COLLEGE OF MARIN
REGISTERED NURSING PROGRAM

NE 225
Nursing Leadership and Management

ACADEMIC YEAR 2010
Course Number and Title:

NE 225: Nursing Leadership and Management

Course Units:

2 units. Two lecture hours weekly for 16 weeks (32 hours).

Instructor:

Diane Ridley, RN, MSN
Office: 213 Harlan Center
Office phone: 415-485-9383
Office email: diane.ridley@marin.edu

Time/Location:

Mondays, 01/25/10 - 05/17/10
8:10 AM -10 AM
Science Center 101

No class meetings:

• President’s Day, Monday, February 15th, 2010
• Spring Break, Monday, April 12, 2010 (Monday, April 12 - Saturday, April 16, 2010)

Final Exam:

Monday, May 24th, 2010
0800-1100
Science Center 101
Bring a #2 pencil, an eraser, and a Scantron

Catalog Description:

This course provides the theoretical foundation for understanding organizational behavior and developing nursing leadership and management skills in order to assist the student to make the transition from nursing student to graduate Registered nurse. Knowledge, skills, and attitudes are developed to prepare the student to work efficiently and effectively, whether independently or as a member of a team, and provide quality care to individual and groups of patients. Focus is on decision making, prioritization, time and stress management, staffing, delegation, team work, conflict management, and cost containment. Legal, ethical, economic, and sociopolitical issues that effect health care delivery and the nursing profession are explored. Professional issues discussed include membership in professional organizations, nurse’s rights, workplace safety, advocacy and political activism, licensure and guidelines for obtaining employment, and strategies for successful transition into practice for the new graduate RN.

Expected Learning Outcomes for Students

Upon completion of this course, the student will be able to:

1. Integrate caring and the four major responsibilities of nursing—service, advocacy, teaching, and leadership—in the design of nursing care.
2. Apply theory and research findings as a basis for making decisions and developing nursing interventions for clients in various health care settings.
3. Utilize principles of management, organization, prioritization, and delegation to effectively design quality care to clients when working with a multiple patient care assignment.
4. Select effective communication techniques to foster and develop good relationships, provide concise and accurate information, and solve problems when interacting with individuals and groups.
5. Apply knowledge of the scope of practice, safety, and staffing guidelines when planning care delivery and the allocation of staffing resources to meet specific client needs in the clinical setting.
6. Evaluate and develop strategies to measure and assure the safety, quality, and cost-effectiveness of client care in the clinical setting.
7. Appropriately utilize legal and ethical principles and the chain of command to ensure the protection of clients’ health, safety, legal and ethical rights.
8. Describe the nursing role in agency and community emergency prevention, management and recovery activities.
9. Describe team membership in the clinical setting through willingness to learn, take direction, and participate in professional activities.
10. Describe how the nurse influences the delivery of health care in the clinical setting and the larger community through participation in agency committees, professional organizations, the political process, and by speaking knowledgably to peers and the public about trends, issues, policies and regulatory changes effect the delivery of health care.
11. Employ strategies to gain employment including completion of the application process for licensure, use of NCLEX review programs, development of a professional resume and cover letter, and the application of strategies for successful interviewing and follow up.
12. Apply strategies to successfully manage transition from student to practicing RN and professional career including use of assertive communication skills, stress and time management strategies, knowledge of and prevention of burn out, and development of a personal sense of power.

Outline of Major Topics Covered in NE 225

I. Health Care Delivery System
   A. History of US health care system and economics
   B. Health Care Regulations (e.g., JCAHO, Professional Standards Review, Utilization Review)
   C. Cost Control: Perspective Payment Systems, Managed Care Organization, Capitation, and Health Care Plans
   D. Key Issues in Health Care Delivery – Health care economics, cost vs. quality, risk reduction

II. Nursing Practice and the Law
   A. Nurse Practice Act
      a. California Nurse Practice Act: RN and LVN roles distinguished
      b. Professional RN Responsibilities & Roles – Autonomy/Accountability, Caregiver, Advocate, Educator, Communicator, Manager
      c. Violations and discipline
         i. Drug dependency
         ii. Fraud
   B. Legal Principles:
      a. Torts: unintentional and intentional torts
      b. Crime
   C. Review of legal and civil rights of psychiatric patients:
      a. civil procedures
      b. voluntary admission and emergency admission
      c. rights
      d. competency and insanity hearings
   D. Review of consent: verbal and written consent, consent of minors, surgical consent
   E. Review of regulations regarding emergency care:
      a. Good Samaritan Act
      b. EMTALA
F. Review of HIPPA regulations
G. Advance Directives
H. California Safe Staffing Law and use of unlicensed assistive personnel

III. Professional Standards in Nursing Practice
A. Ethics and Values – definition of ethical principles,
B. Common ethical and bioethical issues
C. Ethical decision-making process

IV. Nurse Licensure & Certification
A. Application process for licensure
B. Resources for studying for NCLEX-RN
C. Scheduling NCLEX-RN test time
D. Nursing certification
E. Professional nursing organizations

V: Managing Client Care
A. Organization skills
B. Nursing Care Delivery Models
C. Staffing
D. Scheduling
E. Prioritizing
F. Delegating
G. Maintaining Quality

VI. Leadership
A. Power and Influence
B. Skills and characteristics of leadership
C. The Nurse as Change Agent
D. Nursing Leadership in Disasters
   i. Role of the nurse in disaster preparedness, response, and recovery
   ii. Levels of prevention in disaster management
      1. Primary prevention
      2. Secondary prevention
      3. Tertiary Prevention
   iii. Triage
      1. Definition
      2. Criteria and Color Code system

VII. Employment
A. NCLEX-RN Application and Scheduling Process
B. Resources available for studying for NCLEX-RN
C. Cover letter and resume writing
D. Successful Interviewing

VIII. Stress and Coping
A. Reality Shock
B. Common sources of stress
C. Coping with Stress
D. Assertive Communication and conflict management
**Class Session Topical Outline**  
**Spring, 2010**

Some changes or additions to the schedule may be needed due to changes in guest speaker schedules; students will be notified. Note that the Topics in the syllabus are not necessarily arranged according to the schedule.

<table>
<thead>
<tr>
<th>Session/Location</th>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
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</thead>
</table>
| Week 1 Science Center 101 | Monday, January 25 | 0810-1000 | Topic: Introduction to Course  
Topic: Resume and Cover Letter Development |
| Week 2 Science Center 101 | Monday, February 1 | 0810-1000 | Topic: Application for Licensure and Review of the Process for Taking the NCLEX-RN  
Guest Speaker: Roz Hartman, RN, MSN, Director College of Marin Registered Nursing Department  
Topic: Professionalism, Nursing Licensure, and Certification |
| Week 3 Science Center 101 | Monday, February 8 | 0810-1000 | Topic: Health Care Economics |
| Week 4 Science Center 101 | Monday, February 15 | NO CLASS | PRESIDENT’S DAY HOLIDAY |
| Week 5 Science Center 101 | Monday, February 22 | | Topic: Leadership: The Nurse as Leader and Change Agent  
Film: Little Angel of Ecuador  
Due: Draft of resume and cover letter with corrections shown by proofreader and their signature |
| Week 6 Science Center 101 | Monday, March 1 | 0910-1100 | Topic: Managing Client Care: Management of Personnel Resources and Personal Resources |
| Week 7 Science Center 101 | Monday, March 8 | 0810-1000 | Topic: Managing Client Care: Maintaining Quality Care and Patient Safety.  
Due: Corrected final draft of resume and cover letter along with first draft |
<p>| Week 8 Science Center 101 | Monday, March 15 | 0810-1000 | Topic: Communication and Conflict Management |</p>
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<tr>
<th>Week</th>
<th>Location</th>
<th>Date</th>
<th>Time</th>
<th>Topic</th>
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<tbody>
<tr>
<td>9</td>
<td>Science Center 101</td>
<td>Monday, March 22</td>
<td>0810-1000</td>
<td>Ethical Issues in Nursing</td>
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<td>[NE 225L Preceptorship Begins]</td>
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<tr>
<td>10</td>
<td>Science Center 101</td>
<td>Monday, March 29</td>
<td>0810-1000</td>
<td>Interviewing and Recruitment Resources: Preparing for the NCLEX-RN and the Job Search</td>
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<td>COM Career Day (tentative): Bring copies of your resume!</td>
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<tr>
<td>11</td>
<td>Science Center 101</td>
<td>Monday, April 5</td>
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<td>Advocacy and Political Activism</td>
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<td>Guest Speaker: Lauri Hoaglan, Board Member of the California Nurses Association</td>
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<td>SPRING BREAK</td>
<td>Monday, April 12-Saturday, April 17</td>
<td>NO CLASS</td>
<td>SPRING BREAK: NO CLASSES MONDAY, APRIL 12, 2010 – SATURDAY, APRIL 17.</td>
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<tr>
<td>12</td>
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<td>Sunday, April 18</td>
<td>0800-1600</td>
<td>Attend ANA California’s “RN Lobby Days in Sacramento”</td>
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<tr>
<td>12</td>
<td>Science Center 101</td>
<td>Monday, April 19</td>
<td>0810-1000</td>
<td>Emergency Response and Disaster Planning and Management</td>
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<tr>
<td>13</td>
<td>Science Center 101</td>
<td>Monday, April 26</td>
<td>0810-1000</td>
<td>Current Issues in Nursing: Student Presentations</td>
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<td>Due: Signed Political Letter with stamped addressed envelope</td>
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<td>14</td>
<td>Science Center 101</td>
<td>Monday, May 3</td>
<td>0810-1000</td>
<td>Nursing Practice and the Law</td>
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<td>Guest Speaker, Laura Mahlmeister, RN, PhD</td>
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<tr>
<td>15</td>
<td>Science Center 101</td>
<td>Monday, May 10</td>
<td>0810-1000</td>
<td>Student Presentations: Current Issues in Nursing:</td>
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<td>Due: Group Current Issues Papers with all signatures member so the group</td>
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<tr>
<td>16</td>
<td>Science Center 101</td>
<td>Monday, May 17</td>
<td>0810-1000</td>
<td>Catch up and Course Review</td>
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<td>Topic: Continuing Your Education: Obtaining a BSN or MSN</td>
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<td>Guest speakers: representatives from BSN and MSN nursing programs (tentative)</td>
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<td>Due: Practice Exam Questions</td>
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<tr>
<td>Final Exam</td>
<td>Monday, May 24</td>
<td>0800-1100</td>
<td>Final Exam</td>
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Required Assignments:

1. Reading

   - Chapter 1: Evolution of Professional Nursing
   - Chapter 2: The Contemporary Image of Professional Nursing
   - Chapter 4: Nursing Licensure and Certification
   - Chapter 7: Paying for Health Care in America: Rising Costs and Challenges
   - Chapter 8: Legal Issues in Nursing and Health Care
   - Chapter 9: Ethical and Bioethical Issues in Nursing and Health Care
   - Chapter 12: Workforce advocacy and the Nursing Shortage
   - Chapter 14: Emergency Preparedness and Response for Today’s World
   - Chapter 15: Nursing Leadership and Management
   - Chapter 17: Effective Communication and Conflict Resolution
   - Chapter 18: Effective Delegation and Supervision
   - Chapter 19: Staffing and Nursing Care Delivery Models
   - Chapter 20: Quality Improvement and Patient Safety
   - Chapter 21: Health Policy and Politics: Get Involved!
   - Chapter 22: Making the Transition from Student to Professional Nurse
   - Chapter 23: Managing Time
   - Chapter 25: Job Search Finding Your Match
   - Chapter 26: NCLEX-RN Examination

Students may also use the 3rd edition, 2004: the chapter titles and contents vary slightly between the earlier and later editions. Below are the corresponding chapters:

   - Chapter 2: The Contemporary Image of Professional Nursing
   - Chapter 5: Nursing Licensure and Certification
   - Chapter 6: Financing Health Care and Economic Issues
   - Chapter 7: Nursing in the Ever-Evolving Health Care System
   - Chapter 8: Legal Issues in Nursing and Health Care
   - Chapter 9: Ethical and Bioethical Issues in Nursing and HealthCare
   - Chapter 10: Health Policy and Politics: Get Involved!
   - Chapter 12: Workplace Advocacy and the Nursing Shortage
   - Chapter 13: Emergency Preparedness and Response for Today’s World
   - Chapter 16: Nursing Leadership and Management
   - Chapter 17: Effective Communication and Conflict Resolution
   - Chapter 18: Effective Delegation and Supervision
   - Chapter 19: Staffing and Nursing Care Delivery Models
   - Chapter 20: Nursing’s Role in Improving the Quality of Health Care
   - Chapter 22: Making the Transition from Student to Professional Nurse
   - Chapter 23: Managing Time: The Path to High Self-Performance
   - Chapter 25: Job Search: Finding Your Match
   - Chapter 26: NCLEX®-RN Examination

2. Resume and Cover Letter: You are to write and submit a resume and cover letter according to the guidelines and information presented in the syllabus, the readings, and in class.
   - Due Date for first draft that has been edited by another person: Monday, February 22, 2010
   - Due Date for final copy: Monday, March 8, 2010

3. Attend Career Day, College of Marin and bring copies of resume
   - Date: Monday, March 29, 2009

4. Attend ANA/C RN Days in Sacramento, CA
   - Date: Sunday, April 18, 2010
5. Political Letter: You are to write a one page letter to a local, state, or national legislator about a current issue that effects the nursing profession. The letter can also be written to the editor of a newspaper or magazine. The letter must be written in a typed formal business letter style. Include your address and the recipient’s address. Use the format outlined in the syllabus and include a stamped, addressed envelope.
   • Due Date: Monday, April 26, 2010

6. Paper and Group Presentation on a Nursing or Healthcare Issue of Interest:
   • Due Date: Monday, May 10, 2010

7. Midterm Exam:
   • Due Date: TBA

8. Final Exam
   • Date: Monday, May 24, 2010, 8:00-11:00 AM, Science Center 101

Summary of NE 225 Assignments/Grades:

The final course grade will be based on the assignments listed below:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>% Grade</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Resume and Cover Letter Draft</td>
<td>5%</td>
<td>Monday, 2010</td>
</tr>
<tr>
<td>Resume and Cover Letter Final</td>
<td>20%</td>
<td>Monday, 2010</td>
</tr>
<tr>
<td>ANA/C RN Lobby Days in Sacramento</td>
<td>10%</td>
<td>Sunday, April 18th, 2010</td>
</tr>
<tr>
<td>Political letter</td>
<td>10%</td>
<td>Monday, April 26th, 2010</td>
</tr>
<tr>
<td>Group Paper of Nursing Issue</td>
<td>10%</td>
<td>Monday, May 10th, 2010</td>
</tr>
<tr>
<td>Midterm Exam</td>
<td>5%</td>
<td>TBA</td>
</tr>
<tr>
<td>Final Exam</td>
<td>40%</td>
<td>Monday, May 24th, 2010</td>
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<tr>
<td>TOTAL</td>
<td>100%</td>
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</tbody>
</table>

NE 225 Grading Guidelines:

The instructor’s feeling about college coursework assignments for a professional program is that they are supposed to be complete, and if necessary, edited by the student or a classmate/friend/family member, before they are submitted to the instructor. Assignments that are being submitted for a grade are not supposed to be trial and error! When a student has questions about assignments, those questions should be asked prior to submitting the assignment—in the same way that if the student had questions about a procedure in the clinical setting they would definitely want to ask before completing the procedure.

Sometimes the instructor will correct the student’s work and then require the student do the assignment over again. But the grade will be based on the student's first attempt. This is one of the only ways to assure that students will actually put some thought into their work before they submit it, to ensure learning, and to ensure a fair grade for the work submitted by students who took the time and put in the work to get it right the first time in relation to the work submitted by students who had lots of post-submission guidance and multiple attempts.

You must earn a score of 72% or higher to pass this course. Final grading is as follows:

A 92-100
A- 90-91
B+ 87-89
B 83-86
B- 80-82
C+ 77-79
C 72-76
(No C minus per title 5 of code of regulations)
D 60-71
The final grade is calculated according to one of the formulas in the RN Students Handbook, either:
• 60% of the grade is from tests, assignments, and projects; 40% of the grade is from the final exam. The result of this calculation must be 72% or higher, or
• The average of all exams in the course must equal 72% or higher for the student to pass the course. The weighting of additional papers and projects for the final grade is determined by the instructor. The final grade must be 72% or higher.

Late Assignments:

Late written assignments will lose one (1) percentage point for each calendar day late. (Thus if your paper scored 92%, your grade would be decreased to 90%)

Written Assignment Grading Rubric

Grades will be awarded for written assignments using the following basic grading rubric:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>Fulfilled Requirements</td>
<td>All Requirements</td>
<td>Most Requirements</td>
<td>Some Requirements</td>
<td>None</td>
</tr>
<tr>
<td>Demonstrated Knowledge</td>
<td>Complete understanding</td>
<td>Substantial Understanding</td>
<td>Minimal Understanding</td>
<td>None</td>
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<tr>
<td>Grammatical Correctness</td>
<td>0-3 grammatical errors</td>
<td>3-6 Grammatical Errors</td>
<td>6-10 Grammatical Errors</td>
<td>10 or above</td>
</tr>
</tbody>
</table>

12/12 points = 100% = A
11/12 points = 92% = A
10/12 points = 83% = B
9/12 points = 75% = C
8/12 points = 66% = D
7/12 points = 58% = D
6/12 points and less = < or =50% = F
Guidelines for Assignments

1. Guidelines for Assignment on Writing a Resume and Cover Letter

**Resume:** Your resume should be truthful, accurate, and of a quality that you will be pleased to use it as your seek employment as a registered nurse after graduation. You will need to begin work on this assignment as soon as possible, so that your proofread, critiqued and graded resume will be ready for you to distribute to potential employers at the campus Nursing Career Fair on March 17th (organized by Carol Perez, 415-485-9410 or on campus X7410).

Your resume must be completed on a computer or word processor and should be formatted professionally, using a letterhead and appropriate style and font because this gives you the most competitive advantage in terms of presentation, and it is the expectation of most human resources departments at this time. Many computer software programs have formatting (e.g. Task Wizards) for completing a resume. If you don’t have access to a computer with such a program, ask a classmate for help, or utilize a professional resume service. The creation of a good resume is an investment in your future. Your resume must also be proofread.

We continually strive for precision and accuracy in nursing; it is a check and double-check profession. You must have your resume proofread by a classmate prior to submitting it, and this must be done early enough so that you can make appropriate changes. (Remember: using the spell check is not enough!) Papers that have not been proofread, as attested to by the signature of the proofreader and the date, will not be accepted. Any paper that is submitted late will lose one point for each day it is late.

**Cover Letter:** All resumes that are submitted by mail should be submitted with a cover letter. The purpose of the assignment to write a cover letter is to give you practice in creating cover letters to accompany your resume. You may use a fictitious employer, or one that you intend to approach for employment in the future. Your cover letter must also be completed on a computer or word processor and should be formatted professionally, with a letterhead, appropriate font, and the correct business or professional writing style. Your cover letter must be proofread.

We continually strive for precision and accuracy in nursing; it is a “check and double-check profession.” You must have your cover letter proofread prior to submitting it and this must be done early enough so that you can make appropriate changes. (Remember: using the spell check is not enough!) Students are required to submit their proofread paper with the proofreader’s signature and date, along with their re-typed/revised copy in order to get full credit.

My reason for requiring students to have another person edit their resume and cover letter before they submit it and for that person to sign their name indicating that they had done so is so that corrections can be made before the assignment is submitted--just as one should do before sending the resume and cover letter off to a potential employer. The employer who only has your resume and cover letter has nothing to judge you on but their first impression which is based on your qualifications and the quality of your presentation.

My expectation is that the person editing the letter approach it with the same diligence as a nurse would do when verifying a medication dosage calculation, etc. I take the time to make such extensive corrections on the resumes and cover letters for 46 students because these are career tools that you will be using again and again throughout your professional life. I want students to have the understanding of how to do them well in order to represent themselves, their school, and their profession to employers in the best possible way.

