditions: diabetes mellitus).
 - E. HIV and Acquired Immune Deficiency Syndrome (AIDS).
 - F. Cancer.
- VI. Nursing the Special Needs Client including recent changes in nursing techniques and responsibilities.
- A. The Client in the Critical Care Unit (selected conditions: shock, multiple trauma, burns).
 - B. Care of the Hospitalized Child.
 - C. Care of the Client with Mental Illness.
 - D. Care of the Obstetric Client.
 - E. Care of the Elderly Client.
 - F. Care of the Client in the Community (selected conditions: home care, hospice, school nursing).
- VII. Skills Practice and Competence: 25 hours required by WI BON: Current skills required by nurses will be practiced in our Learning Resource Center in Eau Claire and competence will be validated with “check off sheets.” This portion of the course is completed after the previous modules are completed and before the clinical portion begins.

Clinical portion: 100 hours are completed with an RN preceptor based on their work schedule. Full 8 hour and/or 12 hour shifts should be completed as scheduled. See the clinical journal assignment for documenting and reflecting on your clinical experiences.

NURSING SKILLS LABORATORIES:

The nursing skills laboratory, the Learning Resource Center, is located in the Health Education Building 204E. The center has the nursing skills equipment for practice of nursing skills. The Learning Resource Lab also has computers and texts for further study. The center is staffed several days a week during the spring and fall semesters by a nurse manager who can assist students with the practice of nursing skills. Contact Barb Krultz for specific lab hours or to make an appointment (715-858-1879 or email bkultz@cvtc.edu).

CLINICAL FACILITIES:

After successful completion of the first seven modules, the student can begin the clinical component of the course. The student should email or schedule an appointment with the nursing faculty advisor after completing module 5 so that clinical preceptorship can be arranged in a timely manner. A clinical preceptor from an area health care institution will be selected for the student to work with while completing the identified clinical objectives. A clinical journal assignment is to be completed during the clinical experience.

RESOURCES:

Books for use during the modules are on reserve in the CVTC library and in the Learning Resource Center (HEC 204E). It is not required that you purchase all of these resources, however, the Medical Surgical book and the Fundamentals book are highly recommended as important resources that you can use throughout your nursing career. Please contact the instructor before purchasing textbooks.

Ackley, B.J., Ladwig, G.B. Nursing Diagnoses Handbook 10th Edition
Publisher: Mosby.

Ignatavicius, D. and Workman, L. Medical Surgical Nursing. 7th edition.
Publisher: Saunders.

Lilley, L. L., Aucker, R. S. Pharmacology and the Nursing Process. 7th Edition.
Publisher: C. V. Mosby.

Potter,P, Perry, A. Fundamentals of Nursing. 8th Edition. Publisher: Mosby OR

Craven, Hirnle and Jensen (2013). Fundamentals of Nursing 7th EDITION,
PUBLISHER: Lipincott

Perry, A., Potter, P. Clinical Nursing Skills and Techniques. Publisher: Mosby.

Keltner, N.L., Schwecke, L.H., Bostrom, C.E. Psychiatric Nursing. Publisher: Mosby.

McEwen, M. Community-Based Nursing: An Introduction. 3rd edition. Publisher: Saunders.

McKinney, E.S., James, S.R., Murray, S.S., Ashwill, J. W. Maternal Child Nursing. Publisher: Saunders.

Yoder-Wise, P. Leading and Managing in Nursing. 5th Edition. Publisher: Mosby.

STUDENT EXPECTATIONS:

- A. Register for the course through the CVTC registration office. Call Rosie Berger, Program Assistant, at 715-855- 7534 or email rberger@cvtc.edu if you have any questions about the registration process or costs.
- B. Email Kim Ernstmeier, Course Coordinator, at kernstmeier@cvtc.edu after registering for the course, for orientation to the course and an optional tour of the health education center.
- C. Contact Kami Taylor ktaylor1@cvtc.edu or 715-833-6318 to obtain your Criminal Background Check 30 days before the clinical portion starts. Indicate that you are an RN Refresher student when applying and also notify the instructor.
- D. Plan to complete your physical, ppd, CPR recertification, and obtain professional liability insurance before the start of your clinical experience. The physical form will be provided by the course facilitator.
- E. Access the course on Edvance 360 via the MyCVTC website. Click on the lessons tab. Download course modules and work on them at your own pace. Optional resources are provided for your perusal under each lesson. After completing each module, email the module as an attachment to Kim Ernstmeier at kernstmeier@cvtc.edu.
- F. Purchase the recommended texts, or use the copies that are on reserve at the CVTC library and Learning Resource Center.
- G. If your license has been expired for more than five years, contact the Wisconsin Department of Regulation and Licensing at (608) 266-0145 and ask for an application for reregistration of your license. You will be asked to submit the name of the proposed instructional course that you will be taking to obtain your license. The application will be reviewed, and a limited license to practice will be issued. The limited license must be granted before you begin the clinical component of this course. The limited license will only allow you to work under the direct

supervision of another registered nurse and can only be used for the educational program. You cannot use this limited license to resume work as a registered nurse.

- H. Complete the units/modules at your own pace. (You have up to a year to complete the course, including the clinical experience.) Confer by phone or email with the faculty advisor as needed while working through the units. Methods of evaluation will be further discussed with the student and will be based on completion of the written assignments. Students will practice, then demonstrate competence, in performing nursing skills (module 7) in the Nursing Skills Lab prior to clinical placement.
- I. After completing the first five modules, make an appointment with the course facilitator to arrange for the clinical experience. If you have not done so already, send copies of your nursing license, physical form (including a ppd test in the past year), criminal background form, and professional liability insurance to Kim Ernstmeyer, course facilitator. A preceptor will be assigned based on student learning objectives.
- J. During the clinical experience with your preceptor, complete the clinical journal.
- K. After completing the clinical experience, email the clinical journal to Kim Ernstmeyer.
- L. Upon completion of the course, you will be issued a certificate of successful course completion. The certificate will identify the provider; the participant; verification of theory, lab, and clinical components; and show dates of successful completion. If your license has expired for more than five years, to obtain your permanent license, you must submit the certificate with a letter requesting re-registration to the Department of Regulation and Licensing, Department Monitor, P.O. Box 8935, Madison, WI 53708.

Chippewa Valley Technical College
Eau Claire, Wisconsin

Nursing Refresher for Registered Nurses
543-496

MODULE I
PLANNING NURSING CARE

1. Nursing Process

Learning Objectives:

The student will:

1. Describe the components of the nursing process.
2. Explain how the nursing process is used in the provision of nursing care.
3. List the components of a thorough client assessment.
4. Describe how nursing diagnoses are applied in clinical settings.
5. Write an example of nursing diagnoses using the PES format.
6. Write examples of expected client outcomes which are clearly stated, realistic, specific, observable, and client focused.
7. Write examples of nursing progress notes using "SOAPIER" and "DAR" formats.
8. Explain the purpose of the evaluation phase of the nursing process.

Learning Activities:

Read about Standards of Practice and the Nursing Process in the Nursing Fundamentals textbook and answer the following questions.

1. What are the standards of practice? How are they used in nursing?
2. Briefly describe each of the five steps of the nursing process.
3. What is the purpose of client assessment?
4. List several sources of data for a thorough client assessment.
5. What is the difference between data-based assessment and focused assessment?
6. What is the purpose of a nursing diagnosis?

13. Describe three actions that may follow evaluation of the patient progress toward meeting the expected outcomes.

14. Read about Documentation in the Nursing Fundamentals book. You will be writing a note in Part 3 of Module 1.

15. What are the main differences between the SOAP, PIE, and DAR formats for documentation? How does “charting by exception” differ from these?

Chippewa Valley Technical College
Eau Claire, Wisconsin

Nursing Refresher for Registered Nurses
543-496

MODULE I
PLANNING NURSING CARE

2. Client Assessment

Learning Objectives:

The student will:

1. Demonstrate competency in performing the following client assessments:

Heart and lung assessment.
Abdominal assessment.
Peripheral vascular assessment.
Neurological assessment.
Psychosocial assessment.

Learning Activities:

1. Read the following chapters on physical assessment in the Skills book:
Cardiac Assessment
Peripheral Vascular Assessment
Lung Assessment
Abdominal Assessment
Cranial Nerves and Neurological Assessment
Musculoskeletal System
Psychosocial assessment.
2. Practice performing cardiac, respiratory, neurological, abdominal, psychosocial, and other assessments on a healthy volunteer (e.g., family member).
3. If you would like additional assistance and/or evaluation in performing these assessments, consult your faculty advisor.
4. You will be performing a head to toe assessment during your skills checkoff in module 7.

Chippewa Valley Technical College
Eau Claire, Wisconsin

Nursing Refresher for Registered Nurses
543-496

MODULE I
PLANNING NURSING CARE

3. Nursing Care Plans and Documentation

Learning Objectives:

The student will:

1. Develop a nursing care plan based on a case study.
2. Define standardized nursing care plans.
3. Describe various ways in which nursing care is documented.
4. Explain the importance of proper nursing documentation.
5. Explain how standards of care are used to evaluate nursing care.

Learning Activities:

1. Read about NANDA Nursing Diagnoses and the Nursing Process in the Nursing Fundamentals book.
2. Choose a NANDA nursing diagnosis of interest from the Nursing Diagnosis Handbook and read about the defining characteristics, related factors, expected outcomes, and nursing actions/interventions.
3. See the attached case study (page 10). Identify three (3) priority nursing diagnoses for this patient and include the related factors. For each diagnosis, list expected outcome and at least nursing interventions.

Diagnosis:

Expected Outcome:

Interventions:

Diagnosis:

Expected Outcome:

Interventions:

Diagnosis:

Expected Outcome:

Interventions :

4. Assume you were able to visit Mr. G and implement the interventions you planned above. Write a focused DAR note for one of the priority nursing diagnoses you identified. Include D (patient data); A (your action; the interventions you performed for this problem; and R (how the patient responded.)
5. What is the value of using nursing care plans?
6. What is a standardized care plan? Why are they used?
7. What is a discharge summary? What is its purpose?
8. Read about evaluating the quality of nursing care and on using research in practice in the Leading and Managing in Nursing book. Explain how standards of care and “evidence based practice” is used in providing quality nursing care.

MODULE ONE, UNIT THREE CASE STUDY

Mr. E. G. is a 74-year-old diabetic. He lives alone and is still grieving over the loss of his wife, who died six months ago of breast cancer. His daughter and her family live a few miles from E. G. and try to be supportive of him, though they are very busy with their own lives.

Mr. G. is visited weekly by a home health nurse who has been monitoring his chronically elevated blood pressure. Mr. G. has recently had poorly controlled blood sugars which he attributes to a somewhat erratic eating pattern. Much of his diet consists of packaged convenience foods and meals at the fast food restaurant across the street.

Mr. G.'s vision has deteriorated considerably recently. He states, "I must need a new set of glasses because I can't see the TV very well anymore." Mr. G. also has new symptoms of shortness of breath with exertion, and a small cut on his left toe. Mr. G. states that it may have occurred when he trimmed his toenails that morning, but he is not sure of its origin as his sensation in his toes is absent and he could not feel the cut. Mr. G. told the nurse that he would put a strong antiseptic on the cut and then cover it with a heating pad while sleeping to help it heal.

Mr. G. recently visited his health care provider and insulin injections were prescribed. The home health nurse plans to teach him about insulin administration at his next visit.

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MODULE I
PLANNING NURSING CARE

4. Developmental Approaches in Nursing Care

Learning Objectives:

The student will:

1. Differentiate growth, development, and maturation.
2. Describe common theories of growth and development.
3. Identify appropriate nursing diagnoses for each of the stages of growth and development.
4. Discuss how aspects of physical, psychosocial, cognitive, moral, or spiritual development impact nursing care.

Learning Activities:

1. Read about Growth and Development in the Nursing Fundamentals book.
2. Define the following:

Growth--

Development--

Maturation--

3. Compare the developmental theories of Freud and Erikson. What is the main focus of each? How are they similar and how are they different?
4. Briefly describe Piaget's theory of cognitive development of the individual. How might this be used by nurses?
5. What are the developmental tasks of individuals according to Erikson? What happens if the individual does not master these developmental tasks?
6. Describe the stages of moral development according to Kohlberg.

7. How does culture affect interpretation of developmental theory?

8. Identify a high-risk (potential) nursing diagnosis for each of the following stages of growth and development:

<u>Stage of Development</u>	<u>High-Risk (Potential) Nursing Diagnosis</u>
a. Prenatal	
b. Neonatal	
c. Infancy	
d. Toddlerhood	
e. Preschool	
f. School age	
g. Adolescence	
h. Young adulthood	
i. Middle adulthood	
j. Older adulthood	

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MODULE I
PLANNING NURSING CARE

5. Teaching and Learning in Nursing

Learning Objectives:

The student will:

1. Describe the components of the teaching-learning process.
2. Compare the teaching-learning process with the nursing process.
3. Identify special learning needs and strategies for the low-literate clients.
4. Identify special learning needs and strategies for geriatric clients.
5. Contrast various teaching strategies and their effectiveness for various types of learning.
6. Identify appropriate methods for evaluating the effectiveness of patient teaching.
7. Develop a teaching-learning plan based on a case study.

Learning Activities:

1. Read about Teaching and Learning in the Nursing Fundamentals book.
2. How do adults learn? What conditions foster adult learning? See the attached handouts on "Adult Learning Principles" and "How is Teaching Adults Different From Teaching Traditional Age Children?"
3. Compare the teaching-learning process with the nursing process. What parts are similar? What parts are different?
4. What factors does the nurse assess in the functional and psychosocial arenas? What other factors are important in data collection?
5. What factors must the nurse consider when developing a teaching plan? What are the components of the planning phase?

Adult Learning Principles

1. Adults like to determine their own learning experiences.
2. Adults enjoy small group interactions.
3. Adults learn from others' experiences as well as their own.
4. Adults hate to have their time wasted.
5. Some adults like some lectures, but all lectures won't be liked by all adults.
6. Adults are motivated to learn when they identify they have a need to learn.
7. Adults are motivated to learn when societal or professional pressures require a particular learning need.
8. Adults are motivated to learn when "others" arrange a learning package in such a manner that the attraction to learning overcomes the resistance.
9. Adults draw their knowledge from years of experience and don't change readily.
10. Adults want practical answers for today's problems.
11. Adults like physical comfort.
12. Adults enjoy practical problem solving.
13. Adults like tangible rewards.
14. Refreshments and breaks establish a relaxed atmosphere and convey respect to the learner.

How is Teaching Adults Different From Teaching Traditional Age Children

	CHILDREN	ADULTS
1. Self-Concept:	Dependent	Self-directed: Desires mutual responsibility for diagnosing learning needs, formulating objectives, planning, implementing, and evaluating.
2. Experience:	Limited	Vast: Learns best through methods that use his experience, shifts away from lecture to discussion, case study, etc.
3. Readiness to learn (motivation):	Developmental tasks: Preparing and becoming, i.e., self-identify. Motivated by long-term goals.	Developmental Tasks: Integration of self with others concerned with performance in changing roles of workers, spouse, parent, and citizen. Learns best in curriculum sequenced to coincide with his developmental tasks. Motivated by immediate tasks and short-term goals.
4. Orientation to learning:	Subject centered	Problem centered: Organize content around immediate life problems rather than around logical subject development. Incorporate direct application.

Guidelines for Teaching-Learning Assessment and Plan

Part I - Assessment

- A. Anticipated learning need - what you think the person(s) would need to know based on their:
- medical diagnoses and orders.
 - nursing diagnoses and orders.
 - other specific individualized data.
- B. Assessment of the learner's perspective.
1. Readiness (those circumstances which make the learner ready or not ready to learn). Strength (S) or Barrier (B)?

PHYSICAL (note anything about the learner which would physically help or hinder learning).

EXPERIENTIAL (note any experience which the learner has had which will help or hinder learning).

EMOTIONAL (note learner attitudes, concerns, beliefs, recent changes in his/her life which would help or hinder learning).
 2. Motivation (the learner's desire to "learn;" this means how willing he/she is to change his/her attitudes and/or behaviors).

DOES THE LEARNER FEEL A NEED TO CHANGE?

WHAT CHANGES WILL THE LEARNER HAVE TO MAKE IN HIS/HER THINKING OR UNDERSTANDING?

WHAT CHANGES WILL THE LEARNER HAVE TO MAKE IN HIS/HER BEHAVIORS OR DAILY LIFE (HABITS)?

IS THE LEARNER'S DEGREE OF MOTIVATION TO DO THESE A STRENGTH OR BARRIER? (Give examples of what he/she says or does to lead you to this impression. Give examples of intrinsic and extrinsic incentives which help or hinder motivation.)
- C. Based on the above findings, what is your modified identification of learning need? What is the related nursing Dx?
- D. Does learner agree with what you think and will he/she cooperate with your teaching/learning plan?

Plan II - Planning

- A. What is the overall goal your learner and you want to accomplish? (Describe the learner's state and how he/she will be better after he/she have "learned).
- B. Use the attached format to plan your teaching. Follow directions for each heading.
 - 1. Outcome criteria.
 - 2. Content.
 - 3. Method.
 - 4. Rationale.
 - 5. Evaluation/revision.
- C. When B. is prepared, share with patient and get his/her agreement with your method. If he/she prefers to do other things, modify your plan to agree with his/her desires so long as it will help learning.
- D. Implement: Remember, the success of your teaching plan is told by the learner's change in thought and behavior. If this has not occurred, or is likely to occur, the work is not done.

Intermediate Nursing
Guidelines for Teaching-Learning Assessment and Plan

Nursing Diagnosis that Teaching Plan Relates to: _____

Overall Learning Goal: _____

<u>1</u> <u>EXPECTED OUTCOME</u>	<u>2</u> <u>CONTENT TO BE TAUGHT</u>	<u>3</u> <u>METHOD USED TO TEACH</u>	<u>4</u> <u>RATIONALE</u>	<u>5</u> <u>EVALUATION</u>
<p>This section should describe the specific actions you will see the patient do, or hear him/her describe, which will let you know that he/she has learned the new material.</p> <p>Start with: "The learner will be able to . . ." or "The learner will verbalize . . ."</p> <p>BE REALISTIC. Make the outcome criteria truly attainable for the learner.</p> <p>NOTE DOMAIN YOU ARE TRYING TO AFFECT: COGNITIVE, AFFECTIVE, PSYCHOMOTOR.</p>	<p>List the topic information you will cover. Think of this as a table of contents. This should be stated as subjects. Do not include how you will teach it, only <u>what</u> you will teach.</p>	<p>Look at each piece of content which you stated in the previous section and decide how it would best be taught. Consider when you will teach, who should be included, and if you will use materials (AV) to help. Will you cover all of the material at once or spread it out?</p>	<p>Explain why you used the method you did. What did you feel would be the advantage of doing it the way you chose?</p>	<p>Tell what you saw the patient do or heard the patient say which let you know that he/she had or hadn't learned. Based on this, decide if he/she had learned or not. If yes, is any further action needed to make sure he/she <u>retains</u> what he/she has learned and will <u>use</u> it? If no, how will you adjust your plan to further help the learner to indeed learn? If more teaching is needed, describe how you would carry it out.</p>

Intermediate Nursing
Guidelines for Teaching-Learning Assessment and Plan

III. Learning Readiness:

A. Physical/biological readiness: (Consider sensory/perceptual status, etc.)

B. Experiential readiness: (Consider patient's background of experiences, skills, attitudes, and ability to learn. Refer to Pender's model.)

C. Emotional readiness: (Consider motivation, stressors, and coping mechanisms. Refer to Porter/Lawler model.)

IV. Nursing Diagnoses:

Intermediate Nursing
Guidelines for Teaching-Learning Assessment and Plan

Teaching-Learning Plan

Diagnosis: _____

EXPECTED OUTCOME	CONTENT TO BE TAUGHT	METHOD USED TO TEACH	RATIONALE	EVALUATION (include tools/revision)

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MODULE I
PLANNING NURSING CARE

6. Nursing Management of Care

Learning Objectives:

The student will:

1. Identify competencies of client care managers.
2. Explain the difference between nursing management and nursing leadership.
3. Identify three (3) different organizational structures.
4. Identify four (4) common management theories of human motivation.
5. Contrast traditional and contemporary nursing care delivery patterns.
6. Describe how patient classification systems can be used in nursing.
7. Identify factors to consider when assigning and delegating client care activities.
8. Explain the role of the staff nurse in continuous quality improvement (CQI).
9. Describe types of power staff nurses use to influence others.
10. Explain three (3) common styles of leadership.
11. Explain the value of being an effective follower.
12. Explain the impact of Diagnostic Related Groups (DRGs) on health care in general and on nursing practice in particular.
13. Describe the rights and obligations of nurses in labor relations.

Learning Activities:

1. Use the Nursing Fundamentals and Leading and Managing in Nursing books, or any valid internet sources, to answer the following questions.

2. Compare/contrast nursing management and nursing leadership.

3. Describe the following common organizational structures. What are the strengths and weaknesses of each?
 - A. Functional

 - B. Service Line

 - C. Matrix

 - D. Flat

4. Describe the following traditional and contemporary patterns of nursing care. List advantages and disadvantages for each pattern of care.
 - A. Traditional total care
 1. Case method
 2. Functional
 3. Team
 4. Primary
 - B. Contemporary
 1. Case management
 2. Patient-focused care
 3. Critical Pathways
 4. Differentiated practice.
 5. The Synergy Model
5. Explain a patient classification system and how it is used.
6. Define effective delegation of client care.

- .
7. Define the following leadership styles:
 - A. Authoritarian
 - B. Democratic
 - C. Laissez-faire
 - D. Transformative
 8. What is the value of being an effective follower?
 9. Describe four behaviors of an effective leader.
 - A.
 - B.
 - C.
 - D.
 10. Describe the traits of an effective leader that you have worked with in the past. (Do not include names or agency names.) What did you learn from this leader that you would like to incorporate into your own leadership style?

.
 11. What is the role of the staff nurse in continuous quality improvement (CQI)?

12. Explain DRGs and how they are used in health care settings .

13. What are the intended effects of prospective payment?

14. What should nurses do to help health care organizations remain financially viable?

15. What is the National Labor Relations Act (NRLA) and what effect does it have on nursing?

16. What are the rights of the employee as laid out by the NRLA?

17. What factors influence decisions on whether or not to join a union?

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MODULE II
PROVIDING SAFE NURSING CARE

1. Standard Precautions and Asepsis

Learning Objectives:

The student will:

1. Review selected procedures on maintaining asepsis and sterility.
2. Identify nursing interventions to prevent nosocomial infections.
3. List signs and symptoms of localized and systemic infections.
4. Contrast various isolation procedures in terms of purpose, uses, and nursing considerations.

Learning Activities:

1. Read about the following topics in the Skills book:

Overview of Infectious Diseases
Nosocomial/Acquired Infections
Standard Precautions and Isolation Procedures
Dressings
Wound Care
Sterile Technique
2. View Wound Care on the following disk located in the LRC: Intermediate Disc 3, Perry, A. Potter, P. (2006). Nursing Skills CD-Rom 2.0 Publisher: Mosby.
3. Identify at least four (4) ways of preventing acquired/nosocomial infections.
4. Identify signs and symptoms of localized and systemic infections.

5. Complete the following table on isolation procedures.

TYPE OF ISOLATION	PURPOSE	EXAMPLES OF DISEASES OR CONDITIONS REQUIRING THIS TYPE OF PRECAUTION	NURSING CONSIDERATIONS
Standard precautions			
Airborne precautions			
Droplet precautions			
Contact precautions			
Neutropenia precautions			

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MODULE II
PROVIDING SAFE NURSING CARE

2. Professional, Ethical, and Legal Issues

Learning Objectives:

The student will:

1. Explore selected professional, ethical, and legal issues encountered in nursing.
2. List seven (7) ethical concepts relevant to nursing.
3. Identify an ethical dilemma.
4. Outline the process used to resolve ethical dilemmas.
5. Compare/contrast law and ethics.

Learning Activities:

1. Read about Ethics and Legal Implications for Nurses in your Nursing Fundamentals textbook.
2. Describe the basic principles on the ANA Code of Ethics:
 - a. Advocacy
 - b. Responsibility
 - c. Accountability
 - d. Confidentiality
3. Define the following ethical principles and give a specific example of each in client care:
 - A. Autonomy
 - B. Beneficence
 - C. Nonmaleficence
 - D. Justice
4. Briefly describe the steps of processing an ethical dilemma.
5. Thinking back over your nursing practice or recalling your personal experiences as a health care recipient, describe an ethical dilemma involving a nurse and his/her nursing practice.

6. Describe how you would process the ethical dilemma in the following patient scenario:

Mrs. Green is an 80 year old widow who was found unresponsive on the floor. A neighbor called 911 and Mrs. Green received advanced life support and was taken to the ER. A CT scan was performed and she was diagnosed with a hemorrhagic stroke. Emergency surgery was completed, although the neurologist reported her prognosis was poor. One week later, Mrs. Green is still unresponsive and remains on a ventilator. The primary care physician orders a feeding tube to be placed. The neurologist continues to report that prognosis is poor, and at best, Mrs. Green will probably always be a “vegetable.” One daughter agrees for the feeding tube placement; another daughter is adamant that her mother would never want to remain on a ventilator or have a feeding tube placed. Mrs. Green does not have power of attorney for health care or living will documents. You are the primary nurse caring for Mrs. Green and believe that an ethical dilemma is occurring. Describe your approach in addressing this situation.

7. Describe Standards of Care for Nurses. How are they used and where are they found?
8. What are the guidelines for the use of restraints according to the Joint Commission?
9. Describe the Nurse Practice Act and how it affects your nursing practice.
10. What is the best way for nurses to avoid negligence/malpractice?
11. Describe a nurse’s role in obtaining informed consent from a patient.
12. What should a nurse do if you believe you are assigned to care for more patients than is reasonable?
13. What should a nurse do if asked to “float” to a different nursing unit than where they normally practice?

14. What should a nurse do if s/he believes a physician order is in error or may harm a client?

15. Describe the purpose of an incident report and give examples of when it should be completed.

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MODULE II
PROVIDING SAFE NURSING CARE

3. Concepts in Pharmacology

Learning Objectives:

The student will:

1. Identify indications, precautions and common side effects of common prototype medications.
2. Accurately calculate drug dosages and IV flow rates.
3. Review medication administration techniques.
4. Trace the pharmacokinetics pathway of a selected medication.
5. Describe the patient-related factors which alter drug response.
6. Explain the procedure to be followed when a medication error occurs.
7. Describe how a medication error might occur due to violation of the five rights of medication administration.
8. Evaluate different drug information sources.
9. Differentiate between absolute and relative contraindications to a medication.
10. Identify legal aspects associated with medication administration.

Learning Activities:

1. Complete the common medication lookup activity below.
2. Complete the Medication Calculation Packet found at the end of this module.
3. Review the following skills in your Skills book:
 - Removal of medication from a vial
 - Removal of medication from an ampule
 - Sites and Methods of subq and IM injections
 - Administering a “Z” track IM injection
4. View Giving Injections in Potter & Perry Advanced Skills CD-Rom, Advanced skills Disc 1, and Nonparenteral Medications, and Safe medication administration in Advance Skills Disc 2 located in the LRC.

Use the Pharmacology textbook to answer the following questions:

5. Select a commonly administered medication and trace its pathway through the body using the following phases of pharmacokinetics: absorption, distribution, metabolism, and excretion.
6. How might each of the following affect how a person responds to a medication?
 - A. Body size and weight
 - B. Age
 - C. Liver disease
 - D. Kidney disease
 - E. Acid-base imbalance
 - F. GI disease
 - G. Economic resources
 - H. Attitude toward medications
7. Explain the procedure to be followed when a medication error occurs.

8. Describe how a medication error might occur due to violation of each of the five rights of medication administration.
 - A. Right patient
 - B. Right drug
 - C. Right dose
 - D. Right route
 - E. Right time

9. Differentiate between absolute contraindications and relative contraindications to a medication. When would it be appropriate to give a contraindicated medication? What are the nursing implications?

10. Who is accountable for medication errors? What are the legal implications?

Common Medication Activity

1. Go to the following website:
http://www.ncbi.nlm.nih.gov/pubmedhealth/s/drugs_and_supplements/a/. Click on the box containing the first letter of each of the following drugs and look up each of the following common medications.
2. Include indications (why the medication is prescribed), special precautions or dietary restrictions, and at least 3 common or life threatening side effects that you will monitor for when administering these medications. You may use the following table for your med lookup or whatever format you prefer. Make this resource useful to you!

Antibiotics:

Beta-lactams

Natural Penicillins (Penicillin G)

Cephalosporins

First Generation (Cefazolin)

Second Generation (Cefoxitin)

Third Generation (Ceftriaxone)

Fourth Generation (Cefepime)

Carbapenems

Imipenem-Cilastin (Primaxin)

Monobactams (Aztreonam)

Sulfonamides (Bactrim)

Quinolones (Ciprofloxacin)

Macrolides: Erythromycins (E-mycin)

Aminoglycosides (Gentamicin)

Tetracyclines (Doxycycline)

Antihistamines: Loratadine (Claritin)

Antidysrhythmics

Class I :Lidocaine (Xylocaine)

Class II: Atenolol (Tenormin)

Class III: Amiodarone (Cordarone)

Class IV: Verapamil (Calan)

Cardiac Medications:

Digoxin (Lanoxin)

Nitroglycerine (Nitrostat)

Beta blockers: Tenormin (Atenolol)

Calcium Channel Blockers: Diltiazem (Cardiazem)

ACE Inhibitor: Captopril (Capoten)

ARB: Losartan (Cozaar)

Diuretics

Furosemide (Lasix)

Hydrocholorthiazide (Hydro-Diuril)

Spirolactone (Aldactone)

Statins: Atorvastatin (Lipitor)

Asthma/COPD medications
Albuterol (proventil)
Ipratropium (Atrovent)
Fluticasone (Flonase)
Tiotropium (Spiriva)
Montelukast (Singulair)

Blood Coagulation Modifiers
Heparin Sodium
Warfarin (Coumadin)
Alteplase (tPA)
Aspirin

Dementia medication: Donepezil (Aricept)

GERD medications:
Cimetidine (Tagamet)
Pantoprazole Sodium (Protonix)

Laxatives
Bulk Forming: Metamucil
Stimulants: Senna (Senokot)
Stool Softeners: Docusate Sodium (Colace)
Lubricants: Mineral Oil

Antidiarrheals
Diphenoxylate (Lomotil)

Antiemetics:
Prochlorperazine (Compazine)
Ondansetron (Zofran)

Antidepressants :
Tricyclic Antidepressants : Amitriptyline (Elavil)
SSRI's : Fluoxetine (Prozac)
Antimanic Agents: Lithium (Lithobid)

Benzodiazepines: Lorazepam (Ativan)

CNS Stimulants: Methylphenidate (Ritalin)

Antipsychotics: Risperidone (Risperdal)

Antiparkinsons: Levodopa/Carbidopa (Sinemet)

Anticonvulsants : Phenytoin (Dilantin)

Glucocorticoids: Prednisone (Deltasone)

Insulins
Rapid acting insulin (Humalog)
Short acting insulin/Regular Insulin (Humulin R)
Intermediate acting insulin (Humulin N)

Long acting insulin (Lantus)

Oral Hypoglycemics

Glipizide (Glucotrol)

Metformin (Glucophage)

Actos

Thyroid Replacements: Levothyroxine (Synthroid)

Antithyroids: Propylthiouracil (PTU)

Osteoporosis: Alendronate (Fosamax)

Antigout

Colchicine

Alloourinol (Zyloprim)

Analgesics

Acetylsalacylic Acid (Aspirin)

Acetaminophen (Tylenol)

Ibuprofen (Motrin)

Opioids

Codeine

Hydrocodone

Oxycodone

Morphine Sulfate

Analgesic Antagonist: Naloxone (Narcan)

Sample Table to use for this activity:

Name of medication	Indications	Precautions	Common or life threatening side effects

Medication Calculation Packet

Complete the following calculation items. If you need assistance or have questions, please follow-up with course lead.

1. 400mg = _____ g
2. 0.0003 g = _____ mg
3. 600 mcg = _____ mg
4. 4 Tablespoons = _____ teaspoons = _____ mL
5. 4.75 L = _____ mL
6. 135 lb = _____ kg
7. 94 kg = _____ lb
8. 0.65 mg = _____ mcg
9. A patient must receive Videx 2.2 mg/kg PO. The patient weighs 90kg. How many tablets will the patient receive if each tablet contains 100mg?
10. Lorabid 400mg PO q 12 h. The label reads 200mg in 5 mL. How many mL will you give your patient?
11. The prescriber orders Biaxin 300mg PO q12h. The label reads 375mg/mL. How many mL will you administer?
12. Ancef 750mg IM q8h for 24 hours is ordered. The directions on the 1g vial of Ancef states: "For IM administration add 2.5mL of sterile water and shake to provide an approximate volume of 3mL." How many mL will you administer?
13. Unasyn 1.5g IM q6h is ordered. The directions state "add 3.2mL of sterile water for injection to yield 375mg/mL. How many mL will you administer?
14. The prescriber ordered Brethine 0.25mg subcutaneous stat. The vial is labeled 1mg/mL. How many mL will you administer?

15. You need to give 700mg of a drug IM, and the label reads 250mg/mL. How many mL do you need?
16. The prescriber ordered: 500mL 5% D5W IV for 8h. Calculate the flow rate in gtt/min when the drop factor is 10 drops per milliliter.
17. An IV of D5 ½ NS is infusing at a rate of 27 drops per minute. The drop factor is 15 gtt/mL. How many mL per hour is the patient receiving?
18. Calculate the infusion time for an IV of 500mL that is ordered to run at 40mL/h.
19. The order reads 1000mL of NS to infuse over 24 hours. Set the flow rate on the infusion pump in mL per hour.
20. An IV of 800mL is to infuse over 8 hours at the rate of 20 gtt/min. After 4 hours and 45 minutes, only 300 mL had infused. Recalculate the flow rate in gtt/min. The set calibration is 15 gtt/mL.
21. An IV bag has 350mL remaining. It is infusing at 35 gtt/min, and a 15 gtt/mL set is being used. How long will it take to finish?
22. The order reads: Dobutamine 6mcg/kg/min IV. Dobutamine comes 500mg in D5W 500mL. The patient weighs 145 pounds. At what rate will you set your IV pump (mL/hr)?
23. Dopamine is ordered for your patient at 3 mcg/kg/min. Dopamine comes from pharmacy as 400mg in D5W 250mL. The patient weighs 180 pounds. Calculate the flow rate on the pump in mL/hr.

24. The physician orders Heparin drip for treatment of pulmonary embolism. You must first administer a bolus of 70 u/kg with a max of 7,000 units. Following the bolus you start the drip at 15 u/kg/hr. The bolus comes in a vial of Heparin 1,000 u/mL. The Heparin bag comes from pharmacy as 25,000 units of Heparin in D5W 500cc. Your patient weighs 159 pounds.

How many units do you administer for the bolus?

How many mL is used for the bolus?

What is the rate for the heparin drip in units per hour?

At what rate do you set your pump (mL/hr)?

25. The order reads: Cardizem 0.25 mg/kg IV push over 2 minutes. The label on the vial reads 5mg/mL. The patient weighs 210 pounds. How many mL of Cardizem will the patient receive?

26. You are to administer Ancef 2gm in 100 mL NS IVPB over 30 minutes. At what rate should you set your pump (mL/hr)?

27. The order reads: Chloramphenicol 500mg IVPB q6h. The recommended dose is 50-75mg/kg/day divided every 6 hours. The child weighs 34.6 kg. Is the order in the safe dose range?

28. The order reads Ceclor suspension 30mg/kg/day q8h. The child weighs 77 pounds. The label reads 187 mg/mL. How many mL will you administer?

29. Lorabid has been prescribed for a 2 year old child with acute otitis media. The order is 30mg/kg PO q12h and the child weighs 21 pounds. The oral suspension is labeled 100mg in 5mL. How many mL will you give this child?

30. The order reads: Lanoxin elixir 0.15mg PO q12h. The child weighs 70 pounds and the recommended maintenance dose is 7-10 mcg/kg/day.

What is the minimum daily maintenance dosage in mg/day?

What is the maximum daily maintenance dosage in mg/day?

Is the dose ordered safe?

31. A patient is receiving TPN 1,500 mL at a rate of 65mL/hr via pump. The infusion began at 0600. What time will it be finished?

32. The order reads Normodyne 20mg IVP slowly over 2 minutes. The label reads 5mg/mL. How many mL of this antihypertensive drug will the patient receive per minute?

33. Humulin R regular insulin 300 units in 150mL NS infuse at 10mL/hr. How many units per hour is the patient receiving?

34. The order reads Morphine 4 mg IVP every two hours if needed. Your syringe comes with Morphine 10mg/mL. How many mL will you administer for each dose?

35. Your child weighs 96 pounds and is complaining of headache. The order reads Tylenol 10mg/kg every four hours if needed. The container reads 80mg/mL. How much do you administer?

Answers:

1. 0.4	5. 4750	9. 2	13. 4	17. 108	21. 2.5	24. 5060	25. 4.8	29. 14.3	31. 0500
2. 0.3	6. 61.36	10. 10	14. 0.25	18. 12.5	22. 23.7	5.1	26. 200	30. 0.22	32. 2
3. 0.6	7. 206.8	11. 0.8	15. 2.8	19. 41.7	23. 9.2	1084	27. yes	0.32	33. 20
4. 12=60	8. 650	12. 2.25	16. 10	20. 38		22	28. 1.9	no-too low	34. 0.4
									35. 5.4

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MODULE III
COMMUNICATION IN NURSING

1. Therapeutic Interactions

Learning Objectives:

The student will:

1. Identify several therapeutic responding techniques.
2. Identify several non-therapeutic responses.
3. List the phases of an effective nurse-patient relationship.
4. Analyze a nurse-client interaction.
5. Identify desired therapeutic outcomes of nurse-client helping relationships.

Learning Activities:

1. Read about Communication in the Nursing Fundamentals book.
2. Compare/contrast verbal and nonverbal communication.
3. What can a nurse learn about a patient from his/her nonverbal communications?
4. Describe the features of a nurse-client helping relationship.
5. Describe the phases of a helping relationship.
6. Describe the elements of professional communication.
7. Describe active listening and "SOLER."
8. Define each of the following therapeutic techniques and explain how they can be used to be therapeutic:
 - A. Sharing observations
 - B. Sharing empathy
 - C. Sharing Hope
 - D. Sharing Humor
 - E. Sharing feelings
 - F. Using touch
 - G. Using silence
 - H. Providing information
 - I. Clarifying
 - J. Focusing
 - K. Paraphrasing
 - L. Asking open ended questions
 - M. Summarizing
 - N. Self-disclosure
 - O. Confrontation

9. Define each of the following non-therapeutic techniques and explain how they can hinder or damage professional relationships.
 - a. Asking personal questions
 - b. Giving personal opinions
 - c. Changing the subject
 - d. Automatic responses
 - e. False reassurance
 - f. Sympathy
 - g. Asking “why” questions
 - h. Providing approval or disapproval
 - i. Providing defensive responses
 - j. Providing passive or aggressive responses
 - k. Arguing
10. How will you adapt your communication with clients with special needs such as aphasia, hearing impairment, visual impairment, cognitive impairment, unresponsive, or who does not speak English.
11. What is a process recording and what is its purpose?
12. How will you evaluate if your therapeutic communication strategies were effective or not?

7. An abbreviated process recording is given below with the nurse and client conversation indicated. Complete the analysis portion of the process recording. Identify therapeutic techniques and if/how they were effective. Note any non-therapeutic techniques and give examples of how it could have been handled more therapeutically.

Ella Lamb is a 71-year-old female with a new diagnosis of lung cancer. She has been admitted to the hospital for chemotherapy and radiation therapy to her back where her cancer has metastasized. She is alert and oriented, dressed in a hospital gown. The nurse's goal is to spend some time with EL and allow her to express her feelings about her diagnosis and treatment plan.

Nurse	Client	Analysis
Hello Ella. Remember me? My name is _____ and I will be your nurse today.	(Sitting in a chair, looking out the window). Hello. (no eye contact.)	
How are you feeling today?	Those treatments sure seem to take a lot out of me (She sighs and continues to look out the window.)	
(Pulling up the high back chair closer to the bed to sit down) You seem kind of down today Ella.	(Ella starts to cry and nods her head.)	
(Uses silence and touches Ella's shoulder.)	(Ella cries for a few minutes then dries her eyes.) I just don't know what's going to happen to me."	
When you say you don't know what's going to happen, do you mean during your chemotherapy treatments?	Well, yes, that too.	
Well, during your chemotherapy treatments I will be administering medication through your IV line that will help to get rid of your cancer cells.	I'm so afraid it will hurt or I will feel really sick.	
It shouldn't hurt, but let me know if it does. You may feel nauseated but we have some great medicine called Zofran that will help with that.	Oh good, I hate to feel nauseated and I really hate vomiting.	

It sounded like maybe you were wondering about something else when you said you weren't sure what would happen to you?	Ella looks down and says, Yes, I am afraid. I am afraid I will be a burden on my daughter. . I don't want her to have to watch me deteriorate day after day in some hospital bed.	
(Nodding head but silent.)	I don't want her to feel like she has to take me home to her house and take care of me until I die.	
	When my time comes, I want to be in my own home. I hope I just die in my sleep. Have you ever had someone die while you were taking care of them?	
Yes, I have. (Not sure why Ella is asking this question.)	Did any of them have cancer? (Ella has a worried look on her face.)	
Yes, some of them did.	(Voice trembling). Did they suffer for a long time?	
Well, the health care team did their best to keep them from suffering. We made sure they had strong pain medication like Morphine to control any pain.	Did the morphine keep them really sleepy and confused?	
Well, if they want no pain, the pain medication can make them very sleepy. Others want to be more awake so only use enough pain medication to take the edge off so they can be more alert.	Who decides how much pain medication they get? My daughter won't want me to have any pain, but I want to be awake enough to enjoy visiting with my grandkids.	
The decisions with pain medication is based on what the patient wants. Ella, do you have any advanced directives in place?	Ella frowns and shakes her head. What are advanced directives?	
Advanced directives include Living Wills, where you state your wishes, and Power of Attorney for	Ella shakes her head. No, I don't have any of that, but I would like to learn more about them.	

Health Care, where you appoint someone to make health care decisions when you are no longer able to.		
Ella, I will ask our social worker to come talk to you about advanced directives.	That sounds good, I would like that.	
(Looks at her watch). I have to go now Ella. Is there anything else I can do for you?	No, I know you're busy. Thanks for listening!	
No problem. I'll check in on you later.(leaves the room.)		

Evaluate the overall effectiveness of this therapeutic conversation. What was effective? What could be improved?

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MODULE III
COMMUNICATION IN NURSING

2. Professional Communication

Learning Objectives:

The student will:

1. Describe qualities and behaviors that affect professional communication.
2. Identify features of effective nurse-health care team communication.
3. Describe the qualities of effective shift-to-shift reports.
4. Explain why assertiveness is important in nursing.
5. Develop assertive responses to simulated situations.

Learning Activities:

1. Read about professional communication and nurse and health care team relationships in the Communication and Documentation chapters of your Nursing Fundamentals book.
2. Describe qualities and behaviors that affect professional communication.
3. Identify features of effective nurse-health care team communication.
4. Describe the qualities of effective shift-to-shift reports.
5. Define assertive communication and the advantages of assertive behavior.
6. Why do nurses need to be assertive? Who benefits when nurses act assertively?

4. Develop an assertive response for each of the following situations:

The doctor comes up to you on the floor and shouts, "Why didn't you call me with those lab values? I expected to get a call." (You goofed and forgot to call him.)

Response:

The nurse walks into a patient's room and the patient angrily states, "None of you nurses ever answer my bell."

Response:

Your head nurse says to you, "I need you to work a double shift today." (You can't.)

Response:

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MODULE III
COMMUNICATION IN NURSING

3. Electronic Health Records

Learning Objectives:

The student will:

1. Define nursing informatics.
2. Describe the advantages of effective nursing information systems.
3. Describe the advantages of an electronic health care record.
4. Describe how HIPPA applies to the security of computerized documentation.

Learning Activities:

1. Read pages 403-408 in your Nursing Fundamentals book.
2. Define nursing informatics.
3. Describe the advantages of effective nursing information systems.
4. Describe the advantages of an electronic health care record.
5. Describe how HIPPA applies to the security of computerized documentation.

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MODULE IV
NURSING THE CLIENT WITH AN ACUTE CONDITION

1. Concepts in Acute Care: Crisis

Learning Objectives:

The student will:

1. Identify patients at risk for crisis.
2. List important assessment data for patients in crisis.
3. Describe appropriate crisis interventions.

Learning Activities

1. Read chapter on Stress, anxiety, coping, and crisis in Keltner et. al.
2. Describe four types of crisis.
3. Discuss the stages that an individual goes through during a crisis. What kinds of symptoms would you see?
4. What would be some appropriate nursing diagnoses and interventions for a patient in crisis?
5. List two examples of patients you think might experience a crisis.
6. Describe the purpose of each of the following nursing interventions for the patient experiencing a crisis:
 - a. Environmental manipulation
 - b. Clarification
 - d. Suggestion
 - e. Manipulation
 - f. Reinforcement behavior

g. Support of defenses

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MODULE IV
NURSING THE CLIENT WITH AN ACUTE CONDITION

2. Cardiovascular Conditions

Learning Objectives:

The student will:

1. Describe diagnostic studies of the cardiovascular system
2. Explain physiologic mechanisms and pathologic results of hypertension
3. Describe lifestyle management for prevention and treatment of hypertension and pharmacological treatment of hypertension
4. Identify risk factors and prevention strategies for coronary artery disease
5. Differentiate between symptoms, diagnostics, and treatment of stable angina and myocardial infarction (ACS)
6. Outline nursing and medical treatment for stable angina versus myocardial infarction (ACS)
7. Describe pathophysiology of congestive heart failure and the body's compensatory mechanisms
8. Give examples of disease conditions that may precipitate congestive heart failure
9. Describe clinical manifestations of right-sided and left-sided heart failure
10. Compare/contrast nursing and medical care of clients with acute decompensated heart failure and chronic congestive heart failure
11. Describe surgical options for myocardial revascularization and for valvular repair
12. Explain the cardiac conduction system
13. Describe clinical manifestations and significance of common arrhythmias
14. Explain the role of antiarrhythmic drugs, defibrillation, pacemakers, and ablation therapy in the treatment of arrhythmias
15. Describe the role of the nurse in a "code" or cardiopulmonary arrest situation

Learning Activities:

1. Complete the readings to answer the above learning objectives in Chapters 35-40 of the Medical-Surgical textbook by Ignatavicius. Review the attached resources in Blackboard.
2. Research the following cardiovascular diagnostic/treatment procedures and complete the following table.

Name of Procedure	Description of procedure	Nursing pre-procedure responsibilities	Nursing post-procedure responsibilities
Stress test			
Cardiac catheterization			
Balloon angioplasty			
CABG			
Synchronized cardioversion			

3. Describe risk factors for hypertension.
4. What evidence-based lifestyle modifications should the nurse recommend for a client interested in preventing or treating hypertension?
5. Describe the commonly utilized algorithm for medical treatment of hypertension.

11. What is a “STEMI?” What are the priority interventions for a “STEMI” according to the AHA? (See the ACS Guidelines on Bb.)

12. Explain why the following may occur as complications of acute myocardial infarction and the common symptoms that are associated with each complication:

- a. Arrhythmias
- b. Congestive heart failure
- c. Cardiogenic shock
- d. Pericarditis

12. Explain the nursing assessments and interventions for a client undergoing thrombolytic therapy such as tPA for a myocardial infarction.

13. Why are the following classes of drugs used to treat a client with a myocardial infarction? Give an example of a prototype medication for each class of medication listed.
- a. IV nitroglycerin
 - b. Beta-adrenergic blockers
 - c. ACE inhibitors
 - d. Positive inotropes
 - e. Calcium channel blockers
 - f. Morphine
 - g. Heparin
 - h. Stool softeners
14. What should you include in the teaching for a client who has concerns about increasing physical activity (including sexual activity) following his or her myocardial infarction?
15. What are some common emotional reactions of the client and family following a myocardial infarction?
16. How do the symptoms of right-sided heart failure differ from the symptoms of left-sided heart failure, and what are the reasons for the differences?

17. Explain why the following objectives are necessary in the treatment of acute congestive heart failure, and discuss related drug therapy and nursing actions for each.
 - a. Decrease intravascular fluid volume
 - b. Decrease venous return
 - c. Decrease afterload
 - d. Increase gas exchange and oxygenation
 - e. Increase cardiac muscle function
 - f. Decrease anxiety
18. Discuss the reason for sodium limitation in the treatment of congestive heart failure and write a menu for one day of a low-sodium diet. Also list several types of food that are high in sodium and should be avoided.
19. What are the current Joint Commission core measures for heart failure treatment?
20. Outline a basic teaching plan for a patient being discharged home with heart failure.
21. What options are available for treatment of heart valve disorders?

22. Draw a diagram of, and briefly explain, the cardiac conduction system.

23. Complete the following Dysrhythmias table:

Definition	Effect on Cardiac Function	Current AHA Evidence-Based Treatment Recommendations
Sinus bradycardia		
Sinus tachycardia		
Atrial fibrillation		
Second degree heart block type II		
PVC		
Ventricular tachycardia		
Ventricular fibrillation		

24. Why is a patient with afib at risk for a pulmonary embolism? What medical treatments are used to prevent the formation of a pulmonary embolism? What are the nursing responsibilities associated with these treatments?

25. Explain how an implantable cardioverter-defibrillator and a pacemaker work in the treatment of arrhythmias. Outline a teaching plan for a patient discharged with these devices.

26. Describe what you would do if you suddenly found one of your patients unresponsive and pulseless according to the latest AHA CPR Guidelines.

27. Briefly describe the AHA ACLS Algorithm for a pulseless patient in Vtach.

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MODULE IV
NURSING THE CLIENT WITH AN ACUTE CONDITION

3. Acute Neurological Conditions

Learning Objectives:

The student will:

1. Describe the nursing and medical assessment of the nervous system.
2. Perform a neurological assessment on a healthy volunteer.
3. Describe common diagnostic studies of the nervous system.
4. Discuss the causes, signs, symptoms, and treatment of increased intracranial pressure.
5. Describe how intracranial pressure is monitored.
6. Describe various types of head injuries and the complications which may result.
7. Identify priority nursing diagnoses and corresponding interventions related to head trauma.
8. Explain the following types of cranial surgery: burr holes, craniotomy, craniectomy, cranioplasty, stereotaxis, shunt procedures.
9. Identify priority nursing diagnoses and interventions for a client undergoing cranial surgery.
10. Discuss causes, manifestations, and priority nursing diagnoses associated with encephalitis, meningitis, and brain abscess.
11. Describe the following types of seizures: generalized tonic-clonic, absence, myoclonic, atonic, and partial complex.
12. Identify priority nursing interventions for a client having a generalized tonic-clonic seizure.
13. List several toxic side effects and several idiosyncratic effects of anti-seizure medications.
14. Describe causes of spinal shock and of autonomic dysreflexia, manifestations of each in the client, and nursing interventions to prevent and to treat autonomic dysreflexia.
15. Identify priority nursing diagnoses and interventions during acute and convalescent phases for the client with a spinal cord injury.

Learning Activities:

Read selections of chapters 43-47 in the Medical-Surgical textbook by Ignatavicius and answer the following questions.

1. Complete a neurological examination of a healthy volunteer, including mental status, cranial nerves, sensory function, motor function, and reflexes. Roleplay completion of an acute neurological checklist and a laminectomy checklist (use forms in this module).

2. Describe nursing responsibilities related to preparation and care of a client undergoing: lumbar puncture, myelography, cerebral angiography, CT scan, MRI, PET, EEG.

3. Describe six manifestations of increased intracranial pressure.

4. Role play use of the Glasgow Coma Scale. What score is indicative of coma?

5. Describe drug therapy, hyperventilation therapy, and nutritional therapy of clients with increased intracranial pressure.

9. How should a nurse respond to a client having a tonic-clonic seizure.

10. What would you teach a client about the side effects of anti-seizure medications?

11. How would a nurse prevent and how would a nurse treat autonomic dysreflexia in a client?

12. Identify three priority nursing diagnoses and related actions that would apply to the client with a spinal cord injury during the acute period, and three that would apply during the convalescent period.

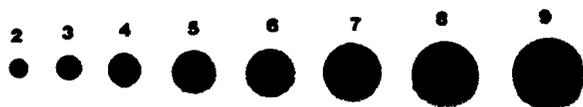
13. Review other learning material included with this module.

NEURO FLOW SHEET & GLASCOW COMA SCALE (key on right & reverse side)

	Date																			General Abbreviations: 0=no response/absent NT=not tested N=normal A=abnormal R=right L=left B=both sides Specific Key <u>Arousal:</u> N=alert V=arouses to verbal T=arouses to touch P=arouses to pain/noxious LS=localizes stimuli WS=withdraws from stimuli GS=generalized response/nonpurposeful <u>Orientation:</u> N=full orientation 1=oriented to person 2=oriented to person/place /C=with choice <u>Speech:</u> N=normal speech D=dysarthria or dysphonia U=unintelligible/moans <u>Language:</u> N=normal use of language EA=expressive aphasia RA=receptive aphasia GA=global aphasia <u>Memory:</u> N=intact/normal memory SM=short-term memory problems LM=long-term memory problems I=intermittent memory problems <u>Behavior:</u> N=appropriate C=confused H=hyperactive/restless AC=agitated/combatative W=withdrawn/depressed (continued on other side)
	Time																			
LOC	Arousal																			
	MENTAL STATUS	Orientation																		
Speech																				
Language																				
Memory																				
Behavior																				
CRANIAL NERVES	Other:																			
	Pupils: Right																			
	Pupils: Left																			
	Visual Fields																			
	Visual Acuity																			
	Eye Movements																			
	Facial Sensation																			
	Facial Movement																			
	Hearing																			
	Gag/Swallow																			
	Head/Shldr Mvmts																			
	Tongue																			
	Other:																			
MOTOR	Right Arm																			
	Right Leg																			
	Left Arm																			
	Left Leg																			
	Other:																			
SENSATION	R Arm/R Leg																			
	L Arm/L Leg																			
CEREBELLAR	Finger to Nose																			
	Heel to Shin																			
	Rapid Alt Mvmt																			
VITAL SIGNS	Blood Pressure																			
	Pulse																			
	Respirations																			
GLASCOW COMA SCALE	Eyes (1-4)																			
	Best Motor (1-6)																			
	Best Verbal (1-5)																			
	Total (3-15)																			
	Initials																			

Initials	Signature	Initials	Signature	Initials	Signature

Pupil Gauge (mm)



General Abbreviations:

0=no response/absent
NT=not tested
N=normal
A=abnormal
R=right
L=left
B=both sides

Specific Key –continued-

Pupils (II/Optic, III/Oculomotor nerves)
include size (see scale), reactivity

N=brisk
S=sluggish
F=fixed
P=ptosis (III/Oculomotor nerve)

Visual Fields (II/Optic nerve)

N=normal visual fields
BTH=bitemporal hemianopsia
RH=right homonymous hemianopsia
LH=left homonymous hemianopsia
LQ=lower quadrant
UQ=upper quadrant

Visual Acuity (II/Optic nerve)

N=normal acuity vision
BV=blurred vision
i.e., LBV=left eye blurred vision
BBV=both eyes blurred vision
P=perception of light/dark or shapes only
/G=with glasses/contacts

EOM (III/Oculomotor, IV/Trochlear, VI/Abducens nerves)

N=normal or full, conjugate extraocular movements
A=abnormal, dysconjugate extraocular movements
If nerve palsy/paresis identified, please specify:
3=III nerve/Oculomotor, difficulty looking nasally,
up & down

4 =IV nerve/Trochlear, difficulty looking down & in

6=VI nerve/Abducens, difficulty looking laterally

i.e., R6=right VI/Abducens paresis or palsy
DV=double vision, diplopia

Facial Sensation (V/Trigeminal nerve)

N=normal facial sensation on both sides
A=entire half of face has abnormal sensation
1=forehead sensation decreased
2=side of nose, under eye sensation decreased
3=lower chin, along jaw sensation decreased
i.e., R2-3=decreased facial sensation 2nd & 3rd divisions
right face

Facial Movement (VII/Facial nerve)

N=normal movement on both sides
A=entire half of face has weakness/palsy
1=forehead muscles weak
2=eyelid closure muscles weak
3=mouth muscles weak
i.e., L3=left mouth muscles appear weak

Hearing (VIII/Acoustic nerve)

N=normal hearing bilaterally
A=decreased hearing
O=deaf
/H=hearing prosthesis

Gag/Swallow (IX/Glossopharyngeal, X/Vagus nerves)

N=normal palate elevation, gag reflex, swallow without
choking/coughing
A=abnormal palate elevation, diminished or absent gag
and swallow

Head & Shoulder Movements (XI/Spinal Accessory
nerve)

N=normal shoulder shrug & lateral turning of head

A=abnormal weakness of shoulder shrug or lateral head
turning

Tongue (XII/Hypoglossal nerve)

N=normal tongue appearance and strength, absence of
deviation

A=abnormal strength and deviation of tongue

Motor Strength

5=full strength

4=less than full strength, weakness

3=moderate weakness, unable to tolerate
resistance, antigravity strength

2=movement when gravity not present, lost
antigravity strength

1=minimal contraction in muscle felt/no
movement seen

0=no muscle contractions felt

Specifics: Use abbreviations under arousal as needed

PD=pronator drift

CO=decorticate (flexion in arms)

CE=decerebrate (extension in arms)

M=spontaneous movements

Tone:

N=normal tone

F=flaccid

S=spastic

Sensation:

N=normal

A=abnormal

Cerebellar (Compare the right to the left side. Normal is
smooth, coordinated back and forth movements.)

Finger to Nose: Ask patient to alternately touch their
index finger tip to their nose and your fingertip about 5
times in a row.

Heel to Shin: Patient should lie or sit. Ask patient to
place the heel of one foot on the opposite knee, slide the
heel to the ankle and back up to knee.

Rapid Alternating Movements: Patient taps thumb to
each fingertip in succession or alternately pronates and
supinates each hand.

Glascow Coma Scale

Age 4 Years to Adult	Eyes	3 Years & Younger
Open spontaneously	4	Open spontaneously
To verbal command	3	Reaction to speech
To pain	2	Reaction to pain
No response	1	No response
Best Motor Response		
Obeys verbal command	6	Spontaneous or obeys verbal commands
Localizes pain	5	Localizes pain
Flexion withdrawal	4	Flexion withdrawal
Flexion abnormal	3	Flexion abnormal
Abnormal extension	2	Abnormal extension
No response	1	No response
Best Verbal Response		
Oriented, converses	5	Smiles, oriented to sounds, follows objects, interacts
Disoriented, converses	4	Crying, interacts, consolable, inappropriate
Inappropriate words	3	Inconsistently consolable, moaning
Incomprehensible	2	Irritable, unconsolable, restless
No response	1	No response

Neuro Checklist – Descriptors of Assessments

LOC: Alert – fully conscious, aware of self and surroundings, can get attention easily with normal spoken voice; if sleeping, you can awaken him without difficulty.

Oriented x3 – knows time, place, and person (self)

Disoriented:

a) time – correct month, year; recent holidays; president; age, birthdate

b) place – where he is, where home is, hospital/church/school

c) person – own name, name of family member or significant other

Lethargic – more drowsy, harder to get attention, longer to respond, may take louder voice or prodding for response

Stuporous – generally unresponsive, can only be aroused briefly by repeated vigorous painful stimuli (purposeful withdrawal)

Comatose – no response or slight nonpurposeful response to pain – brainstem reflexes may or may not be intact

PUPILS: Brisk – immediate constriction of pupil with direct light reflex.

Sluggish – slower to minimal response

No reaction – no response; fixed position

Closed by swelling – facial and/or periorbital swelling doesn't allow spontaneous eye opening

Diplopia – double vision

Nystagmus – rapid movement of eyes; may be vertical, horizontal, or rotary

Visual field cut – loss of portion of visual field

– tested by having patient look straight ahead at an object; bring finger or pen in from side and have patient state when he first sees the object

Eye deviation – when looking straight ahead, one or both eyes deviate away from midline

MOTOR: Normal strength – strong against gravity and resistance

Mild weakness – extremity is strong against gravity, weak against resistance

Severe weakness – weak movement against gravity, none against resistance

Drift – have patient hold both arms straight out in front of him with palms up and eyes closed, observe for 20-30 seconds

- watch for pronation of hand and drifting downward of extremity

- assesses proximal muscle weakness

Decorticate – “without cortex”

- see flexion of arm(s) on chest with flexion of wrist and fingers

- rigid extension and internal rotation of legs, plantar flexion of feet

Decerebrate – “without cerebrum”

- rigid extension and adduction of all extremities, arms hyperpronated with hands externally rotated

Triple flexion – spinal cord reflex

- flexion of hip, knee, and ankle with stimulus to foot

Localize pain – patient has purposeful response to pain, tries to withdraw or push away source of pain

Inappropriate to pain – nonpurposeful response to pain; no attempt to push away or withdraw from source of pain; may only see irrelevant movement (i.e., facial grimace)

Spontaneous movement – moves without stimulation; can be appropriate, inappropriate, decorticate, decerebrate

No movement – no noted movement or stimulation or spontaneously

Babinski – stroke upward along lateral aspect of sole of foot with moderately sharp object
- normal response is downward bending of great toe (plantarflexion)
- abnormal response (Babinski) when great toe bends upward (dorsiflexion)
Drug-induced paralysis – absence of motor response due to the effect of medication (i.e.,
pavulon, nembutal coma)

SENSORY: Normal – sensation is normal

Numbness – feeling of numbness in extremity; “feels asleep”

Tingling – feeling of tingling or “pins and needles” in extremity

Pain – feeling of pain in extremity at rest or with movement

No sensation – absence of feeling

VERBAL: Clear – speech is audible, clear, easy to understand, and is appropriate

Inappropriate words – words may be clear but are totally out of context

Expressive aphasia – patient knows what he wants to say but can’t get right words out;
understands what is said to him

Receptive aphasia – patient can’t understand what you say to him or what you want him
to do; may talk fluently but words are garbled and mixed up; may use made-up words

Slurred/garbled – words run together and are unclear; often due to dysarthria or
weakness of muscles needed for speaking

None – no verbal response

Trach or ET tube – no speech due to presence of trach or ET-tube

OTHER: [record R (right) or L (left) for side of deficit]:

Ptosis – drooping of eyelid (CN-3: oculomotor)

Facial droop – corner of mouth droops; may see drooling (CN-7: facial) – ask patient to
smile, show teeth

Finger-to-nose – assessment of cerebellar function (coordination)

– have patient close eyes, hold arms straight out in front of him and alternately touch each
index finger to nose.

Alternating motion – assessment of cerebellar function (coordination)

– have patient tap thumb and index finger together as quickly as possible.

MODULE IV
NURSING THE CLIENT WITH AN ACUTE CONDITION

3. Selected Conditions: Increased Intracranial Pressure

What is Intracranial Pressure?

Intracranial pressures = pressures within the cranial cavity caused by the dynamic equilibrium of brain tissue (80%), cerebral spinal fluid or CSF (10%), and intravascular blood (10%).

When is Intracranial Pressure Increased?

Any time there is an increase in any one or combination of the three elements: brain tissue, CSF, or cerebral blood volume.

In What Conditions Are These Three Elements Increased?

Increases in brain tissue mass:

Cerebral edema

Brain tumor

Hemorrhage

Increases in cerebral blood volume:

Vasodilation

Hypoxia (causes arterial vasodilation)

Hypercapnia (causes arterial vasodilation)

Volatile anesthetics (i.e., Halothane, causes vasodilation)

Other vasodilating drugs (i.e., histamines, some antihypertensives)

Systemic BP increases (if cerebral autoregulation is lost)

Decreased venous outflow

Obstruction to venous outflow (jugular, vertebral plexus)

Increased intrathoracic or intraabdominal pressures (coughing, sneezing, straining – Valsalva maneuver, posture changes, PEEP)

Increases in cerebral spinal fluid:

Increased production (choroid plexus tumors)

Decreased absorption (communicating hydrocephalus, subarachnoid hemorrhage)

Obstruction of CSF pathways (blood, tumor, shift)

How is Cerebral Blood Flow Regulated?

Through autoregulation. The arterioles of the cerebral vascular system are able to dilate or constrict in response to systemic blood pressure changes and metabolic changes.

If the systemic blood pressure increases, the cerebral vessels vasoconstrict to protect the brain tissue from the impact of high systemic pressure. If the systemic blood pressure decreases, the cerebral vessels vasodilate to ensure adequate blood and oxygen to the brain cells.

Metabolic changes such as hypercapnia, lactic acidosis, and hypoxia cause cerebral arteriole vasodilation. In this way, blood supply is increased so that the metabolic byproducts can be removed and oxygen supply restored.

Autoregulation, through both the pressure and metabolic mechanisms, serves to keep cerebral blood at a constant and therapeutic level.

How is Increased Intracranial Pressure Regulated?

Compensation for changes in intracranial pressure is accomplished through one of several buffer systems:

1. Displacement of CSF (to reduce intracranial CSF volume).
2. Compression of the venous system (to reduce intracranial blood volume).
3. Increased absorption of CSF (to reduce intracranial CSF volume).

If Compensatory Buffer Systems Exist, Then Why Is It Necessary to Treat Increases in Intracranial Pressure Medically?

Because the buffer systems are finite in their abilities to control pressure changes. If the problem of increased intracranial pressure continues, the body mechanisms will fail and decompensation will occur.

Can We Predict a Time When All Patients Will Begin to Decompensate?

No. This is because regulatory compensation takes place at various times and to various degrees depending on several factors.

One of these factors is the length of time over which the intracranial pressure problem occurs. In general, chronic changes in intracranial pressure can be better compensated for than sudden, acute changes. (One way to help you think of this is to consider the COPD client who is able to adequately compensate for a low pO₂. His/her hypoxemic state has occurred over a long period of time and allowed the body to make appropriate adjustments. Another patient who develops the same low pO₂ in a short period of time might demonstrate severe decompensation.)

Another factor is the amount of increase in pressure appreciated. In general, small increases in pressure are compensated for much more easily than large increases in pressure. The small-sized brain tumor may cause only minimal pressure changes while the changes associated with a large mass may be dramatic.

How Will I Be Able to Identify the Client With Increased Intracranial Pressure?

You must be knowledgeable in two important areas:

1. The population at risk.
2. The signs and symptoms of increased intracranial pressure.

What Are These Signs and Symptoms? When Do They Occur? Why Do They Occur?

Findings	Rationale
LOC Changes Early: Confusion, restlessness, lethargy Later: Disorientation, stupor, coma	Cells of the cerebral cortex are highly sensitive to decrease in O ₂ levels associated with increases in ICP.
Pupillary Dysfunction Early: Small and midpoint, hippus phenomenon Later: Dilated, ovoid, sluggish, fixed	Pupil changes are ipsilateral to the lesion. Changes occur from compression of the Oculomotor nerve (III).
Visual Abnormalities Early: Decreased acuity, diplopia Later: Abnormalities worsen	Decreased acuity and blurred vision are associated with pressure on the visual pathways in the cerebral hemispheres. Diplopia is associated with the pressure induced by paresis or paralysis of the extraocular muscles.

Findings	Rationale
Motor Deterioration Early: Monoparesis/hemiparesis on opposite side of mass Later: Hemiplegia, decortication, decerebration, flaccidity	Due to pressure on the pyramidal tracts and on the brain stem.
Headache Early: May be vague or slight Later: May become severe	Associated with dilation of the cerebral vessels. May also be linked to stretching of the vessels from cranial content shifting.
Vomiting Later: May be projectile without warning of nausea	Associated with pressure from infratentorial lesions on the vomiting center in the medulla.
Blood Pressure Changes Later: Increases in systolic pressure with a widened pulse pressure (Cushing's Reflex) Very Late: Hypotension	In response to increased ICP, the blood pressure is increased to provide enough flow through compressed vessels. The pulse pressure widens from the resultant increases in cardiac output. Very late hypotension is associated with severe decompensation and possible herniation of the brain stem.
Pulse Changes Late: Bradycardia, full and bounding pulse Very Late: Irregular pulse, tachycardia, thready pulse	Associated with cardiac attempt at improving flow to compressed cerebral vasculature. Very late changes are associated with brain compression, cerebral decompensation, and possible herniation.
Respiratory Changes Later: Alteration in respiratory pattern (i.e., apneustic, cluster, ataxic breathing). Alterations in respiratory rate (i.e., tachypnea, bradypnea)	Pattern changes are due to pressure on midbrain and pons centers. Rate changes are due to pressures on the respiratory centers as well as in response to hypoxic and metabolic changes.
Temperature Changes Later: Mild elevation Very late: High elevation	Associated with pressure on the brain stem. Linked with poor prognosis.
Papilledema Very late: Occurs with high pressure ICP	Associated with increased capillary permeability in the eye from pressure induced collapses of the ocular veins.

Can I Expect to See All These Signs/Symptoms in a Patient With Increased Intracranial Pressure?

You may or may not. It all depends on several factors:

1. The location of the pressure problem.
Supratentorial lesions will be demonstrated somewhat differently than infratentorial lesions.
2. The amount of compression present.
In general, minimal compression will provide minimal symptoms while maximal compression will maximize symptoms.
3. The amount of homeostatic compensation.
As homeostatic compensation fails, symptoms of increased intracranial pressure will become more evident.
4. The nature of the cranial compartment.
A fixed compartment, as in an adult, is not able to expand to meet increases in volume hence symptoms may be seen fairly readily. In the case of an open cranial cavity (i.e., open skull fracture) or a child with open sutures, symptoms of increased intracranial pressure may be more difficult to detect and bulging or herniation through the open areas may occur.

What Nursing, Patient, and Environmental Factors Contribute to Increased Intracranial Pressure and How Can I Provide Nursing Care to Reduce These?

Contributing Factors	Interventions
Hypercapnia Hypoxemia Suctioning	<ul style="list-style-type: none"> - Avoid sedatives - O2 as needed - Monitor ABGs - Suction PRN (gently & quickly) - Hyperventilate before and after suctioning - Hyperventilate for sudden rises in ICP (keep pCO2 low) - HOB up 45 to 90 degrees - Monitor respiratory status
Vasodilating Drugs	<ul style="list-style-type: none"> - Be aware of possible adverse effects and avoid use when possible
Valsalva Maneuver	<ul style="list-style-type: none"> - Have patient exhale, not hold breath, while being moved in bed - Instruct patient to avoid straining - Administer stool softeners as prophylaxis
Coughing or Sneezing	<ul style="list-style-type: none"> - Do not encourage patient to cough - Avoid sneeze producing allergens in the environment
Body Positions Turning Isometric Contractions	<ul style="list-style-type: none"> - Avoid the following positions: trendelenburg, prone, hip flexion, extension, flexion, or rotation of the head - Turn every two hours with skin care - Have patient exhale during turning - Assist patient with turning - Passive range of motion is preferred to active range of motion - Avoid isometric muscle contractions - May need chemical paralysis if severe posturing - Avoid shivering
REM Sleep Arousal From Sleep	<ul style="list-style-type: none"> - Avoid nursing activities during REM sleep (note fluttering of eyes) - Allow uninterrupted periods of sleep when possible
Emotional Upset	<ul style="list-style-type: none"> - Avoid discussion of patient condition at bedside - Avoid stimulating conversations - Speak with a calm, soothing voice - Quiet music may be appropriate - Therapeutic touching may be appropriate - Allow visitors only as patient status indicates - Instruct visitors on appropriate non-upsetting bedside behaviors
Noxious Stimuli	<ul style="list-style-type: none"> - Avoid painful nursing procedures - Reduce environmental noise and sensory stimuli - Avoid jarring of the bed
Clustered Activities	<ul style="list-style-type: none"> - Provide nursing activities in a spaced manner according to patient tolerance - Space suctioning, turning, bathing, etc. - Allow frequent rest periods

Intracranial Pressure Monitoring

When Is Intracranial Pressure Monitoring Indicated?

Any time there is either a patient with known increased intracranial pressure or at high risk to develop increased intracranial pressure.

When Is Intracranial Pressure Monitoring Contraindicated?

Outside of the presence of localized infection, there are generally no contraindications to ICP monitoring.

What Kind of Equipment Is Necessary?

To monitor ICP you will need a:

Sensor – to transmit readings of mechanical pressure.

Transducer – to convert these mechanical impulses to electrical impulses.

Recording device – to convert the electrical impulses into visible tracings on an oscilloscope or graph paper and to provide a digital readout.

What Do the Numbers Mean???

Measurement of intracranial pressure (ICP) indicates cerebral spinal fluid pulse pressure. Normal intracranial pressure ranges from 0 to 15 mm Hg. (Note: Some transducers convert ICP numbers into mm of water and these values will be different. Make sure you know which system is being used.) The following are accepted as relative standards:

Normal ICP	0-15 mm Hg
Moderately elevated ICP	15-40 mm Hg
Severely elevated ICP	40 mm Hg or greater
High risk of herniation	80 mm Hg and above

Another important value to be concerned with is the patient's cerebral perfusion pressure (CPP). The CPP is defined as the blood pressure gradient across the brain. It is calculated as the difference between the incoming mean arterial blood pressure and the opposing intracranial pressure on the arteries. To calculate CPP you must first compute the patient's mean arterial pressure. This is done as follows:

$$\text{Mean Arterial Pressure (MAP)} = \frac{\text{Systolic BP} - \text{Diastolic BP} + \text{diastolic}}{3}$$

Next you can calculate the CPP by subtracting the ICP from the MAP as follows:

$$\text{CPP} = \text{MAP} - \text{ICP}$$

As an example, if the patient's BP is 130/82, using the formula above you can calculate an MAP of 98. If the patient's ICP is 15, the patient then has a CPP of 83 mm Hg.

The average CPP ranges between 80 mm to 100 mm Hg for an adult with a total range of 60 mm to 150 mm Hg. The CPP must be at least 60 mm Hg to assure that minimally adequate blood supply and oxygen are reaching the brain. The following are accepted as relative standards:

Normal CPP	80-100 mm Hg
Cerebral ischemia	< 60 mm Hg
Neuron hypoxia/cell death	< 30 mm Hg
No cerebral blood flow	0 mm Hg (MAP = ICP)

If the ICP Exceeds 30 mm Hg, Is There Anything I Can Do From a Nursing Perspective?

In some cases, yes. You must first consider **why** the ICP is rising or greater than 30 mm Hg. Is the patient hypoxic? Is the patient's position improper? Is the patient being stimulated? Does the patient have a fever? Is s/he posturing frequently? Is s/he coughing, sneezing, moving about rapidly? Is this a sudden problem or a chronic one? How high is the ICP? Is it in a dangerous range? How are the vital signs? Are there other signs of deterioration? Is the head of the bed sufficiently elevated?

If the problem is that the patient is lying at the bottom of the bed in a heap with his/her neck flexed, then perhaps the only intervention required is to position the patient properly and the ICP may magically return to a normal range. (Remember that a patient's ICP is not a static number and will fluctuate with activity, emotions, etc.)

If you cannot readily identify a problem and the ICP is remaining above 30 mm Hg, you might consider hyperventilating the patient with an ambu bag in an attempt to blow off CO₂ and lower the ICP. This is most likely a short-term intervention which may or may not buy you some time depending on how well the patient's CO₂ is excreted and the patient's baseline CO₂.

Keep in mind that these nursing interventions are appropriate only if the ICP is not dangerously high, has not remained elevated for any length of time and the patient's overall status has not deteriorated. Always be aware of your standing orders for how to handle increases in pressure and call the physician as needed.

In General What Parameters Can I Expect Will Require Medical Treatment?

Any ICP which remains above 30 mm Hg and any CPP which falls below 60 mm Hg. In both of these cases, cerebral ischemia, hypoxia, or necrosis can occur and treatment is critical.

What Kind of Treatment Might the Physician Order for an Elevated ICP or Decreased CPP?

Common protocols used to treat patients with increased ICPs include the following:

1. Surgery
2. Drug therapy (osmotic diuretics, steroids, anticonvulsants)
3. Fluid restriction
- 4., Hyperventilation
5. Temperature control
6. Cerebrospinal fluid drainage
7. Barbiturate coma

What Kind of Treatment Might the Physician Order for a Sudden Increase in ICP or Drop in CPP?

This all depends on the cause. Possible stat orders may include:

1. Hyperventilate
2. Osmotic diuretics
3. Sedation
4. CAT scan
5. Drain CSF fluid via ventriculostomy

6. Administer fluids if the CPP is low primarily because of a low BP, not because of a high ICP. (Remember, however, that patients with ICP problems are therapeutically kept slightly dehydrated. On occasion a patient can become "too dry" from limited fluid intake and osmotic diuretics. In this case s/he may require some increase in fluid intake.)

Can I Expect Treatment for High ICPs and Low CPPs Only?

No, these are not the only times when you might see a patient's intracranial pressure treated. There are occasions when a physician will wish to treat a patient on not only these factors, but also according to the type of wave forms recorded from the ICP monitoring device.

What Does This All Mean?

You have the opportunity to closely monitor a patient's intracranial pressure status through the use of equipment which gives you data in terms of numbers and wave forms. This information can be invaluable in recognizing changes early and treating the patient before serious ischemia, hypoxia, and necrosis can occur. ICP monitoring is a marvelous tool to assist you in safe patient management.

However, keep in mind that "magic" numbers and wave forms mean nothing unless weighed against the clinical status of the patient. ICP monitoring is NO substitute for good patient assessment and active critical thinking on the part of the nurse . . . it is only an adjunctive measure. A good neurological assessment is an essential part of caring for your patient with increased intracranial pressure and must not be overlooked!

Self-Test

Increased Intracranial Pressure and Monitoring

1. All of the following can contribute to increased intracranial pressure except:
 - a. third ventricle obstruction
 - b. hypocapnia
 - c. cerebral vasodilation
 - d. hypoxia
2. Cerebral vascular autoregulation works to:
 - a. maintain cerebral blood volume at a therapeutic level.
 - b. eliminate CO₂ through respiratory excretion.
 - c. dilate cerebral vessels in the presence of high systemic BP.
 - d. constrict cerebral vessels in the presence of high CO₂ levels.
3. Homeostatic buffers work to protect brain cells from increased pressure through all of the following systems except:
 - a. displacement of CSF.
 - b. increased absorption of CSF.
 - c. compression of the venous system.
 - d. increased cerebral arterial vasodilation.
4. Which of the following patients is at greatest risk to develop sudden increased intracranial pressure?
 - a. Client with an acoustic neurinoma.
 - b. Client with a subdural hemorrhage.
 - c. Client with an epidural hemorrhage.
 - d. Client with myasthenia gravis.
5. Pupillary changes associated with increased intracranial pressure are related to compression of cranial nerve number:
 - a. one.
 - b. two.
 - c. three.
 - d. four.
6. The patient with increased intracranial pressure who demonstrates projectile vomiting most likely has a:
 - a. supratentorial lesion.
 - b. epidural lesion.
 - c. infratentorial lesion.
 - d. malignant lesion.
7. In Cushing's reflex, associated with increased intracranial pressure, which of the following sets of vital signs might you expect?
 - a. BP 158/100, P 90
 - b. BP 200/80, P 60
 - c. BP 200/120, P 48
 - d. BP 60/30, P 120

8. To compensate for increased intracranial pressure via the Cushing's reflex, the cardiac output will:
 - a. remain unchanged.
 - b. drop slightly.
 - c. drop significantly.
 - d. increase.
9. The appropriate nursing diagnosis for a patient with increased intracranial pressure who is demonstrating apneustic breathing is:
 - a. ineffective breathing pattern.
 - b. ineffective airway clearance.
 - c. impaired gas exchange.
 - d. alteration in cardiac output.
10. If your patient with increased ICP develops hypothalamic dysfunction you might expect to see:
 - a. alterations in breathing pattern.
 - b. elevations in temperature.
 - c. blood pressure elevations.
 - d. hypotensive events.
11. Loss of the corneal and oculocephalic reflexes when associated with increased ICP may indicate compression of the:
 - a. optic nerve.
 - b. cerebral hemispheres.
 - c. occipital lobe.
 - d. brain stem.
12. Papilledema, when associated with increased ICP, is considered:
 - a. an early sign.
 - b. an insignificant finding.
 - c. a late sign.
 - d. a sign of impending recovery.
13. The potential for cerebral tissue damage from increased ICP in which of these patients would be the LEAST?
 - a. 46-year-old male.
 - b. 60-year-old female
 - c. 3-month-old male.
 - d. 12-year-old male.
14. All of the following are appropriate for a patient with increased ICP except:
 - a. maintain relative dehydration.
 - b. keep pCO₂ at normal or in low range.
 - c. suction every hour to encourage coughing.
 - d. avoid vasodilating drugs.
15. Stool softeners are often given to a patient with increased ICP because:
 - a. their nutrition is inadequate to maintain bowel function.
 - b. their LOC does not permit normal sensation for bowel function.
 - c. they are used prophylactically to avoid straining at stool.
 - d. most nurses prefer softeners to enemas.

16. All of the following positions are appropriate for a patient with increased ICP except:
- right side.
 - supine.
 - left side.
 - prone.
17. Which of the following would be inappropriate for a patient with increased ICP?
- active ROM.
 - therapeutic touch.
 - acetaminophen for fever.
 - turning every two hours.
18. ICP monitoring:
- reduces ICP.
 - should only be used in those with no increased ICP due to risk involved.
 - assists in the diagnosis and management of increased ICP.
 - is associated with an infection rate of approximately 42%.
19. Normal intracranial pressure is:
- 50 mm Hg.
 - 10 mm Hg.
 - 30 cm H₂O.
 - the same as MAP.
20. Cerebral perfusion pressure:
- often increases with suctioning.
 - has a normal range of 11-15 mm Hg.
 - provides a clinical estimate of cerebral blood flow.
 - is the difference between the systolic and diastolic BP.
21. Your client has a BP of 95/60 and an ICP of 28 mm Hg. You calculate the CPP as:
- 44 mm Hg.
 - 68 mm Hg.
 - 7 mm Hg.
 - 72 mm Hg.
22. The CPP you calculated in the previous question demonstrates:
- a normal clinical status.
 - no cerebral blood flow.
 - no significance.
 - cerebral ischemia/hypoxia.
23. Initial treatment for increased ICP usually includes which of the following:
- mannitol.
 - albumin.
 - pancuronium.
 - CSF drainage.

24. When administering repeated osmotic diuretics, which of the following should the nurse monitor for?
- hyperkalemia.
 - hyponatremia.
 - hypercalcemia.
 - hypermagnesemia.
25. Your patient's ICP is 20 mm Hg and CPP is 40 mm Hg. You can expect that his BP is:
- probably high.
 - probably low.
 - probably within normal limits.
 - you cannot tell from this data.
26. One measure used for increased ICP is hyperventilation. This is done to:
- blow off CO₂.
 - reoxygenate the patient.
 - give the nurse something to do.
 - provide distraction for the patient.
27. Drug therapy for increased intracranial pressure may include all of the following except:
- dexamethasone.
 - mannitol.
 - thiopental.
 - nipride.
28. Neck flexion is avoided in a patient with increased ICP because:
- it causes chronic pain.
 - it traps blood volume in the cranial cavity.
 - it directly causes Cushing's reflex.
 - it looks unsightly.
29. ICP monitoring:
- replaces the need for neurological assessment.
 - can only be done in an ICU.
 - allows early detection of problems.
 - should only be instituted in severe cases.

Answers:

1b, 2a, 3d, 4c, 5c, 6c, 7c, 8d, 9a, 10b, 11d, 12c, 13c, 14c, 15c, 16d, 17a, 18c, 19b, 20c, 21a, 22d, 23a, 24b, 25b, 26a, 27d, 28b, 29c

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MODULE IV
NURSING THE CLIENT WITH AN ACUTE CONDITION

4. Surgical Conditions

Learning Objectives:

The student will:

1. Develop a teaching plan for a patient undergoing surgery.
2. Develop a nursing care plan for the patient who has undergone surgery.
3. Identify nursing actions intended to prevent post-operative complications.
4. Define malignant hyperthermia.
5. Describe two methods for providing nutritional support to patients.
6. Differentiate between enteral nutrition and parenteral nutrition in terms of appropriate patients and potential complications.
7. Identify signs and symptoms of and appropriate medical and nursing care for patients with selected surgical complications.
8. Identify several different medications used to manage pain and the nursing implications of these medications.
9. Describe how narcotic antagonists are used.
10. Discuss the advantages and disadvantages of epidural catheters, patient-controlled analgesia (PCA).

Learning Activities:

1. Read chapters 16-18 in the Medical Surgical textbook by Ignatavicius.

2. Outline a generic pre-op checklist for any patient about to undergo surgery.

3. Outlines priority patient pre-op assessments, including findings to report to the health care provider that could contraindicate surgery.