2. Guidelines for Assignment on Writing a Political Letter

Write a one page letter written to a local, state or national legislator about a current issue that effects the nursing profession. The letter can also be written to the editor of a newspaper or magazine. The letter must be written in a typed formal business letter style as outlined below. The letter must be signed in ink, and you must submit it with a stamped and addressed envelope to the recipient.
Format

A. Send the Letter to the Right Person

• Do not send a letter regarding a state legislative issue to your US representative in the US Senate or US House of Representatives!
• Do not send a letter regarding an issue before the US Congress (Senate or House of Representatives) to a representative in the California State Legislator.
• Do not send a letter asking for support or opposition to a piece of legislation that the addressee authored and introduced.
• Remember that when writing to legislators, your letter will have more impact if you are a constituent of the legislator you are writing to.

B. Address Your Legislator Properly

• If writing to Representative in the US House of Representatives:
  Honorable __________ (First and Last Name)
  House Office Bldg.
  Washington, DC 20515

• If writing to a Senator in the US Senate
  Honorable ______________ (First and Last Name)
  Senate Office Bldg.
  Washington, DC 20515

• If writing to your California State Senator or Assembly members you can find their addresses in the telephone book or on their website.
• If you are writing to local officials you can find the address in the telephone book under the City or County, or on the City or County website
• If you are writing a letter to the editor you can find the address in the publication or on their website.

C. Identify yourself

• Be sure to mention the state, congressional or legislative district and city or county in which you are a voter. Identify yourself as an RN student and when you will be graduating, especially if you are writing about a health issue. Mention your professional affiliations if your have any.

D. Be specific

• When writing about legislation, use the bill number (H.R. 10, S.100) or the title (OSHA Reform Bill; the Health Care Reform Measure). Utilize web resources such as the American Nurses Association to find out what legislation is on the calendar.

E. Be timely

• Write when the issue is current, not after a key vote has been taken.

F. Explain your position

• As a worker, a taxpayer or a consumer, say in your own words how the bill or amendment will affect you. Don’t forget that a bill can change as it moves through the legislative process. So urge your legislator to oppose crippling amendments or support strengthening ones.

G. Ask for a response

• Urge your legislator to take action – to support or oppose a bill, toco-sponsor an amendment, or whatever action you would like taken.
• Request (don’t demand) a reply to your letter. This information will be helpful to the lobbying efforts of your local or international union, central labor council, and state or national nursing organization.

G. Other tips to keep in mind:
• Be brief: Write about one bill or issue at a time. A one-page letter will surely be read and is always the most effective.
• Be polite: Don’t be threatening, demanding or abusive. That’s an immediate turnoff.

3. **Guidelines for Group Report on a Contemporary Nursing or Health Care Issue**

1. Form a group of 4-6 students to research a current nursing issue that is **of interest to you**.
2. Start by visiting a nursing organization website to learn about current issues in nursing of concern. Some suggested websites to visit include:


   Some suggested topics are listed below, but students may select any relevant current issue that is of interest to them:
   - Educational Standards for Nursing: The case for or against the ANA’s position on minimal educational requirements for entry into practice, and whether nursing meets the criteria of a profession?
   - The Nursing Shortage: Factors causing/maintaining it, is the shortage is “real,” what are strategies for addressing it.
   - “Reality shock” and “burn out:” What contributes to their development, and strategies for prevention
   - Communication: Understanding and managing “difficult people:” Communication problems that members of the health care professions commonly encounter (e.g., verbal abuse, conflict, the “doctor-nurse” game), and practical strategies for coping
   - Workplace Issues: A summary of important issues facing nurses today (e.g., mandatory overtime, minimum staffing guidelines) and recommendations for action
   - Nursing History: The influence that socialization, sexism, and stereotyping have had on the nursing profession, how this is revealed in contemporary practice, and strategies to change it
   - Healthcare Economics/Health Care Reform: A description of state or national health care plan alternatives to the current one in the US or California their advantages and disadvantages, e.g., the advantages and disadvantages of national health insurance/single-payer/socialized medicine
   - Nurses as Change Agents: Examples of nurses who have been successful change agents and the change they accomplished; strategies that can be adopted for affecting change at the institutional or public policy level
   - Public Policy: A summary of one or more issues affecting health care that are currently being considered by the California state legislature or the US Congress, and recommendations for or against
   - Unions: The case for or against collective bargaining for nursing professionals
   - Nursing Delivery Systems: The advantages and disadvantages of various nursing care delivery models

3. Write a **brief** presentation—no more than 4 pages/10 minutes—about this issue. Your paper should include the following:
   - Describe your issue and summarize relevant background.
   - Describe why this issue is important to you.
   - Describe the impact this issue has had/will have on your nursing career or on nursing practice.
   - Describe possible solutions to your issue. BE SPECIFIC! Possible solutions include education, advocacy, politics, changing nursing practice, changing hospital policies, or through enacting new legislation.
   - State your sources of information.

4. The group will present their paper to the class in a presentation that lasts no more than 10 minute. Groups may designate one speaker or have all of the members of the group present. Groups may use props, hand-outs, graphics or visual aids e.g., a Power Point presentation.
**Topic: Introduction to Course**

**Theoretical Objectives:**

On completion of this topic the student will be able to:

1. Describe the major student learning outcomes for the course.
2. Describe the leadership and management concepts that the entry level RN will be expected to be familiar with and/or apply in clinical practice and on the NCLEX-RN exam.
3. Describe the required NE 225 assignments and develop a calendar and time management strategy for completing and submitting the assignments on time.

**Learning Activities:**

1. Purchase the NE 225 Syllabus and the required textbook.
2. Review the Expected Student Learning Outcomes for the course
3. Review the Outline of the Major Topics Covered in NE 225 in the NE 225 Syllabus
4. Review the descriptions of the required assignments for the course and note due dates on your calendar.
5. Review the sample entry-level RN job description in the NE 225 syllabus and analyze which expectations you currently can meet, which you need to focus on, and which can be developed through learning in this course.
Typical Position Description of an Entry Level Registered Nurse

Qualifications:
Is a graduate of an NLN accredited program for RNs and currently license to practice as an RN

Functions:
The entry level staff nurse provides direct care to clients, including teaching them and their support systems in self-care strategies, manages resources effectively, and adheres to ethical codes of conduct, “Patient Bill of Rights," standards of care, and standards of nursing practice.

Core Competencies:
1. Systematically uses the nursing process to identify client needs, sets mutually acceptable goals with clients and families/support systems, formulates plans of care, and assists in implementation and evaluation of plans in a timely manner.
2. Manages resources, including staffing, equipment, supplies, and time, effectively in providing care for assigned groups of clients, including using the other nursing department staff to ensure adequate staffing.
3. Communicates nursing concerns verbally, in writing, and electronically to clients, their families and support systems, and to nursing and other multidisciplinary group members in a timely and courteous manner, documenting responses to services provided.
4. Adheres to agency standards, policies and procedures, and sets a positive example for staff under supervision.
5. Actively participates in CQI activities on his or her assigned nursing unit, including completion of required continuing education program to safety, infection control, and human resource management.
6. Reviews pertinent literature and shares relevant findings with co-workers.
7. Seeks agency support to resolve conflicts and ethical dilemmas encountered in providing client care and staff supervision.
8. Seeks learning experiences to maintain core competencies and unit specific competencies.

Reports to:
Designated nursing unit manager

Performance Review:
At the satisfactory completion of the first 6 months and annually thereafter. The entry-level staff nurse accepts a 6-month temporary position, which converts into a permanent position after 1 year of successful employment.
**TOPIC: Resume and Cover Letter Development**

**Theoretical Objectives:**

On completion of this topic, the student will be able to:

1. Identify the components of a cover letter.
2. Identify the components of, and acceptable format for, a written professional resume.
3. Formulate, prepare on a computer (not a typewriter), and submit a personal resume, utilizing proper format.

**Learning Activities:**

1. Read Cherry and Jacob. *Contemporary Nursing: Issues, Trends and Management, 4th edition*
   • Chapter 25: Job Search: Finding Your Match (section on written introductions)

**Course Syllabus Contents:**

- Cover letter
- Preparing a Professional Resume

**Write:**

Your own professional resume and cover letter for an entry-level nursing position according to the guidelines presented in the syllabus and offered in class.

Your resume should be truthful, accurate, and of a quality that you will be pleased to use it as your seek employment as a registered nurse after graduation. You will need to begin work on this assignment as soon as possible, so that your proofread, critiqued and graded resume will be ready for you to distribute to potential employers at the campus Nursing Career Fair (organized by Carol Perez, 415-485-9410.)

The creation of a good resume is an investment in your future. Therefore:

- Your resume and cover letter must be completed on a computer or word processor and should be formatted professionally, using a letterhead and appropriate style and font because this gives you the most competitive advantage in terms of presentation, and it is the expectation of most human resources departments at this time. There are computer software programs (e.g., Task Wizards) available for creating resumes and letters. If you don’t have access to a computer with such a program, ask a friend or classmate for help, or utilize a professional resume service.

- Use a reasonably large type size, such as 10 or 12 point.

- The resume you submit to the instructor can be on regular copy paper. However, the resume you submit to an employer should on white, cream, or gray good quality/heavy-weight (20 lb.) paper and have good quality (Laser) printing, and be

Your resume and cover letter are submitted twice.

- The first submission is a draft that has been proof-read by another individual (classmate, friend, family member, etc.) prior to submitting it. This portion of the assignment is Pass/Fail: you did it and submitted it (100%) or you didn’t (0%). The individual you choose to edit your resume and cover letter should be someone willing to do so with the same care as they would if this was their own work, so that errors in spelling, grammar, and formatting are caught and corrected by word processor before submission. The individual also needs to sign your resume and cover letter saying that they have edited it. Having the resume and cover letter proofread by another person prior to submitting it requires the student to create the draft early enough so that another person can read it carefully and make appropriate corrections and suggestions. Remember: using the spell check is not enough! We continually strive for precision and accuracy in nursing; it is a check and double-check profession. When you are giving a potential employer a first impression of you through your resume and cover letter, you want to present yourself as a sophisticated, detailed-oriented person.

- The second submission is for a grade. This submission should have the original with corrections from your proofreader and the instructor, and the corrected final product. The instructor generally takes the time to make extensive corrections and suggestions on the resumes and cover letters for students because these are career tools that students will be using again and again throughout their professional life. The instructor wants students to have the understanding of how to do them well in order to represent themselves (and their school, and their profession) to employers in the best possible way. Students may wish to rewrite their cover letters and resumes after they have been critiqued by the instructor, but the grade will be on the cover letter and resume that were initially submitted.
Guidelines for Assignment on Preparing a Professional Resume and Cover Letter

I. Heading with Personal Data:

Name (Your name should stand out!)
Permanent Address
Telephone Number (with area code)/FAX Number/E-mail Address

II. Professional Objective/Job Objective/Career Objective: (Choose one Heading)

Definition: A one or two sentence statement related to your career direction and goals that may also be directly related to the position that you are seeking.

Examples:
- A position as a Registered Nurse in a new graduate training program in medical-surgical nursing
- To obtain an entry-level position as a Registered Nurse in an acute care pediatric setting.
- A full-time or part-time (24-32 hours/week) position as a Registered Nurse in a health care facility that promotes professional advancement and quality patient care.

III. Education/Academic Preparation: (Choose one of these headings)

Information to include: Name and Address of College or University; highest degree obtained; major field of study or area of concentration. Optional information includes GPA (if it is noteworthy--i.e., a 3.5 or better)

Examples:
1999 to 2001 College of Marin
Kentfield, CA 94904
Associate of Science Degree
Registered Nursing

or

California State University, Los Angeles California
Bachelor of Science, Nursing 2001
- Special Course Work
- Academic Honors
- GPA

or

Wayne State University Bachelor of Science, Biology
Detroit Michigan June, 1996

IV. Professional Experience/Work Experience: (choose one of these headings)

Information to include: Position held, place of employment, dates of employment, a brief summary of duties or responsibilities, especially those that demonstrate acquisition of a skill set needed for the current position you are seeking.

Examples:
January, 1991- June, 1993 Nurse’s Aid, Mount Zion Hospital, San Francisco, CA
Responsible for the direct care of 6 to 8 adult patients on a large medical-surgical floor. Demonstrated skills in organization and communication. Developed ability to prioritize workload.

or

Clinical Student Nurse Work Experience, September, 2000 to present
With the supervision of an instructor or preceptor, applied nursing process when caring for patients, in a variety of settings, performed nursing skills, utilized critical thinking, developed team leading skills and worked with a culturally diverse staff and patient population.

or

Hostess
Lobster Claw Restaurant
Orleans, MA
September, 1998 – June, 2000

V. Optional Information:

Other possible headings:

- Professional Activities/Accomplishments
- Affiliations/Activities
- Other Experiences
- Additional Information
- Clinical Experiences (as part of the nursing program)

Examples of what you might include under these headings:

- Volunteer work
- Awards
- Professional organization involvement (membership, offices held etc.)
- Leadership positions
- Certifications (BLS, ACLS, PALS, IV Therapy)
- Non-salaried internship programs
- Ability to speak/write foreign language(s)
- Computer skills

Examples of what is recommended not to include:

- Hobbies, personal interests
- Age, sex, marital status, children
- Height, weight, health condition etc.

VI. References: (You may use one of the following:*)

- Available upon request
- Professional and personal references available upon request
- Furnished on request
- Available from the College Career Placement Office (name/address)

*Listing a section entitled “References” is a formality that is somewhat outdated. It is assumed that you will provide references, and employers will ask you for them during an interview or on their employment application. Therefore, it is recommended that you omit this section on your resume, especially if you are pressed for space.

Be sure to ask anyone you wish to list as a reference if he/she is willing to serve as a reference for you before listing him/her on an employment application. Try to obtain references from a subordinate, a peer, and a supervisor. Make sure that the person you ask to recommend you can speak about you from first-hand, professional experience, and let them know the type of job you are applying for and the particular areas you think it would be helpful for them to address.

Sample Resume

SUSAN SMITH
1234 Main Street       San Rafael, CA   94901       415.555.1234  sue@aol.edu

Career Objective: To obtain a challenging and responsible position as a Registered Nurse in a new graduate ICU training program.

Education:

College of Marin                        Associate Degree, May, 2003
Kentfield, CA                           Registered Nursing Program

Work Experience:

Marin General Hospital, Preceptorship – Intensive Care Unit, March, 2003 – May, 2003
Socialized into the role and functions of the staff nurse within the limitations of the preceptee role. Functioned within the legal/ethical parameters of the professional nurse role. Set priorities based on client needs. Resolved commonly occurring problems in the clinical setting utilizing critical thinking skills.

Clinical Student Nurse Work Experience – September, 2001 – May, 2003
With the supervision of an instructor, applied nursing process when caring for as many as four patients in a variety of settings, performed nursing skills utilized critical thinking, developed team leading skills and worked with a culturally diverse staff and patient population.

Hillside Care – Manager, Food Server – January, 1996 – present
To supplement the cost of education, organized and facilitated the coverage of as many as twelve tables. Hired and educated employees on policies and procedures of the restaurant as well as the computer system. Scheduled staff, budgeted funds, and handled customer complaints.

Certificates:

Basic Advanced Life Support – January, 2003
Intravenous Therapy certification – May, 2003
Basic EKG Interpretation – March, 2003
Phlebotomy Certification – May, 2003

Honors and Activities:

Cumulative GPA – 3.8/4.0 index (don’t include this if your GPA is <3.5)
Elected to Alpha Gamma Sigma Honor Society, May, 2002
Guidelines and Format for Assignment on Preparing a Cover Letter

Letterhead:
Applicant's Name, Address, Phone/FAX/E-mail

Date: E.g., May 30, 2002

Personnel or Hiring Director's form of address (i.e., Mr., Mrs., Ms.) and First and Last Name, and credentials (if any):
E.g., Mrs. Jane Jones, RN, MSN

Position/Title: e.g., Nurse Recruiter (contact the institution if you are unsure of the individual’s title)

Institution’s Name: e.g., Highland General Hospital

Address: E.g., 1411 E 14th Street

City, State Zip: e.g., Oakland, California 94602

Salutation: Dear Mr./Mrs./Ms. Last Name (e.g., Dear Mrs. Jones:)
(Use name, if known, rather than "Dear Sir" or "Dear Nurse Recruiter." Tip: Telephone the agency to get the person's name!)

Opening Paragraph: State why you are writing. State the position or type of work you are interested in. Mention how you learned of the opening or institution. If appropriate, state your academic preparation or experience and how it relates to the job you are seeking.

Middle Paragraph: Explain your interest in working for this particular employer and specific reasons for desiring this type of work. E.g., mention any personal connection you may have to the employer—clinical experience at the facility, a friend or relative who was a patient there and who had a good experience and outcome, a colleague who is or has been employed there and recommends it as an excellent place to work. Describe relevant work experience and be sure to point out any other job skills or abilities that you possess that relate to the position for which you are applying. Be brief but specific; you may incorporate a column or bullet point format here. Your resume contains the details; do not reiterate the entire resume. Strive for some originality. Since the reader will view your letter and resume as examples of your writing skills, have a friend or classmate proofread them to ensure that you have no grammar, spelling, or punctuation errors.

Closing Paragraph: Have an appropriate closing to pave the way for an interview, and include the dates and times of your availability. (A confident request for an interview is the best way for your cover letter to initiate action. An assertive statement such as “I will call your office next week to see when an interview can be arranged” is more effective than a passive line such as “I look forward to hearing from you.”)

Complimentary Closing: E.g., Sincerely; Yours truly; With best wishes, etc.

Your Signature written here: e.g., Susan Smith

Your Name typed here: e.g., Susan Smith

Enclosure(s): Alert your reader to the fact that another document accompanies your letter.
E.g., Encl: 1

Adapted from: Ashle, Valerie, "How to Build a Resume and Its Cover Letter,” Job Choices in Healthcare, 1995.
May 16, 2008

Ms. Jane Doe, RN
Nurse Recruiter
Marin General Hospital
Bon Air Road
Greenbrae, CA

Dear Ms. Doe,

I will graduate from the College of Marin Registered Nursing Program in May of this year, and will be taking the NCLEX-RN in June. I would like to begin my professional nursing career as an RN in the Intensive Care Unit at Marin General Hospital. I am enclosing my resume as well as my application for a position in the New Graduate Training Program in Intensive Care Nursing offered by Marin General Hospital beginning in July.

During the College of Marin Nursing Program I had many clinical rotations at Marin General Hospital so I am familiar with the hospital’s high standards and emphasis on quality patient care. In addition, I recently completed a preceptorship in the ICU with Mary Jones, RN. Not only was it a stimulating and challenging learning experience, but it provided me with some wonderful professional role models. I would like to become a part of this knowledgeable, collegial team.

I would like to meet with you to discuss my qualifications and the attributes that I can bring to a position as a Registered Nurse at Marin General Hospital. I will call you next week to see when we might schedule an interview.

Sincerely,

Susan Smith

Encl.: 1
Resume and Cover Letter
Assignment Checklist

I. Formatting, Spelling, Grammar, Punctuation
☐ Resume materials fit neatly on one 8½ by 11 inch page, with margins of at least 1” (preferably 1¼ - 1½) at sides and bottom
☐ Short paragraphs are used (no longer than 8 - 12 lines)
☐ Formatting is consistent
☐ No grammar, punctuation or spelling errors: you have had your resume and cover letter proofread by a classmate, and they have signed that they have done so
☐ Important section titles are emphasized by using capitals, underlining, highlighting/bolding, or different font size/style. Visual emphasis is appropriate and not overdone

II. Personal Data:
☐ Name, address and telephone number/Fax number/ e-mail address. (It is recommended that your name be placed in the upper right hand side so it will be easily visible when it is placed in a file folder. If your resume is more than one page, put your name on the top of each page.)