4. Outline a basic pre-operative teaching checklist.

5. What is malignant hyperthermia? Outline basic emergency care for a patient with malignant hyperthermia.

6. What is conscious sedation? What should the nurse monitor before and after this procedure?

7. Describe Best Practices for what to include in a Post-operative handoff report.

8. Describe priority PACU focused assessments.

9. Describe priority focused assessments on a patient's arrival to a Med-surg unit from the PACU.

10. Describe nursing assessments and priority interventions for the following potential priority post-op problems:
- a. Impaired Gas Exchange r/t the effects of anesthesia, pain, opioid analgesics and immobility
 - b. Impaired Skin Integrity r/t surgical wounds, decreased mobility, drains and drainage, and tubes
 - c. Acute Pain r/t surgical incision, positioning during surgery and endotracheal tube irritation
11. Outline a basic teaching plan for the patient going home after surgery, including:
- a. Prevention of infection
 - b. Care and assessment of surgical wound
 - c. Nutrition therapy
 - d. Pain management
 - e. Progressive increase in activity

General Anesthetic Agents

Classification	Agents	Action	Watch for:
Inhalation anesthetics	Halothane (Fluothane) Enflurane (Ethrane) Isoflurane (Forane) Nitrous oxide	Loss of consciousness, analgesia, muscle relaxation, cerebral vasodilation, decreased myocardial contractility.	Respiratory depression or atelectasis, arrhythmias (less with Ethrane or Forane), hypotension, nausea, vomiting.
Barbiturates	Thiopental (Pentothal) Methohexital (Brevital)	CNS depression, decreased cardiac output, increased PVR. Used for induction, prior to other agents.	Cough, laryngospasm, respiratory depression, circulatory depression. Patient may appear to awaken quickly, but returns to anesthetized state when undisturbed.
Narcotics	Fentanyl (Sublimaze)	Analgesia. Used to decrease need for other anesthetic agents.	Respiratory depression, hypotension, nausea, vomiting, reduced peristalsis.
Agonist-antagonists	Nalbuphine (Nubain)	Analgesia.	Same as other opioids. If given after a narcotic anesthetic, will reverse analgesia rather than promoting analgesia.
Neurolepts	Innovar (Fentanyl and Droperidol)	Lowered motor activity, decreased anxiety, indifference, analgesia.	Mild hypotension or bradycardia, respiratory depression, potentiation of opioids, increased muscle tone, twitching.
Dissociative agents	Ketamine (Ketalar)	Lack of awareness, amnesia, profound analgesia, preserved pharyngeal, and laryngeal reflexes.	Hallucinations, delirium, airway obstruction, respiratory depression, circulatory stimulation, hypertension, tachycardia.
Muscle relaxants	Succinylcholine (Anectine) Atracurium (Tracrium) Vecuronium (Norcuron) d-Tubocurarine (Curare)	Neuromuscular blockade. Often used to facilitate intubation.	Muscle soreness, apnea, elevated blood pressure, bradycardia. Fall in arterial blood pressure and possible bronchospasm with curare.

Module IV

Nursing the Client With An Acute Condition

Selected Topics: Nutritional Support

1. Read Chapter 63 in the Medical Surgical Textbook by Ignatavicius and answer the following questions.
2. How can the nurse promote nutritional intake of the older adult?
3. What patients are likely to receive total enteral nutrition (TEN) ? What legal and ethical questions may arise regarding TEN?
4. What adverse reactions may a client experience from tube feedings? How can these be prevented? Include the importance of adequate water intake?
5. What is Total Parental Nutrition (TPN)? Who is likely to receive TPN? What fluid and electrolyte imbalances can occur with patients receiving TPN?
6. What are the Best Practices for the Care and Maintenance of TPN?
7. What is a gastric bypass surgery? Describe priority post-op nursing care of a patient who underwent bariatric surgery.

Module IV
Nursing the Client With An Acute Condition

Selected Topics: Preventing Complications

1. Read selections from the Medical Surgical Textbook by Ignatavicius regarding the following complications and complete the following table

Venous Thrombosis, p. 816-821

Acute Respiratory Distress Syndrome, p. 686-689

Pulmonary Embolism, p. 677-684

Sepsis and Disseminated Intravascular Coagulation, p. 838- 844

2. Complete the following chart for each of the above complications:

Disorder	Patients at Risk	Signs/Symptoms	Medical Care	Nursing Care
Venous Thrombosis (DVT)				
Adult Respiratory Distress Syndrome (ARDS)				
Pulmonary Embolism (PE)				
Sepsis and Disseminated Intravascular Coagulation (DIC)				

Module IV
Nursing the Client With An Acute Condition

Selected Topics: Pain Control

1. Consult a drug book and complete the following table on selected medications used for pain control.

Drug/Classification	Routes	Side Effects	Nursing Implications
Aspirin			
Acetaminophen			
Codeine			
Hydromorphone			
Ibuprofen			
Meperidine			
Morphine			
Propoxyphene			
Ketorolac (Toradol)			
Hydroxyzine (Vistaril)			
Hydrocodone			
Oxycodone			

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MODULE V
NURSING THE CLIENT WITH A CHRONIC CONDITION

1. Chronic Neurological Conditions

Learning Objectives:

The student will:

1. Discuss causes and medical and nursing care of the client with multiple sclerosis, Parkinson's disease, myasthenia gravis, amyotrophic lateral sclerosis, and Huntington's chorea
2. Describe assessment data, nursing diagnoses, and nursing and medical interventions for the patient with Alzheimer's dementia
3. Discuss the pathophysiology and symptomatology and diagnosis of thrombotic, embolic, and hemorrhagic strokes
4. Describe risk factors and strategies for prevention of strokes.
5. Describe the collaborative care of the stroke patient in the acute and rehabilitative phases.

Learning Activities:

Read selections of Ignatavicius Chapters 43-46 and answer the following questions.

1. Complete the following table:

Disorder	Etiology	Signs & Symptoms	Diagnostic Tests	Classes of Drugs Used	Priority Nursing Diagnoses
Multiple Sclerosis					
Parkinson's Disease					
Myasthenia Gravis					
Amyotrophic Lateral Sclerosis					
Huntington's Chorea					

2. Describe other health problems that may arise in a client with a chronic neurological disorder.

3. Describe subjective and objective findings that are characteristic of a patient with Alzheimer's dementia.

4. Discuss common medications used in the treatment of patients with Alzheimer's dementia, including the purpose of each type of medication, its anticipated effectiveness, and its common side effects.

5. State two common nursing diagnoses for a patient with Alzheimer's dementia. Write an appropriate outcome and interventions for each diagnosis.

6. Describe nursing strategies that can reduce risk factors for stroke. Describe medical and surgical interventions that can prevent stroke.

7. Complete the following table:

Type of CVA	Cause	Symptomatology at Onset	Medical Treatment
Thrombotic			
Embolic			
Hemorrhagic			

8. Discuss the possible clinical findings in each of the following areas in the patient who has experienced a stroke:

- a. Neuromotor function
- b. Communication
- c. Affect
- d. Intellectual function
- e. Spatial-perceptual alterations
- f. Elimination functions

9. Discuss initial emergency interventions, including the use of thrombolytic therapy, and ongoing monitoring for a patient in the acute phase of stroke.

10. Describe three common nursing diagnoses, including their expected outcomes and interventions for the client who is in the rehabilitative phase following a stroke.

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MODULE V
NURSING THE CLIENT WITH A CHRONIC CONDITION

2. Renal Conditions

Learning Objectives:

The student will:

1. Describe laboratory tests used to diagnose renal disorders.
2. Discuss the pathophysiology, signs, and symptoms of chronic renal failure.
3. List the signs and symptoms of various electrolyte abnormalities.
4. Identify the purpose, side effects, and nursing implications of drugs used to treat patients with renal failure and patients with a kidney transplant.
5. Devise a teaching plan for a patient with chronic renal failure.
6. Identify signs and symptoms of uremia.
7. Discuss the psychosocial implications of chronic renal failure.
8. Compare and contrast hemodialysis and peritoneal dialysis.
9. Identify appropriate nursing assessments for the hemodialysis patient and the CAPD patient.
10. Identify those drugs that are dialyzed out of a patient's body.
11. Recognize the signs and symptoms of transplant rejection.

Learning Activities:

1. Read selections from Ignatavicius Chapters 68- 71 and answer the following questions.
2. List the laboratory diagnostic tests that might provide information on renal function and briefly describe what the test measures.

3. For each of the following nursing assessments seen in chronic renal failure, describe the pathophysiological basis for the finding.

- a. Oliguria
- b. Edema
- c. Electrolyte abnormalities
- d. Elevated BUN and Creatinine

4. For each of the following electrolyte abnormalities, list the signs and symptoms of the abnormality and list the medications used to treat the condition.

Electrolyte Abnormality	Signs & Symptoms	Drugs Used to Treat
Hyperkalemia		
Hyperphosphatemia		
Hypocalcemia		
Decreased Serum Bicarbonate		

5. Describe a "typical dialysis diet" in terms of:

- a. Protein
- b. Potassium
- c. Sodium
- d. Calories
- e. Fluids

6. The patient with renal failure is often on the following medications. For each one, list the purpose of the drug, any important facts related to drug administration that might be important to include in patient teaching (e.g., with meals, never give with antacids, avoid sunlight, etc.), and the major side effects that would be important to know for safe drug administration and patient monitoring.

Drug	Purpose	Side Effects	Nursing Implications
Sodium Bicarbonate			
Phenytoin			
Captopril			
Furosemide			
Aluminum Carbonate Gel			
Docusate Sodium			
Calcium Carbonate			
Kayexalate			

7. Write a plan for patient teaching and include each of the following items. Write what you would teach your patient and be as general or as specific as need be.
- a. Explain the nature of chronic renal failure.
 - b. Explain the medical regimen and its rationale (restricted protein, sodium, and potassium intake, restricted fluid intake, and medications).
 - c. Teach self-observational skills and record keeping (for this one, state why you would teach the following – temperature, pulse, respiration, blood pressure, I & O, weight).
 - d. Explain avoidance of infection.

- e. Explain personal hygiene, rest, and exercise.
 - f. Explain when to call the physician.
 - g. Explain the plan for medical follow-up.
 - h. Explain renal dialysis and transplantation.
9. The absence of uremia is an indication that the present medical management is effective. List the signs and symptoms of uremia and explain their pathophysiological basis.
10. Chronic renal failure can cause a variety of psychosocial problems. Identify possible problems and state them in terms of a nursing diagnosis (i.e., should include problem, etiology, and symptomatology).

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MODULE V
NURSING THE CLIENT WITH A CHRONIC CONDITION

Selected Conditions: Dialysis

1. Read pp. 1620-1630 in Ignatavicius.
2. Compare and contrast hemodialysis and peritoneal dialysis in terms of:

Hemodialysis		Peritoneal Dialysis
	Time involved	
	Need for skilled professionals	
	Need for specialized equipment	
	Major risks/complications	
	Indications/contraindications	
	Dietary restrictions	
	Electrolyte levels	

3. Suppose you are a nurse on a medical-surgical floor and you have a patient who has just returned from hemodialysis. What should you monitor and what are you looking for?
4. Suppose you have a patient who is on Continuous Ambulatory Peritoneal Dialysis (CAPD). What should you monitor this patient for and why?

5. Make a list below of the drugs that are and are not dialyzed out. A chart containing some of this information is included at the end of this section.

Dialyzed Out	Not Dialyzed Out

6. In addition to medications that are dialyzed out, what specific categories of medications should be held prior to dialysis?

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MODULE V
NURSING THE CLIENT WITH A CHRONIC CONDITION

Selected Conditions: Kidney Transplants

1. Read pp. 1630-1635 in Iggy.
2. List the signs and symptoms of kidney transplant rejection.
3. The transplant patient is frequently on the following medications. For each drug, list the purpose, administration specifics (e.g., with fluid, check BP first, etc.) and important side effects.

Drug	Purpose	Side Effects	Nursing Implications
Azathioprine			
Cyclosporine			
Prednisone			

Drug	PD	Hemo	Drug	PD	Hemo
Bronchodilators			Sedatives/Hypnotics/Tranquilizers		
Aminophylline	Yes	Slight	Amitriptyline	No	No
Immunosuppressives			Chlordiazepoxide	No	No
Azathioprine	?	Yes	Chlorpromazine	No	No
Cyclophosphamide	?	Yes	Diazepam	No	No
Miscellaneous			Flurazepam	?	No
Cimetidine	Slight	Slight	Imipramine	No	No
Folic Acid	Yes	Yes	Lithium carbonate	Yes	Yes
Vitamins (Water Soluble)	Yes	Yes	Meprobamate	Yes	Yes
Nitroglycerin	No	No	Nortriptyline	No	No
			Pentobarbital	No	No
			Phenobarbital	Yes	Yes
			Secobarbital	No	No

PD = Peritoneal Dialysis

Hemo = Hemodialysis

? = Insufficient data available

Yes = Alteration in drug dosage recommended

From: 2000 Dialysis of Drugs, Johnson, Curtis A., and Simmons, William D., Amgen, Inc., 10(6), June 1981.

Dialyzability of Drugs

Drug	PD	Hemo	Drug	PD	Hemo
Antimicrobial			Tetracycline	No	No
Amikacin	Yes	Yes	Ticarcillin	Yes	Yes
Amoxicillin	No	Yes	Tobramycin	Yes	Yes
Amphotericin B	No	No	Vancomycin	No	No
Ampicillin	No	Yes	Analgesics		
Carbenicillin	Slight	Yes	Acetaminophen	No	Yes
Cefamandole	No	No	ASA	Yes	Yes
Cefazolin	No	Yes	Methadone	No	No
Cephalexin	Yes	Yes	Propoxyphene	No	No
Cephradine	Yes	Yes	Morphine	No	Yes
Chloramphenicol	No	Yes	Antiarrhythmics		
Clindamycin	No	No	Lidocaine	No	No
Dicloxacillin	No	No	Procainamide	Yes	Yes
Dpxycycline	No	No	Propranolol	No	No
Erythromycin	Yes	No	Quinidine	No	Yes
Ethambutol	Yes	Yes	Anticoagulants		
Gentamycin	Yes	Yes	Heparin	No	No
Isoniazid	Yes	Yes	Antihypertensives		
Kanamycin	Yes	Yes	Clonidine	No	No
Methicillin	No	No	Hydralazine	No	?
Metronidazole	No	Yes	Methyldopa	Yes	Yes
Nafcillin	No	No	Nitroprusside	Yes	Yes
Neomycin	?	Yes	Reserpine	No	No
Nitrofurantoin	?	Yes	Corticosteroids		
Oxacillin	No	No	Cortisone	No	No
Penicillin G	No	Yes	Methylprednisolone	?	Yes
Rifampin	No	No	Cardiac Glycosides		
Streptomycin	Yes	Yes	Digitoxin/Digoxin	No	No
TMP-Sulfa	Yes	Yes	Diuretics		
Sulfasoxazole	Yes	Yes	Furosemide	No	No

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MODULE V
NURSING THE CLIENT WITH A CHRONIC CONDITION

3. Pulmonary Conditions

Learning Objectives:

The student will:

1. Describe the anatomy and physiology of the respiratory system.
2. Discuss the appropriate nursing and medical assessments for a patient with a suspected respiratory problem.
3. Explain the nursing management of the patient with a tracheostomy.
4. Describe the pathophysiology underlying pneumonia, tuberculosis, environmental lung diseases, lung cancer, and the chronic obstructive lung diseases (asthma, chronic bronchitis, and emphysema).
5. Describe the nursing and collaborative management of patients with pneumonia, patients with tuberculosis, and patients with a chronic obstructive lung disease.
6. Describe the symptoms of and nursing response to a patient with acute respiratory failure.

Learning Activities:

Read selections of Chapters 29-33 in Ignatavicius and answer the following questions. Review the “Gold Standards” for COPD, the NHLBI Asthma Guidelines, and other resources available on Blackboard.

1. Complete a respiratory assessment of a healthy volunteer including relevant history and subjective data as well as inspection, palpation, auscultation, and percussion findings. Write a summary of your findings in the following table:

Parameter	Findings
History	
Subjective Data	
Inspection	
Palpation	
Auscultation	
Percussion	

3. Describe the information relevant to respiratory status that can be obtained from each of the following types of diagnostic studies:
 - a. Blood studies
 - a. Hb, Hct
 - b. ABGs
 - c. Pulse oximetry
 - b. Sputum studies
 - b. Chest Xray
 - c. CT scan of chest
 - e. Bronchoscopy/biopsy
 - f. Thoracentesis
 - g. Pulmonary function tests

4. Complete the following table describing the pathophysiology, common symptoms and common treatments for respiratory conditions:

	Pathophysiology	Common Symptoms	Common Treatments
Pneumonia			
Pulmonary edema			
Pulmonary Hypertension			
Tuberculosis			
Lung cancer			
Asthma			
COPD			

5. List the signs and symptoms of hypoxia. What are the priority nursing interventions for a patient with acute hypoxia? What symptoms suggest emergency management is needed?

6. You are caring for a patient with COPD. Outline a nursing plan of care for this patient, including at least 3 nursing problems, with appropriate outcomes and planned interventions. Incorporate GOLD Standards into your plan of care.

7. You are caring for a patient with asthma. Create a learner assessment/teaching plan for this patient according to the recent NHLBI Guidelines.

8. You are caring for a patient with a tracheostomy post laryngectomy. Describe how you will perform trach care and suctioning. Outline psychosocial assessments and interventions you will provide.

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MODULE V
NURSING THE CLIENT WITH A CHRONIC CONDITION

4. Endocrine Conditions

Learning Objectives:

The student will:

1. Review assessment variables pertinent to pancreatic dysfunction and the effects of dysfunction on the individual.
2. Explain the cause, signs and symptoms, and treatment for selected endocrine conditions (Addison's Disease, Cushing's Syndrome, hyperaldosteronism, hyper and hypothyroidism).
3. Identify the two types of diabetes mellitus, the underlying pathophysiology, and the clinical manifestations.
4. Identify the differences between insulin and oral hypoglycemic agents.
5. Explain the difference between short-, medium-, and long-acting insulin in terms of onset, peak, and duration; and when to expect an insulin reaction.
6. Describe hypoglycemic reactions and ketoacidosis, listing signs and symptoms for each, and appropriate interventions.
7. Identify teaching needs of the diabetic client and potential barriers to learning.
8. Describe the long-term complications of diabetes, the underlying pathophysiology, and the associated signs and symptoms.
9. Identify appropriate diagnostic studies for identifying and monitoring diabetes control.
10. Explain the relationship between diabetes and infection and diabetes and exercise.
11. Explain the nurse's role in assisting with medical diagnosis and treatment of pancreatic disorders such as diabetes and pancreatitis.

Learning Activities:

1. Read about the following conditions in Ignatavicius.

Adrenal Insufficiency/Crisis
Cushing's Syndrome
Diabetes Insipidus
Syndrome of Inappropriate ADH
Hyperthyroidism
Hypothyroidism
Hypo/Hyperparathyroidism

2. For an overview of these endocrine conditions, complete the following chart:

Condition	Causes	Signs & Symptoms	Treatment
Adrenal Insufficiency/Crisis			
Cushing's Syndrome			
Diabetes Insipidus			
Syndrome of Inappropriate ADH			
Hyperthyroidism			
Hypothyroidism			
Hypoparathyroidism			
Hyperparathyroidism			

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NURSING THE CLIENT WITH A CHRONIC CONDITION

Selected Conditions: Diabetes Mellitus

1. Read Ch. 67 in Ignatavicius about diabetes mellitus.
2. Compare and contrast diabetes mellitus and diabetes insipidus.
3. Compare/contrast Type I and Type 2 diabetes mellitus.
4. Review the following chart on diabetic drugs. Identify onset, peak, and duration of the following insulin regimens.

	Onset	Peak	Duration
Humalog (lispro) Novolog (aspart)			
Humulin R			
Humulin N (NPH)			
Lantus, Levemir			

Diabetes Drugs

Drug	Action	Indications	Side Effects	Special Considerations
Sulfonylureas Glimepiride (Amaryl) Glipizide (Glucotrol) Glipizide-GITS (Glucotrol XL) Glyburide (DiaBeta, Glynase, Micronase)	Mainly stimulate pancreas to release more insulin. Also reduce production of glucose by liver	Reduced insulin production	Low blood sugar episodes, especially in those who are older, have liver or kidney disease, or take insulin, metformin, or a glitazone. Weight gain.	Oldest class of oral drugs. Don't work in advanced disease. Glimepiride, Glyburide, and Glipizide-GITS usually require one dose a day; Glipizide usually two.
Meglitinides Nateglinide (Starlix) Repaglinide (Prandin)	Stimulate pancreas to release more insulin after a meal.	Reduced insulin production. High glucose level after meals.	Same as sulfonylureas.	Don't work in advanced stages of disease. Take within 30 minutes before each meal.
Blyuanide Metformin (Glucophage)	Mainly reduces liver's glucose production. Also increases insulin sensitivity.	Insulin resistance, possibly even without diabetes. High morning glucose level. Overweight.	Impaired sense of taste. Nausea and diarrhea. Weight loss.	Can't be used by people with kidney failure. Usually taken once or twice a day. Should be taken with food. Use cautiously in people with heart or liver disease.
Glitazones Pioglitazone (Actos) Rosiglitazone (Avandia)	Mainly increase insulin sensitivity. Also cut liver's glucose production.	Insulin resistance, especially in people with kidney damage.	Water retention. Weight gain. Possibly anemia.	Require periodic monitoring of liver function. Use cautiously in people with heart failure. Pioglitazone usually taken once daily, rosiglitazone twice daily. May take weeks to start acting. Use rosiglitazone cautiously in heart-failure patients.
Alpha-glucosidase inhibitors Acarbose (Precose) Migitol (Glyset)	Slow both conversion of starches to glucose and entry of glucose into blood.	High glucose level after meals.	Flatulence, abdominal cramps, diarrhea.	Reduce glucose level less than the other drugs. Take with first bit of each meal.
Insulin Aspart (Novolog) Lispro (Humalog) Regular NPH Lente Glargine (Lantus) Ultralente	Replaces or augments body's supply of insulin.	All Type 1 diabetes; in Type 2, either inadequate glucose control with oral drugs or very high initial glucose level.	Low blood sugar episodes, especially when taken with sulfonylureas and meglitinides. Weight gain.	Only drug safe for pregnant or nursing women. Current typical regimens: an intermediate acting insulin given twice daily with fast acting insulin at meals OR a long acting insulin given once daily with fast acting insulins at meals. Both are commonly based on blood sugar obtained before meals as well as "carb counting" the meal intake.

6. Which oral hypoglycemics require close monitoring of liver function?

7. Describe how carb counting is used at mealtimes to adjust insulin intake.

8. Complete the following chart comparing hypoglycemia and hyperglycemia.

	Hypoglycemia	Hyperglycemia
Causes		
Signs & Symptoms		
Treatment		

9. Compare/contrast diabetic ketoacidosis (DKA) and hyperglycemic hyperosmolar syndrome (HHS).

10. Explain the typical medical management of a patient with DKA.

11. Long-standing diabetes mellitus is characterized by the following complications. Describe the pathophysiological basis and signs/symptoms for each.
 - a. Retinopathy

 - b. Neuropathy

- c. Nephropathy
 - d. Macrovascular changes
-
12. Describe how glycosylated hemoglobin (A,C) measurement is used in assessing diabetes control.
 13. Explain why a patient with diabetes is at risk for amputations of the extremities.
 14. You are caring for a patient who has just been diagnosed with insulin-dependent diabetes mellitus. Create a learner assessment/teaching plan for this patient.

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5. Acquired Immune Deficiency Syndrome (AIDS)

Learning Objectives:

The student will:

1. Identify signs and symptoms of AIDS and their pathophysiological basis.
2. Describe the appropriate isolation precautions for AIDS patients.
3. Relate the appropriate isolation precautions to the mode of transmission of the AIDS virus.
4. Explain why "AIDS precautions" should be instituted on all patients.
5. Develop an appropriate nursing care plan for an immunodeficient patient.

Learning Activities:

1. Review Chapter 21 in Ignatavicius about HIV and AIDS
2. List signs and symptoms that might lead you to suspect that a patient had AIDS. Explain why each sign/symptom might occur.

3. Explain how the AIDS virus is transmitted.

4. What type of isolation should be used when caring for a patient with AIDS? What does this type of isolation entail?

5. What type of isolation precautions should be used with every patient we care for? Why?

6. Develop a nursing care plan for the immune-deficient patient.

Diagnosis	Outcome Criteria	Nursing Interventions

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6. Cancer

Learning Objectives:

The student will:

1. Compare types of cancer in terms of risk factors, presenting symptoms, treatments, and prognosis.
2. Identify common concerns of patients with cancer and appropriate nursing actions.
3. Describe standard cancer treatments and their use in treating cancer patients.
4. Discuss the use of morphine in controlling cancer pain.

Learning Activities:

1. Read Chapter 23 and 24 in Ignatavicius on Cancer.
2. Compare/contrast benign tumor cells and cancerous cells.
3. What are the seven warning signs of cancer?
4. You are caring for a patient recently diagnosed with cancer. What types of concerns would you expect them to have? How would you assist them to express their concerns?

5. Explain how each of the following medical interventions is intended to help the patient with cancer.
 - a. Chemotherapy
 - b. Radiation therapy
 - c. Surgery
 - d. Hormonal manipulation
 - e. Biological response modifiers
6. What are common side effects of chemotherapy? Include interventions to promote patient comfort for each.
7. What are oncologic emergencies? List oncologic emergencies and how the nurse monitors for the development of each of these complications.

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MODULE VI
NURSING THE SPECIAL NEEDS CLIENT

1. The Client in the Critical Care Unit

Learning Objectives:

The student will:

1. List the indications for invasive monitoring procedures.
2. Develop nursing interventions for the patient with invasive monitoring.
3. Identify nursing measures to reduce the incidence of ICU psychosis.
4. Describe how a nurse can meet the needs of the family of the patient in CCU.
5. Predict the fluid and electrolyte imbalances expected in the various phases of shock, and list the signs and symptoms.
6. Describe methods for pain control in the burn patient.
7. Contrast the various types of shock in terms of cause, pathophysiology, signs and symptoms, and treatment.
8. Describe how selected compensatory mechanisms benefit and/or harm patients experiencing circulatory shock.
9. Explain what happens at the tissue level in shock.
10. Explain how or why the common complications of shock occur.
11. Identify appropriate nursing care measures for the patient with multiple trauma injuries.
12. Predict the potential complications a multiple trauma victim may develop.

Learning Activities:

1. Read the following pages in Medical Surgical Nursing: 726-728, 1307-1308, 1038-1043, 689-697 about the following topics:

Hemodynamic monitoring
Intubation and Ventilation
Intracranial pressure

2. When is the use of the following indicated?
 - a. CVP monitor
 - b. Arterial line
 - c. Swan-Ganz catheter
 - d. IABP
 - e. Mechanical ventilator
 - f. Intracranial pressure monitoring
3. With invasive monitoring, the patient has a potential for infection. List appropriate nursing interventions aimed at reducing this risk when each of the above items are used.
4. How would you prepare a family member about to encounter a loved one who has multiple invasive monitors? Someone who is on a ventilator and unable to speak?

MODELUE VI
NURSING THE SPECIAL NEEDS CLIENT

Selected Conditions: Burns

1. Read pages 519-549 in Medical Surgical Nursing textbook.
2. Your client has destruction of the epidermal layer and some of the upper dermis. The wound areas are painful, red, and weepy. What classification of burn injury depth does this patient appear to have? What type of care would be appropriate in the emergent phase? During hospitalization?
3. With a major burn injury, there are significant effects on major body systems. Complete the table below for the emergent phase of burn injury.

System	Pathophysiologic Effects	Signs & Symptoms
Cardiovascular		
Pulmonary		
Renal		
Gastrointestinal		

4. Describe types and amounts of fluids given to a seriously burned patient during the first 24 hours and second 24 hours post-burn. What is the rationale for this fluid resuscitation pattern?

5. Describe methods of pain control for the burn patient.

6. Describe characteristics of and treatment approaches for electrical and chemical burns.

MODULE VI
NURSING THE SPECIAL NEEDS CLIENT

Selected Conditions: Shock

1. Read pages 826-846 in Medical Surgical Nursing.
2. Define shock.
3. Complete the following table on the different types of shock.

Type of Shock	Population	Cause	Pathophysiology	Signs and Symptoms	Treatment
Hypovolemic					
Cardiogenic					
Vasogenic					
Septic					

3. Describe the four stages of shock and the manifestations occurring during each stage
 - a. Initial Stage
 - b. Nonprogressive Stage
 - c. Progressive Stage
 - d. Refractory Stage

5. The following compensatory mechanisms are activated in the presence of shock. Describe each of these mechanisms and the benefits/hazard to the patient.

Tachycardia

Peripheral vasoconstriction

Shunting of blood from non-vital to vital organs (describe effect on non-vital and vital organs separately)

Tachypnea

4. Describe what happens at the tissue level in ALL forms of shock.

4. Complete the following case study:

A 53 year old man had a open reduction of his right forearm after falling from a tree while trimming it. He has a history of mild hypertension and being 15 pounds underweight. He smokes 2 packs of cigarettes and drinks a six pack of beer daily. In the day surgery recovery area, his vital signs are: 142/90; 86; 18; and 97%. The dressing on his arm is dry and intact. The fingers of his right hand are warm and pink with good capillary refill. When you call his name, he responds although he does not open his eyes.

1. Are any symptoms of shock currently present? Provide rationale for your answer.

It is now 15 minutes later and his VS are 140/92; 92; 18; 95%. The dressing is dry and intact. His fingers are slightly cool and his capillary refill is slightly slower. He is awake and tells you his right arm hurts and he is thirsty. You administer the prescribed analgesic by injection.

2. Are any indications of shock present? Provide rationale for your answer.
3. What should you check regarding the coolness of his fingers?
4. Should you give him sips of water? Why or why not?

In another 15 minutes his vital signs are 132/96; 100; 22. He tells you his pain is better but he is very thirsty and feels lightheaded and nauseated. He belches twice. His postop orders read that the IV can be removed when 1000ml has infused if he is stable.

5. Are any indications of shock present? Provide rationale for your answer.
6. Should you remove his IV at this time? Why or why not?

In another 15 minutes his vitals are 106/80; 112; 26; 90%. As you start to check his capillary refill, he states, "I need a bucket, I'm going to be sick." He vomits a large amount of bright red blood.

7. Describe what indicators of shock are present.
8. Which stage of shock is present? Why?
9. What is the most likely cause of bleeding?
10. Is there anything the nurse could have done to identify shock earlier?
11. What are the anticipated interventions for this patient at this time?

MODULE VI

NURSING THE SPECIAL NEEDS CLIENT

Selected Conditions: Trauma

Read pages 126-139 in the Medical Surgical Nursing Book.

1. Describe the role of the triage nurse and the use of emergent, urgent and non-urgent categories.
2. Compare/contrast Levels I through IV trauma centers.
3. Describe the procedure for primary evaluation of a trauma victim.
4. What types of trauma-related injuries always receive top priority?
5. Describe secondary survey.
6. You are working the local emergency room on the evening (3-11) shift and receive a 22-year-old John Doe with multiple injuries. He is in severe shock and has the following known injuries:

Closed fracture right distal radius
Fractured pelvis
Hematuria
Bilateral pneumothorax
Silent, distended, ecchymotic abdomen
Open fracture left tibia

- a. What is your first nursing care priority?
- b. Which of the findings indicated the need for emergency treatment and what would that treatment entail?
- c. What lab tests would be indicated and how might the values be affected?
- d. What other diagnostic tests are indicated?
- e. Given the above findings, what is the best position for Mr. Doe to be placed in.
- f. Prioritize a list of appropriate nursing interventions for Mr. Doe.
- g. The following is a list of delayed sequelae of multiple trauma. Which of these complications is Mr. Doe at risk for developing? Why?

Hemorrhage
DIC
Dysrhythmia
Heart failure
Atelectasis
Pneumonia
Emboli
ARDS

Peritonitis
Paralytic ileus
Liver failure
Hypertension
Renal failure
Wound infection
Dehiscence
Skin breakdown
Sepsis

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MODULE VI
NURSING THE SPECIAL NEEDS CLIENT

2. Care of the Hospitalized Child

Learning Objectives:

The student will:

1. Identify stressors facing hospitalized children at various developmental stages.
2. Explain how nurses can support parents and families during the hospitalization of a child.
3. Describe methods for assessing and managing pain in children.

Learning Activities:

1. Read Maternal Child Nursing and answer the following questions.
2. For each of the age groups listed below discuss four stressors of hospitalization, how the child might perceive the events occurring in the hospital as stressful, and what social supports and coping skills you might try to encourage to deal with the stressors. You may find it helpful to review earlier readings on growth and development. Describe what nursing interventions are appropriate at each developmental stage to reduce this fear.

Infancy

Toddlerhood

Early childhood

Late childhood

Adolescence

3. List physiologic and behavioral cues indicating acute and chronic pain in children.

4. Describe at least two (2) pain assessment scales that are useful with children.
5. List several non-medical interventions that are helpful in reducing pain in children.
6. Discuss important considerations in administering PRN pain medications.
7. Discuss safeguards in administering narcotics to children.

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MODULE VI
NURSING THE SPECIAL NEEDS CLIENT

3. Care of the Client With a Mental Illness

Learning Objectives:

The student will:

1. Explain the DSM diagnostic system, including the meaning of each axis.
2. Describe characteristics of selected mental health disorders and the interdisciplinary treatment modalities for patients with these disorders.
3. Outline nursing assessments, diagnoses, and interventions for patients with selected mental health disorders.
4. Identify various communication approaches for the nurse to use when working with patients with selected mental health disorders.
5. Contrast selected psychotropic medications in terms of indications, action, side effects, and nursing implications.
6. Describe extrapyramidal signs, their cause, and their treatment.
7. Identify common anticholinergic effects of psychotropic medications and effective nursing interventions to deal with their effects.
8. Describe the legal parameters and nursing responsibilities related to:
 - a. clients' rights.
 - b. confidentiality.
 - c. psychological competence.
 - d. right to refuse treatment.
 - e. involuntary hospitalization.
 - f. violent or destructive clients.

Learning Activities:

1. Read Psychiatric Nursing regarding the following topics:

Overview of mental health
Anorexia nervosa/bulimia
Substance abuse
Schizophrenia
Mania
Depressive disorders
Anxiety disorders
Personality disorders
Potential for self-harm

2. Complete the following table concerning these disorders:

Disorder	Description	Clinical Symptoms	Nursing Diagnoses Including Communication Strategies	Interdisciplinary Treatment Modalities (Medical & Other)
Anorexia nervosa/bulimia nervosa				
Alcohol abuse				
Cocaine abuse				
Schizophrenia				
Mania				

Disorder	Description	Clinical Symptoms	Nursing Diagnoses Including Communication Strategies	Interdisciplinary Treatment Modalities (Medical & Other)
Depressive disorders				
Anxiety disorders				
Personality disorders				
Potential for self-harm (suicide)				

3. You are caring for a client who has recently experienced the death of his wife. He is beginning to think that dying would be easier than living but has no suicide plans. The psychiatrist has suggested to the patient that he try a course of anti-depressants. The patient, who has a history of drug abuse, refuses to take any medications. He states he is afraid of drugs and of being "hooked" on any kind of drugs. How would you counsel this patient?

4. Complete the following table on drugs to treat mental health disorders:

Generic Name	Brand Name(s)	Classification	Indications	Action	Side Effects	Nursing Implications
Alprazolam						
Amitripty line						
Benztropine mesylate						
Bupropion						
Carbamazepine						
Chlordiaze-poxide						
Citalopram						
Clonazepam						
Fluoxetine						
Fluphenazine						
Haldol						

Generic Name	Brand Name(s)	Classification	Indications	Action	Side Effects	Nursing Implications
Imipramine						
Lithium carbonate						
Lorazepam						
Olanzapine						
Trazodone						
Venlafaxine						

5. What are extrapyramidal signs, what causes them, and how are they treated?

6. Many Psychotropic drugs have anticholinergic effects. List these anticholinergic effects and appropriate nursing interventions to deal with these effects.

7. What are the legal and nursing considerations related to:
 - a. client rights.

 - b. confidentiality.

 - c. psychological competence.

 - d. right to refuse treatment.

 - e. involuntary hospitalization.

 - f. violent or destructive clients.

8. Describe the DSM diagnostic system and include the meaning of each axis.

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MODULE VI
NURSING THE SPECIAL NEEDS CLIENT

4. Care of the Obstetric Client

Learning Objectives:

The student will:

1. List appropriate nursing assessments for the postpartum mother.
2. Identify potential complications in the postpartum mother.
3. Develop appropriate nursing interventions to prevent and/or treat complications in the postpartum mother.
4. Distinguish normal and abnormal findings in the newborn baby.
5. Develop appropriate nursing interventions to prevent and/or treat complications in the newborn infant.

Learning Activities:

1. The following videos are on reserve in the CVTC library:

Physical Assessment of the Newborn Reserve RJ 253. K59p
 Gestational Age Assessment Reserve RJ 253 .K59g
 Nursing Assessment of the Postpartum Patient Reserve RG 801 .N974
1992

2. Read Maternal Child Nursing regarding postpartum and newborn assessment and common complications.
3. Complete the following chart on assessment of the postpartum mother.

Area to Assess	Abnormal Findings	Potential Complication(s)	Nursing Interventions to Prevent and/or Treat Complication(s)
Vital signs			
Involution of the uterus			
Abdomen			
Bladder			
Breasts			
Lochia			
Perineum			
Homan's sign			
Intake & Output			

4. You are assigned to take care of two new mothers. Mrs. A delivered a baby girl vaginally with a mid-line episiotomy last evening. She will be bottle-feeding. Ms. B delivered a baby boy yesterday afternoon by cesarean. She will be breastfeeding. List the assessments you will make on each woman and the nursing interventions that would be appropriate.

Mrs. A

Assessments

Interventions

Mrs. B

Assessments

Interventions

5. One of the main differences in caring for newborns as opposed to adults is that even minor changes can signify problems and must be dealt with quickly. Complete the following chart on assessment of the newborn.

Area to Assess	Abnormal Findings	Potential Complication(s)	Nursing Interventions to Prevent and/or Treat Complication(s)
Airway			
Respirations			
Temperature			
Umbilicus			
Circumcision			
Feeding			

Voiding			
Stool			
Skin color (jaundice)			
Parental attachment			

6. You are assigned to take care of Miss C and her baby boy. Baby Boy C was born eight hours ago. He is being bottle fed. You had brought the baby out to mom to feed an hour ago. You go back to check on how well he ate and mom says, "he was sleeping, so I didn't wake him up to eat." How would you respond to this mother? Why is it important that her baby eats? What are some techniques mom can use to wake baby up and get him to eat?

7. You are assigned to take care of Baby Girl Adams. You perform her morning assessments and note that her temperature is 97.0° F. What should you do?

Chippewa Valley Technical College
Eau Claire, Wisconsin

Nursing Refresher for Registered Nurses
543-496

MODULE VI
NURSING THE SPECIAL NEEDS CLIENT

5. Care of the Elderly Client

Learning Objectives:

The student will:

1. Review the effects of aging on the physical and psychosocial health.
2. Develop a nursing care plan for an elderly client.

Learning Activities:

1. Read Chapter 3 in Medical Surgical Nursing about care of the older adult.
2. Develop a nursing care plan for the following patient.

Mrs. Friedman is a 79-year-old widow admitted to the nursing home from the hospital. She had fallen at home and fractured her right hip. Following an Open Reduction - Internal Fixation (ORIF) of her right hip, she developed deep-vein thrombosis for which she was treated with heparin therapy. She also suffered a small hemorrhagic CVA related to the anti-coagulant therapy. She was placed in the nursing home for rehabilitation post-hip surgery as well as for left hemiplegia and visual field cut. She is alert and oriented but suffers disorientation during the night hours. She is on a no-added salt, soft diet for hypertension, and she requires assistance with eating due to post-CVA residual and swallowing difficulties. She is wheelchair bound and must rely on others for most of her ADLs. She complains of not sleeping, no appetite, and frequently tells others she "sees no reason for living."

Physical Exam:

Neuro - Alert, oriented, and cooperative with noted emotion lability. Left-sided hemiplegia, impaired swallowing, visual field cut.

Respiratory - Non-smoker, lungs clear, CXR within normal limits.

Cardiovascular - History of angina, stable; hypertension for which she takes dioxide. Normal S1, S2. No cardiac enlargement. Some retinal changes indicative of hypertension. Vital signs stable.

Gastrointestinal - Abdomen soft and non-tender. Positive bowel sounds times four quadrants. Reports frequent constipation for which she takes Ex-lax daily. External hemorrhoids.

Genito-urinary - Nocturnal incontinence apparently associated with confusion. Needs assistance toileting. Perianal area erythematous, skin intact.

Musculo-skeletal - ORIF incision site healing without signs of infection. History of osteo-arthritis and osteoporosis.

Social - Three children, alive and well, living in distant states. Previously active with knitting, cooking, and playing the piano--all of which she can no longer do because of CVA residual.

Medications:	Atenolol - 50 mg daily	Haldol - 1 mg HS prn
	ASA - 325 mg qd	Temazepam - 30 mg HS prn
	Ibuprofen - 200 mg qid	Tylenol - 650 mg prn
	Prilosoc - 20 mg	

Identify five priority nursing diagnoses and use the following format to create a care plan for Mrs. Freidman.

Nursing Diagnosis:

Expected Outcomes

Interventions

Rationale

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MODULE VI
NURSING THE SPECIAL NEEDS CLIENT

6. Care of the Client in the Community (Home Care, Hospice, School Nursing)

Learning Objectives:

The student will:

1. Describe nursing activities for the three stages of the home health nursing visit process.
2. Describe the services covered by Medicare Part A and Part B for home health care clients.
3. Describe the focus of hospice care and the functions of the home health hospice nurse.
4. Describe the components of a comprehensive school health program and the functions of the school nurse.

Learning Activities:

Read Community Based Nursing and answer the following questions:

1. Compare Medicare Part A and Part B, and describe the services covered for home health care.
2. Using the following case study, briefly describe nursing activities for the three stages of the home health nursing visit process.

You have received a referral for a skilled nursing visit for Mrs. Downs. Her diagnosis is IDDM, and she requires teaching for her ADA diet, medication compliance, and her ability to self-administer her insulin and check her blood sugar.

3. List the criteria that must be met for a client to be eligible for Medicare coverage for home care nursing visits.
4. Explain the importance of home health care documentation and the use of Form 485, Home Health Certification and Plan of Treatment.
5. Describe the eligibility requirements for hospice home care and a source of reimbursement for home health care providers.
6. Describe the focus of hospice care and the nursing functions.
7. List nine key components of a comprehensive school health program and the functions of the school nurse.

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Continuing Education

Nursing Refresher for Registered Nurses
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MODULE VII
ADVANCED SKILL COMPETENCE

Learning Objectives:

From our Basic Skills course the student will:

1. Use aseptic technique
2. Perform mathematic calculation related to clinical practice
3. Provide wound care
4. Measure blood pressure
5. Manage oxygen therapy
6. Perform tracheostomy care and suctioning procedures (oral, nasal, pharyngeal, and tracheostomy)
7. Demonstrate specimen collection procedures
8. Maintain enteral tubes (feeding, irrigation, suction)
9. Administer medications via the enteral route (oral/tube/rectal)
10. Administer medications via the parenteral routes (Intradermal/Subcutaneous/Intramuscular)
11. Administer medications via topical, transdermal, eye, ear, inhalation, and vaginal routes
12. Manage intravenous therapy
13. Facilitate alternative methods of elimination (urinary and bowel)
14. Obtain a health history
15. Perform a general survey assessment
16. Perform an integumentary assessment
17. Perform a musculoskeletal assessment
18. Perform a head/neck assessment
19. Perform a basic eye/ear assessment
20. Perform a basic neurological assessment
21. Perform a basic respiratory assessment
22. Perform a basic cardiovascular assessment
23. Perform an abdominal assessment

From our Advanced Skills course the student will:

1. Initiate IV therapy via peripheral access
2. Administer IV push medications, PCA, and Epidural management
3. Insert nasogastric tube
4. Manage central lines
5. Administer blood products
6. Interpret basic EKG patterns
7. Manage chest tubes

Learning Activities:

1. Review the attached Skills checkoffs and review Skills as needed in your Skills textbook.
2. Watch demonstration of some of these skills at the following links:
 - [http://www.cvtc.edu/videos/asx/nursing/ksell/IV start - Venipuncture - Lab draws.aspx](http://www.cvtc.edu/videos/asx/nursing/ksell/IV%20start%20-%20Venipuncture%20-%20Lab%20draws.aspx)
 - [http://www.cvtc.edu/videos/asx/nursing/ksell/IV Push medications.aspx](http://www.cvtc.edu/videos/asx/nursing/ksell/IV%20Push%20medications.aspx)
 - [http://www.cvtc.edu/videos/asx/nursing/ksell/Central lines.aspx](http://www.cvtc.edu/videos/asx/nursing/ksell/Central%20lines.aspx)
 - [http://www.cvtc.edu/videos/asx/nursing/ksell/Blood product administration.aspx](http://www.cvtc.edu/videos/asx/nursing/ksell/Blood%20product%20administration.aspx)
 - [http://www.cvtc.edu/videos/asx/nursing/ksell/chest tube.aspx](http://www.cvtc.edu/videos/asx/nursing/ksell/chest%20tube.aspx)
 - [http://www.cvtc.edu/videos/asx/nursing/ksell/Patient Controlled Analgesic.aspx](http://www.cvtc.edu/videos/asx/nursing/ksell/Patient%20Controlled%20Analgesic.aspx)
 - [http://www.cvtc.edu/videos/asx/nursing/ksell/NG Tube Insertion.aspx](http://www.cvtc.edu/videos/asx/nursing/ksell/NG%20Tube%20Insertion.aspx)
 - [http://www.cvtc.edu/videos/asx/draymond/Suctioning Procedure Nursing and Respiratory Therapy.aspx](http://www.cvtc.edu/videos/asx/draymond/Suctioning%20Procedure%20Nursing%20and%20Respiratory%20Therapy.aspx)
3. Email Barb Krultz (bkrultz@cvtc.edu) to set up times for Skills practice and checkoffs in the Learning Resource Center (204E) in the Health Education Center. Email your instructor the times you have set up.
4. Complete the Chest Tube Case Study and email it to your instructor for feedback.
5. Practice the Skills in the LRC and demonstrate satisfactory completion of the Skills checkoffs before proceeding to your clinical portion of the course.

Student: _____ Preceptor: _____

CLINICAL JOURNAL

GOALS and OUTCOMES:

- Set a goal before your clinical experience begins that you would like to attain over the next 96 hours:

- After each clinical day, write a new goal for your next clinical day. At the end of your clinical day, indicate if you met your goal or need to modify your goal for your next clinical shift. Share your goals with your preceptor daily and ask for feedback. You may need to add rows at the bottom of this table as you progress.

<u>Date</u>	<u>Goal for Upcoming Shift</u>	<u>Outcome: Did you meet your goal today? If not, what is your revised goal for your next shift?</u>

SECTION TWO: "Daily Entries."

	<p>Directions:</p> <ul style="list-style-type: none"> ✓ Describe activities you completed that demonstrate your competence as an RN in each area.
Date	Activities
	<p>Assessments:</p> <ul style="list-style-type: none"> • After your orientation day 1 to the unit: Briefly describe what focused assessments you will likely be performing daily on your assigned patients at your internship setting. • During the first few days on the unit: Observe your preceptor's assessment of several patients. What did s/he include in the assessment? (Review any additional assessment techniques that you will be using.) • Have your preceptor observe you as you assess several patients. What feedback did you receive?
	<p>Nursing Process:</p> <ul style="list-style-type: none"> • Describe how you used the nursing process to ensure safe and effective care during your internship. List 3 examples showing how your assessment and analysis lead to your plan of care, how the plan was implemented, and your evaluation findings.
	<p>Communication:</p> <ul style="list-style-type: none"> • When you observe your preceptor making a nursing decision, ask him/her to describe what information s/he took into account, what options s/he considered, and how/why s/he chose the option s/he did. Write this in a paragraph below. • Reflect on your ability to respond therapeutically to your patients. Provide an example of how you interacted with one of your patients. Identify barriers that occurred during your therapeutic interaction. • Ask for feedback/suggestions from your preceptor regarding your communication style and therapeutic communication. Describe the feedback below and outline a plan for improvement. • At the end of the experience: Reflect on whether you've improved in

	<p>your ability to interact therapeutically with patients.</p> <ul style="list-style-type: none"> • Observe your preceptor communicating /collaborating with other health care team members. Briefly describe an interaction. What did you learn from observing the interaction?
	<p>Teaching:</p> <ul style="list-style-type: none"> • Identify the 3 most common teaching topics a nurse covers in your internship setting. Research these for correct information. Write down essential points to discuss with patients. List at least 3 barriers to learning that you might encounter with typical patients in that setting and how you might overcome those barriers. <ul style="list-style-type: none"> ○ Common teaching topics: ○ Essential teaching points (cite source): ○ Three potential barriers in this setting/with this type patient and how to overcome: • Describe a teaching encounter you had with one of your patients: Patient diagnosis: What was the patient’s learning need: What barriers to learning were present and how did you try to overcome them? What did you teach? How did you know that the patient actually learned? • At the end of the clinical experience, reflect on what you have learned about patient education and what you will work on improving for the future:
	<p>Professional Behaviors:</p> <ul style="list-style-type: none"> • Discuss professional behaviors with your preceptor and/or other unit staff. What characteristics do they want in people they work with? • During the clinical experience, reflect on what areas you best exemplify professionalism? What areas would you like to develop further, and how might you go about doing so? • At the end of the clinical experience, reflect on what areas you best exemplify professionalism? What areas would you like to develop further, and how might you go about doing so?

	<p>Medication Administration:</p> <ul style="list-style-type: none"> • On the first day on the unit: discuss the process you intend to use to ensure that you give each and every medication safely with your preceptor, and describe the process below. • After your first few days on the unit: describe 10 common medications used on your unit, including: classification, indications, actions, and nursing assessments. • Describe any experiences in which medication administration didn't go "textbook-smooth," e.g. drug not available when scheduled, scheduling challenges, error occurred by you or someone else, patient refused, difficulty with patient identification, etc. How did you respond?
	<p>Pathophysiology:</p> <ul style="list-style-type: none"> • As you complete your clinical experience, describe 10 common medical diagnoses that you encountered while caring for patients on this unit. For each diagnosis, include: the pathophysiology behind the diagnosis; common assessment findings; common nursing and collaborative interventions (i.e., physician orders), common medications, and common complications that you monitored for related to this diagnosis.
	<p>Management:</p> <ul style="list-style-type: none"> • On the first day: ask your preceptor how s/he organizes and prioritizes work to be done after hearing shift report (write this down below). • After hearing shift report daily, collaborate with your preceptor your plan for the shift. • After you have completed 50% of the clinical experience, come up with your own plan for the day and share it with your preceptor and get feedback. Describe your plan below: • Did anything interfere with your plan? How did you adapt? • At the end of your clinical experience, reflect: what have you learned about organizing and prioritizing on this unit?

PRECEPTOR FEEDBACK

- Ask your preceptor to review your goals and progress with you daily. On the last day, ask your preceptor for feedback related to the activities above. Ask your preceptor to email a copy of the feedback to the course facilitator at kernstmeyer@cvtc.edu.

Congratulate yourself on a great learning experience! Email your completed journal to your course facilitator at kernstmeyer@cvtc.edu

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager		2) Date When Request Submitted: 12/4/2014	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before meeting for all others 	
3) Name of Board, Committee, Council, Section: Board of Nursing			
4) Meeting Date: 1/8/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Request for Approval of Nursing Refresher Course – Fox Valley Technical College	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review, discuss and make motion relating to application for approval of a RN nursing refresher course and a PN nursing refresher course from Fox Valley Technical College.			
11) Authorization			
Jill M. Remy		12/4/2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

BOARD OF NURSING

REQUEST FOR APPROVAL OF A NURSING REFRESHER COURSE

Approval by the Board of Nursing is required for all nursing refresher courses.

To apply for Board of Nursing approval, the course provider must submit this completed form and the course curriculum to dspsexaminationsoffice@wisconsin.gov.

NOTE: Individual course participants are only required to submit curriculum to the Board of Nursing for approval if the course is not on the list of approved nursing refresher courses.

All approved courses will be included on an approved course list posted to the DSPS website; providers are urged to inform the Board of Nursing of any changes in the contact information listed on this application form to ensure accurate, current information is included on the list of approved courses.

I. COURSE PROVIDER

1. Name of course provider: Fox Valley Technical College
2. Provider address: 1825 N. Bluemound Drive P.O. Box 2277 Appleton, WI 54914-2277
3. Name of course administrator: Sally Schultz RN MSN Course Coordinator
4. Type of nursing refresher course: Professional Nurse (RN) Practical Nurse (PN)

II. COURSE INSTRUCTOR

5. Do all instructors of the nursing refresher course have a master's degree in nursing and recent clinical experience or clinical teaching experience? Yes No
6. If preceptors are used, are they selected by the instructor using criteria developed for the course and does the instructor provide supervision of the preceptors? Yes No

III. COURSE CURRICULUM

A. PROFESSIONAL NURSING (RN) REFRESHER COURSE CURRICULUM REQUIREMENTS

- A1. Does the RN skills lab include basic nursing skills review and technology and equipment update?
 Yes No *List number of required hours in skills lab: A minimum of 25
hours and there is a taped skills demonstration of several skills – with
documentation, nursing process / care plan, assessment and math
- A2. Is direct supervision or precepted clinical experience performed in a hospital, clinic, long-term or subacute facility required? Yes No *List number of required hours: A minimum of 108

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Wis. Admin. Ch. N 1.12

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Page 1 of 2

Does the theory portion of the RN nursing refresher course include all of the following content? **Yes to all**

- A3. Yes Nursing process review
- A4. Yes Infection control
- A5. Yes Medication and pharmacology update
- A6. Yes Recent trends in nursing techniques and responsibilities
- A7. Yes Communication
- A8. Yes Documentation and reporting
- A9. Yes No Supervision and delegation

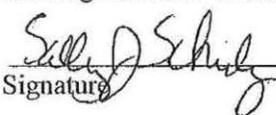
B. PRACTICAL NURSING (PN) REFRESHER COURSE CURRICULUM REQUIREMENTS

B1. Does the PN skills lab include basic nursing skills review and technology and equipment update?
 x- *Yes No *List number of required hours in skills lab: A minimum of 25
with the taped skills review with demonstration of several skills, documentation,
nursing process, assessment and math

B2. Is direct supervision or precepted clinical experience performed in a hospital, clinic, long-term or subacute facility required? **x- *Yes** No *List number of required hours: A minimum of 108

Does the theory portion of the PN nursing refresher course include all of the following content? **Yes to all**

- B3. Yes Nursing process review
- B4. Yes Infection control
- B5. Yes Medication and pharmacology update
- B6. Yes Recent trends in nursing techniques and responsibilities
- B7. Yes Communication
- B8. Yes Documentation and reporting
- B9. Yes Supervision and delegation
- B10. Yes Aging population

Sally Schultz Course Instructor, Coordinator; Carrie Thompson Associate Dean	Sally – Nursing Instructor; Carrie – Associate Dean
Nursing Refresher Course Administrator	Title
	11/27/2014
Signature	Date
Sally - 920-831-4361; Barbara-920-996-2834 Carrie 920-831-4375	Schultzs@fvtc.edu ; Timmons@fvtc.edu ; Thompson@fvtc.edu
Telephone Number	Email Address

- Welcome to class! The skills review is one of the first areas that students start to focus on. . you can do this separately from the theory review or you can work on them simultaneously!

To get you started:

~you need to read/review the material associated with each skill set

~ come to the lab to practice the skills (you can do practice one skill at a time or come and practice several skills if you want! Lab hours are generally from 8:00 AM - 4:00 PM, but is best to call ahead and check with our lab instructional aide who is Sue Seckel BSN RN and she can be reached at (920) 996-2954 or Seckel@fvtc.edu . There is a list of resources available in the nursing lab located on the FVTC Nursing Website which is located at www.fvtc.edu/nursing or a direct link should be

<http://www.fvtc.edu/public/content.aspx?ID=1352&PID=11> and useful websites are located at

<http://www.fvtc.edu/public/content.aspx?ID=1352&PID=13>

~ you can utilize the online material that supplements your textbooks to augment/test the knowledge that you have (in the skills and theory review). To monitor your progress in the theory review, I would like to review two or three of your case studies, you can choose which ones to send in :-). Send them to Schultzs@fvtc.edu for review. I will send you a note back with my comments. If you have any questions on any of them, please let me know.

Once you feel confident in your skills you can schedule an appointment with Sue Seckel, RN in the lab so that you can reserve the room to tape your skills demonstration. You will need to bring a tape with you when you do your skills demonstration. Please remember that you have a maximum of two times to demonstrate competency of the skills and be successful in the class.

You will have the two attempts at which to successfully demonstrate your competence in performing the skills. If you not demonstrate competence by then, you will be unsuccessful in the refresher course.

Please review the Preceptor information that is provided and let me know where you would like to do your preceptorship! You can not actually start your precepted clinical hours until you have successfully taped a skills demonstration and you are finished with the theory review. You will also need to have submitted your goals for your clinical experience and have them approved by me prior to starting the clinical experience.

Contact me with any questions or concerns,

Have fun! Sally

Schultzs@fvtc.edu 920-831-4361



•

↕ **Skills Review**



•

↕ **Fundamentals of Nursing Website**



This is the website with materials to accompany Potter and Perry's Fundamentals of Nursing textbook.



•

↕ **The Point Website**



This is the website that accompanies Brunner & Suddarth's Textbook of Medical-Surgical Nursing.



•

↕ **Theory Review: Nursing Care of Patients with Acute/Chronic Health Problems**



•

↓ Theory Review: Professional Issues



↓ Precepted Clinical



- Complete the skill self-assessment to determine where you need to focus your studies when doing the skills review. When you have completed reviewing the skills complete the self-assessment again and get it to me (either via attachment on e-mail or you can send it through the postal service to:

FVTC ~ Attn: Sally Schultz

1825 N. Bluemound Dr. ~ P.O. Box 2277 ~ Appleton, Wi 54912-2277



↓ General Physical Assessment



↓ Vital Signs



↓ Wound Care



•

Medication Dosage Calculations



•

Medication Administration



•

Respiratory System



•

Enteral Feeding



•

Urinary Catheterization



•

Bowel Elimination



•



•

Fluid, Electrolyte, and Acid-Base Imbalances



•

Cardiac Diseases/Disorders



•

Renal Diseases/Disorders



•

Neurological Diseases/Disorders



•

Hematological Diseases/Disorders



•

↑ ↓ Gastrointestinal Diseases/Disorders



•

↑ ↓ Endocrine Diseases/Disorders



•

↑ ↓ Respiratory Diseases/Disorders



•

• Holistic Nursing Care



•

↑ ↓ Principles of Communication



•

↑ ↓ Current, Legal, Workforce, and Political Issues



•

↓ Standards of Care



Diseases/Disorders



↓ Complex Needs



Demonstrate professional behavior in clinical situations.

You will demonstrate your competence:

- o Adherence to standards of practice of a LPN.
- o Practicing within ethical, legal, and regulatory frameworks.
- o By showing concern for others.
- o By demonstrating caring behaviors.
- o Completing the 108 hours of clinical experience

Your performance will be successful when:

- o you achieve a score of a 3 or higher on all areas of clinical assessment criteria.

Demonstrate effective and therapeutic communication.

Performance Standards

You will demonstrate your competence:

- o Utilize therapeutic communication when interacting with clients and significant support persons.
- o Communicates relevant, accurate, and complete information.
- o Reports and documents data collection data, interventions, and client progress.
- o Maintains confidentiality
- o Utilized appropriate channels of communication.

Your performance will be successful when:

o you achieve a score of a 3 or higher on all areas of clinical assessment criteria.

Use data collection methods to meet the client's needs.

Performance Standards

You will demonstrate your competence:

- o Collects data in an orderly manner from multiple different sources.
- o Assesses physical, developmental, emotional, psychosocial, cultural, spiritual, and functional status.
- o Identifies available resources to meet client needs
- o Conducts ongoing assessments and reassessment as indicated by the client's changing needs.

Your performance will be successful when:

o you achieve a score of a 3 or higher on all areas of clinical assessment criteria.

Use critical thinking skills within the nursing process to make clinical decisions.

Performance Standards

You will demonstrate your competence:

- o Makes clinical judgements and management decisions which ensure safe and accurate care.
- o Analyzes and uses all assessment data to plan care/individualize care.
- o Evaluates the effectiveness of care and modifies care based on evaluation.
- o Uses evidenced-based information to support clinical decision-making.

Your performance will be successful when:

o you achieve a score of a 3 or higher on all areas of clinical assessment criteria.

Deliver caring interventions to diverse client populations.

Performance Standards

You will demonstrate your competence:

- o Protects and promotes the client's dignity
- o Honors client's values, beliefs, and lifestyle.
- o Provides safe and accurate care.
- o Performs nursing skills competently while utilizing infection control principles and standard precautions.

- o Implements the prescribed medical regimen.
- o Provides a safe physical and psychosocial environment.
- o Assists client to achieve optimum comfort and functioning.
- o Prepares client and support persons for treatments and care.
- o Supports client's and support person's decisions regarding care.
- o Creates an environment of hope and trust.

Your performance will be successful when:

- o you achieve a score of a 3 or higher on all areas of clinical assessment criteria.

Implement the teaching/learning process.

Performance Standards

You will demonstrate your competence:

- o Applies principles of teaching/learning.
- o Individualizes teaching plans..
- o Provides information for informed decision making, achieving positive outcomes, and supporting self-care.
- o Evaluates client's and support persons' response to teaching.
- o Provides formal and informal teaching to clients, support persons, assistive personnel, and peers.

Your performance will be successful when:

- o you achieve a score of a 3 or higher on all areas of clinical assessment criteria.

Demonstrate collaboration with clients and other members of the healthcare team.

Performance Standards

You will demonstrate your competence:

- o Collaborates with others to achieve client and organizational outcomes.
- o Interacts creatively and openly with others to solve problems to achieve client goals and outcomes.

Your performance will be successful when:

- o you achieve a score of a 3 or higher on all areas of clinical assessment criteria.

Demonstrate management skills.

Performance Standards

You will demonstrate your competence:

- o Manages care for a client or a group of clients.
- o Demonstrates time management skills.
- o Facilitates continuity of care.
- o Delegates aspects of client care to qualified assistive personnel.
- o Assists clients and support persons to access available resources and services.
- o Provides cost effective care.

Your performance will be successful when:

- o you achieve a score of a 3 or higher on all areas of clinical assessment criteria.

Apply caring principles to nursing care.

Performance Standards

You will demonstrate your competence:

- o Demonstrates caring behaviors with clients, peers, and other members of the healthcare team.
- o Establishes helping, trusting relationships with clients.
- o Respects others' values and beliefs.
- o Nurtures faith and hope in client and others.
- o Is helpful to others.
- o Shows concern and sensitivity to others.

Your performance will be successful when:

- o you achieve a score of a 3 or higher on all areas of clinical assessment criteria.

Provide holistic nursing care.

Performance Standards

You will demonstrate your competence:

- o Provides competent nursing care to clients in setting of choice.
- o Considers physical, mental, social, spiritual, and cultural aspects of client when providing care for client.

Your performance will be successful when:

o you achieve a score of a 3 or higher on all areas of clinical assessment criteria.

- 
↓ **Precepted Clinical Packet**
↓ 
- 
↓ **Responsibilities**
↓ 
- 
↓ **Clinical Evaluation Tool**
↓ 
- 
↓ **Forms Needed for Clinical**
↓ 
- 
↓ **Preceptor Packet**
↓ 

Fox Valley Technical College
Nursing Department
RN Refresher Certificate Information

Course Description

In response to the increased demand for qualified registered nurses there has been an increased demand for flexible RN Refresher training programs. The Fox Valley Technical College RN Refresher Certificate will require the student take two courses. The RN Refresher Skills and Theory Review course provides the RN refresher student time to practice basic nursing skills utilized and a chance to complete an independent online theory review. The online theory review includes review on professional issues such as the nursing process, infection control, medication update, recent trends, the aging population, communication, and scope of practice; and then review of care of patients with acute or chronic health problems.

During the Precepted clinical course the student will complete 108 hours of clinical working with a staff from the clinical facility. At least 54 hours need to be completed in the long-term care setting. The RN Refresher Precepted Clinical course can only be taken after the Skills/Theory Refresher course is completed.

Credits of Program

The RN Refresher Certificate consists of two courses:
RN Refresher Skills and Theory Review – 4 credit course
RN Refresher Precepted Clinical – 2 credit course

Refresher Certificate Outcomes

The RN Refresher student will:

1. Demonstrate professional behavior in clinical situations.
2. Demonstrate effective and therapeutic communication.
3. Use data collection methods to meet the client's needs.
4. Use critical thinking skills within the nursing process to make clinical decisions.
5. Deliver caring interventions to diverse client populations.
6. Implement the teaching/learning process.
7. Demonstrate collaboration with clients and other members of the healthcare team.
8. Demonstrate management skills.
9. Apply caring principles to nursing care.
10. Provide holistic nursing care.

Target Audience

RN's who have not renewed their license in five or more years or those RN's who would like to refresh their skills, theoretical and clinical knowledge.

Locations

Skills Review- can practice skills at Fox Valley Technical College Appleton Campus in Nursing Lab (A-165)

Theoretical Review/Update – online – done at your own pace and requires submitting three of the case studies found online in the care of patients with acute or chronic health problems

Precepted Clinical – various healthcare agencies. The instructor will try to arrange clinical at agency or agencies of RN Refresher students' choice.

Prerequisites*

1. Wisconsin Registered Nursing license (Active or Limited)

If you do not have an active WI RN license you can obtain a limited license by contacting the Wisconsin State Board of Nursing to apply for a limited license for educational purposes. The phone number is 608.266.2112. To contact them online go to <http://dsps.wi.gov/Home> . You will need form #2460 "Application for RE-Registration of Registered Nursing License" and form #2765 "Information for Completing Registered Nurse Re-Registration Application"

2. Completed Health

Complete the Health History form which will be sent to you or is available in the Health Office, A 164. Complete the latex sensitivity questionnaire. Remember to submit supporting documentation for immunizations, 2-Step TB test (or the documentation of the last two years and a TB within 3 months), Tetanus, MMR, and Hepatitis B series if obtained, flu vaccination and you may need a varicella titer.

3. Professional Healthcare Provider CPR certification

You must have adult and infant CPR with AED training. Your CPR card must remain current throughout the precepted clinical experience. You can obtain certification either through the American Heart Association (AHA) or the Red Cross. Please note this **must** be healthcare provider CPR certification.

4. Certified Criminal Background Check and Background Information Disclosure Form

Visit www.certifiedbackground.com and enter code FC51.

*When completing your Background check you will need to have a credit or debit card as there is a minimum fee of \$38 associated with the processing. This background check is good for four years. If it takes you longer than 4 years to get through the program in its entirety, you will have to re-do this background check. **You may be asked to provide details in your own words on any convictions. Turn copy in to Jean Taylor, Nursing Department.***

You also complete the background information disclosure (**BID**) form and return with your other documentation. This form is available either through the instructor or Jean Taylor the program administrative assistant. Jean Taylor's office is B139, her office phone is (920) 735-5725 and the fax number is (920) 831-4314. Sally Schultz's office is C114K and her phone number is (920) 831-4361. Sally's email is Schultzs@fvtc.edu .

*** Some of the prerequisites must be returned before you can register and/or start the RN Refresher Program. All of these prerequisites will be required for clinical placement.**

Please mail requirements to:

Fox Valley Technical College
Attn: Sally Schultz
1825 N. Bluemound Drive
PO Box 2277
Appleton WI 54912-2277

Required Textbooks

Deglin, J. & Vallerand, A. (2008).
Davis's Drug Guide for Nurses (12th Ed).
F. A. Davis: Philadelphia.
ISBN-13: 978-0-8036-1911-1

Fundamentals of Nursing (8th Ed).
Potter, Patricia; Perry, Anne ; Stockert, Patricia and Amy Hall
Elsevier Health Sciences (2012)
Mosby Elsevier
ISBN-13: 9780323079334

Brunner & Suddarth's Textbook of Medical-Surgical Nursing (13th ed.)
Hinkle, J. & Cheever, K.
Wolters Kluwer/ Lippincott Williams & Wilkins
ISBN-13: 978-1-4511-4666-0
ISBN-10: 1-4511-4666-3

Mosby's Manual of Diagnostic and Laboratory Tests (3rd Ed.).
Pagana, K. & Pagana, T. (2005).
Mosby: Philadelphia.
ISBN 0323039030

Mosby's Pocket Guide to Nursing Skills & Procedures (7th Ed).
Elsevier Mosby
ISBN: 9780323074544

Recommended Textbooks

Clinical Companion for Potter and Perry Fundamentals of Nursing (7th Ed).
Elsevier Mosby (2009)
ISBN: 9780323054829

RN Notes: Nurse's Clinical Pocket Guide (2nd Ed.).
Myers, Ehren (2006).
F. A. Davis: Philadelphia.

Mosby's Medical, Nursing & Allied Health Dictionary (8th Ed.)
Anderson, Ken (2006)
Mosby: Philadelphia.
ISBN 9780323049375

Pharmacology for Nurses – A Pathophysiologic Approach (2nd).
Adams, M. P.; Joshephson, D. L. & Holland, L. N. (2007)
Prentice Hall
ISBN 9780131756656

Pharmacology for Nurses WORKBOOK (would accompany the above text)
ISBN 013175677-xMyers, Ehren (2006).

Equipment Required

Stethoscope
Watch with second hand
Penlight
Bandage Scissors

Course Components

1. RN Refresher Skills and Theory Review

Skills Review and Updates

Participants will complete a skills review during the first portion of the Refresher course. At the start of the course the student will complete a skill pre-assessment and will forward this to the faculty liaison.

Objectives: Upon completion of the skills review the RN Refresher student will be able to:

1. Demonstrate competency with selected psychomotor skills that are necessary in the practice of nursing.
2. Apply principles of infection control and standard precautions when completing nursing skills.

Topics:

1. Head-to-Toe data collection
2. Asepsis and standard precautions
3. Vital Signs
4. Wound care
5. Blood glucose monitoring
6. Medication administration
7. Respiratory Care – Oxygen and Tracheostomy care
8. Chest tubes
9. Enteral nutrition
10. Urinary Catheterization
11. Math for Medications

To Demonstrate Competency:

The RN Refresher student will perform a skills demonstration on selected nursing skills. A room will need to be reserved in the Nursing Lab, room A165 at the FVTC Appleton Campus, so that the skills demonstration can be taped. The skills tape will then be given to the faculty liaison for review. You will have a total of two opportunities to successfully complete this skills demonstration. Inability to demonstrate skills mastery in two attempts will result in being unsuccessful in the course.

Theoretical Review and Updates

The theoretical review will be offered online and is comprised of the following components: nursing care of patients with Acute/Chronic Problems with Pharmacology review integrated with each topic and Professional Issues which will include current topics and trends.

A. Nursing Care of Patients with Acute/Chronic Health Problems

This component focuses on the nursing care of patients with acute and/or chronic health problems. Concepts reviewed/updated include: pain management, wound management, fluid and electrolyte balance, and the nursing process. Diseases of the cardiac, renal, neurological, hematological, gastrointestinal, endocrine, respiratory, and musculoskeletal system will reviewed/updated. Included in the update will be pharmacological considerations.

Objectives: Upon completion of this portion of the RN Refresher course the student will be able to:

1. Analyze patient data (assessment findings, history, medications, treatments, diagnostic results and medical diagnoses) to develop appropriate nursing diagnosis and interventions.
2. Integrate moral, legal, and ethical dimensions when considering the care of patients with acute and/or chronic health problems.

Topics:

1. Pain management
2. Wound management
3. Fluid and electrolyte balance
4. Cardiac diseases/disorders
5. Renal diseases/disorders
6. Neurological diseases/disorders
7. Hematological diseases/disorders
8. Gastrointestinal diseases/disorders
9. Endocrine diseases/disorders
10. Respiratory diseases/disorders
11. Musculoskeletal diseases/disorders
12. Integration of concepts for patients with complex needs

To Demonstrate Competency:

The RN Refresher student will demonstrate knowledge of the diseases/disorders, medications ordered, treatments provided, and lab/diagnostic tests ordered for the patients that they are caring for in the precepted clinical, and also by submitting two or three of the case studies to the faculty liaison.

B. Professional Issues

This component focuses on the issues relevant to professional nursing at this time. The areas that will be explored include: the nursing process, communication, legal and ethical issues, workforce issues, and political issues.

Objectives: Upon completion of this portion of the RN Refresher course the student will be able to:

1. Utilize the nursing process to provide holistic care to patients.
2. Identify current, legal, ethical, workforce, and political issues in nursing.
3. Identify standards for patient delegation.
4. Identify common documentation methods.
5. Identify what needs to be included in report.

Topics:

1. Nursing process
2. Communication ~ including documentation and reporting
3. Legal/Ethical Issues
4. Confidentiality ~ HIPPA
5. Workforce Issues ~ supervision, delegation, use of abbreviations and Malpractice insurance
6. Political Issues
7. Wisconsin Administrative Codes and Statutes

To Demonstrate Competency:

The RN Refresher student will demonstrate knowledge of the concepts when providing care for patients during the precepted clinical portion of the class.

Precepted Clinical Experience

The precepted clinical experience will take place in an acute and/or long-term care setting. Clinical time will total 108 hours of precepted clinical experience.

During the clinical experience the RN Refresher student is required to adhere to the policies and procedures of the clinical agency including attire, parking, and use of the facilities. The student may be dismissed from the clinical area for unsafe clinical practice.

The 108 hours of clinical experience will allow the RN Refresher to utilize updated/reviewed skills and knowledge to provide care to patients with acute and/or chronic conditions.

Objectives: Upon completion of this portion of the RN Refresher Certificate the student will be able to:

1. Demonstrate safe and competent nursing care of selected patients.
2. Demonstrate effective communication with patients, families, and members of the health care team.
3. Utilize the nursing process to provide holistic care to selected patients.
4. Incorporate knowledge of pathophysiology; pharmacology; nutrition; developmental stage; and cultural, economic, ethical, legal, political, social, and spiritual factors into the nursing process.
5. Demonstrate responsibility and accountability for one's professional practice.

To Demonstrate Competency:

The RN Refresher student will meet all the requirements of the clinical evaluation tool.

Completion of Course Requirements

Upon successful completion of the RN Refresher Certificate (both the RN Refresher Skills and Theory Review and the RN Refresher Precepted Clinical courses must be completed) Fox Valley Technical College will issue a certificate of completion.

To successfully complete the program, the participant must successfully complete:

- RN Refresher Skills and Theory Review – provide tape of selected skills to instructor demonstrating skills competently and correctly. Transfer knowledge updated/reviewed in the clinical portion of the class. Have successfully completed and submitted two or three case studies to the instructor for review.
- RN Refresher Precepted Clinical experience – attend 108 hours of clinical experience and meet all of the clinical objectives as stated on the Clinical Evaluation Form.

Fox Valley Technical College RN Refresher Clinical Packet

In response to the increased demand for qualified registered nurses there has been an increased demand for flexible RN Refresher training programs. The Fox Valley Technical College RN Refresher Program will provide the RN refresher student time to practice basic nursing skills utilized. You will complete 108 hours of precepted clinical with at least 54 hours completed in the long-term care setting.

In order to participate in the precepted clinical component of the Refresher course you must have a current license (active or limited) from the state of Wisconsin. Additionally, you must have met all agency health requirements, hold a current CPR certificate for health care professionals, and have completed the required DOJ and DHFS background checks. When you are completing the 108 hours of the precepted clinical you will be covered by liability insurance through FVTC.

You may not begin clinical practice until the skills demonstration has been completed satisfactorily and you have completed the theory review. During the precepted clinical experience you will be utilizing the knowledge that you reviewed to provide care to the patients/residents you are assigned.

You may let the faculty liaison know your preference for clinical placement at any time once you have started the course but **you must indicate your preference at least 1 month in advance so that the necessary paperwork can be completed prior to your starting your clinical experience.** Please provide, by email, the facility, including unit (if appropriate) that you would like to utilize to complete the precepted clinical. If you have contact information for the person that needs to be contacted and/or the preceptor that you would like to work with, please include that information in the email as well.

Any configuration of work schedule (days, evenings, nights, and weekends) is acceptable to meet the 108 clinical hours. You will be responsible for scheduling the 108 hours of practice with the RN preceptor that you are assigned to. You are expected to share the planned work week with the faculty liaison. It is your responsibility to inform the faculty liaison of any changes that may occur in the work schedule.

On the first day of your precepted clinical you will be oriented to the unit/facility by your preceptor. You will need to be familiar with unit/facility policies and procedures, where equipment and supplies are kept, as well as the general routine of the unit. Please do not be afraid to ask questions of your preceptor. The more questions that you ask the better prepared you will feel!

You will be expected to care for a group of patients independently by the end of clinical time. Once you have demonstrated competence with a skill, your preceptor does not need to be with you when you perform that skill thereafter. You and the preceptor can work as a team to provide care to a group of patients (the normal amount that the preceptor would

have on any given day). As the clinical progresses you will find that you will become more independent and will be able to care for more of the patients/residents. Your preceptors role then is to be available to you should questions arise.

The forms you will need during the precepted clinical include:

1. **PERSONAL LEARNING OBJECTIVES.** Prior to starting the precepted clinical you need to develop personal learning objectives for the precepted clinical and share them with the preceptor and faculty liaison. The learning objectives you set forth will serve to direct learning activities for this clinical and their outcome will be evaluated at the final conference.
2. **CONFERENCE TOOL.** You and your RN preceptor will utilize this tool to plan weekly learning activities. Focusing on daily/weekly goals will assist you in accomplishing the objectives you set forth for this experience. The Conference Tool will be reviewed with the faculty liaison during the weekly visits. You must also reflect on the week's experience and evaluate their impact on your re-entry into practice.
3. **CLINICAL EVALUATION TOOL.** An evaluation of your performance will be done jointly by yourself and the RN preceptor. The faculty liaison will meet with you and the preceptor to review the evaluation. In order to meet the requirements for the Clinical component of the RN Refresher program the student must earn a "3" (meets expectations) for all of the listed outcomes of the course.

****Note-The clinical evaluation tool can be helpful in setting goals for the entire clinical and also for weekly goals.**

The faculty liaison will make scheduled visits with you and your RN preceptor. At the first meeting the personal learning objectives and weekly conference tool will be utilized. After the first visit the weekly conference tool will be utilized alone. At the final evaluation, the Clinical Evaluation Tool should be completed by the preceptor and the student so that it can be reviewed at the final visit. The evaluation of the preceptor and the Refresher student can be completed on the same form or different forms can be utilized, whichever way is most convenient is acceptable.

The faculty liaison can be called or emailed anytime during the precepted clinical experience to offer guidance and/or support.

Personal Learning Objectives

Clinical Practice

Name _____ Date Due _____

Clinical practice in the Refresher course is designed to help ease your transition back into nursing practice. While working with your RN preceptor, you will be practicing in a semi dependent but realistic environment. Identify your expectation for this clinical practicum.

1. Write at least four learning objectives. Make them specific to your area of practice.
2. Address the three learning domains (cognitive, affective, psychomotor) within the objectives.
3. Include caring theory within the objectives.

You must discuss these objectives with your faculty liaison and with your preceptor within the first week or first two shifts worked. Attainment of these goals will be reviewed at the final evaluation conference.

- 1.
- 2.
- 3.
- 4.

Weekly Conference Tool

Name_____

Agency/Unit_____

Preceptor's Name_____

Dates_____

Refresher student goals for the week.

RN Preceptor's goals for the week.

Weekly conference/evaluation of goal attainment. (Address met and unmet goals and a plan of action.

Reflection on the "week's" experiences. How have these experiences contributed to your growth as a professional nurse?

Fox Valley Technical College

RN Refresher Clinical Preceptor Orientation Packet

In response to the increased demand for qualified registered nurses there has been an increased demand for flexible RN Refresher training programs. The Fox Valley Technical College RN Refresher Program will provide the RN refresher student time to practice basic nursing skills utilized. The RN Refresher Program consists of two classes- a skills/theory class and the precepted clinical class. The skills theory class has an independent online theory review will include the nursing process, infection control, medication update, recent trends, the aging population, communication, and scope of practice. The student will submit case studies to the instructor for review on these topics. For the skills portion, the student will have practiced in the nursing skills lab for a minimum of 25 hours. The student will have successfully demonstrated skills, math, documentation and nursing process on a taped skills demonstration. After completing the skills/theory class successfully, the student is ready for the clinical class. For that course the student will complete 108 hours of precepted clinical with at least 54 hours completed in the long-term care setting.

All of the RN Refresher students hold a current license (active or limited) from the state of Wisconsin. They have met all agency health requirements, hold a current CPR certificate for health care professionals, and have completed the required DOJ and DHFS background checks. They also carry the same liability insurance as the ADN students.

The students may not begin clinical practice until the skills demonstration has been completed satisfactorily. Any configuration of work schedule (days, evenings, nights, and weekends) is acceptable to meet the 108 clinical hours. The student is responsible for scheduling the 108 hours of practice with the RN preceptor. The student is expected to share the planned work week with the faculty liaison. It is the responsibility of the student to inform the faculty liaison of any change in the work schedule.

The student will need an orientation to the unit on the first clinical day. The student will need to be familiar with unit/facility policies and procedures, where equipment and supplies are kept, as well as the general routine of the unit.

The Refresher student will be expected to care for a group of patients independently by the end of clinical. As the preceptor you do not have to be with the student once you know that they are competent to perform a skill. The Refresher student and the preceptor can work as a team to provide care to a group of patients (the normal amount that the preceptor would have on any given day). As the clinical progresses you will find that the student is becoming more independent and is able to care for more of the patients/residents. Your role then is to be available to the student should questions arise. Enclosed in the informational packet is a list of responsibilities for the RN Preceptor, the Refresher Student, and the FVTC faculty liaison.

This packet contains the following forms:

1. **PERSONAL LEARNING OBJECTIVES.** The student is to formulate personal learning goals for this clinical experience and share them with the preceptor. They will serve to direct learning activities for this clinical and their outcome will be evaluated at the final evaluation conference.
2. **CONFERENCE TOOL.** The RN preceptor and faculty liaison will utilize this tool to plan weekly learning activities with the Refresher student. Focusing on daily/weekly goals assists the student in accomplishing the objectives for the experience. They will be reviewed with the faculty liaison during visits. The student must reflect on the week's experience and evaluate their impact on his/her re-entry into practice.
3. **CLINICAL EVALUATION TOOL.** An evaluation of the student's performance will be done jointly by the Refresher student and RN preceptor; the faculty liaison will meet with both to review the evaluation. The clinical evaluation tool can be helpful in setting goals for the entire clinical and also for weekly goals. In order to meet the requirements for the Clinical component of the RN Refresher program the student must earn a "3" (meets expectations) for all of the listed outcomes of the course.
4. **EVALUATION OF PRECEPTED CLINICAL EXPERIENCE.** An evaluation completed by the preceptor of the Clinical Experience will help to make any necessary changes. Feedback is appreciated!

The faculty liaison will make scheduled visits with the preceptor and Refresher students. At the first meeting the personal learning objectives and weekly conference tool will be utilized. After the first visit the weekly conference tool will be utilized alone. At the final evaluation, the Clinical Evaluation Tool should be completed by the preceptor and the student so that it can be reviewed at the final visit. The evaluation of the preceptor and the Refresher student can be completed on the same form or different forms can be utilized, whichever way is most convenient is acceptable.

The faculty liaison can be called or emailed anytime during the precepted clinical experience to offer guidance and/or support.

RN Preceptor Responsibilities

1. Orient student to agency/unit.
2. Orient agency/unit to student role.
3. Review clinical learning objectives with student and jointly plan the learning experiences to meet them.
4. Serve as a resource to student and faculty liaison.
5. Supervise the student's work on the unit.
6. Establish clinical work schedule with student, planning for 108 clinical hours. Share with faculty liaison.
7. Collaborate with student on client assignments.
8. Discuss progress towards meeting learning objectives with student. Evaluate
9. Participate in evaluation of precepted clinical.
10. Contact the faculty liaison for:
 - Excessive student absences
 - Consistent tardiness or student "no show" to clinical.
 - Illness of self, vacation, low census days
 - Incidents of professional conduct or accountability involving student
 - Changes to be made in role of student (i.e. restriction of practice)
 - Any questions
11. Contact the student for:
 - Any change in work schedule (vacation, low census days)
 - Illness of self

Student Responsibilities

1. Identify the site you are interested in utilizing, for your precepted clinical experience, to the faculty liaison via email. If you know the person that needs to be contacted to make arrangements please provide that information as well (ie – unit/facility manager or education director, preceptor you would like to work with, etc.).
2. Complete a Background Information Disclosure (BID) form when you come in to complete your Skills Review in the lab.
3. Provide faculty liaison with a copy of your scheduled hours **PRIOR to start of clinical practice**. You may not begin clinical until the work schedule is submitted.
4. Complete “Personal Learning Objectives” and share with faculty liaison and RN preceptor. Develop a plan to meet objectives, and identify and seek specific learning experiences to meet them. The faculty liaison will visit you and your preceptor during the first week you are at the clinical site.
5. Work under the supervision of the RN preceptor.
6. Set weekly objectives with preceptor, share with faculty liaison, and complete “Weekly Conference Tool” reflecting on personal growth during the week’s experiences. Submit to faculty liaison.
7. Present self as professional at all times, adhering to all school and agency policies.
8. Contact RN preceptor for:
 - Illness or any other reason for not appearing at the clinical site as the prearranged time.
 - Questions related to agency policies/procedures.
 - **ANY** questions or concerns.
9. Contact the faculty liaison for:
 - Schedule changes
 - Illness or unavailability of RN preceptor. (you may not on your own find a substitute preceptor).
 - Incidents involving the student, client, or RN preceptor.
 - Questions related to program/educational standards.
 - **ANY** questions or concerns.
10. Satisfactorily complete learning objectives and course competencies. Evaluation of performance is done jointly by the student, RN preceptor, and faculty liaison.

Faculty Liaison Responsibilities

1. Meets with students before start of clinical practice to discuss issues/concerns/requirements/expectations.
2. Maintains record of student clinical experience and monitors clinical attendance.
3. Makes visits to clinical site to monitor student progress and troubleshoot as necessary. The clinical faculty is also available by either email or phone. The email for Sally Schultz, RN MSN the faculty for this program is Schultzs@fvtc.edu . Sally's office phone number is (920) 831-4361. Her cell phone is (920) 858-5185. The faculty may make suggestions to enhance learning experiences based upon feedback the preceptor provides.
4. Assists the preceptor by:
 - Identifying learning experiences needed for the student based on course competencies.
 - Serving as a resource and support person.
 - Being available on a regular basis to discuss progress/issues/concerns.
 - Reviewing the student evaluation and answering any questions the preceptor may have.
5. Once all final evaluation is completed with the Refresher student and the preceptor and the student has successfully completed the clinical component of the Refresher course a certificate will be provided to the student.