III. Objective:
☐ Tells the reader what position you are seeking
☐ Helps the Human Resources direct your resume to the appropriate person/hiring manager.
☐ Describes what level of responsibility you are seeking.

III. Education
☐ List most recent first

IV. Work Experience/Professional Experience
☐ List most recent first

V. Other Special Sections: (possible headings)
☐ Licenses and Certifications
☐ Professional Affiliations
☐ Publications/Research/Lectures
☐ Awards
☐ Computer Skills
☐ Language Skills (for citing ability to speak, read, write languages other than English)
☐ Community Service
TOPIC: Professionalism, Nursing Licensure and Certification

Student Learning Outcome Objectives:

On completion of this topic, the student will be able to:

1. Analyze the characteristics of a profession and apply these characteristics to nursing.
2. Describe the standards of competent performance as defined by the California Nurse Practice Act
3. Describe the California Board of Registered Nursing’s definition of Unprofessional Conduct
4. Define credentialing and distinguish between its various forms: accreditation, registration, licensure, certification
5. Describe commonalities of all nurse practice acts.
6. Discuss the function of the California Board of Registered Nursing (BRN).
7. Discuss the California Nursing Practice Act: the scope of practice, “Standards of Competent Performance” and “Standardized Procedure Guidelines”
8. Identify recent regulatory changes affecting nursing practice.

Learning Activities:

1. Read Cherry and Jacob, Contemporary Nursing: Issues, Trends and Management, 4th edition
   • Chapter 4: Nursing Licensure and Certification
2. Attend class and participate in the discussion
Topic: Application for Licensure by Examination and Review of Process for Taking the National Council Licensure Examination for Registered Nurses

Student Learning Outcome Objectives:

On completion of this topic the student will be able to:

1. Describe the framework and structure of the NCLEX-RN test plan
2. Describe the management and leadership concepts that the NCLEX-RN exam is likely to cover.
3. List resources available to prepare for the NCLEX –RN exam.
4. Complete the process of application for the RN license by examination (NCLEX-RN).
5. Describe the administration of the NCLEX-RN examination centers, special accommodations, use of computer, CAT methodology, test length.

Learning Activities:

   • Chapter 26: NCLEX-RN Examination
   • Chapter 4: Nursing Licensure and Certification
2. Review on-line resources @ www.rn.ca.gov for the following content:
   • NCLEX-RN Review Resources
   • Frequently Asked Questions: Innovative NCLEX Item Formats
   • Application Fee Schedule for Licensure by Examination
   • Information on Application for Licensure as a Registered Nursing by Examination
   • Application for Licensure by Examination
   • Application for Interim Permit
   • Request for Transcript
   • Request for Accommodation of Disabilities
   • Professional Evaluation and Documentation of a Disability
   • Nursing Program Verification
   • Fingerprint Instructions for Applicants
   • Request for Live Scan Service—application, location of Live Scan processing centers, hours, and fees
3. Access the following Web sites for information on licensure and NCLEX testing:
   • http://www.ncsbn.org
     • From the menu on the left side of the page, click on NCLEX Examinations
       • From the next screen, click on Candidates
         o Click on and read the information, included in Basic Information (center of web page)
           ▪ 2010 NCLEX Candidate Bulletin at a Glance
           ▪ 2010 NCLEX Candidate Bulletin Full Version;
           ▪ NCLEX Exam Process Overview
           ▪ Information Regarding Alternate Item Formats
           ▪ NCLEX Candidate Tutorial
         o Click on and read the information included under Candidate Information(left side of web page)
           ▪ Registration
           ▪ Authorization to Test and Scheduling;
           ▪ Exam Day
           ▪ Results
           ▪ Computerized Adaptive Testing Overview
         o Click on Test Plans (left side of web page) and download and read
           ▪ 2010 NCLEX-RN Test Plan
           ▪ 2010 NCLEX-RN Detailed Test Plan-Candidate
   • www.rn.ca.gov/lic/lic-exams.htm
   • www.pearsonvue.com/nclex
4. Review the content areas covered in the NCLEX-RN Test Plan, and note the areas in which you feel you have a strong knowledge base and the areas in which you feel you will need to focus your studying.

5. Develop your personal plan for NCLEX success. Include study plan, projected test date, review course.

6. Complete and submit the required paperwork provided during class by the COM RN Program Director.
2010 NCLEX-RN® Test Plan
National Council Licensure Examination for Registered Nurses (NCLEX-RN® Examination)

Test Plan Structure
The framework of Client Needs was selected for the examination because it provides a universal structure for defining nursing actions and competencies, and focuses on clients in all settings.

Client Needs
The content of the NCLEX-RN® Test Plan is organized into four major Client Needs categories. Two of the four categories are divided into subcategories:

- Safe and Effective Care Environment
  - Management of Care
  - Safety and Infection Control
- Health Promotion and Maintenance
- Psychosocial Integrity
- Physiological Integrity
  - Basic Care and Comfort
  - Pharmacological and Parenteral Therapies
  - Reduction of Risk Potential
  - Physiological Adaptation

Integrated Processes
The following processes are fundamental to the practice of nursing and are integrated throughout the Client Needs categories and subcategories:

- Nursing Process: a scientific, clinical reasoning approach to client care that includes assessment, analysis, planning, implementation and evaluation.
- Caring: interaction of the nurse and client in an atmosphere of mutual respect and trust. In this collaborative environment, the nurse provides encouragement, hope, support and compassion to help achieve desired outcomes.
- Communication and Documentation: verbal and nonverbal interactions between the nurse and the client, the client's significant others and the other members of the health care team. Events and activities associated with client care are validated in written and/or electronic records that reflect standards of practice and accountability in the provision of care.
- Teaching/Learning: facilitation of the acquisition of knowledge, skills and attitudes promoting a change in behavior.

Distribution of Content
The percentage of test questions assigned to each Client Needs category and subcategory of the NCLEX-RN® Test Plan is based on the results of the Report of Findings from the 2008 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice, NCSBN, 2009), and expert judgment provided by members of the NCSBN Examination Committee.

Client Needs and Percentage of Items from Each Category/Subcategory

<table>
<thead>
<tr>
<th>Client Needs</th>
<th>Percentage of Items from Each Category/Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe and Effective Care Environment</td>
<td></td>
</tr>
<tr>
<td>• Management of Care</td>
<td>16-22%</td>
</tr>
<tr>
<td>• Safety and Infection Control</td>
<td>8-14%</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>6-12%</td>
</tr>
<tr>
<td>Psychosocial Integrity</td>
<td>6-12%</td>
</tr>
<tr>
<td>Physiological Integrity</td>
<td></td>
</tr>
<tr>
<td>• Basic Care and Comfort</td>
<td>6-12%</td>
</tr>
<tr>
<td>• Pharmacological and Parenteral Therapies</td>
<td>13-19%</td>
</tr>
<tr>
<td>• Reduction of Risk Potential</td>
<td>10-16%</td>
</tr>
<tr>
<td>• Physiological Adaptation</td>
<td>11-17%</td>
</tr>
</tbody>
</table>
Overview of Content

All content categories and subcategories reflect client needs across the life span in a variety of settings.

Safe and Effective Care Environment - The nurse promotes achievement of client outcomes by providing and directing nursing care that enhances the care delivery setting in order to protect clients, family/significant others and other health care personnel.

• Management of Care – providing and directing nursing care that enhances the care delivery setting to protect clients, family/significant others and health care personnel.

Related content includes but is not limited to:
• Advance Directives . Delegation
• Advocacy . Establishing Priorities
• Case Management . Ethical Practice
• Client Rights . Informed Consent
• Collaboration with Interdisciplinary Team
• Information Technology
• Concepts of Management
• Legal Rights and Responsibilities
• Confidentiality/Information Security
• Performance Improvement (Quality Improvement)
• Consultation
• Referrals
• Continuity of Care
• Supervision

• Safety and Infection Control – protecting clients, family/significant others and health care personnel from health and environmental hazards.

Related content includes but is not limited to:
• Accident/Injury Prevention
• Emergency Response Plan
• Reporting of Incident/Event/Irregular Occurrence/Variance
• Ergonomic Principles . Safe Use of Equipment
• Error Prevention
• Security Plan
• Handling Hazardous and Infectious Materials
• Standard Precautions/Transmission-Based Precautions/Surgical Asepsis
• Home Safety
• Use of Restraints/Safety Devices

Health Promotion and Maintenance - The nurse provides and directs nursing care of the client and family/significant others that incorporates the knowledge of expected growth and development principles; prevention and/or early detection of health problems, and strategies to achieve optimal health.

Related content includes but is not limited to:
• Aging Process
• High Risk Behaviors
• Ante/Intra/Postpartum and Newborn Care
• Lifestyle Choices
• Developmental Stages and Transitions
• Principles of Teaching/Learning
• Health and Wellness
• Self-Care
• Health Promotion/Disease Prevention
• Techniques of Physical Assessment
• Health Screening
Psychosocial Integrity - The nurse provides and directs nursing care that promotes and supports the emotional, mental and social wellbeing of the client and family/significant others experiencing stressful events, as well as clients with acute or chronic mental illness.

Related content includes but is not limited to:
• Abuse/Neglect
• Grief and Loss
• Behavioral Interventions
• Mental Health Concepts
• Chemical and Other Dependencies
• Religious and Spiritual Influences on Health
• Coping Mechanisms
• Sensory/Perceptual Alterations
• Crisis Intervention
• Stress Management
• Cultural Diversity
• Support Systems
• End of Life Care
• Therapeutic Communication
• Family Dynamics
• Therapeutic Environment

Physiological Integrity - The nurse promotes physical health and wellness by providing care and comfort, reducing client risk potential and managing health alterations.

• Basic Care and Comfort – providing comfort and assistance in the performance of activities of daily living.

Related content includes but is not limited to:
• Assistive Devices
• Nutrition and Oral Hydration
• Elimination
• Personal Hygiene
• Mobility/Immobility
• Rest and Sleep
• Non-Pharmacological Comfort Interventions

• Pharmacological and Parenteral Therapies – providing care related to the administration of medications and parenteral therapies.