Personal Learning Objectives Clinical Practice

Name _____ Date Due _____

Clinical practice in the Refresher course is designed to help ease your transition back into clinical practice. While working with your RN preceptor, you will be practicing in a semi dependent but realistic environment. Identify your expectation for this clinical practicum.

1. Write at least four learning objectives. Make them specific to your area of practice.
2. Address the three learning domains (cognitive, affective, psychomotor) within the objectives.
3. Include caring theory within the objectives.

You must discuss these objectives with your faculty liaison and with your preceptor within the first week or first two shifts worked. Attainment of these goals will be reviewed at the final evaluation conference.

- 1.
- 2.
- 3.
- 4.

Weekly Conference Tool

Name_____

Agency/Unit_____

Preceptor's Name_____

Dates_____

Refresher student goals for the week.

RN Preceptor's goals for the week.

Weekly conference/evaluation of goal attainment. (Address met and unmet goals and a plan of action.

Reflection on the "week's" experiences. How have these experiences contributed to your growth as a professional nurse?

**Fox Valley Technical College
Associate Degree Nursing Program
RN Refresher Program**

RN Preceptor Evaluation of Precepted Clinical Experience

The faculty of the RN Refresher course would like your input regarding the course. Please evaluate according to the following scale:

Strongly Agree 1 2 3 4 5 Strongly Disagree

- ___1. I view this precepted clinical as a valuable learning experience for the FVTC RN Refresher student.
- ___2. The faculty liaison's visits were timely, informative, and facilitating to the student and myself.
- ___3. I had a positive experience with my student.
- ___4. The information packet was a useful resource and helped me understand my role as preceptor.
- ___5. The student and I were able to set and meet learning goals.
- ___6. My comments and critique of the student's performance during the clinical experience were valued and accepted.
- ___7. My comments about the course/clinical were valued and accepted.

I would list the following as strengths of the course:

Do you have any changes to suggest?

I would be willing to serve as preceptor again: ___yes ___ n

RN REFRESHER Clinical Evaluation Tool

Student _____

Dates of Clinical _____

Clinical Location _____

Clinical Hours Present _____

Scale: 1. – Does not meet expectations

Requires frequent promptings from instructor. Has difficulty gathering assessment data, identifying problems, generating solutions and evaluating effectiveness of actions.

2. – Meets expectations, but needs improvement

Requires some prompting by instructor. Gathers some but not all pertinent assessment data. Is able to identify problems with assistance. Requires some assistance and prompting to develop appropriate solutions, evaluation and revision of action.

3. – Meets expectations

Consistently gathers pertinent assessment information with minimal assistance from instructor, accurately identifies and prioritizes problems with minimal assistance from instructor. Generates appropriate interventions. Evaluates and revises work with minimal assistance from instructor.

4. – Exceeds expectations

Independently identifies pertinent assessment data and problems. Generates appropriate solutions, evaluates and revises plan on own.

N/O – No Opportunity

There was no opportunity during this clinical experience to demonstrate his/her competence.

Satisfactory performance means achieving a 3 or higher on all listed competencies.

When completing his/her self-evaluation, the student will provide examples of behaviors that support his/her score for each program outcome.

Program Outcomes and Core Abilities	Characterized By:	Scale and Preceptor Comments	Scale and Student Comments
<p>1. Demonstrate professional behavior in clinical situations.</p> <p>Core Ability: Demonstrate Personal integrity through personal and responsible behavior.</p>	<p>Commitment to the profession of nursing. Adherence to standards of practice. Practicing within ethical, legal, and regulatory frameworks. Concern for others. Caring behavior. Valuing the profession. Participating in ongoing professional development. Completing 108 hours of clinical practice.</p>	<p><u>1</u> 2 3 4 <u>NO</u></p>	<p><u>1</u> 2 3 4 <u>NO</u></p>
<p>2. Demonstrates effective and therapeutic communication.</p> <p>Core Ability: Communicate in ways that honor diversity.</p>	<p>Use of therapeutic communication when interacting with clients and significant support persons. Communicates relevant, accurate, and complete information. Reports and documents assessments, interventions, and client progress. Maintains confidentiality. Utilizes appropriate channels of communication.</p>	<p><u>1</u> 2 3 4 <u>NO</u></p>	<p><u>1</u> 2 3 4 <u>NO</u></p>

Program Outcomes and Core Abilities	Characterized By:	Scale and Preceptor Comments	Scale and Student Comments
<p>3. Uses assessment to meet the client's needs.</p> <p>Core Ability: Uses critical and creative thinking to solve problems, resolve conflicts, make decisions, and complete tasks.</p> <p>Communicates in ways that Honor diversity.</p>	<p>Collects data in an orderly manner from multiple sources.</p> <p>Assesses physical, developmental, emotional, psychosocial, cultural, spiritual, and functional status.</p> <p>Identifies available resources to meet client needs.</p> <p>Conducts ongoing assessment and reassessment as indicated by client's changing needs.</p>	<p>1 2 3 4 NO</p>	<p>1 2 3 4 NO</p>
<p>4. Uses critical thinking skills within the nursing process to make clinical decisions.</p> <p>Core Ability: Use critical and Creative thinking skills to solve problems, resolve conflicts, make decisions, and complete tasks.</p>	<p>Makes clinical judgments and management decisions which ensure safe and accurate care.</p> <p>Analyzes and uses assessment data to plan care/individualize care.</p> <p>Evaluates the effectiveness of care and modifies care based on evaluation.</p> <p>Uses evidenced-based information to support clinical decision-making.</p>	<p>1 2 3 4 NO</p>	<p>1 2 3 4 NO</p>

Program Outcomes and Core Abilities	Characterized By:	Scale and Preceptor Comments	Scale and Student Comments
<p>5. Delivers caring interventions to diverse client populations.</p> <p>Core Ability: Uses critical and creative thinking skills to solve problems, resolve conflicts, make decisions, and complete tasks.</p>	<p>Protects and promotes the client's dignity.</p> <p>Honors client's values, beliefs, lifestyle.</p> <p>Provides safe and accurate care.</p> <p>Performs nursing skills competently.</p> <p>Implements the prescribed medical regimen.</p> <p>Provides a safe physical and psychosocial environment.</p> <p>Assists client to achieve optimum comfort and functioning.</p> <p>Prepares client and support persons for treatments and care.</p> <p>Supports client's and support person's decisions regarding care.</p> <p>Creates an environment of hope and trust.</p>	<p>1 2 3 4 <u>NO</u></p>	<p>1 2 3 4 <u>NO</u></p>
<p>6. Implements the teaching/learning process.</p> <p>Core Ability: Communicate in ways that honor diversity.</p>	<p>Applies principles of teaching/learning.</p> <p>Individualizes teaching plans.</p> <p>Provides information for informed decision making, achieving positive outcomes, supporting self-care.</p> <p>Evaluates client's and support persons' response to teaching.</p> <p>Provides formal and informal teaching to clients, support persons, assistive personnel, and peers.</p>	<p>1 2 3 4 <u>NO</u></p>	<p>1 2 3 4 <u>NO</u></p>

Program Outcomes and Core Abilities	Characterized By:	Scale and Preceptor Comments	Scale and Student Comments
<p>7. Demonstrates collaboration with clients and other members of the health care team.</p> <p>Core Ability: Work cooperatively in a team environment. Use critical and creative thinking skills to solve problems, resolve conflicts, make decisions, and complete tasks.</p>	<p>Collaborates with others to achieve client and organizational outcomes. Interacts creatively and openly with others to solve problems to achieve client goals and outcomes.</p>	<p>1 2 3 4 NO</p>	<p>1 2 3 4 NO</p>
<p>8. Demonstrates management skills.</p> <p>Core Ability: Use critical and creative thinking skills to solve problems, resolve conflicts, make decisions, and complete tasks.</p>	<p>Manages care for a client or group of clients. Demonstrates time management skills. Facilitates continuity of care. Delegates aspects of client care to qualified assistive personnel. Assists client and support persons to access available resources and services. Provides cost effective care.</p>	<p>1 2 3 4 NO</p>	<p>1 2 3 4 NO</p>

Program Outcomes and Core Abilities	Characterized By:	Scale and Preceptor Comments	Scale and Student Comments
<p>9. Applies caring principles to nursing care.</p> <p>Core Ability: Communicate in ways that honor diversity.</p>	<p>Demonstrates caring behaviors with clients, peers, and other members of the healthcare team.</p> <p>Establishes helping, trusting relationships with clients.</p> <p>Respects others' values and beliefs.</p> <p>Nurtures faith and hope in client and others.</p> <p>Is helpful to others.</p> <p>Shows concern and sensitivity to others.</p>	<p><u>1</u> 2 3 4 <u>NO</u></p>	<p><u>1</u> 2 3 4 <u>NO</u></p>
<p>10. Provides holistic nursing care.</p> <p>Core Ability: Demonstrates adaptation to change. Use critical and creative thinking to solve problems, resolve conflict, make decisions and complete tasks.</p>	<p>Provides competent nursing care to clients in setting of choice</p>	<p><u>1</u> 2 3 4 <u>NO</u></p>	<p><u>1</u> 2 3 4 <u>NO</u></p>

Additional Comments

Preceptor Signature_____

Instructor Signature_____

Student Signature_____

Clinical Hours_____

Fox Valley Technical College
Nursing Department
LPN Refresher Certificate Information

Course Description

In response to the increased demand for qualified licensed practical nurses there has been an increased demand for flexible LPN Refresher training programs. The Fox Valley Technical College LPN Refresher Certificate will require the student take two courses. The LPN Refresher Skills and Theory Review course provides the LPN refresher student time to practice basic nursing skills utilized and a chance to complete an independent online theory review. The online theory review includes review on professional issues such as the nursing process, infection control, medication update, recent trends, the aging population, communication, and scope of practice; and then review of care of patients with acute or chronic health problems.

During the Precepted clinical course the student will complete 108 hours of clinical working with a staff from the clinical facility. At least 54 hours need to be completed in the long-term care setting. The LPN Refresher Precepted Clinical course can only be taken after the Skills/Theory Refresher course is completed.

Credits of Program

The LPN Refresher Certificate consists of two courses:
LPN Refresher Skills and Theory Review – 4 credit course
LPN Refresher Precepted Clinical – 2 credit course

Refresher Certificate Outcomes

The LPN Refresher student will:

1. Demonstrate professional behavior in clinical situations.
2. Demonstrate effective and therapeutic communication.
3. Use data collection methods to meet the client's needs.
4. Use critical thinking skills within the nursing process to make clinical decisions.
5. Deliver caring interventions to diverse client populations.
6. Implement the teaching/learning process.
7. Demonstrate collaboration with clients and other members of the healthcare team.
8. Demonstrate management skills.
9. Apply caring principles to nursing care.
10. Provide holistic nursing care.
11. Demonstrate understanding of care of the aging population and special characteristics of the aging population.

Target Audience

LPN's who have not renewed their license in five or more years or those LPN's who would like to refresh their skills, theoretical and clinical knowledge.

Locations

Skills Review- requires 25 hours of practice of nursing skills at Fox Valley Technical College Appleton Campus in Nursing Lab (A-165)

Theoretical Review/Update – online – done at your own pace and requires submitting three of the case studies found online in the care of patients with acute or chronic health problems

Precepted Clinical – various healthcare agencies. The instructor will try to arrange clinical at agency or agencies of LPN Refresher students' choice.

Prerequisites*

1. Wisconsin Registered Nursing license (Active or Limited)

If you do not have an active WI LPN license you can obtain a limited license by contacting the Wisconsin State Board of Nursing to apply for a limited license for educational purposes. The phone number is 608.266.2112. To contact them online go to <http://dsps.wi.gov/Home> . You will need form #2460 "Application for RE-Registration of Registered Nursing License" and form #2765 "Information for Completing Registered Nurse Re-Registration Application"

2. Completed Health

Complete the Health History form which will be sent to you or is available in the Health Office, A 164. Complete the latex sensitivity questionnaire. Remember to submit supporting documentation for immunizations, 2-Step TB test (or the documentation of the last two years and a TB within 3 months), Tetanus, MMR, and Hepatitis B series if obtained, flu vaccination and you may need a varicella titer.

3. Professional Healthcare Provider CPR certification

You must have adult and infant CPR with AED training. Your CPR card must remain current throughout the precepted clinical experience. You can obtain certification either through the American Heart Association (AHA) or the Red Cross. Please note this **must** be healthcare provider CPR certification.

4. Certified Criminal Background Check and Background Information Disclosure Form

Visit www.certifiedbackground.com and enter code FC51.

When completing your Background check you will need to have a credit or debit card as there is a minimum fee of \$38 associated with the processing. This background check is

good for four years. If it takes you longer than 4 years to get through the program in its entirety, you will have to re-do this background check. You may be asked to provide details in your own words on any convictions. Turn copy in to Jean Taylor, Nursing Department.

You also complete the background information disclosure **(BID)** form and return with your other documentation. This form is available either through the instructor or Jean Taylor the program administrative assistant. Jean Taylor's office is B139, her office phone is (920) 735-5725 and the fax number is (920) 831-4314. Sally Schultz's office is C114K and her phone number is (920) 831-4361. Sally's email is Schultzs@fvtc.edu .

*** Some of the prerequisites must be returned before you can register and/or start the LPN Refresher Program. All of these prerequisites will be required for clinical placement.**

Please mail requirements to:
Fox Valley Technical College
Attn: Sally Schultz
1825 N. Bluemound Drive
PO Box 2277
Appleton WI 54912-2277

Required Textbooks

Deglin, J. & Vallerand, A. (2008).
Davis's Drug Guide for Nurses (12th Ed).
F. A. Davis: Philadelphia.
ISBN-13: 978-0-8036-1911-1

Fundamentals of Nursing (8th Ed).
Potter, Patricia; Perry, Anne ; Stockert, Patricia and Amy Hall
Elsevier Health Sciences (2012)
Mosby Elsevier
ISBN-13: 9780323079334

Brunner & Suddarth's Textbook of Medical-Surgical Nursing (13th ed.)
Hinkle, J. & Cheever, K.
Wolters Kluwer/ Lippincott Williams & Wilkins
ISBN-13: 978-1-4511-4666-0
ISBN-10: 1-4511-4666-3

Mosby's Manual of Diagnostic and Laboratory Tests (3rd Ed.).
Pagana, K. & Pagana, T. (2005).
Mosby: Philadelphia.
ISBN 0323039030

Mosby's Pocket Guide to Nursing Skills & Procedures (7th Ed).
Elsevier Mosby
ISBN: 9780323074544

Recommended Textbooks

Clinical Companion for Potter and Perry Fundamentals of Nursing (7th Ed).
Elsevier Mosby (2009)
ISBN: 9780323054829

LPN Notes: Nurse's Clinical Pocket Guide (2nd Ed.).
Myers, Ehren (2006).
F. A. Davis: Philadelphia.

Mosby's Medical, Nursing & Allied Health Dictionary (8th Ed.)
Anderson, Ken (2006)
Mosby: Philadelphia.
ISBN 9780323049375

Pharmacology for Nurses – A Pathophysiologic Approach (2nd).
Adams, M. P.; Joshephson, D. L. & Holland, L. N. (2007)
Prentice Hall
ISBN 9780131756656

Pharmacology for Nurses WORKBOOK (would accompany the above text)
ISBN 013175677-xMyers, Ehren (2006).

Equipment Required

Stethoscope
Watch with second hand
Penlight
Bandage Scissors

Course Components

1. LPN Refresher Skills and Theory Review

Skills Review and Updates

Participants will complete a skills review during the first portion of the Refresher course. At the start of the course the student will complete a skill pre-assessment and will forward this to the faculty liaison.

Objectives: Upon completion of the skills review the LPN Refresher student will be able to:

1. Demonstrate competency with selected psychomotor skills that are necessary in the practice of nursing.
2. Apply principles of infection control and standard precautions when completing nursing skills.

Topics:

1. Head-to-Toe data collection
2. Asepsis and standard precautions
3. Vital Signs
4. Wound care
5. Blood glucose monitoring
6. Medication administration
7. Respiratory Care – Oxygen and Tracheostomy care
8. Chest tubes
9. Enteral nutrition
10. Urinary Catheterization
11. Math for Medications

To Demonstrate Competency:

The LPN Refresher student will perform a skills demonstration on selected nursing skills. A room will need to be reserved in the Nursing Lab, room A165 at the FVTC Appleton Campus, so that the skills demonstration can be taped. The skills tape will then be given to the faculty liaison for review. You will have a total of two opportunities to successfully complete this skills demonstration. Inability to demonstrate skills mastery in two attempts will result in being unsuccessful in the course.

Theoretical Review and Updates

The theoretical review will be offered online and is comprised of the following components: nursing care of patients with Acute/Chronic Problems with Pharmacology review integrated with each topic and Professional Issues which will include current topics and trends.

A. Nursing Care of Patients with Acute/Chronic Health Problems

This component focuses on the nursing care of patients with acute and/or chronic health problems. Concepts reviewed/updated include: pain management, wound management, fluid and electrolyte balance, and the nursing process. Diseases of the cardiac, renal, neurological, hematological, gastrointestinal, endocrine, respiratory, and musculoskeletal system will reviewed/updated. Included in the update will be pharmacological considerations.

Objectives: Upon completion of this portion of the LPN Refresher course the student will be able to:

1. Analyze patient data (assessment findings, history, medications, treatments, diagnostic results and medical diagnoses) to develop appropriate nursing diagnosis and interventions.
2. Integrate moral, legal, and ethical dimensions when considering the care of patients with acute and/or chronic health problems.

Topics:

1. Pain management
2. Wound management
3. Fluid and electrolyte balance
4. Cardiac diseases/disorders
5. Renal diseases/disorders
6. Neurological diseases/disorders
7. Hematological diseases/disorders
8. Gastrointestinal diseases/disorders
9. Endocrine diseases/disorders
10. Respiratory diseases/disorders
11. Musculoskeletal diseases/disorders
12. Integration of concepts for patients with complex needs

To Demonstrate Competency:

The LPN Refresher student will demonstrate knowledge of the diseases/disorders, medications ordered, treatments provided, and lab/diagnostic tests ordered for the patients that they are caring for in the precepted clinical, and also by submitting two or three of the case studies to the faculty liaison.

B. Professional Issues

This component focuses on the issues relevant to professional nursing at this time. The areas that will be explored include: the nursing process, communication, legal and ethical issues, workforce issues, and political issues.

Objectives: Upon completion of this portion of the LPN Refresher course the student will be able to:

1. Utilize the nursing process to provide holistic care to patients.
2. Identify current, legal, ethical, workforce, and political issues in nursing.
3. Identify standards for patient delegation.
4. Identify common documentation methods.
5. Identify what needs to be included in report.

Topics:

1. Nursing process
2. Communication ~ including documentation and reporting
3. Legal/Ethical Issues
4. Confidentiality ~ HIPPA
5. Workforce Issues ~ supervision, delegation, use of abbreviations and Malpractice insurance
6. Political Issues
7. Wisconsin Administrative Codes and Statutes

To Demonstrate Competency:

The LPN Refresher student will demonstrate knowledge of the concepts when providing care for patients during the precepted clinical portion of the class.

Precepted Clinical Experience

The precepted clinical experience will take place in an acute and/or long-term care setting. Clinical time will total 108 hours of precepted clinical experience.

During the clinical experience the LPN Refresher student is required to adhere to the policies and procedures of the clinical agency including attire, parking, and use of the facilities. The student may be dismissed from the clinical area for unsafe clinical practice.

The 108 hours of clinical experience will allow the LPN Refresher to utilize updated/reviewed skills and knowledge to provide care to patients with acute and/or chronic conditions.

Objectives: Upon completion of this portion of the LPN Refresher Certificate the student will be able to:

1. Demonstrate safe and competent nursing care of selected patients.
2. Demonstrate effective communication with patients, families, and members of the health care team.
3. Utilize the nursing process to provide holistic care to selected patients.
4. Incorporate knowledge of pathophysiology; pharmacology; nutrition; developmental stage; and cultural, economic, ethical, legal, political, social, and spiritual factors into the nursing process.
5. Demonstrate responsibility and accountability for one's professional practice.

To Demonstrate Competency:

The LPN Refresher student will meet all the requirements of the clinical evaluation tool.

Completion of Course Requirements

Upon successful completion of the LPN Refresher Certificate (both the LPN Refresher Skills and Theory Review and the LPN Refresher Precepted Clinical courses must be completed) Fox Valley Technical College will issue a certificate of completion.

To successfully complete the program, the participant must successfully complete:

- LPN Refresher Skills and Theory Review – provide tape of selected skills to instructor demonstrating skills competently and correctly. Transfer knowledge updated/reviewed in the clinical portion of the class. Have successfully completed and submitted two or three case studies to the instructor for review.
- LPN Refresher Precepted Clinical experience – attend 108 hours of clinical experience and meet all of the clinical objectives as stated on the Clinical Evaluation Form.

Fox Valley Technical College LPN Refresher Clinical Packet

In response to the increased demand for qualified licensed practical nurses, there has been an increased demand for flexible LPN Refresher training programs. The Fox Valley Technical College LPN Refresher Program will provide the LPN refresher student time to practice basic nursing skills utilized in health care today. The focus will be caring for adults and the geriatric population. You will complete 108 hours of precepted clinical with at least 54 hours completed in the long-term care setting.

In order to participate in the precepted clinical component of the Refresher course you must have a current license (active or limited) from the state of Wisconsin. Additionally, you must have met all agency health requirements, hold a current CPR certificate for health care professionals, and have completed the required DOJ and DHFS background checks. When you are completing the 108 hours of the precepted clinical you will be covered by liability insurance through FVTC.

You may not begin clinical practice until you have completed the skills/ theory course. This means you will have spent a minimum of 25 hours in the nursing lab working on skills and have completed the taped skills demonstration satisfactorily. In addition, you will have completed the theory review. During the precepted clinical experience, you will be utilizing the knowledge that you reviewed and skills you have reviewed and practiced to provide care to the patients/residents you are assigned.

You may let the faculty liaison know your preference for clinical placement at any time once you have started the course but **you must indicate your preference at least 1 month in advance so that the necessary paperwork can be completed prior to your starting your clinical experience.** Please provide, by email, the facility, including unit (if appropriate) that you would like to utilize to complete the precepted clinical. If you have contact information for the person that needs to be contacted and/or the preceptor that you would like to work with, please include that information in the email as well. The faculty liaison will be responsible for obtaining the preceptor for your clinical experience.

Any configuration of work schedule (days, evenings, nights, and weekends) is acceptable to meet the 108 clinical hours. You will be responsible for scheduling the 108 hours of practice with the LPN preceptor that you are assigned to. You are expected to share the planned hours and days for completing your clinical with the faculty liaison. It is your responsibility to inform the faculty liaison of any changes that may occur in the work schedule.

On the first day of your precepted clinical, you will be oriented to the unit/facility by your preceptor. You will need to be familiar with unit/facility policies and procedures, where equipment and supplies are kept, as well as the general routine of the unit. Please

do not be afraid to ask questions of your preceptor. The more questions that you ask the better prepared you will feel!

You will be expected to care for a group of patients independently by the end of clinical time. Once you have demonstrated competence with a skill, your preceptor does not need to be with you when you perform that skill thereafter. You and the preceptor can work as a team to provide care to a group of patients (the normal amount that the preceptor would have on any given day). As the clinical progresses, you will find that you will become more independent and will be able to care for more of the patients/residents. Your preceptors role then is to be available to you should questions arise.

There will be clinical site visits by Sally Schultz RN MSN, the nursing liaison from FVTC, as well as emails to the preceptor about the clinical experience.

The forms you will need during the precepted clinical include:

1. **PERSONAL LEARNING OBJECTIVES.** Prior to starting the precepted clinical you need to develop personal learning objectives for the precepted clinical and share them with the preceptor and faculty liaison. The learning objectives you set forth will serve to direct learning activities for this clinical and their outcome will be evaluated at the final conference. You will need to have your personal learning objectives approved by the faculty liaison prior to scheduling your meeting with your preceptor for clinical.
2. **CONFERENCE TOOL.** You and your LPN preceptor will utilize this tool to plan weekly learning activities. Focusing on daily/weekly goals will assist you in accomplishing the objectives you set forth for this experience. The Conference Tool will be reviewed with the faculty liaison during the weekly visits. You must also reflect on the week's experience and evaluate their impact on your re-entry into practice.
3. **CLINICAL EVALUATION TOOL.** An evaluation of your performance will be done jointly by yourself and the LPN preceptor. The faculty liaison will meet with you and the preceptor to review the evaluation. In order to meet the requirements for the Clinical component of the LPN Refresher program the student must earn a "3" (meets expectations) for all of the listed outcomes of the course.

****Note-The clinical evaluation tool can be helpful in setting goals for the entire clinical and also for weekly goals.**

The faculty liaison will make scheduled visits with you and your LPN preceptor. At the first meeting the personal learning objectives and weekly conference tool will be utilized.

After the first visit, the weekly conference tool will be utilized alone. At the final evaluation, the Clinical Evaluation Tool should be completed by the preceptor and the student so that it can be reviewed at the final visit. The evaluation of the preceptor and the Refresher student can be completed on the same form or different forms can be utilized, whichever way is most convenient is acceptable.

The faculty liaison can be called or emailed anytime during the precepted clinical experience to offer guidance and/or support.

Personal Learning Objectives

Clinical Practice

Name _____ Date Due _____

Clinical practice in the Refresher course is designed to help ease your transition back into nursing practice. While working with your LPN preceptor, you will be practicing in a semi dependent but realistic environment. Identify your expectation for this clinical practicum.

1. Write at least four learning objectives. Make them specific to your area of practice.
2. Address the three learning domains (cognitive, affective, psychomotor) within the objectives.
3. Include caring theory within the objectives.

You must discuss these objectives with your faculty liaison and with your preceptor within the first week or first two shifts worked. Attainment of these goals will be reviewed at the final evaluation conference.

- 1.
- 2.
- 3.
- 4.

Weekly Conference Tool

Name_____

Agency/Unit_____

Preceptor's Name_____

Dates_____

Refresher student goals for the week.

LPN Preceptor's goals for the week.

Weekly conference/evaluation of goal attainment. (Address met and unmet goals and a plan of action.

Reflection on the "week's" experiences. How have these experiences contributed to your growth as a professional nurse?

Fox Valley Technical College

LPN Refresher Clinical Preceptor Orientation Packet

In response to the increased demand for qualified registered nurses there has been an increased demand for flexible LPN Refresher training programs. The Fox Valley Technical College LPN Refresher Program will provide the LPN refresher student time to practice basic nursing skills utilized. An independent online theory review will include the nursing process, infection control, medication update, recent trends, the aging population, communication, and scope of practice. At the end of the course the student will complete 108 hours of precepted clinical with at least 54 hours completed in the long-term care setting.

All of the LPN Refresher students hold a current license (active or limited) from the state of Wisconsin. They have met all agency health requirements, hold a current CPR certificate for health care professionals, and have completed the required DOJ and DHFS background checks. They also carry the same liability insurance as the ADN students.

The students may not begin clinical practice until the skills demonstration has been completed satisfactorily. Any configuration of work schedule (days, evenings, nights, and weekends) is acceptable to meet the 108 clinical hours. The student is responsible for scheduling the 108 hours of practice with the LPN preceptor. The student is expected to share the planned work week with the faculty liaison. It is the responsibility of the student to inform the faculty liaison of any change in the work schedule.

The student will need an orientation to the unit on the first clinical day. The student will need to be familiar with unit/facility policies and procedures, where equipment and supplies are kept, as well as the general routine of the unit.

The Refresher student will be expected to care for a group of patients independently by the end of clinical. As the preceptor you do not have to be with the student once you know that they are competent to perform a skill. The Refresher student and the preceptor can work as a team to provide care to a group of patients (the normal amount that the preceptor would have on any given day). As the clinical progresses you will find that the student is becoming more independent and is able to care for more of the patients/residents. Your role then is to be available to the student should questions arise. Enclosed in the informational packet is a list of responsibilities for the LPN Preceptor, the Refresher Student, and the FVTC faculty liaison.

This packet contains the following forms:

1. **PERSONAL LEARNING OBJECTIVES.** The student is to formulate personal learning goals for this clinical experience and share them with the preceptor. They will serve to direct learning activities for this

clinical and their outcome will be evaluated at the final evaluation conference.

2. **CONFERENCE TOOL.** The LPN preceptor and faculty liaison will utilize this tool to plan weekly learning activities with the Refresher student. Focusing on daily/weekly goals assists the student in accomplishing the objectives for the experience. They will be reviewed with the faculty liaison during visits. The student must reflect on the week's experience and evaluate their impact on his/her re-entry into practice.
3. **CLINICAL EVALUATION TOOL.** An evaluation of the student's performance will be done jointly by the Refresher student and LPN preceptor; the faculty liaison will meet with both to review the evaluation. The clinical evaluation tool can be helpful in setting goals for the entire clinical and also for weekly goals. In order to meet the requirements for the Clinical component of the LPN Refresher program the student must earn a "3" (meets expectations) for all of the listed outcomes of the course.
4. **EVALUATION OF PRECEPTED CLINICAL EXPERIENCE.** An evaluation completed by the preceptor of the Clinical Experience will help to make any necessary changes. Feedback is appreciated!

The faculty liaison will make scheduled visits with the preceptor and Refresher students. At the first meeting the personal learning objectives and weekly conference tool will be utilized. After the first visit the weekly conference tool will be utilized alone. At the final evaluation, the Clinical Evaluation Tool should be completed by the preceptor and the student so that it can be reviewed at the final visit. The evaluation of the preceptor and the Refresher student can be completed on the same form or different forms can be utilized, whichever way is most convenient is acceptable.

The faculty liaison can be called or emailed anytime during the precepted clinical experience to offer guidance and/or support.

LPN Preceptor Responsibilities

1. Orient student to agency/unit.
2. Orient agency/unit to student role.
3. Review clinical learning objectives with student and jointly plan the learning experiences to meet them.
4. Serve as a resource to student and faculty liaison.
5. Supervise the student's work on the unit.
6. Establish clinical work schedule with student, planning for 108 clinical hours. Share with faculty liaison.
7. Collaborate with student on client assignments.
8. Discuss progress towards meeting learning objectives with student. Evaluate
9. Participate in evaluation of precepted clinical.
10. Contact the faculty liaison for:
 - Excessive student absences
 - Consistent tardiness or student "no show" to clinical.
 - Illness of self, vacation, low census days
 - Incidents of professional conduct or accountability involving student
 - Changes to be made in role of student (i.e. restriction of practice)
 - Any questions
11. Contact the student for:
 - Any change in work schedule (vacation, low census days)
 - Illness of self

Student Responsibilities

1. Identify the site you are interested in utilizing, for your precepted clinical experience, to the faculty liaison via email. If you know the person that needs to be contacted to make arrangements please provide that information as well (ie – unit/facility manager or education director, preceptor you would like to work with, etc.).
2. Complete a Background Information Disclosure (BID) form when you come in to complete your Skills Review in the lab.
3. Provide faculty liaison with a copy of your scheduled hours **PRIOR to start of clinical practice**. You may not begin clinical until the work schedule is submitted.
4. Complete “Personal Learning Objectives” and share with faculty liaison and LPN preceptor. Develop a plan to meet objectives, and identify and seek specific learning experiences to meet them. The faculty liaison will visit you and your preceptor during the first week you are at the clinical site.
5. Work under the supervision of the LPN preceptor.
6. Set weekly objectives with preceptor, share with faculty liaison, and complete “Weekly Conference Tool” reflecting on personal growth during the week’s experiences. Submit to faculty liaison.
7. Present self as professional at all times, adhering to all school and agency policies.
8. Contact LPN preceptor for:
 - Illness or any other reason for not appearing at the clinical site as the prearranged time.
 - Questions related to agency policies/procedures.
 - **ANY** questions or concerns.
9. Contact the faculty liaison for:
 - Schedule changes
 - Illness or unavailability of LPN preceptor. (you may not on your own find a substitute preceptor).
 - Incidents involving the student, client, or LPN preceptor.
 - Questions related to program/educational standards.
 - **ANY** questions or concerns.
10. Satisfactorily complete learning objectives and course competencies. Evaluation of performance is done jointly by the student, LPN preceptor, and faculty liaison.

Faculty Liaison Responsibilities

1. Meets with students before start of clinical practice to discuss issues/concerns/requirements/expectations.
2. Maintains record of student clinical experience and monitors clinical attendance.
3. Makes visits to clinical site to monitor student progress and troubleshoot as necessary. If the clinical faculty is unable to schedule a visit, she is and will be available by either email or phone. The email for Sally Schultz, RN MSN the faculty for this program is Schultzs@fvtc.edu . Sally's office phone number is (920) 831-4361. The faculty may make suggestions to enhance learning experiences based upon feedback the preceptor provides.
4. Assists the preceptor by:
 - Identifying learning experiences needed for the student based on course competencies.
 - Serving as a resource and support person.
 - Being available on a regular basis to discuss progress/issues/concerns.
 - Reviewing the student evaluation and answering any questions the preceptor may have.
5. Once all final evaluation is completed with the Refresher student and the preceptor and the student has successfully completed the clinical component of the Refresher course a certificate will be provided to the student.

Personal Learning Objectives Clinical Practice

Name _____ Date Due _____

Clinical practice in the Refresher course is designed to help ease your transition back into clinical practice. While working with your LPN preceptor, you will be practicing in a semi dependent but realistic environment. Identify your expectation for this clinical practicum.

1. Write at least four learning objectives. Make them specific to your area of practice.
2. Address the three learning domains (cognitive, affective, psychomotor) within the objectives.
3. Include caring theory within the objectives.

You must discuss these objectives with your faculty liaison and with your preceptor within the first week or first two shifts worked. Attainment of these goals will be reviewed at the final evaluation conference.

- 1.
- 2.
- 3.
- 4.

Weekly Conference Tool

Name_____

Agency/Unit_____

Preceptor's Name_____

Dates_____

Refresher student goals for the week.

LPN Preceptor's goals for the week.

Weekly conference/evaluation of goal attainment. (Address met and unmet goals and a plan of action.

Reflection on the "week's" experiences. How have these experiences contributed to your growth as a professional nurse?

**Fox Valley Technical College
Associate Degree Nursing Program
LPN Refresher Program**

LPN Preceptor Evaluation of Precepted Clinical Experience

The faculty of the LPN Refresher course would like your input regarding the course. Please evaluate according to the following scale:

Strongly Agree 1 2 3 4 5 Strongly Disagree

- ___1. I view this precepted clinical as a valuable learning experience for the FVTC LPN Refresher student.
- ___2. The faculty liaison's visits were timely, informative, and facilitating to the student and myself.
- ___3. I had a positive experience with my student.
- ___4. The information packet was a useful resource and helped me understand my role as preceptor.
- ___5. The student and I were able to set and meet learning goals.
- ___6. My comments and critique of the student's performance during the clinical experience were valued and accepted.
- ___7. My comments about the course/clinical were valued and accepted.

I would list the following as strengths of the course:

Do you have any changes to suggest?

I would be willing to serve as preceptor again: ____yes ____ n

LPN REFRESHER Clinical Evaluation Tool

Student _____

Dates of Clinical _____

Clinical Location _____

Clinical Hours Present _____

Scale: 1. – Does not meet expectations

Requires frequent promptings from instructor. Has difficulty gathering assessment data, identifying problems, generating solutions and evaluating effectiveness of actions.

2. – Meets expectations, but needs improvement

Requires some prompting by instructor. Gathers some but not all pertinent assessment data. Is able to identify problems with assistance. Requires some assistance and prompting to develop appropriate solutions, evaluation and revision of action.

3. – Meets expectations

Consistently gathers pertinent assessment information with minimal assistance from instructor, accurately identifies and prioritizes problems with minimal assistance from instructor. Generates appropriate interventions. Evaluates and revises work with minimal assistance from instructor.

4. – Exceeds expectations

Independently identifies pertinent assessment data and problems. Generates appropriate solutions, evaluates and revises plan on own.

N/O – No Opportunity

There was no opportunity during this clinical experience to demonstrate his/her competence.

Satisfactory performance means achieving a 3 or higher on all listed competencies.

When completing his/her self-evaluation, the student will provide examples of behaviors that support his/her score for each program outcome.

Program Outcomes and Core Abilities	Characterized By:	Scale and Preceptor Comments	Scale and Student Comments
<p>1. Demonstrate professional behavior in clinical situations.</p> <p>Core Ability: Demonstrate Personal integrity through personal and responsible behavior.</p>	<p>Commitment to the profession of nursing. Adherence to standards of practice. Practicing within ethical, legal, and regulatory frameworks. Concern for others. Caring behavior. Valuing the profession. Participating in ongoing professional development. Completing 108 hours of clinical practice.</p>	<p><u>1</u> 2 3 4 <u>NO</u></p>	<p><u>1</u> 2 3 4 <u>NO</u></p>
<p>2. Demonstrates effective and therapeutic communication.</p> <p>Core Ability: Communicate in ways that honor diversity.</p>	<p>Use of therapeutic communication when interacting with clients and significant support persons. Communicates relevant, accurate, and complete information. Reports and documents assessments, interventions, and client progress. Maintains confidentiality. Utilizes appropriate channels of communication.</p>	<p><u>1</u> 2 3 4 <u>NO</u></p>	<p><u>1</u> 2 3 4 <u>NO</u></p>

Program Outcomes and Core Abilities	Characterized By:	Scale and Preceptor Comments	Scale and Student Comments
<p>3. Uses assessment to meet the client's needs.</p> <p>Core Ability: Uses critical and creative thinking to solve problems, resolve conflicts, make decisions, and complete tasks.</p> <p>Communicates in ways that Honor diversity.</p>	<p>Collects data in an orderly manner from multiple sources.</p> <p>Assesses physical, developmental, emotional, psychosocial, cultural, spiritual, and functional status.</p> <p>Identifies available resources to meet client needs.</p> <p>Conducts ongoing assessment and reassessment as indicated by client's changing needs.</p>	<p>1 2 3 4 NO</p>	<p>1 2 3 4 NO</p>
<p>4. Uses critical thinking skills within the nursing process to make clinical decisions.</p> <p>Core Ability: Use critical and Creative thinking skills to solve problems, resolve conflicts, make decisions, and complete tasks.</p>	<p>Makes clinical judgments and management decisions which ensure safe and accurate care.</p> <p>Analyzes and uses assessment data to plan care/individualize care.</p> <p>Evaluates the effectiveness of care and modifies care based on evaluation.</p> <p>Uses evidenced-based information to support clinical decision-making.</p>	<p>1 2 3 4 NO</p>	<p>1 2 3 4 NO</p>

Program Outcomes and Core Abilities	Characterized By:	Scale and Preceptor Comments	Scale and Student Comments
<p>5. Delivers caring interventions to diverse client populations.</p> <p>Core Ability: Uses critical and creative thinking skills to solve problems, resolve conflicts, make decisions, and complete tasks.</p>	<p>Protects and promotes the client's dignity.</p> <p>Honors client's values, beliefs, lifestyle.</p> <p>Provides safe and accurate care.</p> <p>Performs nursing skills competently.</p> <p>Implements the prescribed medical regimen.</p> <p>Provides a safe physical and psychosocial environment.</p> <p>Assists client to achieve optimum comfort and functioning.</p> <p>Prepares client and support persons for treatments and care.</p> <p>Supports client's and support person's decisions regarding care.</p> <p>Creates an environment of hope and trust.</p>	<p>1 2 3 4 <u>NO</u></p>	<p>1 2 3 4 <u>NO</u></p>
<p>6. Implements the teaching/learning process.</p> <p>Core Ability: Communicate in ways that honor diversity.</p>	<p>Applies principles of teaching/learning.</p> <p>Individualizes teaching plans.</p> <p>Provides information for informed decision making, achieving positive outcomes, supporting self-care.</p> <p>Evaluates client's and support persons' response to teaching.</p> <p>Provides formal and informal teaching to clients, support persons, assistive personnel, and peers.</p>	<p>1 2 3 4 <u>NO</u></p>	<p>1 2 3 4 <u>NO</u></p>

Program Outcomes and Core Abilities	Characterized By:	Scale and Preceptor Comments	Scale and Student Comments
<p>7. Demonstrates collaboration with clients and other members of the health care team.</p> <p>Core Ability: Work cooperatively in a team environment. Use critical and creative thinking skills to solve problems, resolve conflicts, make decisions, and complete tasks.</p>	<p>Collaborates with others to achieve client and organizational outcomes. Interacts creatively and openly with others to solve problems to achieve client goals and outcomes.</p>	<p>1 2 3 4 NO</p>	<p>1 2 3 4 NO</p>
<p>8. Demonstrates management skills.</p> <p>Core Ability: Use critical and creative thinking skills to solve problems, resolve conflicts, make decisions, and complete tasks.</p>	<p>Manages care for a client or group of clients. Demonstrates time management skills. Facilitates continuity of care. Delegates aspects of client care to qualified assistive personnel. Assists client and support persons to access available resources and services. Provides cost effective care.</p>	<p>1 2 3 4 NO</p>	<p>1 2 3 4 NO</p>

Program Outcomes and Core Abilities	Characterized By:	Scale and Preceptor Comments	Scale and Student Comments
<p>9. Applies caring principles to nursing care.</p> <p>Core Ability: Communicate in ways that honor diversity.</p>	<p>Demonstrates caring behaviors with clients, peers, and other members of the healthcare team.</p> <p>Establishes helping, trusting relationships with clients.</p> <p>Respects others' values and beliefs.</p> <p>Nurtures faith and hope in client and others.</p> <p>Is helpful to others.</p> <p>Shows concern and sensitivity to others.</p>	<p><u>1</u> 2 3 4 <u>NO</u></p>	<p><u>1</u> 2 3 4 <u>NO</u></p>
<p>10. Provides holistic nursing care.</p> <p>Core Ability: Demonstrates adaptation to change. Use critical and creative thinking to solve problems, resolve conflict, make decisions and complete tasks.</p>	<p>Provides competent nursing care to clients in setting of choice</p>	<p><u>1</u> 2 3 4 <u>NO</u></p>	<p><u>1</u> 2 3 4 <u>NO</u></p>

Additional Comments

Preceptor Signature_____

Instructor Signature_____

Student Signature_____

Clinical Hours_____

Sally J. Schultz, RN MSN



Objective

I am seeking a full-time position in nursing education. My belief in the importance of nursing and my commitment to education, as well as my past experience, will be a benefit to both students and my employer.

Qualifications And Skills

I have been a full – time nursing instructor at Fox Valley Technical since 2002 and prior to that time was a part-time instructor at Fox Valley Technical College. I have been involved in curriculum development; advising students; teaching online courses; teaching students in the classroom, nursing lab and clinical setting. Success in this area is indicated by the positive student evaluations I have received and the accomplishments of my students.

Education

Master of Science in Nursing University of Wisconsin Oshkosh
June 1992. GPA 3.90
Dual Emphasis – Family Nurse Practitioner and Nurse Educator

**Bachelor of Science in Nursing- Summa Cum Laude University
Of Wisconsin Oshkosh**
May 1981. GPA 3.97 GPA in Nursing Courses 4.0

Certifications and Honors

- * 5-year teacher certification for Wisconsin Technical Colleges
- * Certified in Healthcare Provider CPR
- * Recipient of the Katherine MacKinnon Fiss Award for outstanding academic achievement and leadership, Spring 1981
- * Inducted into Sigma Theta Tau, Spring 1981
- * Recipient of the Outstanding Student in Nursing Award, 1980
- * Recipient of the Senior Scholarship for the College of Nursing, 1980
- * Dean's List- eight semesters

Experience

Fox Valley Technical College Appleton, WI; August 2002 to present
Full-time Nursing Instructor
Responsible for

- * Educating students in the classroom, nursing laboratory and clinical setting

- * Preparing students for their future as professional nurses by talking about careers and sharing experiences from my health-care background and education
- * Writing letters of recommendations for students for employment, internships, externships and for scholarships
- * Advising students
- * Adding the perspective of “real-world” to classroom activities, discussions, and experiences
- * Implementing interactive classroom techniques
- * Contributing to nursing team meetings and helping the team to function effectively
- * Developed curriculum for several courses including Nursing Fundamentals, Nursing Skills, Introduction to Clinical Practice, Medical Terminology, Holistic Health, Healing the Dying and Medical Disorders I and II.
- * Have transferred and maintained several courses on Blackboard for online delivery
- * Co-development of curriculum for the practical nursing program
- * Analyze and revise curriculum in the Associate Degree Nursing Program to best meet the educational needs of students
- * Marketing Fox Valley Technical College courses and programs to the public

Fox Valley Technical College Appleton, WI January 1991 -July 2002
Part-time Nursing Instructor

Theda Clark Medical Center Neenah, WI June 1981 – August 1991
 Staff Nurse, Assistant Head Nurse and Unit Educator

Consultation

Have been a text book reviewer for several text books including *Kozier and Erb’s Fundamentals of Nursing*, *Gartee - Beal’s Electronic Health Record and Nursing*, and *Rice’s Medical Terminology*.

Professional Membership

Member of National League for Nurse’s

Licensure

Licensure as a Registered Nurse in the state of Wisconsin

References

Available upon request

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager		2) Date When Request Submitted: 12/15/2014	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before meeting for all others 	
3) Name of Board, Committee, Council, Section: Board of Nursing			
4) Meeting Date: 1/8/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Request for Approval of Nursing Refresher Course – Minnesota State Community and Technical College	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review, discuss and make motion relating to application for approval of a RN nursing refresher course and a PN nursing refresher course from Minnesota State Community and Technical College.			
11) Authorization			
Jill M. Remy		12/15/2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Minnesota State Community and Technical College

Custom Training Services

Office Location:

1110 14th Street South
Moorhead, MN 56560
218-299-6586
800-426-5603 ext. 6586

Mailing Address:

1900 28th Avenue South
Moorhead, MN 56560
Fax: 218-291-4267
www.cts.minnesota.edu

December 12, 2014

Wisconsin Board of Nursing
PO Box 8366
Madison, WI 53708-8366

Dear Board of Nursing:

Attached you will find the completed Request for Approval form for the Independent Study LPN Refresher Course offered by Minnesota State Community and Technical College's, Custom Training Services Department.

Both of our Independent Study RN and LPN Refresher courses have previously been approved by your department. I was notified of the recent changes to the Wisconsin Administrative Code necessitating re-approval. It is my understanding if submitted to you prior to December 19, 2014 this will be reviewed at your January 8, 2015 meeting.

Please note that our course is independent study and completed by the students either in handwritten (paper/pencil) format or online. Students are enrolled and given the option to complete the theory requirements either way.

In the past we were approved to add the skills lab requirement hours on to the clinical hours to fulfill this requirement. I am hoping you will recognize this again as fulfilling this requirement.

Please note that faculty for this course are not in a classroom setting since this is an independent study course and completed online or in hard copy format. Master's degree in nursing prepared nurses wrote and contributed in the writing of the curriculum. Please see the attached list of contributors.

I have also attached the reference reading/objectives page for each unit of the curriculum to assist you in seeing what is included in our curriculum. If you desire a full copy, please let me know and I will mail it to you for review. I have also included a course outline describing our course requirements, etc.

Thank you. I look forward to hearing from you.



Karen Schumacher, RN, MS
Director of Health

With locations at Detroit Lakes, Fergus Falls, Moorhead, and Wadena

A member of Minnesota State Colleges and Universities. An Equal Opportunity Educator Employer.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

BOARD OF NURSING

REQUEST FOR APPROVAL OF A NURSING REFRESHER COURSE

Approval by the Board of Nursing is required for all nursing refresher courses.

To apply for Board of Nursing approval, the course provider must submit this completed form and the course curriculum to dspsexaminationoffice@wisconsin.gov.

NOTE: Individual course participants are only required to submit curriculum to the Board of Nursing for approval if the course is not on the list of approved nursing refresher courses.

All approved courses will be included on an approved course list posted to the DSPS website; providers are urged to inform the Board of Nursing of any changes in the contact information listed on this application form to ensure accurate, current information is included on the list of approved courses.

I. COURSE PROVIDER

1. Name of course provider: Minnesota State Community & Technical College
2. Provider address: 1900-28th Ave S., Moorhead, MN 56570
3. Name of course administrator: Karen Schumacher, RN, MS
4. Type of nursing refresher course: Professional Nurse (RN) Practical Nurse (PN)

II. COURSE INSTRUCTOR

5. Do all instructors of the nursing refresher course have a master's degree in nursing and recent clinical experience or clinical teaching experience? Yes No

6. If preceptors are used, are they selected by the instructor using criteria developed for the course and does the instructor provide supervision of the preceptors? Yes No See attached selection process in conjunction with clinical facility.

III. COURSE CURRICULUM

A. PROFESSIONAL NURSING (RN) REFRESHER COURSE CURRICULUM REQUIREMENTS

- A1. Does the RN skills lab include basic nursing skills review and technology and equipment update?
 *Yes No *List number of required hours in skills lab: _____
- A2. Is direct supervision or precepted clinical experience performed in a hospital, clinic, long-term or subacute facility required? *Yes No *List number of required hours: _____

Does the theory portion of the RN nursing refresher course include all of the following content?

- A3. Yes No Nursing process review
- A4. Yes No Infection control
- A5. Yes No Medication and pharmacology update
- A6. Yes No Recent trends in nursing techniques and responsibilities
- A7. Yes No Communication
- A8. Yes No Documentation and reporting
- A9. Yes No Supervision and delegation

B. PRACTICAL NURSING (PN) REFRESHER COURSE CURRICULUM REQUIREMENTS

- B1. Does the PN skills lab include basic nursing skills review and technology and equipment update?
 *Yes No *List number of required hours in skills lab: 15 added to their 70
how clinical experience to equal 85 hrs as previously approved by WI.
- B2. Is direct supervision or precepted clinical experience performed in a hospital, clinic, long-term or subacute facility required? *Yes No *List number of required hours: 70 + 15 = 85 total

Does the theory portion of the PN nursing refresher course include all of the following content?

- B3. Yes No Nursing process review
- B4. Yes No Infection control
- B5. Yes No Medication and pharmacology update
- B6. Yes No Recent trends in nursing techniques and responsibilities
- B7. Yes No Communication
- B8. Yes No Documentation and reporting
- B9. Yes No Supervision and delegation
- B10. Yes No Aging population

KAREN Schumacher, RN, MS
Nursing Refresher Course Administrator

Karen Schumacher RN MS
Signature

218-299-6586
Telephone Number

Director of Health
Title

12-12-14
Date

Karen.Schumacher@minnesota.edu
Email Address

**INDEPENDENT STUDY REFRESHER
COURSE
for
LICENSED PRACTICAL NURSES
(Wisconsin)**



Custom Training Services

**1900 28th Ave. So.
Moorhead, MN 56560**

GENERAL COURSE INFORMATION

CONTACT HOURS EARNED

165 FOR WISCONSIN LPN REFRESHER STUDENTS

COURSE FEE

\$895 (includes a medical-surgical book, a procedure skills book, shipping & handling, WI criminal background study fee and liability insurance)

Payable by cash, check or credit card.

Send payment with application form and books will be sent directly to your home via UPS, along with instructions on how to gain access to the online version of the course.

NURSE'S LIABILITY INSURANCE

Nurses' liability insurance is included in the above fee; however, if not acceptable by your chosen clinical site you will need to purchase a separate policy. A separate insurance policy could cost approximately \$108 for a year's coverage. This is required prior to beginning your clinical experience. Coverage must be for \$2,000,000 per occurrence/\$6,000,000 per aggregate.

***For more course information or
information on how to register call:***

Karen Schumacher, RN, MS
Director, Health and Emergency Services
1-800-426-5603 ext. 6586
(218) 299-6586 Phone
(218) 291-4267 Fax

E-mail address: karen.schumacher@minnesota.edu

A. Course Title

Independent Study Refresher Course for Licensed Practical Nurses

B. Course Description

The purpose of this course is to provide an opportunity for exposure to current nursing theory and practice as it relates to the role of the licensed practical nurse as a member of today's health care system. This course will also enhance preparation of the nurse for the orientation program of an employing agency.

C. Total Course Hours

Theory - A minimum of 80 hours will be spent completing the theory component of the course.

Clinical - A minimum of 85 hours of supervised clinical will be completed in a clinical facility (hospital, long-term care/subacute or clinic setting). Fifteen (15) hours of the 85 clinical hours must include a basic nursing skills review and an equipment/technology update. The remaining 70 hours of supervised clinical should be allocated predominately to direct patient care. On-site pre- and post-clinical discussions of learning objectives, care evaluations, and preceptor meetings may be included in these clinical hours.

* It is recommended students complete the entire course within 12 months. If deemed necessary, arrangements can be made to extend the completion date on an individual basis with prior approval from the course coordinator. An additional fee of \$200 will be required for a 3 month extension.

D. Overall Course Objectives

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

1. Define the Standards of Practice for the Registered Nurse, Licensed Practical Nurse, and role of the Nurse Assistant including regulations as stated in the State of Wisconsin Nurse Practice Act.
2. Identify and describe ethical, legal and professional issues in health care.
3. Use effective communication strategies in nursing care delivery, ie. documentation, care planning, reporting.
4. Discuss the various methods of nursing care delivery and the role of the nurse and assistant to the nurse.
5. Define the concepts of health, wellness, health promotion, illness prevention and patient education.
6. Utilize the nursing process as it relates to the Scope and Standards of Practice for Licensed Practical Nurses.
7. Explain the concept of quality assurance and its aim and purpose in nursing.

8. Describe the characteristics of the current health care delivery system that impact safety, quality and outcomes for patients.
9. Describe how patient education, referrals and the use of community resources are utilized in discharge planning for a variety of patients.
10. Demonstrate knowledge and safe appropriate medication and treatment administration.
11. Discuss current management concepts utilized in all of the following areas:
 - a. Patient/Nurse Safety
 - b. Medication Administration
 - b. Cardiovascular
 - c. Respiratory
 - d. Musculoskeletal
 - e. Integumentary
 - f. Metabolic and Endocrine
 - g. Care of the Older Adult
 - h. Pain Management
 - i. Fluids and Electrolytes
12. Discuss current management concepts utilized in three (3) of the following areas:
 - a. Neurologic
 - b. Gastrointestinal
 - c. Renal and Urinary
 - d. Reproductive
 - e. Oncology Nursing
 - f. Perioperative Surgical Nursing

E. Instructional Methods

1. Course orientation (via phone or in person)
2. Periodic conferences, as needed
3. Independent Learning Guide (online or hard copy)
4. Clinical experience (secured and arranged by the student in a healthcare facility in the refresher students' home community/area of residence)

F. Evaluation Methods

1. Mid-term and final exam each with a 76% or higher passing grade. The mid-term exam will be a take home exam. The final exam will be monitored by a proctor identified by the refresher student. If a score of less than 76% is received on the final exam, the student will be allowed one retake with a different examination.
2. Clinical student evaluation completed by RN preceptor
3. Written assignments in the Independent Learning Guide (satisfactory/unsatisfactory)
4. Comprehensive Care Plan (satisfactory/unsatisfactory)
5. Skills checklist
6. Final Student Evaluation completed by Course Coordinator
7. Course evaluation completed by student

G. Theoretical and Clinical Components

Theoretical Components

After the nurse refresher student has enrolled and received the course materials, instructions will be given on how to complete the Independent Learning Guide, either in person or via the phone, if necessary. Areas covered at this time are course objectives, course requirements and assignments. Arrangements can be made for the course to be started and completed entirely via the mail or online. Students are instructed to contact the course coordinator at any time should they need assistance or have questions regarding their independent study. The independent learning guide will take a minimum of 80 hours to complete.

Students are required to complete Section I, and the following units of Section II in the learning guide:

1. Patient/Nurse Safety (Unit 1)
2. Medication Administration (Unit 2)
3. Cardiovascular (Unit 3)
4. Respiratory (Unit 4)
5. Musculoskeletal (Unit 5)
6. Integumentary (Unit 6)
7. Metabolic and Endocrine (Unit 7)
8. Care of the Older Adult (Unit 8)
9. Pain Management (Unit 9)
10. Fluids and Electrolytes (Unit 10)

Three of the following units of Section II are also to be completed:

1. Neurologic (Unit 11)
2. Gastrointestinal (Unit 12)
3. Renal and Urinary (Unit 13)
4. Reproductive (Unit 14)
5. Oncology Nursing (Unit 15)
6. Perioperative Surgical Nursing (Unit 16)

Clinical Laboratory Components

The students must complete section I and first 10 units of Section II of the study guide and a mid-term exam prior to beginning their clinical experience.

It is the responsibility of the nurse refresher course participant to secure the clinical placement site in a healthcare facility in his/her home community.

A background study will also need to be initiated prior to starting clinical. A form is mailed to the student upon course enrollment to gather data to begin this process.

Students are required to submit proof of negative TB result (Mantoux) taken within 6 months of their clinical start date, or a negative chest x-ray taken within the last year. Proof of immunity for measles, mumps and rubella may also need to be submitted to the course coordinator. Additional immunization records may also be requested by the healthcare facility to be on file.

While in the clinical area, the refresher course student will be co-assigned with a currently licensed registered nurse on staff at the healthcare facility. This registered nurse will act as his/her preceptor and will supervise the clinical experience of the refresher course student. The preceptor must be approved by the clinical facility to act as a preceptor in a one-on-one nursing practice experience. The preceptor will have two years of current clinical practice. The registered nurse preceptor(s) may delegate portions of the learning experience as appropriate.

A minimum of 85 hours (WI) will be spent in the clinical setting of the acute, long-term care/subacute or clinic setting. Fifteen (15) hours of the 85 clinical hours must include a basic nursing skills review and equipment/technology update. The remaining 70 hours of supervised clinical should be allocated predominately to direct patient care. On-site pre and post-clinical discussions of learning objectives, care evaluations, and preceptor meetings may be included in these clinical hours.

A student evaluation form will be completed by the registered nurse preceptor evaluating the care given by the refresher course student. This form will be reviewed by the student and signed. The preceptor will return the form to the course coordinator at Minnesota State Community and Technical College, along with verification the required hours of clinical were completed.

The refresher course student must carry professional nurses' liability insurance. As an enrolled refresher course student, you are covered under our colleges' student liability insurance plan.

Students receiving their clinical in a WI facility will obtain a limited license prior to beginning clinical.

A clinical agreement will need to be signed by college and clinical facility personnel prior to the start of the clinical experience.

H. Textbook

The main textbooks for the course are:

Linda S. Williams & Paula D. Hopper, *Understanding Medical-Surgical Nursing*, 5th Edition, Philadelphia: F.A. Davis Publishing Company, 2015

Lynn, Pamela. *Taylor's Handbook of Clinical Nursing Skills*, 2nd Edition, Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins, 2015

INDEPENDENT LEARNING GUIDE

FOR

LICENSED PRACTICAL NURSES

A program originally developed by
Hennepin Technical College (1990)
with special funding from the
Minnesota State Board of Vocational Technical Education

Revised and Updated: April 2013

Minnesota State Community & Technical College
Custom Training Services
1900 – 28th Ave. South
Moorhead, MN 56560

Independent Learning Guide
for
Licensed Practical Nurses

Revised and Updated, April 2013 by:

PROGRAM COORDINATOR/DIRECTOR:

Karen Schumacher, RN, MS, CPP

EDUCATION:

Registered Nurse Licensure - North Dakota and Minnesota
BSN - University of North Dakota, Grand Forks, ND
MS in Education - North Dakota State University, Fargo, ND
Certified Program Planner – Learning Resources Network

WORK EXPERIENCE:

Medical-Surgical Nursing as Staff Nurse and Nurse Educator
RN/LPN Refresher Course Instructor/Coordinator
 MeritCare Hospital, Fargo, ND (1980-1987)
RN/LPN Refresher Course Coordinator
 Minnesota State Community and Technical College (1989-present)

CURRENTLY EMPLOYED:

Director – Health and Emergency Services
Custom Training Services
Minnesota State Community and Technical College
Moorhead, MN

WITH THE ASSISTANCE OF:

Jennifer Jacobson, RN, MSN

EDUCATION:

Registered Nurse Licensure - North Dakota and Minnesota
BSN – Minot State University, Minot, ND
MSN in Nursing Education – University South Alabama, Mobile, AL

WORK EXPERIENCE:

Faculty (2003-2013), Practical Nursing Program Coordinator (2005-2011), Interim PN
Director (2011-2013) - Minnesota State Community & Technical College
Staff Nurse, Neuromuscular Rehabilitation, MeritCare (2001-2008)
Coordinator of Health Care, Minot Vocational Adjustment Workshop (1994-2000)

CURRENTLY EMPLOYED:

Academic Dean/Director of Nursing (2013-Present)
Minnesota State Community and Technical College, Moorhead, MN

ACKNOWLEDGEMENTS

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Independent Learning Guide for Licensed Practical Nurses

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SECTION ONE: NURSING CONCEPTS

Unit One: Present Roles of the Nurse and Nurse Assistant

Reference Reading:

Laws and Rules Relating to your state's Board of Nursing Nurse Practice Act

North Dakota Board of Nursing website: www.ndbon.org

Minnesota Board of Nursing website: www.nursingboard.state.mn.us

Wisconsin Department of Regulation and Licensing website: www.drl.state.wi.us

Objectives:

1. Describe the primary purposes of the State Nurse Practice Act.
2. Describe the State's Board of Nursing primary duties and contact information.
3. Identify what is necessary to maintain an active nursing license in your state.
4. Define the standards of practice for the RN and LPN as stated in your state's Nurse Practice Act.
5. Compare the responsibilities and duties of a RN and LPN according to a health facility job description.
6. Explain the role of the LPN in intravenous therapy.
7. Describe the standards for the licensed nurse when accepting nursing intervention assignments.
8. Explain the licensed practical nurses accountability and responsibility in the delegation process.
9. Define interventions that may not be delegated to an unlicensed assistive person.

SECTION ONE: NURSING CONCEPTS

Unit Two: Critical Thinking and the Nursing Process

Reference Reading:

Williams & Hopper: Chapter 1

Laws relating to your state's Board of Nursing Nurse Practice Act

Objectives:

1. Define the characteristics of critical thinking and the rationale for its importance in nursing practice.
2. Explain the nursing process and its purpose.
3. Explain the five steps of the nursing process and how communication is important in each step.
4. Define the responsibility of the licensed practical nurse in the nursing process according to the State's Nurse Practice Act.
5. Explain how critical thinking enhances the implementation of the nursing process.
6. Describe Evidence-Based Practice (EBP), its purpose, and an example of a nurse applying EBP in the clinical setting.

SECTION ONE: NURSING CONCEPTS

Unit Three: The Nurse and the Health Care System

Reference Reading:

Williams & Hopper: Chapter 3
Nursing Articles on Documentation
Joint Commission "Do Not Use List"
Scope & Standards of Practice

ANA's Code of Ethics for Nurses: www.ana.com
HIPAA information website: www.cms.hhs.gov/ocr/hipaa
Documentation: <http://medi-smart.com/nursing-resources/documentation>
SBAR: www.saferhealthcare.com/sbar

Objectives:

1. Identify and describe ethical issues in nursing.
2. Identify and describe legal issues in nursing.
3. Describe the characteristics of good reporting and recording.
4. Utilize narrative and focus (DARP) charting formats for effectively documenting patient care.
5. Describe other forms of charting, i.e. Charting by Exception (CBE), Electronic Medical Record (EMR).
6. Discuss the SBAR communication technique.
7. Describe the guidelines listed in the patient's Bill of Rights and their application to health care delivery.
8. Explain the purpose of the ANA's Code of Ethics for Nurses.
9. Discuss factors influencing health care delivery.
10. Explain the standards of practice and how they relate to the nursing process.
11. Describe the various settings for health care delivery.
12. Discuss how members of the health care team would be consulted by nursing in the coordination of care.

13. Describe the leadership role of the LPN.
14. Discuss values and how they relate to the nurse-client relationship.

SECTION ONE: NURSING CONCEPTS

Unit Four: Cultural and Age Influences on Health and Illness

Reference Reading:

Williams & Hopper: Chapter 4 and Chapter 14

Objectives:

1. Define the concepts of health, wellness, health promotion, illness prevention and health education.
2. Explain the nurses' role in promoting health.
3. Describe aspects of the whole person and ways they affect client care.
4. Discuss health promotion activities across the life span.
5. Define the terms of cultural sensitivity, cultural awareness and cultural competence.
6. Discuss the influence of different cultures on nursing care delivery.
7. Explain how your communication styles might differ when caring for a client from a different cultural group than yours.
8. Define health literacy and identify ways health care professionals can help patients with limited health literacy.

SECTION ONE: NURSING CONCEPTS

Unit Five: Emotional Health and Well-Being

Reference Reading:

Williams & Hopper: Chapter 5, 13 (pages 245, 246), 14 (pages 261, 262), 56, 57

Objectives:

1. Describe the variables that influence the ability to cope with stress and are antecedents to emotional disorders.
2. Describe how a patient's family can influence their ability to cope with a health condition.
3. Discuss the concepts of anxiety, post-traumatic stress disorder and depression.
4. Identify the role of the nurse when working with patient's experiencing anxiety, post-traumatic stress disorder or depression.
5. Describe the concept of spirituality and explain the spiritual needs of patients.
6. Define the nurse's role in gathering data relative to the patients' use of CAM (complementary alternative therapies).
7. Describe the role of the nurse in identifying substance abuse problems and in helping families to cope.

SECTION ONE: NURSING CONCEPTS

Unit Six: End-of-Life Care

Reference Reading:

Williams & Hopper Chapter 17

www.agingwithdignity.org

www.hospicecare.com

Quality Palliative Care Info: www.nationalconsensusproject.com

Objectives:

1. Explore your personal values and attitudes about death and dying.
2. Describe the concept of “a good death” as described by patients and families.
3. Describe clinical settings for end-of-life care.
4. Describe dilemmas a nurse will face in end-of-life care.
5. Apply skills for communicating with terminally ill patients and their families.
6. Implement nursing interventions to manage the physiological responses to the dying process.
7. Discuss the assessment on an individual experiencing the grieving process.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit One: Principles & Issues Related to Patient/Nurse Safety

Reference Reading:

Williams & Hopper: Chapter 8 & 13
Nursing Drug Handbook

www.cdc.gov

Patient Safety Goals Info: www.jointcommission.com

Objectives:

1. Describe the basic principles of proper body mechanics utilized when repositioning a patient up in bed and transferring a patient.
2. Differentiate between medical asepsis and surgical asepsis.
3. Describe the six elements necessary for an infection to occur.
4. Describe the purpose of standard precautions.
5. Cite an example of when standard precautions are necessary in the clinical setting.
6. Differentiate between airborne, droplet and contact precautions.
7. Explain the role of the Centers for Disease Control and Prevention (CDC).
8. Explain when transmission-based precautions would be utilized.
9. Describe the precautions a nurse would take to prevent needlestick injuries.
10. Define noscomial infections and describe how they can be prevented.
11. Define methicillian-resistant staphylococcus aureaus (MRSA) and how it can be transmitted.
12. Define vancomycin-resistant enterococcus (VRE) and how it can be transmitted.
13. Define clostridium difficile (c diff) and how it can be transmitted.
14. Explain the nurses' responsibility in natural and terroristic disaster preparedness.
15. Describe common infectious diseases.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Two: Medication Administration

Reference Reading:

Pharmacology Reference Book
Nursing Drug Handbook

www.jointcommission.org

Objectives:

1. Distinguish between the different types of drug names.
2. List the six therapeutic uses of drugs.
3. Describe the nurses' legal responsibilities in drug prescription and administration.
4. List the "seven rights" of medication administration.
5. Give examples of types of medication errors that violate any of the "seven rights" of medication administration.
6. Identify common medication related abbreviations and calculate medication dosages.
7. Identify and describe innovations related to medications and medication administration.
8. Review specific skills, policies and procedures that relate to medications and medication administration.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Three: Nursing Care of Patients with Cardiovascular Disorders

Reference Reading:

Williams & Hopper: Chapters 21, 22, 23, 24, 25 & 26
Nursing Drug Handbook

Auscultation Assistant: www.wilkes.med.ucla.edu

Objectives:

1. Review the anatomy and physiology of the cardiovascular system.
2. Describe how diagnostic measures are used to assess cardiovascular disorders.
3. Review nursing skills associated with cardiovascular nursing.
4. Describe common problems associated with cardiovascular disorders.
5. Describe medications commonly used in the treatment of cardiovascular disorders.
6. Contribute to the nursing care plan for a patient with thrombophlebitis.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Four: Nursing Care of Patients with Respiratory Disorders

Reference Reading:

Williams & Hopper: Chapters 29, 30 & 31
Nursing Drug Handbook

Auscultation Assistant Info: www.wilkes.med.ucla.edu
www.heliosoxygen.com

Objectives:

1. Review the anatomy and physiology of the respiratory system.
2. Define diagnostic procedures for respiratory disorders.
3. Review related skills associated with respiratory illness.
4. Compare and contrast O₂ delivery systems including nursing and safety considerations.
5. Describe terms used in respiratory assessment and indicate their cause.
6. Describe common problems associated with respiratory disorders.
7. Describe listed medications commonly used for treatment of respiratory disorders.
8. Describe patient teaching for cough and deep breathing, diaphragmatic breathing, pursed lip breathing and Huff breathing including appropriate patient populations for each technique.
9. Contribute to the nursing care plan for a patient with chronic obstructive pulmonary disease (COPD).

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Five: Nursing Care of Patients with Musculoskeletal Disorders

Reference Reading:

Williams & Hopper: Chapters 45 & 46
Nursing Drug Handbook

Objectives:

1. Review the anatomy and physiology of the musculoskeletal system.
2. Describe complications of fractures.
3. Review nursing skills related to caring for an orthopedic surgical patient.
4. Describe listed common problems associated with the musculoskeletal system.
5. Describe a pain management innovation currently in use in orthopedic practice.
6. Identify medications commonly used for treatment of musculoskeletal disorders.
7. Contribute to the nursing care plan of a patient with a hip fracture.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Six: Nursing Care of Patients with Integumentary Problems

Reference Reading:

Williams & Hopper: Chapter 53, 54 & 55

wound vac video, etc.: www.kcil.com

Objectives:

1. Review the anatomy and physiology of the integumentary system.
2. Describe factors that put an individual at risk for a pressure ulcer.
3. Cite nursing interventions that can prevent a pressure ulcer.
4. Describe the four stages of pressure ulcers.
5. Describe common dermatologic problems.
6. Review nursing skills that relate to caring for a patient with an integumentary problem.
7. Identify medications commonly used for the treatment of skin disorders.
8. Apply the nursing process to a provided case study.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Seven: Nursing Care of Patients with Metabolic and Endocrine Disorders

Reference Reading:

Williams & Hopper: Chapters 35, 38, 39 & 40
Nursing Drug Handbook

Objectives:

1. Review the anatomy and physiology of the metabolic and endocrine system.
2. Differentiate between Type I and Type II diabetes.
3. Describe concepts of care in diabetes management.
4. Describe the long-term complications of diabetes.
5. Review diagnostic testing for assessing disorders of the metabolic endocrine system.
6. Review nursing skills related to caring for patients with disorders of the endocrine system.
7. Describe common metabolic or endocrine problems.
8. Identify medications commonly used for treatment of metabolic or endocrine disorders.
9. Contribute to the nursing plan of care for a patient with diabetes.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Eight: Health Care of the Older Adult

Reference Reading:

Williams & Hopper: Chapters 14, 15 & 16 (pages 293-296)

Nursing home data comparison website: www.medicare.gov/NHcompare

Home care data comparison website: www.medicare.gov/HCcompare

Objectives:

1. Review the physiology and describe the major body changes associated with the aging process.
2. Describe the physical, cognitive and psychosocial assessment for the older adult completed in collaboration with a RN.
3. Review innovations (changes) related to the care of the older adult.
4. Describe 3 available resources in your community designed to assist the elderly.
5. Discuss interventions that facilitate safety for older adults in their home.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Nine: Pain Management

Reference Reading:

Williams & Hopper: Chapter 10
Nursing Drug Handbook

Pain assessment: www.jointcommission.org
www.cityofhope.org/prc/

Objectives:

1. Identify and describe community resources in your local area utilized for pain management.
2. Identify and describe innovations/changes related to pain management.
3. Summarize what data collection is necessary when caring for a patient experiencing pain.
4. Describe the difference between acute and chronic pain.
5. Discuss nursing interventions for pain medication side effects.
6. Describe the nursing process application for a client with acute pain.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Ten: Fluids and Electrolytes

Reference Reading:

Williams & Hopper: Chapters 6 & 7

Objectives:

1. Explain the etiology of fluid volume disturbances, the clinical manifestations and medical and nursing management of each.
2. Identify and explain some of the major fluid and electrolyte imbalances, their causes, and symptoms.
3. Describe interventions related to fluid and electrolyte balance regulation.
4. Review nursing skills that relate to fluid and electrolyte balance.
5. Describe metabolic and respiratory acid-based disturbances.
6. Explain common laboratory tests used to evaluate fluid and electrolyte status.
7. Identify medications commonly used for treatment of fluid and electrolyte imbalances.
8. Describe the nursing process application for a client experiencing actual or potential fluctuation in fluid and electrolyte balance.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Eleven: Nursing Care of Patients with Neurologic Disorders

Reference Reading:

Williams & Hopper: Chapters 47, 48, 49 & 50
Nursing Drug Handbook

Objectives:

1. Review the anatomy and physiology of the neurologic systems.
2. Define diagnostic tests used for nervous system disorders.
3. Describe common problems associated with the central nervous system.
4. Review nursing skills that relate to the care of patients with neurological problems.
5. Identify medications commonly used for the treatment of central nervous system problems.
6. Contribute to the nursing plan of care for a patient with a diagnosis of cerebral vascular accident.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Twelve: Nursing Care of Patients with Gastrointestinal & Digestive Disorders

Reference Reading:

Williams & Hopper: Chapters 32, 33 & 34
Nursing Drug Handbook

Objectives:

1. Review the anatomy and physiology of the gastrointestinal system.
2. Describe innovations in caring for patient with G.I. dysfunction.
3. Describe diagnostic tests available for assessing G.I. dysfunction.
4. Review nursing skills related to caring for a patient with G.I. dysfunction.
5. Describe listed common problems associated with this system.
6. Identify medications commonly used for treatment.
7. Contribute to the nursing plan of care for a patient with ulcerative colitis.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Thirteen: Nursing Care of Patients with Renal and Urinary Disorders

Reference Reading:

Williams & Hopper: Chapters 36 & 37
Nursing Drug Handbook

Objectives:

1. Review the anatomy and physiology of the renal-urinary system.
2. Identify and describe innovations/changes indicated in some patients with renal-urinary dysfunction.
3. Describe the signs and symptoms suggestive of acute renal failure and chronic renal failure.
4. Describe common problems associated with renal disorders.
5. Review specific skills that relate to the renal-urinary system.
6. Identify medications commonly used for treatment of renal-urinary problems.
7. Contribute to the nursing care plan for a patient with a renal-urinary dysfunction.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Fourteen: Nursing Care of Patients with Reproductive Disorders

Reference Reading:

Williams & Hopper: Chapters 41 & 42
Nursing Drug Handbook
An OB/GYN Reference

Objectives:

1. Review the anatomy and physiology of the reproductive system.
2. Describe procedures that occur in the care of patients with gynecologic and obstetric needs.
3. Describe common reproductive problems and associated surgical procedures.
4. Identify medications commonly used for treatment of reproductive conditions.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Fifteen: Oncology: Nursing Care of Patients with Cancer

Reference Reading:

Williams & Hopper: Chapter 11
Nursing Drug Handbook
Oncology Nursing Text

www.cancer.gov

Objectives:

1. Describe the pathophysiology of cancer.
2. Describe treatment modalities currently used in treatment of cancer.
3. Review nursing skills related to caring for the oncology patient.
4. Discuss complications of cancer, cancer treatment and nursing implications.
5. Identify medications commonly used in cancer treatment.
6. Discuss resources for patients with cancer diagnosis.

SECTION TWO: CLINICAL PRACTICES AND RELATED SKILLS

Unit Sixteen: Perioperative/Surgical Nursing

Reference Reading:

Williams & Hopper: Chapter 12
Nursing Drug Handbook

Objectives:

1. List and describe three phases of perioperative nursing and the surgical experience.
2. Identify and describe innovations that have occurred in perioperative nursing.
3. Review nursing skills related to caring for a perioperative patient.
4. Describe the nurse's role in perioperative/postoperative patient education.
5. Describe the role of home health care post-op.
6. Describe common post-op complications and further define one of those post-op complications.
7. Identify medications commonly used in surgical nursing.
8. Contribute to the nursing plan of care for a patient in the immediate post-op period.

M|State

LPN Refresher Course Wisconsin Facility Agreement

I have met with _____, who will be/or is currently enrolled in the Minnesota State Community and Technical College, Custom Training Services, LPN Refresher course. We agree to provide the required 85 hours of clinical rotation at this facility under the authorized, direct supervision of a staff RN as the refresher nurses' preceptor. The Clinical Guidelines for the course have been reviewed and we understand the requirements for the clinical experience and RN preceptor.

Facility Information

Name and Title: _____

E-mail: _____ Phone: _____

Name of Clinical Facility: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Minnesota State Community and Technical College will initiate a clinical contract based on the information provided above and submit it to the facility for the appropriate signatures, if one has not already been established. For further questions, please feel free to contact Karen Schumacher, RN, MS, Director of Health at 218-299-6586.

Additional Information

The student will have:

- Proof of current vaccinations or verification of immunity through positive titer's, as required by the clinical facility, i.e.
 - a) MMR
 - b) Varicella
- A negative TB within last 6 months or Chest X-ray within last year prior to clinical start
- A passed WI Background Study Check
- Liability insurance through the College

The facility will be notified in writing of the student's successful completion of the coursework and mid-term exam.

A preceptor agreement form will also need to be completed and returned prior to the start of the clinical experience. The student will be assigned the same shift hours and unit as the preceptor, as agreed upon by the facility, RN preceptor and nurse refresher student.

Please return this completed form to:

Karen Schumacher, RN, MS, M|State 1900 28th Ave. South, Moorhead, MN 56560

Email: Karen.schumacher@minnesota.edu Fax: 218-291-4267 Questions? Call: 218-299-6586

M|State

Preceptor Agreement (Wisconsin Facility) Practical Nurse Refresher Course

This form must be reviewed, signed and returned prior to the start of the student's clinical experience.

1. Nursing practice must be under the direct supervision of a registered nurse preceptor. "Direct supervision of a registered nurse" means that a registered nurse must be assigned to observe, direct and evaluate the refresher student's performance. At all times the student must be able to identify the supervising registered nurse.

The supervising registered nurse preceptor providing the supervision must be:

- a currently licensed registered nurse with two years of current nursing practice experience.
 - prepared for the role of preceptor and authorized by the facility offering the clinical experience in a one-to-one nursing practice experience to the refresher course student.
 - on the unit when the student is assigned responsibilities that include nursing abilities which the student has not acquired and/or if the clients assigned to the student have severe or urgent conditions or are unstable.
 - within the facility if the student is assigned responsibilities that include nursing abilities the student has acquired and the care required is simple and routine and within the appropriate scope of practice.
2. Standards for practice for the registered nurse include appropriate delegation of components of the nursing care plan. Therefore, delegation by the registered nurse preceptor to the refresher course student of those skills within the scope of practice of the student is appropriate.
 3. The RN preceptor may delegate the demonstration of a procedure or observation of the course participant to another RN within the same facility.
 4. The LPN refresher course student shall not be assigned to function in clinical leadership roles or in a position that requires the student to supervise other nursing personnel. However, the student must have the opportunity to observe the RN preceptor delegating nursing interventions to unlicensed assistive personnel.
 5. The RN preceptor will assist the nurse refresher student in meeting the 85 hour clinical experience objectives and verify/sign the skills checklist form.
 6. The preceptor will complete the Student Evaluation form following the clinical experience and return it to Karen Schumacher at M|State per the instructions on the evaluation form.
 7. The appropriate title for the RN refresher course student to use in the clinical area is Practical Nurse Refresher Student (PNRS).

I have reviewed the clinical guidelines for Minnesota State Community and Technical College's Nurse Refresher course and agree to be the RN preceptor for _____, who is currently enrolled in the Minnesota State Community and Technical College, Custom Training Services, Licensed Practical Nurse Refresher course.

RN Preceptor Information		
Preceptor Signature:	_____	
Printed Name:	_____	
E-mail:	_____	
Work Phone:	_____	Fax: _____
Facility:	_____	
Mailing Address:	_____	
City:	State: _____	Zip: _____

RN Preceptor: Please fax this completed form to Karen Schumacher at 218-291-4267, or mail to:

Karen Schumacher, RN, MS
M|State
1900 28th Ave. South
Moorhead, MN 56560

If mailed, please retain a copy for your files.

**LPN REFRESHER COURSE
SKILLS CHECKLIST**

INSTRUCTIONS: **You are to complete this checklist** by placing a checkmark in the appropriate column following each skill. Leave blank if there was no opportunity for you to observe or perform the skill. Comment if necessary. The RN preceptor should review this form and verify its completion by signing the back page. Hand in upon completion of your clinical experience to refresher course coordinator.

SKILLS	OBSERVED	OBSERVED & ASSISTED RN	PERFORMED INDEP. W/ SUPERVISION	COMMENTS
MEDICAL ASEPSIS				
Donning and removing gown, masks & gloves for isolation				
Properly removing contaminated articles from isolation				
Donning sterile gloves				
LEGAL & ETHICAL				
Demonstrate accurate and thorough reporting				
Demonstrates accurate, concise and thorough recording (charting)				
Correct use of consent form				
CARDIOVASCULAR				
Measure & assessment of V.S.				
1. Temperature using electronic thermometer 2. Temperature using tympanic thermometer 3. Radial pulse 4. Apical pulse 5. Pedal pulse 6. Assessing respirations & rate 7. Blood pressure measurement				
Applying TEDS				
Use of emergency crash cart				
Performing CPR & AED				
Chest auscultation 1. Heart sounds 2. Lung sounds				

SKILLS	OBSERVED	OBSERVED & ASSISTED RN	PERFORMED INDEP. W/ SUPERVISION	COMMENTS
RESPIRATORY				
Chest physiotherapy: 1. Postural drainage exercise 2. Percussion & vibration				
Deep breathing exercise 1. Instruction to turn, cough & deep breath (TCDB) 2. Use of incentive spirometry				
Suctioning: Oral				
Oxygen therapy: 1. Nasal prongs 2. Face mask 3. Face tent				
Tracheostomy Care: Cleaning inner cannula Changing trach ties				
Performing trach suctioning				
Chest tubes				
MUSCULOSKELETAL				
Patient Safety: Use of bedrails, call lights, bed in low position, night lights				
Assessment-Proper body mechanics 1. Establish alignment & maintain 2. Utilize basic principles				
Moving, turning, and positioning of patients				
Use a hooyer lift				
Assisting with patient transfers, bed to chair				
Performing PROM				
Teaching AROM				
Assisting with ambulation				
Ambulation assist-use of walker				

SKILLS	OBSERVED	OBSERVED & ASSISTED RN	PERFORMED INDEP. W/ SUPERVISION	COMMENTS
INTEGUMENTARY				
Bedbath				
Back massage				
Braden Scale				
Changing a dressing				
Caring for a wound with a drain				
Irrigation of wounds				
Maintaining hemovac suction				
Application of dry heat				
Application of moist compresses				
Wound vacs				
SENSORINEURAL				
Pupil Check (PERRLA)				
GASTROINTESTINAL				
N.G. Insertion Procedure				
N.G. Management & Irrigation				
N.G. Feeding				
Gastrostomy Feeding				
Administering & maintaining fluids through a central venous line				
Changing parenteral hyperalimentation dressing & tubings				
Administering IV Intralipids				
Administration of TPN				
Abdominal Sounds				
Hemocult Testing				
RENAL URINARY SYSTEM				
Foley Catheter Insertion				
Foley Catheter Care				
Supra Pubic Catheter Care				
Specimen Collection				

SKILLS	OBSERVED	OBSERVED & ASSISTED RN	PERFORMED INDEP. W/ SUPERVISION	COMMENTS
Urine Dipstick				
Bladder Scan				
Attaching an External Catheter				
Attaching Catheter to Leg Bag				
ENDOCRINE SYSTEM				
Use of blood glucose monitoring devices				
a. testing done by patient				
b. testing done by RN or LPN				
Administering insulin injections				
a. injection given by RN or LPN				
b. injection given by patient (self-administered)				
FLUID AND ELECTROLYTE				
Administering blood through a Y-set (RNs only)				
Monitoring for potential complications				
Administering blood components (RNs only)				
Monitoring intake and output				
PERIOPERATIVE				
Pre-op teaching: printed pamphlet videos				
Surgical skin preparation				
Use of pre-op checklist, prepare patient for surgery				
Assessment post-op vital signs				
Administering post-op pain meds				
Respiratory care-TCDB post-op				
Respiratory care incentive spirometry				

SKILLS	OBSERVED	OBSERVED & ASSISTED RN	PERFORMED INDEP. W/ SUPERVISION	COMMENTS
Assisting with post-op positioning				
Assisting with post-op activity				
MEDICATIONS				
Preparation and administration of parenteral medication a. oral b. IM c. Subcutaneous d. Intradermal				
Administration of topical medication				
Administration of sub-lingual medication				
Preparation and administration of intravenous medication (RNs only)				
Regulation of IV flow rate				
IV catheter insertion				
IV site management				

Refresher Course Student signature

Date

Preceptor Signature

Date

MINNESOTA STATE COMMUNITY AND TECHNICAL COLLEGE
LPN Refresher Course

WISCONSIN HOSPITAL SETTING - CLINICAL GUIDE

This 85 hour supervised clinical experience will provide an opportunity for the LPN refresher course student to update and review nursing skills and participate in patient care in the hospital setting within the scope of practice for the LPN. Fifteen (15) hours of the 85 clinical hours must include a basic nursing skills review and an equipment/technology update. The remaining 70 hours of supervised clinical clinical should be allocated predominately to direct patient care. **(See attached Clinical Practice Guidelines)**

Specific Objectives:

The refresher course student may do the following during their clinical experience in the hospital, once he/she is co-assigned with a registered nurse preceptor:

1. Observe and assist the team member in performing direct patient care on selected patients following institution policies, procedures and protocols.
2. Interact with patients, significant others and health care team:
 - a. Using therapeutic verbal and nonverbal communication skills.
 - b. Establishing a relationship based on the patient's situation.
 - c. Demonstrating a courteous, professional behavior.
3. Demonstrate nursing care including:
 - a. Contributing to the assessment of patients using a holistic approach (physical, psychosocial and spiritual).
 - b. Providing direct care including special care needs of patients whose conditions are stable and predictable.
 - c. Ambulation and/or positioning patient utilizing appropriate body mechanics to insure patient and nurse safety.
 - d. Provide nutritional support as indicated by patient needs.
 - e. Performance of clinical practice skills for assigned patients that are within the scope of practice for a LPN and under the direct supervision of the registered nurse preceptor.
 - f. Participating in the development and implementation of the plan of care for individuals under the supervision of preceptor.
 - g. Prepare, administer, and document medications safely with supervision and within the scope of practice for the LPN.
 - h. Document basic patient assessments, nursing interventions and client response to care on the medical record.
4. Observe specific therapies on assigned patients which may include: speech, occupational or physical therapy.
5. Provide report to staff when leaving nursing unit for breaks and on completion of daily assignment.
6. Participate in any group presentations provided by the specialized units of the facility.
7. Review patient's electronic medical record and/or chart, observing new methods of documentation, chart form, flow sheets and medication records. Review Kardex and plan of care.
8. Observe the leadership activities of RN's, including management of the nursing unit and delegation of nursing interventions to unlicensed personnel.