Related content includes but is not limited to:
• Adverse Effects/Contraindications/SideEffects/Interactions
• Expected Actions/Outcomes
• Medication Administration
• Blood and Blood Products
• Parenteral/Intravenous Therapies
• Central Venous Access Devices
• Pharmacological Pain Management
• Dosage Calculation
• Total Parenteral Nutrition

• Reduction of Risk Potential – reducing the likelihood that clients will develop complications or health problems related to existing conditions, treatments or procedures.

Related content includes but is not limited to:
• Changes/Abnormalities in Vital Signs
• Diagnostic Tests
• Potential for Complications from Surgical Procedures and Health Alterations
• Laboratory Values
• System Specific Assessments
• Potential for Alterations in Body Systems
• Therapeutic Procedures
• Potential for Complications of Diagnostic Tests/Treatments/Procedures

• Physiological Adaptation – managing and providing care for clients with acute, chronic or life threatening physical health conditions.

Related content includes but is not limited to:
• Alterations in Body Systems
• Medical Emergencies
• Fluid and Electrolyte Imbalances
• Pathophysiology
• Hemodynamics
• Unexpected Response to Therapies
• Illness Management

Administration of the NCLEX-RN® Examination
The NCLEX-RN® examination is administered to the candidate by Computerized Adaptive Testing (CAT). CAT is a method of delivering examinations that uses computer technology and measurement theory. Items go through an extensive review process before they can be used as items on the examination.

In addition to multiple choice items, candidates may be administered items written in alternate formats. These formats may include but are not limited to multiple response, fill-in-the-blank, drag and drop, and/or hot spots. All item types may include multimedia such as charts, tables, graphics, sound and video.

With CAT, each candidate’s examination is unique because it is assembled interactively as the examination proceeds. Computer technology selects items to administer that match the candidate’s ability. The items, which are stored in a large item pool, have been classified by test plan category and level of difficulty. After the candidate answers an item, the computer calculates an ability estimate based on all of the previous answers the candidate selected. The next item is then chosen that measures the candidate’s ability most precisely in the appropriate test plan category. This process is repeated for each item, creating an examination tailored to the candidate’s knowledge and skills while fulfilling all NCLEX-RN® Test Plan requirements. The examination continues with items selected and administered in this way until a pass or fail decision is made.

All registered nurse candidates must answer a minimum of 75 items. The maximum number of items that the candidate may answer is 265 during the allotted six-hour time period. Examination instructions and all rest breaks are included in the measurement of the time allowed for a candidate to complete the examination.

Candidates should be aware and understand that the disclosure of any examination materials including the nature or content of examination items, before, during or after the examination is a violation of law. Violations of confidentiality and/or candidates’ rules can result in criminal prosecution or civil liability and/or disciplinary actions by the licensing agency including the denial of licensure.

More information about the NCLEX-RN® examination, including CAT methodology, items, the candidate bulletin and web tutorials, is listed on the NCSBN Web site: http://www.ncsbn.org.

Bibliography
TOPIC: Understanding the Context of Health Care: Health Care Economics

Student Learning Outcome Objectives:

On completion of this class, the student will be able to:

1. Define the following key terms:
   - Third-party reimbursement
   - Health Maintenance Organization (HMO)
   - Independent Practice Association (IPA)
   - Preferred Provider Organizations (PPO)
   - Medicare
   - Medicaid
   - Medi-Cal
   - Diagnostic Related Groups (DRGs)
   - Cost Containment
   - Fee-for-Service
   - Case Management
   - Managed Care

2. Describe factors which influence the fiscal system for health care in the United States.
3. Analyze industry efforts to manage health care costs.
4. Explain the advantages and disadvantages of a prospective reimbursement system.
5. Discuss the benefits of group practice arrangements.
6. Compare and contrast profit and non-profit health care agencies.
7. Synthesize the concerns surrounding the uninsured in this country.

Learning Activities:

   - Chapter 7: Paying for Health Care in America: Rising Costs and Challenges
2. Attend class and participate in the discussion
Topic: The Nurse as Leader and Change Agent

Student Learning Outcome Objectives:

On completion of this unit of study, the student will be able to:

1. Describe social, economic, and political factors influencing changes in health care access and delivery of care.
2. Differentiate between public health nursing, community health nursing, and community based nursing.
3. Describe methods used for assessing the health care needs of a community.
4. Apply knowledge to a given hypothetical or real situation, analyzing and synthesizing the management functions performed, the leadership roles and/or characteristics demonstrated, and the community health principles exemplified.
5. Differentiate between leadership and management.
6. Differentiate between power and authority, and describe the various sources of power.
7. Discuss major leadership, management, and organizational theories.
8. Describe major management functions
9. Discuss the role of the nurse as a manager of change/change agent.
10. Describe the change process: reasons for change, resistance to change, and strategies and characteristics of effective change agents.
11. Discuss the major stages of change as described in Lewin’s change theory.

Learning Activities:

   • Chapter 15: Nursing Leadership and Management.
   • Chapter 24: Contemporary Nursing Roles and Career Opportunities
3. View in video in class and answer questions.
Topic: Managing Client Care: Management of Personnel Resources and Personal Resources

Student Learning Outcome Objectives:

On completion of this unit of study, the student will be able to:

1. Analyze the advantages and disadvantages of various nursing care delivery models.
2. Describe principles for successful staffing.
3. Apply the criteria for making staff assignments to a hypothetical and/or a clinical staffing situation.
4. Define delegation, supervision, and accountability.
5. Describe principles of safe, effective delegation practice based on the state’s Nursing Practice acts and other state laws, patient needs, job descriptions and competencies, policies and procedures of the health care organization, the clinical situation, and professional standards.
6. Discuss principles of priority setting.
7. Incorporate principles of delegation, supervision and priority setting into hypothetical situations and professional nursing practice to ensure safe and legal patient care.
8. Identify one’s own time management preferences and style.
9. Describe barriers to effective time management, and identify one’s own time and energy wasters/distractors.
10. Identify and apply strategies to manage time more effectively in the clinical setting
11. Describe and apply principles of priority setting, with a focus on prioritizing components of individual client care and the care needs of multiple clients.

Student Learning Activities:

   - Chapter 15: Nursing Leadership and Management
   - Chapter 18: Effective Delegation and Supervision
   - Chapter 19: Staffing and Nursing Care Delivery Models
   - Chapter 23: Managing Time: The Path to High Self-Performance
**Topic: Managing Client Care: Maintaining Quality Care and Patient Safety**

**Student Learning Outcome Objectives:**

On completion of this unit of study, the student will be able to:

1. Describe the reasons for the increasing emphasis on health care quality and safety in the US health care system.
3. Define the JCAHO sentinel event standard.
4. Describe the process, structure, and outcome approaches to evaluate the quality of nursing care.
5. Describe quality improvement methods.
6. Describe the role of the nurse in quality and risk management.
7. Identify and apply quality management and improvement strategies to hypothetical situations and clinical practice.

**Student Learning Activities:**

   - Chapter 20: Quality Improvement and Patient Safety.
Topic: Communication, Conflict Management, Team Building

Student Learning Outcome Objectives:

On completion of this unit of study, the student will be able to:

1. Describe positive and negative communication techniques/styles and identify their use in interpersonal and professional situations.
2. Describe circumstances and influences that effect communication in the health care setting.
3. Describe common conflict resolution styles, and identify your own preferred style.
4. Determine which approach to conflict resolution is most appropriate in a hypothetical situation.
5. Apply strategies for communication and conflict resolution to a selected interpersonal or group conflict situations.
6. Describe principles of effective communication and apply to the practice setting in change of shift report, documentation, and conflict management.

Student Learning Activities:

   - Chapter 17: Effective Communication and Conflict Resolution
2. Complete in-class exercises
Practice on Communication

1. Explore your ease sharing your ideas and speaking for yourself. Complete the following sentences:

“I would like to talk to you about …
“You and I need to discuss …
“I need you to …
“Let me clarify by saying …
“I want you to know that …

2. Make a list of the negative ways in which you view your world. Assess how these messages affect your daily communication.

3. You are delegating care or making an assignment. Summarize the positive and negative aspects of each question using the following:
   a. Close-ended questions (limits answers to yes and “no”):
      “Did you…
   b. Open-ended questions:
      “What happened when you …
   c. Direct question:
      “Which action did you …
   d. Probing question
      “Can you tell me more about …
   e. Hypothetical question:
      “What would you have done if …

4. Complete the following examples, and formulate an additional question for each situation:

   a. Situation: You need to energize the patient’s thoughts about a new treatment alternative.
      “Had you considered …?”

   b. Situation: You want to elicit the patient’s feelings:
      “What is happening that is making you angry…?”

   c. Situation: You want to redirect the patient’s thoughts and discussion.
      “Could we talk about … now?”

   d. Situation: You want to link an idea to subjects discussed in an earlier conversation
      “So, I notice your comments today are similar to …”

   e. Situation: You want to ask for clarification and additional information:
      “When you said … did you mean …?”
Practice in Listening

Decide if the following responses are an example of assertive, aggressive, passive-aggressive, or passive behavior. Change those you identify as aggressive passive, or passive aggressive into assertive responses. (Exercise adapted from Marquis, Bessie L. and Huston, Carol J. Leadership Roles and Management Functions in Nursing: Theory & Application, 4th edition. Philadelphia, 2003: Lippincott.)

<table>
<thead>
<tr>
<th>Situation</th>
<th>Response</th>
</tr>
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<tbody>
<tr>
<td>1. A coworker withdraws instead of saying what’s on his mind. You say:</td>
<td>“I guess you are uncomfortable talking about what’s bothering you. It would be better if you talked to me.”</td>
</tr>
<tr>
<td>2. This is the third time in 2 weeks that your coworker has asked for a ride home because her car is not working.</td>
<td>“You are taking advantage of me and I won’t stand for it! It’s your responsibility to get your care fixed.”</td>
</tr>
<tr>
<td>3. An attendant at a gas station neglected to replace your gas cap. You return to inquire about it. You say:</td>
<td>“One of the guys here forgot to put my gas cap back on! I want it found now or you’ll buy me a new one!”</td>
</tr>
<tr>
<td>4. You’d like to have a turn at being in charge on your shift. You say to your head nurse:</td>
<td>“Do you think that, ah, you could see your way clear to letting me be in charge once in awhile?”</td>
</tr>
<tr>
<td>5. A committee meeting is being established. The proposed time is convenient for other people but not for you. The time makes it impossible for you to attend meetings regularly. When you are asked about the time you say:</td>
<td>“Well, I guess it’s OK. I’m not going to be able to attend very much, but it fits into everyone else’s schedule.”</td>
</tr>
<tr>
<td>6. In a conversation, a doctor suddenly asks, “What do you women’s libbers want anyway?” You respond:</td>
<td>“Fairness and equality.”</td>
</tr>
<tr>
<td>7. An employee makes a lot of mistakes in his work. You say:</td>
<td>“You’re a lazy and sloppy worker.”</td>
</tr>
<tr>
<td>8. You are the one woman in a meeting with seven men. At the beginning of the meeting the chair asks you to be the secretary. You respond:</td>
<td>“No, I’m sick and tired of being the secretary just because I’m the only woman in the group.”</td>
</tr>
<tr>
<td>9. A physician asks to borrow your stethoscope. You respond:</td>
<td>“Well, I guess so. One of you doctors walked off with mine last week, and this one cost me $35. Be sure you return it, okay?”</td>
</tr>
<tr>
<td>10. You are interpreting the I&amp;O sheet for a physician and he interrupts you. You say:</td>
<td>“You could understand this if you stop interrupting me and listen.”</td>
</tr>
</tbody>
</table>
TOPIC: Ethical Issues in Nursing

Student Learning Outcome Objectives:

On completion of this topic, the student will be able to:

1. Define the following key terms:

   - values
   - morals
   - laws
   - ethics
   - beneficence
   - nonmaleficence
   - justice
   - fidelity
   - veracity/truth telling
   - paternalism
   - autonomy
   - deception
   - confidentiality
   - moral and legal obligations
   - rights-based reasoning
   - duty-based reasoning
   - utilitarianism
   - intuitionist framework
   - deontological theories
   - teleological theories

2. Define an ethical dilemma.
3. List the steps used in the ethical decision-making process.
4. Discuss the role of the ethics committee in an acute care hospital.
5. Use the suggested guidelines to propose and evaluate alternatives and develop a plan of action for an ethical problem presented in a case study.

Learning Activities:

   - Chapter 9: Ethical and Bioethical Issues in Nursing and Health Care

2. Visit the American Nurses Association website to read the Position Statements on:
   - Forgoing Nutrition and Hydration
   - Ethics and Human Rights.
   - Nursing Care and Do Not Resuscitate Orders.
   - Privacy and Confidentiality.
   - Risk versus Responsibility in Providing Nursing Care.

3. Find an ethical issue/dilemma to bring to class for discussion.
4. Attend class and participate in the discussion and group exercises.
Ethical Theories and Principles
Adapted from Nursing Now! Today’s Issues, Tomorrow’s Trends, by Joseph T. Catalano, and Ethics & Issues in Contemporary Nursing, by Margaret A. Burkhardt and Alvita K. Nathaniel.

I. Definitions

A. Values—Values are ideals or concepts that give meaning to an individual’s life. Values are usually derived from social norms, religion, and family orientation, and serve as the framework for making decisions and taking action in daily life. A person’s values tend to change as his or her life situations change, as the person grows older, and as he or she encounters situations that cause values conflicts. Values conflicts occur frequently in daily life, and often require an individual to select a higher priority value over a lower priority one.

B. Morals—Morals are the fundamental standards of right and wrong that an individual learns and internalizes, usually in the early stages of childhood development. An individual’s moral orientation is often based on religious beliefs, although societal influence plays an important part in this development. The word moral comes from the Latin word mores, which means customs or values. Moral behavior is often manifested as behavior in accordance with a group’s norms, customs, or traditions. A moral person is generally recognized as someone who responds to another person in need by providing care and who maintains a level of responsibility in all relationships.

C. Laws—Laws can generally be defined as rules of social conduct made by humans to promote peaceful and productive interactions between groups of individuals by preventing the actions of one citizen from infringing on the rights of another. Laws are focused on concerns about fairness and justice. Ethics is the foundation of law; however, because laws are created by individuals and there are differences in beliefs among people, ethics and the law are not always congruent. Ideally professional ethical standards are congruent with the law; that which is legal is also ethical and vice versa. This is usually but not always the case. Laws exist that can be considered by some to be unethical. And some illegal acts are considered by many to be ethical.

D. Ethics—Ethics are declarations of what is right or wrong, and of what ought to be. Ethics can be considered a system of morals for a particular group. Ethics serve the purpose of governing conduct to ensure the protection of an individual’s or a group’s rights. Ethics exist on several levels, ranging from individual or small group to the society as a whole.

E. Code of Ethics—A code of ethics is a written list of a profession’s values and standards of conduct. The code of ethics provides a framework for decision making for the profession, and should be oriented toward the daily decisions made by members of the profession.

F. Ethical Dilemma—An ethical dilemma is a situation that requires an individual to make a choice between two equally unfavorable alternatives. The basis of an ethical dilemma is conflict—between one individual’s rights and those of another, one individual’s obligations with the rights of another, or a combination of one group’s obligations and rights conflicting with those of another group.

II. Ethical Principles

A. Autonomy: Autonomy is the right of self-determination, independence, and freedom. Autonomy is the right of the individual to determine his or her own course of action in accordance with a plan chosen by him or herself. Autonomy, however, is not absolute, and under certain conditions, limitations can be imposed on it. Generally these limitations occur when one individual’s autonomy interferes with another individual’s rights, health, or well-being. Example: In the case of an infectious disease that affects society, the individual can be force by the healthcare and legal systems to take medications to cure the disease and/or forced into isolation to prevent the disease from spreading.

B. Justice: Justice is the ethical principle that relates to fair, equitable, and appropriate treatment in light of what is due or owed to persons, recognizing that giving to some will deny receipt to others who might otherwise have received these things. The concept is often expanded to what is called distributive justice, which states that individuals have the right to be treated equally regardless of race, sex, marital status, medical diagnosis, social standing, economic level, or religious belief. Some of the ways that decisions about distributive justice are made include:
  - to each equally;
• to each according to need;
• to each according to merit;
• to each according to social contribution;
• to each according to the person’s rights;
• to each according to individual effort;
• to each as you would be done by;
• to each according to the greatest good to the greatest number.

The principle of justice underlies the first statement of the American Nurses Association (ANA) Code of Ethics. Distributive justice sometimes includes such ideas as equal access to health care for all. As with other rights, limits can be placed on justice when it interferes with the rights of others. Justice is concerned with the allocation of scarce resources—who gets what when not all have enough, who gets the surplus when all have enough, who shall live when not all can live?

C. Fidelity: Fidelity refers to promise-keeping and the obligation of an individual to be faithful to commitments made to himself or herself and also to others. In healthcare, fidelity includes the professional’s faithfulness or loyalty to agreements and responsibilities accepted as part of the practice of the profession. Fidelity is the main support of the concept of accountability, although conflicts in fidelity might arise from obligations owed to different individuals or groups. E.g., the nurse who is asked to work a double-shift must weigh the fidelity to him/herself against the fidelity owed to the employing institution, to colleagues, to the profession, and to clients to do the best job possible.

D. Beneficence: The principle of beneficence maintains that one ought to do or promote good, prevent evil or harm, and remove evil or harm.

Beneficence is one of the oldest requirements for health care providers. It is the provision of benefits and the balancing of harms and benefits. It views the primary goal of health care as doing good for the clients under one’s care. Good care means more than providing technically competent care. Good care requires that the health care provider take a holistic approach to the client, including the client’s beliefs, feelings, and wishes as well as those of the client’s family and significant others. The difficulty in implementing the principle of beneficence is in determining what exactly is good for another and who can best decide about what is good. Beneficence requires not only the doing or promotion of good but the prevention of harm.

E. Nonmaleficence: The principle of nonmaleficence requires one to avoid causing harm, including deliberate harm, risk of harm, and harm that occurs during the performance of beneficial acts.

Nonmaleficence is the requirement that health care providers do no harm to their clients, intentionally or unintentionally. As the Hippocratic oath states, "I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them;” It is reflected in the statement, primum non nocers (“above all, do no harm”) and gives rise to several moral rules, including don’t kill, don’t cause pain, don’t disable, don’t deprive of freedom or opportunity. It requires that one not only do no harm, but that one prevent harm, or protect from harm those who cannot protect themselves. In current health care practice, the principle of nonmaleficence is often violated in the short term to produce a greater good in the long-term treatment of the client.

F. Veracity: Veracity is the principle of truthfulness. It requires that the health care provider tell the truth. However, as with other rights and obligations, limitations to this principle exist. The primary limitation is when telling the client the truth would seriously harm the client’s ability to recover or would produce greater illness. Some practitioners draw a fine line between lying and deception. Examples of common situations in which veracity is violated through the use of deception are the use of placebo medications, and the withholding of bad news, or the avoidance of answering questions truthfully and completely.

G. Standard of Best Interest: The standard of best interest describes a type of decision made about a client’s health care when the client is unable to make an informed decision regarding his or her own care. The standard of best interest should be based on the principle of beneficence. It is usually what health care providers and the family decide is best for that individual. It is important to consider the individual client’s expressed wishes, either formally in a written declaration (e.g., a living will or advance directive) or informally in conversation with family members. Individuals can legally designate a specific person to make health care decisions for them in case they become unable to make decisions for themselves, through the appointment of a durable power of attorney for health care. The Omnibus Budget Reconciliation Act of 1990 made it mandatory for all health care facilities to provide information to clients about the living will and Durable Power Of Attorney for Healthcare.
E. **Virtue:** A habit or disposition to do what is morally right or praiseworthy.

### III. Obligations

Obligations are demands made on an individual, a profession, a society or a government to fulfill and honor the rights of others.

**A. Legal Obligations**—Legal obligations are those that have become formal statements of law and are enforceable under the law.