Upon completion of the clinical experience, the completed Student Evaluation form and Validation form verifying completion of the clinical experience needs to be returned to the College (See form for mailing instructions).

**CLINICAL PRACTICE GUIDELINES
FOR
REFRESHER COURSE STUDENTS**

1. Nursing practice must be under the direct supervision of a registered nurse preceptor. "Direct supervision of a registered nurse" means that a registered nurse must be assigned to observe, direct and evaluate the refresher student's performance. At all times the student must be able to identify the supervising registered nurse.

The supervising registered nurse preceptor providing the supervision must be:

- a currently licensed registered nurse with two years of current nursing practice experience.
 - prepared for the role of preceptor and authorized by the facility offering the clinical experience in a one-to-one nursing practice experience to the refresher course student.
 - on the unit when the student is assigned responsibilities that include nursing abilities which the student has not acquired and/or if the clients assigned to the student have severe or urgent conditions or are unstable.
 - within the facility if the student is assigned responsibilities that include nursing abilities the student has acquired and the care required is simple and routine and within the appropriate scope of practice.
2. Standards for practice for the registered nurse include appropriate delegation of components of the nursing care plan. Therefore, delegation by the registered nurse preceptor to the refresher course student of those skills within the scope of practice of the student is appropriate.
 3. Portions of the learning experience may be delegated by the registered nurse preceptor(s) to other staff members, as appropriate. Therefore, the RN preceptor may delegate the demonstration of a procedure or observation of the course participant to another RN within the same facility.
 4. The LPN refresher course student shall not be assigned to function in clinical leadership roles or in a position that requires the student to supervise other nursing personnel. However, the student must have the opportunity to observe the RN preceptor delegating nursing interventions to unlicensed assistive personnel.
 5. The appropriate title for the LPN refresher course student to use is Practical Nurse Refresher Student (PNRS).

**MINNESOTA STATE COMMUNITY AND TECHNICAL COLLEGE
LPN REFRESHER COURSE
STUDENT EVALUATION**

Refresher Course Student

Facility

INTERACTION WITH CLIENTS/FAMILY/STAFF

<u>S</u>	<u>U</u>	<u>NA</u>	
___	___	___	1. Easily establishes interpersonal relationships with clients, their families and staff members.
___	___	___	2. Uses therapeutic verbal and nonverbal communication techniques to individualize approaches to clients, families and staff members.
___	___	___	3. Interacts with family and staff members to meet the psychosocial needs of the client.

NURSING OBSERVATION AND DATA COLLECTION

<u>S</u>	<u>U</u>	<u>NA</u>	
___	___	___	1. Utilizes available resources, ie. medical record, kardex, staff members to assist with validating, refining and modifying the data.
___	___	___	2. Considers all resources and what other resources are needed.
___	___	___	3. Recognizes the need for prompt nursing action.
___	___	___	4. Reports and documents pertinent observations and nursing interventions provided.
___	___	___	5. Contributes to establishing nursing diagnoses by identifying deviations from normal health status and identifying overt learning needs of the client.

NURSING CARE PLANNING

<u>S</u>	<u>U</u>	<u>NA</u>	
___	___	___	1. Recognizes the client's physical, psychosocial, social, cultural, ethnic and spiritual needs.
___	___	___	2. Contributes to the identification of priorities.
___	___	___	3. Contributes to setting client goals and outcomes.
___	___	___	4. Assists in identifying nursing actions and interventions to attain expected outcomes.

IMPLEMENTATION

<u>S</u>	<u>U</u>	<u>NA</u>	
___	___	___	1. Administers nursing care for clients whose conditions are stable and predictable according to the standards of practice.
___	___	___	2. Provides nursing care to clients regardless of sex, age, race, and culture.
___	___	___	3. Demonstrates progress in performance of clinical practice skills.
___	___	___	4. Implements nursing care according to the priority of needs and established practices.
___	___	___	5. Recognizes the components of nursing care that can be properly and safely assigned or delegated.
___	___	___	6. Provides an environment conducive to safety and health.
___	___	___	7. Communicates interventions and responses to other members of the health team.
___	___	___	8. Documents nursing interventions and client responses to care using appropriate forms.

EVALUATION

<u>S</u>	<u>U</u>	<u>NA</u>
___	___	___
___	___	___
___	___	___

1. Contributes to the evaluation of the responses of clients to nursing care given, including medication administration.
2. Documents the evaluation data.
3. Communicates the evaluation data to appropriate members of the health care team.
4. Assists in the modification of the plan of care based upon the evaluation.

PROFESSIONAL AND PERSONAL GROWTH

<u>S</u>	<u>U</u>	<u>NA</u>
___	___	___
___	___	___
___	___	___

1. Seeks additional learning experiences for own self-enhancement.
2. Identifies own areas of strength and weakness.
3. Seeks appropriate guidance.

Preceptor Comments:

Preceptor's Signature _____ Date _____

Student Signature _____ Date _____

Please return this refresher course student evaluation and verification of clinical hours as soon as possible to:

**Karen Schumacher, RN, MS
 Minnesota State Community and Technical College
 1900 So. 28th Ave.
 Moorhead, MN 56560**

Custom Training Services

Minnesota State Community and Technical College

I verify that

_____ has completed 85 hours of clinical, which included a minimum 15 hours of basic skills review and an equipment/technology update, at

_____ as part of the LPN Refresher Course

dated this ____ day of _____, 201__

Preceptor Signature

Custom Training Services

Office Location:

1110 14th Street South
Moorhead, MN 56560
218-299-6586
800-426-5603 ext. 6586

Mailing Address:

1900 28th Avenue South
Moorhead, MN 56560
Fax: 218-291-4267
www.cts.minnesota.edu

December 12, 2014

Wisconsin Board of Nursing
PO Box 8366
Madison, WI 53708-8366

Dear Board of Nursing:

Attached you will find the completed Request for Approval form for the Independent Study RN Refresher Course offered by Minnesota State Community and Technical College's Custom Training Services Department.

Our Independent Study RN and LPN courses have previously been approved by your department. I was notified of the recent changes to the Wisconsin Administrative Code necessitating re-approval. It is my understanding if submitted to you prior to December 19, 2014 this will be reviewed at your January 8, 2015 meeting.

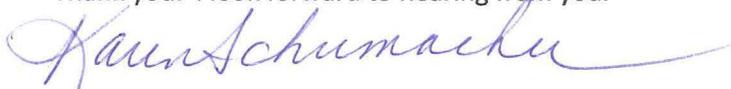
Please note that our course is independent study and completed by the students either in handwritten (paper/pencil) format or online. Students are enrolled and given the option to complete the theory requirements either way.

In the past we were approved to add the skills lab requirement hours on to the clinical hours to fulfill this requirement. I am hoping you will recognize this again as fulfilling this requirement.

Please note that faculty for this course are not in a classroom setting since this is an independent study course and completed in online or hard copy format. Master's degree in nursing prepared nurses wrote and contributed in the writing of the curriculum. Please see the attached list of contributors.

I have also attached the reference reading/objectives page for each unit of the curriculum to assist you in seeing what is included in our curriculum. If you desire a full copy, please let me know and I will mail it to you for review. I have also included a course outline describing our course requirements, etc.

Thank you. I look forward to hearing from you.



Karen Schumacher, RN, MS
Director of Health

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

BOARD OF NURSING

REQUEST FOR APPROVAL OF A NURSING REFRESHER COURSE

Approval by the Board of Nursing is required for all nursing refresher courses.

To apply for Board of Nursing approval, the course provider must submit this completed form and the course curriculum to dspsexaminationsoffice@wisconsin.gov.

NOTE: Individual course participants are only required to submit curriculum to the Board of Nursing for approval if the course is not on the list of approved nursing refresher courses.

All approved courses will be included on an approved course list posted to the DSPS website; providers are urged to inform the Board of Nursing of any changes in the contact information listed on this application form to ensure accurate, current information is included on the list of approved courses.

I. COURSE PROVIDER

- Name of course provider: Minnesota State Community & Technical College
- Provider address: 1900 - 28th Ave South, Moorhead, MN 56560
- Name of course administrator: Karen Schumacher, RN, MS
- Type of nursing refresher course: Professional Nurse (RN) Practical Nurse (PN)

II. COURSE INSTRUCTOR

- Do all instructors of the nursing refresher course have a master's degree in nursing and recent clinical experience or clinical teaching experience? Yes No
- If preceptors are used, are they selected by the instructor using criteria developed for the course and does the instructor provide supervision of the preceptors? Yes No See attached selection process in conjunction with clinical facility.

III. COURSE CURRICULUM

A. PROFESSIONAL NURSING (RN) REFRESHER COURSE CURRICULUM REQUIREMENTS

- Does the RN skills lab include basic nursing skills review and technology and equipment update?
 *Yes No *List number of required hours in skills lab: 25 hrs are added to their 100 hour clinical experience to equal 125 hours - Process
- Is direct supervision or precepted clinical experience performed in a hospital, clinic, long-term or subacute facility required? *Yes No *List number of required hours: 100 + 25 = 125 total hours Previously approved by WI.

#3066OEE (11/14)
Wis. Admin. Ch. N 1.12

Committed to Equal Opportunity in Employment and Licensing

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Does the theory portion of the RN nursing refresher course include all of the following content?

- A3. Yes No Nursing process review
- A4. Yes No Infection control
- A5. Yes No Medication and pharmacology update
- A6. Yes No Recent trends in nursing techniques and responsibilities
- A7. Yes No Communication
- A8. Yes No Documentation and reporting
- A9. Yes No Supervision and delegation

B. PRACTICAL NURSING (PN) REFRESHER COURSE CURRICULUM REQUIREMENTS

- B1. Does the PN skills lab include basic nursing skills review and technology and equipment update?
 *Yes No *List number of required hours in skills lab: _____
- B2. Is direct supervision or precepted clinical experience performed in a hospital, clinic, long-term or subacute facility required? *Yes No *List number of required hours: _____

Does the theory portion of the PN nursing refresher course include all of the following content?

- B3. Yes No Nursing process review
- B4. Yes No Infection control
- B5. Yes No Medication and pharmacology update
- B6. Yes No Recent trends in nursing techniques and responsibilities
- B7. Yes No Communication
- B8. Yes No Documentation and reporting
- B9. Yes No Supervision and delegation
- B10. Yes No Aging population

Karen Schumacher, RNMS
Nursing Refresher Course Administrator

Director of Health
Title

Karen Schumacher RNMS
Signature

12-12-14
Date

218-299-6586
Telephone Number

Karen.Schumacher@minnesota.edu
Email Address

**INDEPENDENT STUDY REFRESHER
COURSE
for
REGISTERED NURSES
(Wisconsin)**



Custom Training Services

**1900 28th Ave. So.
Moorhead, MN 56560**

GENERAL COURSE INFORMATION

CONTACT HOURS EARNED

245 FOR WISCONSIN RN REFRESHER STUDENTS

COURSE FEE

\$895 - Includes a medical-surgical book, a procedure skills book, shipping & handling, WI criminal background study fee and liability insurance.

Payable by cash, check or credit card.

Send payment with application form and books will be sent to your home via UPS, along with instructions on how to gain access to the online version of the course.

NURSES' LIABILITY INSURANCE

Nurses' liability insurance is included in the above fee; however, if not acceptable by your chosen clinical site you will need to purchase a separate policy. This insurance will cost approximately \$108 for a year's coverage. This is required prior to beginning your clinical experience. Coverage must be for \$2,000,000 per occurrence/\$6,000,000 per aggregate.

***For more course information or
information on how to register, call:***

Karen Schumacher, RN, MS
Director, Health and Emergency Services
1-800-426-5603 ext. 6586
(218) 299-6586 Phone
(218) 291-4267 Fax

E-mail address: karen.schumacher@minnesota.edu

A. Course Title

Independent Study Refresher Course for Registered Nurses

B. Course Description

The purpose of this course is to provide an opportunity for exposure to current nursing theory and practice as it relates to the role of the registered nurse as a member of today's health care system. This course will also enhance preparation of the nurse for the orientation program of an employing agency.

C. Total Course Hours

Theory - A minimum of 120 hours will be spent completing the theory component of the course.

Clinical - A minimum of 125 hours of supervised clinical will be completed in a clinical facility (hospital, long-term, sub-acute or clinic setting). Twenty-five (25) hours of the 125 clinical hours must include a basic nursing skills review and an equipment/technology update.

The remaining 100 hours of supervised clinical should be allocated predominately to direct patient care. On-site pre and post-clinical discussions of learning objectives, care evaluations and preceptor meetings may be included in these clinical hours.

Students must secure the facility for the clinical rotation in their home community.

* It is recommended students complete the entire course within 12 months. If deemed necessary, arrangements can be made to extend the completion date on an individual basis with prior approval from the course coordinator. An additional fee of \$200 will be required for an extension.

D. Overall Course Objectives

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

1. Identify the professional roles, responsibilities and clinical judgment required in current nursing practice.
2. Identify and describe ethical, legal and professional issues in health care.
3. Discuss the various methods of nursing care delivery and the role of the nurse and assistant to the nurse.
4. Use effective communication strategies in nursing care delivery, i.e. documentation, care planning, reporting.
5. Describe the characteristics of the current healthcare delivery system that impact safety, quality and outcomes for patients.
6. Demonstrate knowledge and safe appropriate medication and treatment administration.
7. Apply the nursing process in planning and providing care for patients with selected medical/surgical conditions.

8. Discuss current management concepts utilized in all the following areas:

- a. Patient/Nurse Safety
- b. Medical Administration
- c. Cardiovascular
- d. Respiratory
- e. Metabolic and Endocrine
- f. Care of the Older Adult
- g. Pain Management
- h. Fluids and Electrolytes
- i. Musculoskeletal
- j. Integumentary

9. Discuss current management concepts utilized in three (3) of the following areas:

- a. Neurologic
- b. Gastrointestinal
- c. Renal and Urinary
- d. Reproductive
- e. Oncology Nursing
- f. Perioperative Surgical Nursing

E. Instructional Methods

1. Course orientation (via phone or in person)
2. Periodic conferences, as needed
3. Independent Learning Guide (online or hard copy)
4. Clinical experience (secured and arranged by the student in a healthcare facility in the refresher students' home community/area of residence)

F. Evaluation Methods

1. Mid-term and final exam each with a 76% or higher passing grade. The mid-term exam will be a take home exam. The final exam will be monitored by a proctor identified by the refresher student. If a score of less than 76% is received on the final exam, the student will be allowed one retake with a different examination.
2. Clinical student evaluation completed by RN preceptor
3. Written assignments in the Independent Learning Guide (satisfactory/unsatisfactory)
4. Comprehensive Care Plan (satisfactory/unsatisfactory)
5. Skills checklist
6. Final Student Evaluation completed by course coordinator
7. Course evaluation completed by student

G. Theoretical and Clinical Components

Theoretical Components

After the nurse refresher student has enrolled and received the course materials. Instructions will be given on how to complete the Independent Learning Guide, either in person or via the phone, if necessary. Areas covered at this time are course objectives, course requirements and assignments. Arrangements can be

made for the course to be started and completed entirely via mail or online. Students are instructed to contact the course coordinator at any time should they need assistance or have questions regarding their independent study. The independent learning guide will take a minimum of 120 hours to complete.

Students are required to complete Section I, and the following units of Section II in the learning guide:

1. Patient/Nurse Safety (Unit 1)
2. Medication Administration (Unit 2)
3. Cardiovascular (Unit 3)
4. Respiratory (Unit 4)
5. Metabolic and Endocrine (Unit 5)
6. Care of the Older Adult (Unit 6)
7. Pain Management (Unit 7)
8. Fluids and Electrolytes (Unit 8)
9. Musculoskeletal (Unit 9)
10. Integumentary (Unit 10)

Three of the following units of Section II are also to be completed:

1. Neurologic (Unit 11)
2. Gastrointestinal (Unit 12)
3. Renal and Urinary (Unit 13)
4. Reproductive (Unit 14)
5. Oncology Nursing (Unit 15)
6. Perioperative Surgical Nursing (Unit 16)

Clinical Laboratory Components

The students must complete Section I and the first 10 units of Section II of the study guide and a mid-term exam prior to beginning their clinical experience.

It is the responsibility of the nurse refresher course participant to secure the clinical placement site in a healthcare facility (hospital, nursing home or clinic) in his/her home community.

A criminal background study will need to be initiated by the college prior to starting clinical. A form is mailed to the student upon course enrollment to gather data to begin this process. This study is initiated by the college and done online through the State of Wisconsin Department of Justice.

Students are required to submit proof of a negative TB result (Mantoux) taken within 6 months of their clinical start date, or a negative chest x-ray taken within the last year. Proof of immunity for measles, mumps and rubella may also need to be submitted to the course coordinator. Additional immunization records may also be requested by the healthcare facility to be on file.

While in the clinical area, the refresher course student will be co-assigned to a currently licensed registered nurse on staff at the clinical facility. This registered nurse will act as his/her preceptor and will supervise the clinical experience of the refresher course student. The preceptor must be approved by the clinical facility to act as a preceptor in a one-on-one nursing practice experience. The preceptor will

have two years of current clinical practice experience. The registered nurse preceptor(s) may delegate portions of the learning experience as appropriate.

A minimum of 125 hours (WI) will be spent in the clinical setting of the hospital, long-term care, subacute or clinic setting. Twenty-five (25) hours of the 125 clinical hours must include a basic nursing skills review and equipment/technology update. The remaining 100 hours of supervised clinical should be allocated predominately to direct patient care. On-site pre and post-clinical discussions of learning objectives, care evaluations, and preceptor meetings may be included in these clinical hours.

A student evaluation form will be completed by the registered nurse preceptor evaluating the care given by the refresher course student. This form will be reviewed by the student and signed. The preceptor will return the form to the course coordinator at Minnesota State Community and Technical College, along with verification the required hours of clinical were completed.

The refresher course student must carry nurses' liability insurance. As an enrolled refresher course student, you are covered under our colleges' student liability insurance plan.

Students receiving their clinical in a WI facility will need either a current nursing license or limited license prior to beginning clinical.

A clinical agreement will need to be signed by the college and clinical facility personnel prior to the start of the clinical experience.

H. Textbook:

The main textbooks for the course are:

Hinkle, Janice L. & Cheever, Kerry H., *Brunner & Suddarth's Textbook of Medical-Surgical Nursing*, 13th edition, Philadelphia: Wolters Kluwer Health/ Lippincott Williams & Wilkens, 2014

Lynn, Pamela, *Taylor's Handbook of Clinical Nursing Skills*, 2nd edition, Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkens, 2015

INDEPENDENT LEARNING GUIDE

FOR

REGISTERED NURSES

A program originally developed by
Hennepin Technical College (1990)
with special funding from the
Minnesota State Board of Vocational Technical Education

Revised and Updated: November, 2012

Minnesota State Community & Technical College
Custom Training Services
1900 – 28th Ave. South
Moorhead, MN 56560

Independent Learning Guide
for
Registered Nurses

Revised and Updated, November, 2012 by:

PROGRAM COORDINATOR/DIRECTOR:
Karen Schumacher, RN, MS, CPP

EDUCATION:

Registered Nurse Licensure - North Dakota and Minnesota
BSN - University of North Dakota, Grand Forks, ND
MS in Education - North Dakota State University, Fargo, ND
Certified Program Planner – Learning Resources Network

WORK EXPERIENCE:

Medical-Surgical Nursing as Staff Nurse and Nurse Educator
RN/LPN Refresher Course Instructor/Coordinator
 MeritCare Hospital, Fargo, ND (1980-1987)
RN/LPN Refresher Course Coordinator
 Minnesota State Community and Technical College (1989-present)

CURRENTLY EMPLOYED:

Director – Health and Emergency Services
Custom Training Services
Minnesota State Community and Technical College
Moorhead, MN

WITH THE ASSISTANCE OF:
Jennifer Jacobson, RN, MSN

EDUCATION:

Registered Nurse Licensure - North Dakota and Minnesota
BSN – Minot State University, Minot, ND
MSN in Nursing Education – University South Alabama, Mobile, AL

WORK EXPERIENCE:

Staff Nurse, Neuromuscular Rehabilitation, MeritCare (2001-2008)
Coordinator of Health Care, Minot Vocational Adjustment Workshop (1994-2000)

CURRENTLY EMPLOYED:

Faculty (2003-present) & Interim PN Director (2011-present)
Minnesota State Community and Technical College
Moorhead, MN

ACKNOWLEDGEMENTS

Special thanks to the following healthcare professionals who provided valuable input to guide the revision of this curriculum.

Linda Sveningson, RN, MS
Oncology Nurse Navigator
Sanford Roger Maris Cancer Center
Fargo, ND

Becky McDaniel, RN, MSN
Assistant Professor of Nursing
NDSU
Fargo, ND

Colleen Sveum, MBA, MSN, RN
Clinical Coordinator
MN State Community & Technical College
Moorhead, MN

Patricia L. Wetzel, RN, MS
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Fargo, ND

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Mary Stende, RPh
Pharmacy Technician Instructor
MN State Community & Technical College
Moorhead, MN

Joel Hoffman, RN
Lab Assistant
MN State Community & Technical College
Moorhead, MN

Also, appreciation is extended to the many refresher nurse students who provided constructive comments to assist in the revision and updating of this curriculum.

Independent Learning Guide

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SECTION ONE: NURSING CONCEPTS

Unit One: Standards of Practice

Reference Reading:

Laws and Rules Relating to your state's Board of Nursing Nurse Practice Act

North Dakota Board of Nursing website: www.ndbon.org

Minnesota Board of Nursing website: www.nursingboard.state.mn.us

Wisconsin Department of Regulation and Licensing website: www.drl.state.wi.us

Objectives:

1. Describe the primary purposes of the State Nurse Practice Act.
2. Describe the State's Board of Nursing primary duties and contact information.
3. Identify what is necessary to maintain an active nursing license in your state.
4. Define the standards of practice for the RN and LPN as stated in your state's Nurse Practice Act.
5. Compare the responsibilities and duties of a RN and LPN according to a health facility job description.
6. Define interventions that may not be delegated to an unlicensed assistive person.
7. Describe the standards utilized by the licensed nurse prior to delegating nursing interventions to an unlicensed assistive person.
8. Utilize definition information and job description information to complete the assignment regarding "Delegation of Nursing Personnel."
9. Utilize definition information and job description information to complete the assignment regarding "Supervision of Nursing Personnel."

SECTION ONE: NURSING CONCEPTS

Unit Two: Health Care Delivery and Nursing Practice

Reference Reading:

Brunner: Chapter 1 and 2

HIPAA information website: www.cms.hhs.gov/ocr/hipaa

Leadership styles website: <http://www.nwlink.com/~Donclark/leader/leadstl.html>

National Patient Safety Goals: www.jointcommission.org

Quality & Safety Education for Nurses: www.qsen.org

Objectives:

1. Define health, wellness, and health promotion.
2. Discuss factors influencing health care delivery.
3. Explain processes for monitoring quality health care.
4. Cite the difference between quality assurance programs (QA) and (CQI).
5. Describe one Patient Safety goal and how you would implement it in the clinical setting.
6. Describe Evidence-Based Practice (EBP), its purpose and an example of a nurse applying Evidence-Based Practice (EBP) in the clinical setting.
7. Discuss guidelines listed in the patient's Bill of Rights and their application to health care delivery.
8. Describe the practitioner, leadership and research roles of the nurse.
9. Describe the roles, functions and styles of nursing leaders and managers.
10. Describe the various models of nursing care delivery.
11. Discuss the various nursing delivery systems and the expanded role of the nurse.
12. Describe how members of the healthcare team would be consulted by nursing in the coordination of health care.

SECTION ONE: NURSING CONCEPTS

Unit Three: Critical Thinking and the Nursing Process

Reference Reading:

Brunner: Chapters 3, 4, & 5
Scope and Standards of Practice

Objectives:

1. Define the characteristics of critical thinking or critical thinkers.
2. Describe the critical thinking process and its key components.
3. Explain why critical thinking is important in nursing practice.
4. Explain the nursing process and its purpose.
5. Explain the five steps of the nursing process and how communication is important in each step.
6. Review the health assessment in the systematic collection of data.
7. Describe the components of a holistic assessment.
8. Explain how therapeutic communication techniques have value in building a trust relationship with the client.
9. Explain how a nursing diagnosis, medical diagnosis and collaborative problems differ from each other.
10. Develop a nursing care plan from a given data base by developing and prioritizing nursing diagnoses, setting goals (planning), determining interventions and projecting outcomes.
11. Evaluate a situation and describe how the plan of care would need evaluation and revision.

SECTION ONE: NURSING CONCEPTS

Unit Four: Ethical Decision Making, Legal Issues & Information Management

Reference Reading:

Brunner: Chapter 3 & 5
Scope and Standards of Practice
The Joint Commission "Do Not Use" List
Nursing articles on documentation

ANA's Code of Ethics for Nurses: www.ana.org
Documentation info: <http://medi-smart.com/nursing-resources/documentation>
SBAR: www.saferhealthcare.com/sbar

Objectives:

1. Identify and describe ethical issues in nursing.
2. Describe the steps of an ethical analysis.
3. Describe how Advance Directives can assist nurses in ethical dilemmas.
4. Identify and describe legal issues in nursing.
5. Describe the characteristics of good reporting and recording.
6. Discuss the SBAR communication technique and its importance for today's health professionals.
7. Describe charting formats for effectively documenting patient cares.
8. Describe the advantages and disadvantages of electronic medical records as compared to paper records.
9. Explain the standards of nursing practice and how they're related to the nursing process.
10. Explain the purpose of the ANA's Code of Ethics for Nurses.

SECTION ONE: NURSING CONCEPTS

Unit Five: Health Education and Health Promotion

Reference Reading:

Brunner: Chapters 1, 4, 6 & 7

Objectives:

1. Describe the purpose and significance of health education.
2. Define the concepts of health, wellness, health promotion, illness prevention and health education.
3. Explain the basic learning factors that affect learning.
4. Identify specific learning principles and teaching techniques.
5. Integrate the teaching/learning process into the nursing process as is relate to health literacy.
6. Discuss health promotion activities across the life span.
7. Describe the importance of communication between the nurse, patient, and family members during the health-illness cycle.
8. Describe the holistic approach to sustaining health and well-being.
9. Discuss how transcultural nursing influences nursing care decisions.

SECTION ONE: NURSING CONCEPTS

Unit Six: Emotional Health and Well-Being

Reference Reading:

Brunner: Chapters 6 and 72 (pages 2148-2149)

Objectives:

1. Describe the variables that influence the ability to cope with stress and are antecedents to emotional disorders.
2. Describe how a patient's family can influence their ability to cope with a health condition.
3. Discuss the concepts of emotional well-being and emotional distress.
4. Discuss the concepts of anxiety, post-traumatic stress disorder and depression.
5. Identify the role of the nurse when working with patient's experiencing anxiety, post-traumatic stress disorder or depression.
6. Describe the concept of spirituality and explain the spiritual needs of patients.
7. Define the nurse's role in assessing patients' use of CAM (complementary alternative therapies).
8. Determine the role of the nurse in identifying substance abuse problems and in helping families to cope.

SECTION ONE: NURSING CONCEPTS

Unit Seven: End-of-Life Care

Reference Reading:

Brunner: Chapter 16

www.agingwithdignity.org

www.hospicecare.com

Quality Palliative Care Info: www.nationalconsensusproject.com

Objectives:

1. Explore your personal values and attitudes about death and dying.
2. Discuss theories of death and dying.
3. Describe clinical settings for end-of-life care.
4. Describe dilemmas a nurse will face in end-of-life care.
5. Apply skills for communicating with terminally ill patients and their families.
6. Implement nursing interventions to manage the physiological responses to the dying process.
7. Discuss the assessment on an individual experiencing the grieving process.

SECTION ONE: NURSING CONCEPTS

UNIT EIGHT: UNDERSTANDING GENETICS/GENOMICS IN NURSING PRACTICE

Reference Reading:

Brunner: Chapter 8

www.cancer.gov

Objectives:

1. Describe the terms genetics and genomics.
2. Discuss the evolution of genomics and how it has influenced disease management.
3. Explain gene mutation and inheritance patterns.
4. List commonly known inherited conditions.
5. Describe the nursing assessment of inheritance patterns in family.
6. Identify indications for a genetics counseling referral.
7. Discuss ethical issues related to genetic testing.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit One: Management of Patient/Nurse Principles & Issues Related to Safety

Reference Reading:

Brunner: Chapters 37, 71 & 73
Nursing Drug Handbook

www.cdc.gov

Patient Safety Goals Info: www.jointcommission.org

Objectives:

1. Describe the basic principles of proper body mechanics utilized when re-positioning a patient up in bed and transferring a patient.
2. Differentiate between medical asepsis and surgical asepsis.
3. Describe the six elements necessary for an infection to occur.
4. Describe the purpose of standard precautions.
5. Cite an example of when standard precautions are necessary in the clinical setting.
6. Differentiate between airborne, droplet and contact precautions.
7. Explain the role of the Centers for Disease Control and Prevention (CDC).
8. Explain when transmission-based precautions would be utilized.
9. Describe the precautions a nurse would take to prevent needlestick injuries.
10. Define noscomial infections and describe how they can be prevented.
11. Define methicillian-resistant staphylococcus aureaus (MRSA) and how it can be transmitted.
12. Define vancomycin-resistant enterococcus (VRE) and how it can be transmitted.

13. Define clostridium difficile (c diff) and how it can be transmitted.
14. Explain the nurses responsibility in natural and terroristic disaster preparedness.
15. Describe common infectious diseases.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Two: Medication Administration

Reference Reading:

Pharmacology Reference Book

Nursing Drug Handbook

www.jointcommission.org

Objectives:

1. Define terms relating to medication administration.
2. Distinguish between the different types of drug names.
3. Describe the nurses' legal responsibilities in drug prescription and administration.
4. List the "seven rights" of medication administration.
5. Give examples of types of medication errors that violate any of the "seven rights" of medication administration.
6. Identify and describe innovations related to medications and medication administration.
7. Review specific skills, policies and procedures that relate to medications and medication administration.
8. Identify three Joint Commission medication administration related guidelines.
9. Identify common medication related abbreviations and calculate medication dosages.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Three: Management of Patients with Cardiovascular Disorders

Reference Reading:

Brunner: Chapters 25, 26, 27, 28, 29, 30 & 31
Nursing Drug Handbook

Auscultation Assistant: www.wilkes.med.ucla.edu

Objectives:

1. Review the anatomy and physiology of the cardiovascular system.
2. Describe nursing assessment for a patient with congestive heart failure.
3. Define patient education for a patient with congestive heart failure.
4. Describe procedures in the practice of cardiovascular care.
5. Describe how diagnostic measures are used to assess cardiovascular disorders.
6. Review nursing skills associated with cardiovascular nursing.
7. Describe common problems associated with cardiovascular disorders.
8. Describe medications commonly used for the treatment of cardiovascular disorders.
9. Identify and describe cardiac dysrhythmias as listed.
10. Apply the nursing process to caring for a patient with CHF.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Four: Management of Patients with Respiratory Disorders

Reference Reading:

Brunner: Chapters 20, 21, 22, 23 & 24
Nursing Drug Handbook

Ausculation Assistant Info: www.wilkes.med.ucla.edu
www.heliosoxygen.com

Objectives:

1. Review the anatomy and physiology of the respiratory system.
2. Describe the assessment of a patient with COPD including health history, physical assessment and signs and symptoms.
3. Define patient education information for a patient with COPD.
4. Define diagnostic procedures for respiratory disorders.
5. Review related skills associated with respiratory illness.
6. Compare and contrast O₂ delivery systems including nursing considerations.
7. Discuss precautions needed in administering oxygen therapy.
8. Describe the helios oxygen system.
9. Describe terms used in respiratory assessment and indicate their cause.
10. Describe common problems associated with respiratory disorders.
11. Describe listed medications commonly used for treatment of respiratory disorders.
12. Apply the nursing process to caring for a patient with a pulmonary embolism.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Five: Management of Patients with Metabolic and Endocrine Disorders

Reference Reading:

Brunner: Chapters 51 & 52
Nursing Drug Handbook

Objectives:

1. Review the anatomy and physiology of the metabolic and endocrine system.
2. Differentiate between Type I & Type II diabetes.
3. Identify and describe innovations related to the care of a patient with diabetes.
4. Describe concepts of care in diabetes management.
5. Describe the long-term complications of diabetes.
6. Review diagnostic testing for assessing disorders of the metabolic/endocrine system.
7. Review nursing skills related to caring for patients with disorders of the endocrine system.
8. Describe common metabolic or endocrine problems.
9. Identify medications commonly used for treatment of metabolic or endocrine disorders.
10. Apply the nursing process to a patient with diabetes.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Six: Health Care of the Older Adult

Reference Reading:

Brunner: Chapter 11

Nursing home data comparison website: www.medicare.gov/NHCompare

Home care data comparison website: www.medicare.gov/HCCompare

Objectives:

1. Review the physiology and the major body system changes associated with the aging process.
2. Describe the physical, cognitive and psychosocial assessment for the older adult.
3. Review innovations (changes) related to the care of the older adult.
4. Identify and explain the psychosocial and physical health concerns of the older adult and the related nursing interventions.
5. Describe the nursing process application for an older adult with Alzheimer's.
6. Write a discharge plan including the use of community resources.
7. Describe 3 available resources in your community designed to assist the elderly.
8. Discuss interventions that facilitate safety for older adults in their home.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Seven: Pain Management

Reference Reading:

Brunner: Chapter 12
Nursing Drug Handbook

www.cityofhope.org/prc/
pain assessment: www.jointcommission.org

Objectives:

1. Identify three factors that may influence an individual's response to pain.
2. Describe 4 community resources as they relate to pain management.
3. Identify and describe innovations/changes related to pain management.
4. Summarize the assessment of a patient experiencing pain.
5. Identify and compare the characteristics of acute and chronic pain.
6. Discuss nursing interventions for pain medication side effects.
7. Describe the nursing process application for a client with low back pain.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Eight: Fluids and Electrolytes

Reference Reading:

Brunner: Chapter 13

Objectives:

1. Review the physiologic principles related to fluid and electrolyte balance and the pathophysiology of imbalance.
2. Explain the etiology of fluid volume disturbances, the clinical manifestations, assessment/diagnostic findings and medical and nursing management of each.
3. Identify and explain some of the major fluid and electrolyte imbalances, their causes, symptoms and management.
4. Describe interventions related to fluid and electrolyte balance management.
5. Review nursing skills that relate to fluid and electrolyte balance.
6. Describe metabolic and respiratory acid-based disturbances.
7. Explain common laboratory tests used to evaluate fluid and electrolyte status.
8. Identify medications commonly used for treatment of fluid and electrolyte imbalances.
9. Describe the nursing process application for a client experiencing actual or potential fluctuation in fluid and electrolyte balance.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Nine: Management of Patients with Musculoskeletal Disorders

Reference Reading:

Brunner: Chapters 10, 39, 40, 41, 42 & 43
Nursing Drug Handbook

Objectives:

1. Review the anatomy and physiology of the musculoskeletal system.
2. Describe the nursing assessment of a patient with a musculoskeletal dysfunction.
3. Define patient education needs for patients experiencing a musculoskeletal disorder.
4. Identify and describe innovations or changes in orthopedic surgery.
5. Review nursing skills related to caring for an orthopedic patient.
6. Describe listed common problems associated with the musculoskeletal system.
7. Identify medications commonly used for treatment of musculoskeletal disorders.
8. Apply the nursing process to a patient with a hip fracture.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Ten: Management of Patients with Integumentary Problems

Reference Reading:

Brunner: Chapters 10 (pages 167-180), 60 & 61

wound vac video, etc: www.kcil.com

Objectives:

1. Review the anatomy and physiology of the integumentary system.
2. Describe the nursing assessment of a patient with an integumentary complaint.
3. Define patient education needs for patients experiencing integumentary problems.
4. Research forms of skin cancer.
5. Discuss how certain risk factors can contribute to the development of pressure ulcers and prevention measures.
6. Describe the 4 stages of pressure ulcers.
7. Review nursing skills that relate to caring for a patient with an integumentary problem.
8. Describe listed medications commonly utilized in the treatment of integumentary disorders.
9. Apply the nursing process to a provided case study.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Eleven: Management of Patients with Neurologic Disorders

Reference Reading:

Brunner: Chapters 65, 66, 67, 68, 69 & 70
Nursing Drug Handbook

Objectives:

1. Review the anatomy and physiology of the neurologic systems.
2. Describe the components of the neurologic assessment.
3. Define diagnostic tests used for nervous system disorders.
4. Describe common disorders associated with the central nervous system.
5. Describe risk factors for stroke and related measures for stroke prevention.
6. Review nursing skills that relate to the care of patients with neurologic problems.
7. Identify medications commonly used for the treatment of central nervous system problems.
8. Apply the nursing process to a patient with diagnosis of cerebral vascular accident.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Twelve: Management of Patients with Gastrointestinal & Digestive Disorders

Reference Reading:

Brunner: Chapters 44, 45, 46, 47 & 48
Nursing Drug Handbook

Objectives:

1. Review the anatomy and physiology of the gastrointestinal system.
2. Describe innovations in caring for patient with G.I. dysfunction.
3. Describe diagnostic tests available for assessing G.I. dysfunction.
4. Review nursing skills related to caring for a patient with G.I. dysfunction.
5. Describe listed common problems associated with this system.
6. Identify medications commonly used for treatment.
7. Apply the nursing process to a patient with ulcerative colitis.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Thirteen: Management of Patients with Renal & Urinary Disorders

Reference Reading:

Brunner: Chapters 53, 54 & 55
Nursing Drug Handbook

Objectives:

1. Review the anatomy and physiology of the renal-urinary system.
2. Identify and describe innovations/changes indicated in some patients with renal-urinary dysfunction.
3. Explain the assessment of renal-urinary function and the diagnostic measures available.
4. Review specific skills that relate to the renal-urinary system.
5. Identify medications commonly used for treatment of renal-urinary problems.
6. Describe the nursing process application for a patient with a renal-urinary dysfunction.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Fourteen: Management of Patients with Reproductive Disorders

Reference Reading:

Brunner: Chapters 56, 57, 58 & 59
Nursing Drug Handbook
OB/GYN Reference

Objectives:

1. Review the anatomy and physiology of the reproductive systems.
2. Describe procedures that occur in the care of patients with gynecologic and obstetric needs.
3. Describe common reproductive problems and associated surgical procedures.
4. Identify medications commonly used for treatment of reproductive conditions.
5. Apply the nursing process to a patient having a hysterectomy.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Fifteen: Oncology: Nursing Management in Cancer Care

Reference Reading:

Brunner: Chapter 15
Nursing Drug Handbook
Oncology Nursing Text

www.cancer.gov

Objectives:

1. Describe the pathophysiology of cancer.
2. Describe treatment modalities currently used in treatment of cancer.
3. Review nursing skills related to caring for the oncology patient.
4. Discuss complications of cancer, cancer treatment and nursing implications.
5. Identify medications commonly used in cancer treatment.
6. Develop a teaching plan related to cancer prevention.
7. Discuss resources for patients with cancer diagnosis.

SECTION TWO: CLINICAL PRACTICE AND RELATED SKILLS

Unit Sixteen: Perioperative Concepts and Nursing Management

Reference Reading:

Brunner: Chapters 17, 18 & 19
Nursing Drug Handbook

Objectives:

1. List and describe three phases of perioperative nursing and the surgical experience.
2. Identify and describe innovations that have occurred in perioperative nursing.
3. Review nursing skills related to caring for a perioperative patient.
4. Describe the nurses role in preoperative/postoperative patient education.
5. Describe components of a comprehensive preoperative nursing assessment.
6. Describe common post-op complications and further define one of those post-op complications.
7. Identify medications commonly used in surgical nursing.
8. Apply the nursing process to a patient in the immediate post-op period.

M|State

Refresher Course Facility Agreement

I have met with _____, who will be/or is currently enrolled in the Minnesota State Community and Technical College, Custom Training Services, RN Refresher course. We agree to provide the required 125 hours of clinical rotation at this facility under the authorized, direct supervision of a staff RN as the refresher nurses' preceptor. The Clinical Guidelines for the course have been reviewed and we understand the requirements for the clinical experience and RN preceptor.

Facility Information

Name and Title: _____

E-mail: _____ Phone: _____

Name of Clinical Facility: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Minnesota State Community and Technical College will initiate a clinical contract based on the information provided above and submit it to the facility for the appropriate signatures, if one has not already been established. For further questions, please feel free to contact Karen Schumacher, RN, MS, Director of Health at 218-299-6586.

Additional Information

The student will have:

- Proof of current vaccinations or verification of immunity through positive titer's, as required by the clinical facility, i.e.
 - a) MMR
 - b) Varicella
- A negative TB within last 6 months or Chest X-ray within last year prior to clinical start
- A passed Background Study Check
- Liability insurance through the College

The facility will be notified in writing of the student's successful completion of the coursework and mid-term exam.

A preceptor agreement form will also need to be completed and returned prior to the start of the clinical experience. The student will be assigned the same shift hours and unit as the preceptor, as agreed upon by the facility, RN preceptor and nurse refresher student.

Please return this completed form to:

Karen Schumacher, RN, MS, M|State 1900 28th Ave. South, Moorhead, MN 56560

Email: Karen.schumacher@minnesota.edu Fax: 218-291-4267 Questions? Call: 218-299-6586

M|State

Preceptor Agreement (Wisconsin Facility) Registered Nurse Refresher Course

This form must be reviewed, signed and returned prior to the start of the student's clinical experience.

1. Nursing practice must be under the direct supervision of a registered nurse preceptor. "Direct supervision of a registered nurse" means that a registered nurse must be assigned to observe, direct and evaluate the refresher student's performance. At all times the student must be able to identify the supervising registered nurse.

The supervising registered nurse preceptor providing the supervision must be:

- a currently licensed registered nurse with two years of current nursing practice experience.
 - prepared for the role of preceptor and authorized by the facility offering the clinical experience in a one-to-one nursing practice experience to the refresher course student.
 - on the unit when the student is assigned responsibilities that include nursing abilities which the student has not acquired and/or if the clients assigned to the student have severe or urgent conditions or are unstable.
 - within the facility if the student is assigned responsibilities that include nursing abilities the student has acquired and the care required is simple and routine and within the appropriate scope of practice.
2. Standards for practice for the registered nurse include appropriate delegation of components of the nursing care plan. Therefore, delegation by the registered nurse preceptor to the refresher course student of those skills within the scope of practice of the student is appropriate.
 3. The RN preceptor may delegate the demonstration of a procedure or observation of the course participant to another RN within the same facility.
 4. The RN refresher course student shall not be assigned to function in clinical leadership roles or in a position that requires the student to supervise other nursing personnel. However, the student must have the opportunity to observe or participate with the preceptor in delegation of nursing interventions to unlicensed assistive personnel.
 5. The RN preceptor will assist the nurse refresher student in meeting the clinical experience objectives and verify/sign the skills checklist form. At least two-thirds of the clinical must include direct patient care experiences.
 6. The preceptor will complete the Student Evaluation form following the clinical experience and return it to Karen Schumacher at M|State per the instructions on the evaluation form.
 7. The appropriate title for the RN refresher course student to use in the clinical area is Nurse Refresher Student (NRS).

I have reviewed the clinical guidelines for Minnesota State Community and Technical College's Nurse Refresher course and agree to be the RN preceptor for _____, who is currently enrolled in the Minnesota State Community and Technical College, Custom Training Services, RN Refresher course.

RN Preceptor Information		
Preceptor Signature:	_____	
Printed Name:	_____	
E-mail:	_____	
Work Phone:	_____	Fax: _____
Facility:	_____	
Mailing Address:	_____	
City:	State: _____	Zip: _____

RN Preceptor: Please fax this completed form to Karen Schumacher at 218-291-4267, or mail to:

**Karen Schumacher, RN, MS
M State
1900 28th Ave. South
Moorhead, MN 56560**

If mailed, please retain a copy for your files.

**RN REFRESHER COURSE
SKILLS CHECKLIST**

INSTRUCTIONS: **You are to complete this checklist** by placing a checkmark in the appropriate column following each skill. Leave blank if there was no opportunity for you to observe or perform the skill. Comment if necessary. The RN preceptor should review this form and verify its completion by signing the back page. Hand in upon completion of your clinical experience to refresher course coordinator.

SKILLS	OBSERVED	OBSERVED & ASSISTED RN	PERFORMED INDEP. W/ SUPERVISION	COMMENTS
MEDICAL ASEPSIS				
Donning and removing gown, masks & gloves for isolation				
Properly removing contaminated articles from isolation				
Donning sterile gloves				
LEGAL & ETHICAL				
Demonstrate accurate and thorough reporting				
Demonstrates accurate, concise and thorough recording (charting)				
Correct use of consent form				
CARDIOVASCULAR				
Measure & assessment of V.S.				
1. Temperature using electronic thermometer 2. Temperature using tympanic thermometer 3. Radial pulse 4. Apical pulse 5. Pedal pulse 6. Assessing respirations & rate 7. Blood pressure measurement				
Applying TEDS				
Use of emergency crash cart				
Performing CPR & AED				
Chest auscultation 1. Heart sounds 2. Lung sounds				

SKILLS	OBSERVED	OBSERVED & ASSISTED RN	PERFORMED INDEP. W/ SUPERVISION	COMMENTS
RESPIRATORY				
Chest physiotherapy: 1. Postural drainage exercise 2. Percussion & vibration				
Deep breathing exercise 1. Instructing turn, cough & deep breath (TCDB) 2. Use of incentive spirometry				
Suctioning: Oral				
Oxygen therapy: 1. Nasal prongs 2. Face mask 3. Face tent				
Tracheostomy Care: Cleaning inner cannula Changing trach ties				
Performing trach suctioning				
Chest tubes				
MUSCULOSKELETAL				
Patient Safety: Use of bedrails, call lights, bed in low position, night lights				
Assessment-Proper body mechanics 1. Establish alignment & maintain 2. Utilize basic principles				
Moving, turning, and positioning of patients				
Use a hoist lift				
Assisting with patient transfers, bed to chair				
Performing PROM				
Teaching AROM				
Assisting with ambulation				
Ambulation assist-use of walker				

SKILLS	OBSERVED	OBSERVED & ASSISTED RN	PERFORMED INDEP. W/ SUPERVISION	COMMENTS
INTEGUMENTARY				
Bedbath				
Back massage				
Braden Scale				
Changing a dressing				
Caring for a wound with a drain				
Irrigation of wounds				
Maintaining hemovac suction				
Application of dry heat				
Application of moist compresses				
Wound vacs				
SENSORINEURAL				
Pupil Check (PERRLA)				
GASTROINTESTINAL				
N.G. Insertion Procedure				
N.G. Management & Irrigation				
N.G. Feeding				
Gastrostomy Feeding				
Administering & maintaining fluids through a central venous line				
Changing parenteral hyperalimentation dressing & tubings				
Administering IV Intralipids				
Administration of TPN				
Abdominal Sounds				
Hemocult Testing				
RENAL URINARY SYSTEM				
Foley Catheter Insertion				
Foley Catheter Care				
Supra Pubic Catheter Care				
Specimen Collection				

SKILLS	OBSERVED	OBSERVED & ASSISTED RN	PERFORMED INDEP. W/ SUPERVISION	COMMENTS
Urine Dipstick				
Bladder Scan				
Attaching an External Catheter				
Attaching Catheter to Leg Bag				
ENDOCRINE SYSTEM				
Use of blood glucose monitoring devices				
a. testing done by patient				
b. testing done by RN or LPN				
Administering insulin injections				
a. injection given by RN or LPN				
b. injection given by patient (self-administered)				
FLUID AND ELECTROLYTE				
Administering blood through a Y-set (RNs only)				
Monitoring for potential complications				
Administering blood components (RNs only)				
Monitoring intake and output				
PERIOPERATIVE				
Pre-op teaching: printed pamphlet videos				
Surgical skin preparation				
Use of pre-op checklist, prepare patient for surgery				
Assessment post-op vital signs				
Administering post-op pain meds				
Respiratory care-TCDB post-op				
Respiratory care incentive spirometry				

SKILLS	OBSERVED	OBSERVED & ASSISTED RN	PERFORMED INDEP. W/ SUPERVISION	COMMENTS
Assisting with post-op positioning				
Assisting with post-op activity				
MEDICATIONS				
Preparation and administration of parenteral medication a. oral b. IM c. Subcutaneous d. Intradermal				
Administration of topical medication				
Administration of sub-lingual medication				
Preparation and administration of intravenous medication (RNs only)				
Regulation of IV flow rate				
IV catheter insertion				
IV site management				

Refresher Course Student signature

Date

Preceptor Signature

Date

**MINNESOTA STATE COMMUNITY AND TECHNICAL COLLEGE
RN REFRESHER COURSE
STUDENT EVALUATION**

Refresher Course Student

Facility

INTERACTION WITH CLIENTS/FAMILY/STAFF

<u>S</u>	<u>U</u>	<u>N/A</u>	
___	___	___	1. Easily establishes interpersonal relationships with clients, their families and staff members.
___	___	___	2. Uses therapeutic verbal and nonverbal communication techniques to individualize approaches to clients, families and staff members.
___	___	___	3. Interacts with family and staff members to meet the psychosocial needs of the client.

NURSING OBSERVATION AND ASSESSMENT OF CLIENTS

<u>S</u>	<u>U</u>	<u>N/A</u>	
___	___	___	1. Utilizes available resources, ie. medical record, kardex, staff and family members.
___	___	___	2. Analyzes resources and decides what other resources are needed.
___	___	___	3. Collects objective and subjective data using a variety of methods/techniques to assess the client's individual health status.
___	___	___	4. Analyzes the data and assesses the need for prompt nursing action.
___	___	___	5. Reports and documents pertinent observations and nursing interventions provided.
___	___	___	6. Analyze assessment data to establish or modify nursing diagnoses to be used as a basis for nursing interventions.

NURSING CARE PLANNING

<u>S</u>	<u>U</u>	<u>N/A</u>	
___	___	___	1. Sets priorities of care.
___	___	___	2. Determines expected client outcomes.
___	___	___	3. Identifies nursing actions and interventions to attain expected outcomes.

IMPLEMENTATION

<u>S</u>	<u>U</u>	<u>N/A</u>	
___	___	___	1. Administers nursing care according to the standards of practice.
___	___	___	2. Provides nursing care to clients regardless of sex, age, race, and culture.
___	___	___	3. Demonstrates progress in performance of clinical practice skills.
___	___	___	4. Uses effective nursing interventions appropriately to achieve expected outcomes.
___	___	___	5. Determines the responsibilities that can be properly and safely assigned or delegated.
___	___	___	6. Provides an environment conducive to safety and health.
___	___	___	7. Communicates interventions and responses to other members of the health team.
___	___	___	8. Documents nursing interventions and client responses to care using appropriate forms.

EVALUATION

<u>S</u>	<u>U</u>	<u>N/A</u>
___	___	___
___	___	___
___	___	___
___	___	___

1. Evaluates response of client to nursing care given including medication administration.
2. Describes nursing interventions which were effective in meeting clients identified outcomes.
3. Evaluates and reports ineffective nursing interventions.
4. Identifies changes needed in plan of care.

PROFESSIONAL AND PERSONAL GROWTH

<u>S</u>	<u>U</u>	<u>N/A</u>
___	___	___
___	___	___
___	___	___

1. Seeks additional learning experiences for own self-enhancement.
2. Identifies own areas of strength and weakness.
3. Seeks appropriate guidance.

Preceptor Comments:

Preceptor's Signature _____ Date _____

Student Signature _____ Date _____

Please return this refresher course student evaluation and verification of clinical hours as soon as possible to:

**Karen Schumacher, RN, MS
 Minnesota State Community and Technical College
 1900 So. 28th Ave.
 Moorhead, MN 56560**

**CUSTOM TRAINING SERVICES
 Minnesota State Community and Technical College**

I verify that

has completed 125 hours of clinical,
 which included a minimum 25 hours of basic skills review and an equipment/technology update, at

as part of the RN Refresher Course

dated this ____ day of _____, 201__

RN Preceptor Signature

**MINNESOTA STATE COMMUNITY AND TECHNICAL COLLEGE
RN Refresher Course**

WISCONSIN HOSPITAL SETTING - CLINICAL GUIDE

This 125 hour supervised clinical experience will provide an opportunity for the professional nurse refresher course student to update and review nursing skills and participate in patient care in the hospital setting within the scope of practice for the RN. **(See attached Clinical Practice Guidelines)**

Specific Objectives:

The refresher course student may do the following during their clinical experience in the hospital, once he/she is co-assigned with a registered nurse preceptor:

1. Observe and assist the team member in performing direct patient care on selected patients following institution policies, procedures and protocols.
2. Interact with patients, significant others and health care team:
 - a. Using therapeutic verbal and nonverbal communication skills.
 - b. Establishing a relationship based on the patient's situation.
 - c. Demonstrating a courteous, professional behavior.
3. Demonstrate nursing care including:
 - a. Assessing the patient using a holistic approach (physical, psychosocial and spiritual).
 - b. Providing direct care including special care needs of patients.
 - c. Ambulation and/or positioning patient utilizing appropriate body mechanics to insure patient and nurse safety.
 - d. Provide nutritional support as indicated by patient needs.
 - e. Performance of clinical practice skills for assigned patients that are within the scope of practice for a RN and under the direct supervision of the registered nurse preceptor.
 - f. Initiating or updating plan of care under the supervision of preceptor.
 - g. Prepare, administer, and document medications safely with supervision.
 - h. Document patient assessments, nursing interventions and client response to care on the medical record.
4. Observe specific therapies on assigned patients which may include: speech, occupational or physical therapy.
5. Participate in bedside reporting and hourly rounding.
6. Provide report to staff when leaving nursing unit for breaks and on completion of daily assignment.
7. Participate in any group presentations provided by the specialized units of the facility.
8. Review the patient's electronic medical record and/or review the patient's chart, observing new methods of documentation, chart form, flow sheets and medication records. Review Kardex and plan of care.
9. Observe the leadership activities of RN's, including management of the nursing unit.
10. Observe and participate with the RN preceptor, the delegation of nursing intervention to unlicensed assistive personnel.

Upon completion of the clinical experience, the completed Student Evaluation form and Validation form verifying completion of the clinical experience needs to be returned to the College (See form for mailing instructions).

**CLINICAL PRACTICE GUIDELINES
FOR
REFRESHER COURSE STUDENTS**

1. Nursing practice must be under the direct supervision of a registered nurse preceptor. “Direct supervision of a registered nurse” means that a registered nurse must be assigned to observe, direct and evaluate the refresher student’s performance. At all times the student must be able to identify the supervising registered nurse.

The supervising registered nurse preceptor providing the supervision must be:

- a currently licensed registered nurse with two years of current nursing practice experience.
 - prepared for the role of preceptor and authorized by the facility offering the clinical experience in a one-on-one nursing practice experience to the refresher course student.
 - on the unit when the student is assigned responsibilities that include nursing abilities which the student has not acquired and/or if the clients assigned to the student have severe or urgent conditions or are unstable.
 - within the facility if the student is assigned responsibilities that include nursing abilities the student has acquired and the care required is simple and routine and within the appropriate scope of practice.
2. Standards for practice for the registered nurse include appropriate delegation of components of the nursing care plan. Therefore, delegation by the registered nurse preceptor to the refresher course student of those skills within the scope of practice of the student is appropriate.
 3. The RN preceptor may delegate the demonstration of a procedure or observation of the course participant to another RN within the same facility.
 4. The RN refresher course student shall not be assigned to function in clinical leadership roles or in a position that requires the student to supervise other nursing personnel. However, the student must have the opportunity to observe or participate with the preceptor in delegation of nursing interventions to unlicensed assistive personnel.
 5. The appropriate title for the RN refresher course student to use is Nurse Refresher Student (NRS).

**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Jill M. Remy, Program Manager		2) Date When Request Submitted: 12/17/2014	
		Items will be considered late if submitted after 5 p.m. and less than: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before meeting for all others 	
3) Name of Board, Committee, Council, Section: Board of Nursing			
4) Meeting Date: 1/8/2015	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Request for Approval of Nursing Refresher Course – Waukesha County Technical College	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review, discuss and make motion relating to application for approval of a RN nursing refresher course and a PN nursing refresher course from Waukesha County Technical College.			
11) Authorization			
Jill M. Remy		12/17/2014	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Revised 8/13

Remy, Jill M - DSPS

From: Kathleen Gettrust <KGettrust@wctc.edu>
Sent: Wednesday, December 17, 2014 1:59 PM
To: Remy, Jill M - DSPS
Cc: Ann Cook; Nancy Radke; Judy Sabel
Subject: RE: WCTC RN & PN Nursing Refresher Course Approval Request
Attachments: RN Update Fall 2014 syllabus, final AC.doc

Dear Ms. Remy,

Attached please find the syllabus for the Waukesha County Technical College RN and LPN nurse refresher courses for consideration by the Wisconsin Board of Nursing.

Our RN and LPN programs are each **210 hours in total** and consist of two (2) courses:

510-405A RN Update: Theory and Skills- **48 hours theory and 36 hours of nursing skills**

510-405B RN Update: Clinical Practicum- **126 hours of precepted clinical experience in a hospital, clinic or long term care facility under the guidance of a WCTC master's prepared nursing faculty**

510-455A LPN Update-**48 hours theory and 36 hours of nursing skills**

510-455B LPN Update: Clinical Practicum- **126 hours of precepted clinical experience in a long term care facility under the guidance of a WCTC master's prepared nursing faculty**

The attached syllabus provides a course description as well as detailed objectives for each course. The theory portion of the course includes all of the content required by the Wisconsin Board of Nursing (i.e. nursing process, infection control, etc) as well as substantial review of pathophysiology and update in disease management.

The instructors for our refresher programs have a master's degree in nursing as well as a wealth of clinical and educational experience. The courses are offered each semester and we are able to accommodate a maximum of twenty (20) students.

Please feel free to contact me if questions arise that require further clarification.

Best Regards,
Kathy

Kathy Gettrust MS RN

School of Health

S218

P:262-691-5149 or 414 350-5157

Fax 262-691-5250

kgettrust@wctc.edu

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8366
Madison, WI 53708-8366

FAX #: (608) 266-2602
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: <http://dps.wi.gov>

BOARD OF NURSING

REQUEST FOR APPROVAL OF A NURSING REFRESHER COURSE

Approval by the Board of Nursing is required for all nursing refresher courses.

To apply for Board of Nursing approval, the course provider must submit this completed form and the course curriculum to dspsexaminationoffice@wisconsin.gov.

NOTE: Individual course participants are only required to submit curriculum to the Board of Nursing for approval if the course is not on the list of approved nursing refresher courses.

All approved courses will be included on an approved course list posted to the DSPS website; providers are urged to inform the Board of Nursing of any changes in the contact information listed on this application form to ensure accurate, current information is included on the list of approved courses.

I. COURSE PROVIDER

1. Name of course provider: WAUKESHA COUNTY TECHNICAL COLLEGE
2. Provider address: 800 MAIN ST. PEWAUKEE, WI 53072
3. Name of course administrator: KATHLEEN GETTRUST, RN, MSN
4. Type of nursing refresher course: Professional Nurse (RN) Practical Nurse (PN)

II. COURSE INSTRUCTOR

5. Do all instructors of the nursing refresher course have a master's degree in nursing and recent clinical experience or clinical teaching experience? Yes No
6. If preceptors are used, are they selected by the instructor using criteria developed for the course and does the instructor provide supervision of the preceptors? Yes No

III. COURSE CURRICULUM

A. PROFESSIONAL NURSING (RN) REFRESHER COURSE CURRICULUM REQUIREMENTS

- A1. Does the RN skills lab include basic nursing skills review and technology and equipment update?
 *Yes No *List number of required hours in skills lab: 36 hours
- A2. Is direct supervision or precepted clinical experience performed in a hospital, clinic, long-term or subacute facility required? *Yes No *List number of required hours: 126 hours

Does the theory portion of the RN nursing refresher course include all of the following content?

- A3. Yes No Nursing process review
A4. Yes No Infection control
A5. Yes No Medication and pharmacology update
A6. Yes No Recent trends in nursing techniques and responsibilities
A7. Yes No Communication
A8. Yes No Documentation and reporting
A9. Yes No Supervision and delegation

B. PRACTICAL NURSING (PN) REFRESHER COURSE CURRICULUM REQUIREMENTS

- B1. Does the PN skills lab include basic nursing skills review and technology and equipment update?
 *Yes No *List number of required hours in skills lab: 36 hours
- B2. Is direct supervision or precepted clinical experience performed in a hospital, clinic, long-term or subacute facility required? *Yes No *List number of required hours: 126 hours

Does the theory portion of the PN nursing refresher course include all of the following content?

- B3. Yes No Nursing process review
B4. Yes No Infection control
B5. Yes No Medication and pharmacology update
B6. Yes No Recent trends in nursing techniques and responsibilities
B7. Yes No Communication
B8. Yes No Documentation and reporting
B9. Yes No Supervision and delegation
B10. Yes No Aging population

KATHLEEN GETTRUST, RN, MSN

Nursing Refresher Course Administrator

Kathleen Gettrust RN, MSN
Signature

262 691-5149 or 414 350-5157

Telephone Number

NURSING FACULTY

Title

DECEMBER 10, 2014

Date

kgettrust@wctc.edu

Email Address



WAUKESHA
COUNTY TECHNICAL
COLLEGE

WAUKESHA COUNTY TECHNICAL COLLEGE

School of Health

RN UPDATE SYLLABUS
510-405A and 510-405B

LPN UPDATE SYLLABUS
510-455A and 510-455B

Kathleen Gettrust, MSN, RN
Ann M. Cook, MSN, RN
Fall 2014

WAUKESHA COUNTY TECHNICAL COLLEGE
RN UPDATE-SYLLABUS

Course Description:

The RN Update course is designed as a refresher series for the registered nurse under the guidance and supervision of master's prepared nursing faculty member. It consists of two separate classes: **RN Update Theory and Skills** and **RN Update-Clinical Practicum**. The goal of the course is to provide an update of nursing theory and health care trends; review trends in clinical techniques and skills; and provide a clinical experience under the guidance of a preceptor in which the returning nurse can put the theory and skills into practice. A certificate will be awarded upon successful completion of the course.

Course Objectives: RN Update Theory and Skills

Upon completion of this course the student will be able to:

1. Discuss and review the nursing process and how it relates to care of the patient across the life span.
2. Describe recent trends in the nursing management of patients who present with various disorders and disease states. This includes a review of pathophysiology, clinical manifestations and diagnostic studies along with evidence-based nursing interventions.
3. Examine the various aspects of the aging process and unique needs of the older adult.
4. Participate in a review of a core group of nursing skills with an emphasis on best practices including: medication administration, vital signs, sterile procedures, infusion therapy, wound care, bowel and bladder management and tracheostomy care while demonstrating competence with a rating of "satisfactory" on selected laboratory skills.
5. Discuss updates in pharmacology related to various medication classifications.
6. Differentiate between the role of the registered nurse, licensed practical nurse and unlicensed assistive personnel in the management and delivery of patient care.
7. Describe situations when it is appropriate for the registered nurse to delegate and supervise patient care to a licensed practice nurse or unlicensed assistive personnel.
8. Explain updates in infection prevention and control and specific procedures to follow in various health care situations.
9. Describe basic principles of communication with various members of the health care team including the responsibility to safeguard a patient's right to privacy and confidentiality of health care information.
10. Discuss various types of electronic medical records and documentation.
11. Describe the employment resources available through the Workforce Development Center.

LPN UPDATE-SYLLABUS

Course Description:

The LPN Update course is designed as a refresher series for the licensed practical nurse under the guidance and supervision of master's prepared nursing faculty member. It consists of two separate classes: **LPN Update Theory and Skills** and **LPN Update Clinical Practicum**. The goal of the course is to provide an update of nursing theory and health care trends and review trends in clinical techniques and skills within the scope of practice of the licensed practical nurse. The course will provide a clinical experience in a long term care facility, with a stable patient population, under the guidance of a preceptor in which the returning nurse can put the theory and skills into practice. There will also be a review of standards of practice within the regulatory framework for the licensed practical nurse. A certificate will be awarded upon successful completion of the course.

Course Objectives LPN Update Theory and Skills 510-455A:

Upon completion of this course the student will be able to:

1. Discuss and review the nursing process and how it relates to care of the patient across the life span within the scope of the licensed practical nurse.
2. Describe recent trends in the nursing management of patients who present with various disorders and disease states. This includes a review of pathophysiology, clinical manifestations and diagnostic studies along with evidence-based nursing interventions.
3. Examine the various aspects of the aging process and unique needs of the older adult.
4. Participate in a review of a core group of nursing skills with an emphasis on best practices including medication administration, vital signs, sterile procedures, infusion therapy, wound care, bowel and bladder management and tracheostomy care while demonstrating competence with a rating of "satisfactory" on selected laboratory skills.
5. Discuss updates in pharmacology related to various medication classifications.
6. Differentiate between the role of the registered nurse, licensed practical nurse and unlicensed assistive personnel in the management and delivery of patient care.
7. Describe situations when it is appropriate for the licensed practical nurse to delegate to unlicensed assistive personnel with a stable patient population.
8. Explain updates in infection prevention and control and specific procedures to follow in various health care situations.
9. Describe basic principles of communication with various members of the health care team including the responsibility to safeguard a patient's right to privacy and confidentiality of health care information.
10. Discuss various types of electronic medical records and documentation.
11. Describe the employment resources available through the Workforce Development Center.

Required Med/Surg Textbook

Ignatavicius, D and Workman, M (2012) *Medical-Surgical Nursing: Patient-Centered Collaborative Care* (7th ed.) Philadelphia, PA Saunders.

ISBN (single volume) 9781437728019

Required Skill Lab Textbook

Lynn, P. (2011) *Taylor's Clinical Nursing Skills* Philadelphia: Lippincott Williams & Wilkins 3rd ed.

ISBN 978-0-7817-9384-1

Required Bundled handouts

Available in WCTC bookstore available for purchase on first day of class.

Course Requirements/Grading- RN and LPN Update Theory & Skills

Successful completion will be based upon meeting the following requirements:

1. Attendance and punctuality are mandatory at all theory presentations and skill lab days. A student may be dropped from the program if an absence or tardiness occurs.
2. Participation in review of a core group of basic nursing skills.
Achieve a rating of “satisfactory” on selected laboratory skills. Student will be allowed three attempts to demonstrate competence in skill lab. If unsuccessful, student will not be allowed to participate in the clinical experience. They will receive a failing grade and dropped from RN Update-Clinical Practicum (510-405B)
3. Compliance with all program requirements contained in this syllabus.
4. Compliance with WCTC student Policies and Procedures (P&Ps) including:
 - Alcohol and Drug Policy (www.wctc.edu/drug_policy)
 - Code of Conduct
 - WCTC, as a community dedicated to learning, personal growth and the advancement of knowledge, expects and requires the behavior of all of its students to be compatible with its high standards of scholarship and conduct. All individuals and/or groups of the WCTC community are expected to speak and act with respect for the human dignity of others, both within the classroom and outside it, in social and recreational as well as academic activities. The WCTC Code of Conduct and Academic Ethics Code further outline the rights and responsibilities of students. For more information, those documents can be found at www.wctc.edu/conduct

Prerequisites for Practicum:

1. Active/limited license to practice nursing in Wisconsin
2. Current CPR for Healthcare Provider certification
3. Criminal background check on file
4. Completion of all healthcare requirements including: a physical, negative TB skin test or chest x-ray, current immunizations, seasonal flu immunization, hepatitis B series, and rapid 10 panel drug screen
5. Successful completion of the RN or LPN Update Theory and Skills

Course Objectives: RN Update Clinical Practice

Upon completion of the course the student will:

1. Apply principles of infection control, standard precautions, and isolation procedures.
2. Provide a safe environment for the patient.
3. Communicate therapeutically with patients and families while demonstrating sensitivity to their physical, emotional, social, and spiritual needs.
4. Demonstrate behaviors that support and promote the patient's rights.
5. Assess, plan, implement nursing interventions and evaluate care given to patients with medical-surgical problems.
6. Interpret, synthesize, and incorporate knowledge of the biological and behavioral sciences in developing an effective plan of care.
7. Perform basic nursing skills according to agency policy and procedures.
8. Document appropriately in the electronic medical record.
9. Report patient findings or changes of condition to appropriate personnel.
10. Incorporate knowledge of ethical-legal concepts in the implementation of patient care.
11. Collaborate with patients and other health care professionals to coordinate health care services related to health promotion, maintenance, and restoration.
12. Incorporate an understanding of current trends in health care, best practices and evidence-based practice within the scope of the registered nurse.

Course Objectives: LPN Update Clinical Practicum.

Upon completion of this course, the student will:

1. Apply principles of infection control, standard precautions, and isolation procedures.
2. Provide a safe environment for the patient.
3. Communicate therapeutically with patients and families while demonstrating sensitivity to their physical, emotional, social, and spiritual needs.
4. Demonstrate behaviors that support and promote the patient's rights.
5. Assist with the collection of data, planning, implementation of nursing interventions and evaluation of care given to older adults with stable medical-surgical problems.
6. Assist with the development of individual care plans by incorporating knowledge of the biological and behavioral sciences.
7. Perform basic nursing skills according to agency policy and procedure.
8. Document appropriately in the electronic medical record.
9. Report patient findings or changes of condition to appropriate personnel.
10. Incorporate knowledge of ethical-legal concepts in the implementation of patient care.
11. Collaborate with patients and other health care professionals to coordinate health care services related to health promotion, maintenance, and restoration.
12. Incorporate an understanding of current trends in health care, best practices and evidence-based practice.

Course Requirements/Grading-RN/LPN Clinical Practicum

1. Compliance with the attendance requirements as stated in attendance policy
2. Demonstrates competence in clinical per preceptor feedback
3. Compliance with all program requirements contained in this syllabus
4. Compliance with clinical facility P&Ps as well as WCTC student Policies and Procedures including:
 - Student Academic Ethics Code of Conduct (see above)
 - Alcohol and drug policy (see above)
5. Students must achieve a rating of **acceptable** or better to successfully complete the course and receive a certificate of completion.

WCTC faculty reserves the right to choose an appropriate clinical site.

Students are required to spend 126 hours in the clinical setting with a preceptor under the guidance and supervision of WCTC nursing faculty.

The preceptor is asked to provide ongoing feedback throughout the clinical and in writing at the conclusion of the experience. This information will be utilized for the final evaluation.

Students are also asked to utilize the same feedback tool to do a self evaluation of the clinical experience. The student will be asked to review this information with WCTC faculty

Student Evaluation

Student will receive a final evaluation from faculty with input from the preceptor. Student must meet performance criteria stated on final evaluation and achieve a minimum grade acceptable or greater.

****A student may be removed from clinical and dropped from the course anytime they are determined to be unsafe and/or fail to meet the criterion as stated in the evaluation. Removal from the clinical will result in a failing grade for the clinical practicum.***

The clinical site reserves the right to request a student leave for performance or behavior concerns. An alternate site will not be provided.

Faculty will perform the final evaluation using the grading standards listed below.

Independent

Student will:

- Demonstrate criterion at an exemplary level of performance, insight, and depth
- Demonstrate mastery
- Function above level of expectation
- Display excellent reasoning and problem solving without the need for guidance or cues
- Able to critically think and utilizes resources in unfamiliar situations. Validates plan with preceptor
- Requires no verbal or physical cues
- Performs with confidence
- Initiates learning without prompting

Independent/Minimal Cueing

Student will:

- Demonstrate criterion at or above satisfactory level of performance
- Demonstrate competence
- Function at or above the level of expectation
- Display reasoning and problem solving with minimal guidance
- Demonstrate safe and reliable behavior with minimal guidance
- Requires minimal cueing or direct guidance in unfamiliar situations
- Requires minimal guidance or assistance
- Performs with increasing level of confidence
- Participates in learning with minimal prompting

Acceptable

Student will:

- Demonstrate criterion at a satisfactory level of performance
- Demonstrate competence
- Function at the level of expectation
- Display reasoning and problem solving with moderate guidance
- Requires moderate cueing or direct guidance in unfamiliar situations
- Requires moderate guidance or assistance.
- Performs with increasing level of confidence
- Participates in learning with prompting

Needs Improvement

Student:

- Inconsistent performance
- Makes a number of critical errors or omissions
- Needs improvement and additional training to meet expected level of performance
- Requires assistance and prompting to develop appropriate solutions, evaluation, and revision of action
- Consistently requires guidance in order to demonstrate safe behavior
- Consistently requires guidance in order to demonstrate safe behavior and/or repeats a pattern of unsafe behavior previously identified
- Requires verbal and/or physical cues that are so directive and continuous that essentially preceptor is performer
- Inconsistently demonstrates confidence
- Relies on preceptor to initiate learning.

Unacceptable

Student:

- Does not perform to even minimal level of performance
- Makes significant critical errors/omissions
- Does not meet criterion
- RN students: Unable to gather assessment data, identify problems, generate solutions, and evaluate effectiveness of actions.
- LPN students: Unable to gather assessment data
- Demonstrates unsafe behavior
- Unable to carry out actions in unfamiliar situations with out significant interventions by preceptor
- Lacks confidence
- Avoids learning.

N/A-no opportunity to demonstrate competence for this criterion

Student Liability

1. Students must report accidents of any kind involving a **patient** to the preceptor immediately. Patient related accidents require an Incident (Accident) Report. The instructor and/or preceptor will assist the student. The instructor must be notified of the incident as soon as possible. Failure to report the incident will result in the student being removed from clinical, dropped from the program, and receive a failing grade.
2. Accidents or injury to a **student** must also be reported to the instructor immediately and the preceptor if it occurs in the clinical setting. Faculty will assist students with filling out a WCTC Incident Report. Students should confer with their preceptor, and follow the facility policy for completing an Accident/Incident Report.

Student Responsibilities

- Attendance and punctuality at all classroom, lab, and clinical hours is required
- Complete computer training/orientation sessions if required by facility
- Share completed nursing skills inventory with preceptor
- Provide written goals at the beginning of each clinical week to be reviewed with the faculty and preceptor during the weekly communication. Goals to be used as a guide for student assignments. Reflect on the goals at the end of each week of clinical and carry over into the following week if necessary
- Communicate any difficulties with assignments, etc, to the WCTC faculty
- To comply with the P&P's of the clinical facility
- To maintain confidentiality of all client records
- Complete a written self-evaluation utilizing same feedback tool as preceptor
- Complete a program evaluation at the conclusion of the RN Update program

Preceptor Responsibilities

- Review course objectives of the update course
- Provide student with orientation to unit
- Report any attendance problems to faculty
- Make out assignments in collaboration with student and in consultation with WCTC faculty
- Preceptor is asked to provide regular feedback to the student and faculty
- Preceptor is asked to identify the student's strengths and areas of particular need
- Document the progress of the student's clinical experience at the conclusion of clinical on a written feedback form
- The mentor is asked to complete the WCTC course evaluation

Faculty Responsibilities

- Collaborate with student to arrange for appropriate clinical placement
- Ensure that all prerequisites have been completed prior to student participation in clinical
- To coordinate the orientation of the student to the clinical facility
- Provide the course description, objectives, guidelines, evaluation criteria for the preceptor(s), nurse manager/educator prior to the beginning of the clinical experience
- Orient preceptor(s) to the preceptoring concept and role, expectations
- Confer with nurse manager/educator as needed
- Communicate weekly with preceptor and student and provide guidance as needed
- Be available for phone consultation as needed
- Collaborate with preceptor and students for clinical assignments as needed
- Solicit feedback from preceptor and student for final student evaluation
- Conduct final student evaluation

Attendance

Attendance and punctuality are essential for successful course completion and the student is expected to attend every class. Absences or instances of tardiness, will endanger the ability to successfully complete this course may result in the student being dropped from the program.

In the event of a clinical absence, the absence and the reason for the absence must be reported to the instructor prior to the starting time of the clinical experience. Please call 262-691-5149 to leave a message. The clinical site must also be called prior to the start of the shift.

Failure to notify the instructor and clinical site prior to the start of the shift, and instances of tardiness, indicates a lack of responsibility and judgment. Repeated absences or occurrences of tardiness will result in failure of the course. Absences must be made up to meet the attendance requirements for successful completion of the program.

Special Accommodations

If you require any special accommodations to complete this course, please contact the instructor within the first week of class. Please make sure to provide us with a copy of your student accommodation card as well. If you do not have such a card, please contact the Special Service Coordinator at 262 691-5210 or the Counselor for Students with Disabilities at 262 691-5274.

Civility Project

WCTC's Civility committee began in fall 2011 and is comprised of students, faculty and staff dedicated to raising awareness about how we treat one another and the impact it has on the campus community.

Over the past year, Civility Committee members have worked with the WCTC community to define the meaning of civility. The initiative's nine major tenets encourage us all to:

1. Pay attention
2. Listen
3. Be inclusive
4. Don't gossip
5. Be Agreeable
6. Apologize
7. Show Respect
8. Take responsibility
9. Give constructive criticism



Please initial each item and sign and date your name on the signature line.

_____ I have read and I understand the material contained in this syllabus.

_____ I am aware that the WCTC Student Handbook is available in the classroom for review and I understand I will be held responsible for its content..

Print Name

Signature (please sign) Date

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Board of Nursing			
4) Meeting Date: 1/8/15	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Marquette University request for a Board member presentation – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>This email has been edited for Board discussion purposes.</p> <p>Email #1) I am looking to see if anyone on the board would come talk to my nursing leadership group regarding Nursing board and their role and rules and regulations regarding nursing. It would be in February time frame for about 1 hr. This would be awesome to help my students understand the framework for their practice within their state.</p> <p>Email #2) I am a professor here at Marquette University and my course if the Nursing Leadership portion of their learning. I do cover the Board of Nursing, however, they have had some questions that were good and I thought if it were possible to have someone there to talk to them about the the function it might be more beneficial. I do understand that this can be overwhelming with requests, but would appreciate if anyone could come even it's for a shorter time period. Thanks again.</p> <p>Judy Kintner, MSN, RN Nursing Faculty Marquette University 530 N. 16th St./Office #231 Milwaukee, WI 53233 (414) 288-0506 judy.kintner@marquette.edu</p>			

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Dan Williams		2) Date When Request Submitted: Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Wisconsin Board of Nursing			
4) Meeting Date: 1/8/15	5) Attachments: <input type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? NCSBN Mid-Year meeting – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? If yes, who is appearing? <input type="checkbox"/> Yes by <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: <p>The NCSBN Board of Directors is sponsoring the attendance of two Member Board representatives at the Midyear Meeting. Each representative receives a waiver for transportation, lodging, registration and reasonable travel expenses outlined in NCSBN policy 5.12. Executive Officers must fill out the attached travel waiver form and email to NCSBN Meetings or fax to 312.279.1034 by Feb. 12, 2015. NOTE: When selecting your board representatives, please keep in mind that a special Delegate Assembly may be called by the NCSBN Board of Directors. After the form is received, attendees will receive a Call to Meeting email with meeting registration instructions and hotel and travel information.</p>			

2015 NCSBN MIDYEAR MEETING

PROGRAM SCHEDULE*

Sunday, March 15, 2015

9:00 am - 5:00 pm
NLCA Midyear Meeting

2:00 - 5:00 pm
Registration

Monday, March 16, 2015

Leadership Day

Executive Officers and Member Board Presidents Only

7:00 am - 4:30 pm
Registration

7:00 - 8:00 am
Continental Breakfast

8:00 - 9:45 am
NCSBN Executive Officer and Member Board President Leadership Forum
Glenn H. Tecker
Tecker International, LLC

The Leadership Partnership

9:45 - 10:00 am
Break

10:00 am - 12:00 pm
Leadership Forum, continued

12:00 - 1:00 pm
Working Lunch

1:00 - 2:00 pm
Leadership Forum, continued

2:00 - 2:30 pm
Break

2:30 - 5:30 pm
Executive Officer Leadership Council Networking Session

2:30 - 5:30 pm
Member Board President Networking Session

Tuesday, March 17, 2015

7:30 am - 4:00 pm
Registration

7:30 - 8:30 am
Continental Breakfast

8:30 - 9:00 am
President's Welcome and Board of Directors Update
Shirley Brekken, MS, RN
President, NCSBN Board of Directors
Executive Director, Minnesota Board of Nursing

President Brekken welcomes members and provides an update of Board of Directors activities.

9:00 - 9:15 am
Leadership Succession Committee (LSC)
Tony Graham
Chair, NCSBN LSC
Board Staff, North Carolina Board of Nursing

The Leadership Succession Committee is looking for interested parties to run for NCSBN elected office in August 2015. This presentation focuses on open positions, the process of nomination and the work of the committee regarding leadership development.

9:15 - 9:30 am
Committee Forum

9:30 - 10:30 am
Government Affairs Update
Elliot Vice
Director, Government Affairs, Executive Office, NCSBN

10:30 - 11:00 am
Break

11:00 am - 12:00 pm
Committee Forum

12:00 - 3:30 pm
Area I-IV Lunch Meetings
NCSBN Area Meetings are open to NCSBN members and staff only. The purpose of NCSBN Area Meetings is to facilitate communication and encourage regional dialogue on issues important to NCSBN and its members.

Area I members: Alaska, American Samoa, Arizona, California, Colorado, Guam, Hawaii, Idaho, Montana, Nevada, New Mexico, Northern Mariana Islands, Oregon, Utah, Washington and Wyoming.

Area II members: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, West Virginia and Wisconsin.

Area III members: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and Virginia.

Area IV members: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont and Virgin Islands.

Associate members may choose to attend any area meeting.

4:30 - 6:00 pm
Networking Reception

Network with NCSBN members and staff at a cocktail reception. The reception is for attendees only.

Wednesday, March 18, 2015

7:00 am - 3:00 pm
Registration

7:30 - 8:30 am
Pearson VUE Sponsored Breakfast with Networking Groups

8:30 - 10:15 am
General Session

10:15 - 10:30 am
Break

10:30 am - 12:00 pm
General Session

12:00 - 1:00 pm
Lunch

1:00 - 3:30 pm
General Session

*Schedule and locations are subject to change.
Updated 12.10.14

REGISTRATION

Registration must be [submitted online](#) by **Friday, Feb. 27, 2015**.

Accommodations

[Hyatt Regency Louisville](#)

311 S. 4th Street

Louisville, KY 40202

502.581.1234

Check in time: 4:00 pm

Check out time: 11:00 am

Room rate: **\$159 Single/Double**

Rate is subject to state and local taxes, currently 15.01%.

Reservations

To reserve your hotel room:

1. Call 1.888.421.1442 and refer to the NCSBN room block rate when booking; or
2. [Book online](#).

The cut-off for the room block is Saturday, Feb. 21, 2015, or until full.

Failure to cancel a hotel reservation 24 hours prior to scheduled arrival may result in being charged one-night's stay.

Attire

Business attire is appropriate for all meeting functions. Meeting room temperatures fluctuate; dress in layers to ensure your comfort.

Transportation

Airport:

Plan on approximately 15 minutes in travel time from the [Louisville International Airport \(SDF\)](#) to the hotel.

Shuttle:

Shuttle service is available at the airport through [Sandollar Limousine](#). You must book your reservation prior to arrival. The one-way fare is \$15.

Taxi:

Taxicabs are available on a first come, first served basis. Taxis may be found outside the baggage claim areas at the airport. The cost of a taxi is approximately \$20 one-way.

Registration Fees

The registration fee is **\$250 per board representative**. The meeting is for NCSBN member boards and associate members only.

The registration fee includes continental breakfasts, beverage breaks, lunches, reception and meeting materials.

Registration may be paid by credit card or check. If paying for multiple registrations by check, submit online registrations for each attendee. Payment is due **Friday, Feb. 27, 2015**. Make your check payable to NCSBN and write *2015 Midyear Meeting* on it.

Send registration confirmation print out with payment to:

NCSBN

Attn: Mary Trucksa

111 E. Wacker Drive, Suite 2900

Chicago, IL 60601

Phone: 312.525.3600

Fax: 312.279.1032

Online Registration

You must register for the meeting at:

WWW.NCSBN.ORG

If you do not receive correspondence from the NCSBN Meetings department within one week of submitting your registration form, contact 312.525.3639 or via [email](#).

Cancellations

Registration cancellations must be received by **Friday, Feb. 27, 2015**. No refunds will be provided after this date. Attendees must contact NCSBN Meetings at 312.525.3639 or via [email](#) to cancel.

Attendees are responsible for cancelling all flight and hotel arrangements.