**B. Moral Obligations**—Moral obligations are those based on moral or ethical principles but are not enforceable under the law. For example, in most states, no legal obligation exists for a nurse on a vacation trip to stop and help an automobile accident victim.

### IV. Rights

Rights are generally defined as something owed to an individual according to just claims, legal guarantees, or moral and ethical principles. The meaning of rights is often blurred, and individuals sometimes mistakenly claim things as rights that are really privileges, freedoms, or concessions.

**A. Welfare Rights**—Welfare rights, also referred to as *legal rights*, are based on a legal entitlement to some good or benefit. These rights are guaranteed by law, (e.g., The Bill of Rights of the US Constitution), and violation of such rights can be punished under the legal system.

**B. Ethical Rights**—Ethical rights, also referred to as *moral rights*, are based on a moral or ethical principle. Ethical rights usually do not need to have the power of law in order to be enforced.

**C. Option Rights**—Option rights are rights that are based on a belief in the dignity and freedom of humans. They are basic human rights that give individuals freedom of choice and the right to live their lives as they choose, within a given set of prescribed boundaries determined by society.

### IV. Ethics Committees

Ethics committees provide consultation services to help solve ethical dilemmas that are encountered in health care settings when individual practitioners are unable to resolve such issues on their own. They may also make evaluations of institutional policies in light of ethical considerations, make recommendations about complex ethical issues, and provide educational program for medical and nursing schools as well as the community.

### V. Ethical Systems

**A. Normative Ethics**—Normative ethics deal with questions and dilemmas that require a choice of actions when there is a conflict of rights and obligations between the nurse and the client, the nurse and the client’s family, or the nurse and the physician. In resolving ethical questions, one ethical system or a combination of ethical systems may be used.

**B. Utilitarianism and teleology**—The two systems that are most utilized in ethical decision making in the health care professions are utilitarianism and deontology. Utilitarianism (also called teleology, consequentialism, or situation ethics) is associated with two underlying principles: “The greatest good for the greatest number,” and “The end justifies the means.” Utilitarianism is based on the concept that moral rules should not be arbitrary but should serve a purpose, and that the situation determines whether an act is morally right or wrong.

**C. Deontology**—Deontology (also called the formalistic system, the principle system, or duty-based ethics) is a system of ethical decision making based on moral rules of rightness and wrongness and unchanging principles that are derived from the universal values that underlie all major religions. A follower of the deontological system of ethical decision-making believes in the ethical absoluteness of principles regardless of the consequences of the decision. Deontology holds that standards exist for the ethical choices and judgments made by individuals, and these do not change when the situation changes.
VI. Decision Making Process in Ethics
   Step 1: Collect, analyze, and interpret data
   Step 2: State the dilemma in a clear simple statement (including the people involved)
   Step 3: Consider choices of action. Relate them to specific ethical principles
   Step 4: Analyze the advantages, disadvantages, and consequences of each course of action (including the short-term and long-term consequences)
   Step 5: Make the decision and act on it

VII. Nursing Code of Ethics
    See next page.
Preamble
The Code of Ethics for Nurses is based on belief about the nature of individuals, nursing health, and society. Recipients and providers of nursing services are viewed as individuals and groups who possess basic rights and responsibilities and whose values and circumstances command respect at all times. Nursing encompasses the promotion and restoration of health, the prevention of illness, and the alleviation of suffering. The statements of the Code and their interpretations provide guidance for conduct and relationships in carrying out nursing responsibilities consistent with the ethical obligations of the profession and quality in nursing care.

Code for nurses
1. The nurse provides services with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

2. The nurse safeguards the client's right to privacy by judiciously protecting information of a confidential nature.

3. The nurse acts to safeguard the client and the public when health care and safety are affected by the incompetent, unethical, or illegal practice of any person.

4. The nurse assumes the responsibility and accountability for individual nursing judgments and actions.

5. The nurse maintains competence in nursing.

6. The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others.

7. The nurse participates in activities that contribute to the ongoing development of the profession's body of knowledge.

8. The nurse participates in the profession's efforts to implement and improve standards of nursing.

9. The nurse participates in the profession's efforts to establish and maintain conditions of employment conducive to high quality nursing care.

10. The nurse participates in the profession's efforts to protect the public from misinformation and misrepresentation and to maintain the integrity of nursing.

11. The nurse collaborates with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.
TOPIC: Interviewing and Recruitment Resources

Theoretical Objectives:

On completion of this topic, the student will be able to:

1. Outline the elements of a job search.
2. Identify negative and positive behaviors that may influence the interview process and hiring outcome.
3. Present an effective 2-minute introduction in response to the question, “Tell me about yourself.”
4. Demonstrate his/her value to the potential employer by telling stories using the PAR or PIE format which portray his/her skills and personality in a context which relates to their needs.
5. Utilize the “sandwich technique” to answer difficult questions
6. Have a strategy for responding to illegal questions
7. Develop a list of questions to ask of a potential employer to help ensure a good fit

Learning Activities:

Read:

- Chapter 25: Job Search: Finding Your Match (sections on How to Interview Effectively, the Applicant’s Tasks, The Employer’s Tasks)
- Chapter 22: Making the Transition from Student to Professional Nurse

Course syllabus
- How to Answer the Questions You’ll be Asked
- Asking Good Questions
- Negative Factors

Attend:

Class:
- Practice interviewing
- Graduate panel

College of Marin Career Fair: Monday March 117, 2008
ACE THE INTERVIEW:
HOW TO ANSWER THE QUESTIONS YOU’LL BE ASKED

Most interviewers pose the same kinds of questions. According to Richard Bolles, well-known author of What Color is Your Parachute: A Practical Manual for Job-Hunters and Career-Changers, there are only 5 basic questions that you are going to be asked during an interview:

1. Why are you here? (e.g., what do you like about this organization?)
2. What can you do for us? (e.g., what needs do we have that you have the knowledge and skills to meet?)
3. What kind of person are you?
4. What distinguishes you from the hundreds of other people who have the same skills and education as you have? (Focus on any particular style or manner in which you work that makes you distinctive, e.g., thoroughness, inquisitiveness, excellent interpersonal skills, leadership skills. Try not just to tell them, but show them throughout the interview.)
5. Can I afford you?

Here are some you are likely to hear, along with advice on the kind of answers to give.

- What interests you most about this job?
  Money and fringe benefits may be the first things that enter your mind, but don’t mention them first. You’ll make a better impression if you praise the facility’s reputation or mention a unit that you’d especially like to work on. You might also tell the interviewer that you admire the philosophy of nursing set forth in the facility’s brochure, or that you find the opportunities for professional advancement appealing. If it all does come down to money, try saying that you think the organization has a high regard for nurses. Be prepared for a follow-up question asking what gave you that impression, though.

- What do you like least about your present job?
  The interviewer is trying to predict whether you’ll have similar problems in a new job. You don’t want to sound like a complainer, so avoid talking about an inept administration, unfair rotation policies, or unduly heavy workloads. Instead, emphasize your desire for different opportunities and broader experience. For example, you might say that you want to work where you can make a stronger commitment to patient education or increase your knowledge of a particular specialty.

- What kind of people do you feel most comfortable working with?
  “People who do their jobs well” is a good answer. Other qualities you could mention are directness, fairness, clinical expertise, courtesy, and cheerfulness. You might praise a colleague who embodies these things, but don’t criticize someone who lacks them; you don’t want to sound petty or childish.

- What are your strengths and limitations?
  Try to strike a balance between bragging and being unduly modest. Mention two or three of your strongest skills, specifying recent occasions during which you’ve used them. Don’t belabor past failures; instead, talk about skills you’re trying to master and techniques you’re hoping to perfect. Then briefly describe those measures you are taking to improve.

- Why did you become a nurse?
  You may have a story that will help in answering this question. Use it as a springboard for explaining major decisions that led you to this job interview.

- What do you want to be doing five years from now?
  If you say you don’t know, you may come across as lacking initiative or direction. The interviewer wants to know how much thought you’ve given to your career. Mention specific plans if you have them. If you don’t, be more general. You might say, for example, that you’d like to be a supervisor or a clinical specialist in a particular field. If that’s not true, point out that you are open and flexible and hope to take advantage of new opportunities as they arise.

- Tell me about your nursing experience.
Briefly summarize your career and mention your clinical preferences. Point out how the job you’re interviewing for will use your strengths.

- What do you like least about nursing?
  Be honest but cautious. Mention a few of the things that bother you, but don’t recite a litany of pet peeves. On the other hand, avoid sounding smug by saying, “Nothing.”

- Tell me about yourself.
  Open-ended questions like this are interviewers’ favorites because they force you to make decisions about what to emphasize. Keep it short. Talk about your professional life, not your personal interests. Give a brief summary of your education and career. Mention you clinical preferences. Point out how the job you’re interviewing for will use your strengths and help you move toward your goals.

- What can you contribute to this job?
  Tell the interviewer about strengths that may set you apart from the crowd. For example, maybe your technical or organizational skills are top-notch. Or, perhaps you’re a great teacher, or you get along especially well with your colleagues.

  Can you speak Spanish? Have you done community or volunteer work, perhaps with children or the elderly? Have you served as leader of a support group? If so, say so. Make yourself stand out.

Adapted from:

- “Ace the All-Important Interview”, RN, 1999
- Nursing Opportunities, Medical Economics, 1999
YOUR JOB SEARCH


A. Elements of the Job Search

1. Decide what it is you want.
   a. A new graduate mentor program
   b. A full-time position
   c. A position in a specialty area (critical care, medical, surgical)
   d. Skills that need support or development
   e. Questions that you want answered in the interview before you would accept a position (make a list).

2. Talk with people who work in the setting you wish to work in.
   a. Have they hired new grads before?
   b. Is there one you can contact?
   c. What do they think of the setting?
   d. Is the work-load reasonable?
   e. Do they know the person who will interview you, e.g., the Head Nurse and/or the Nurse Recruiter.

3. Decide how far you are you willing to travel to work each day.

4. Decide what shift(s) you can work, what shift(s) you are willing to work?

5. What compromises are you willing to make?
   a. Shift
   b. Pay
   c. Specialty
   d. Working conditions
   e. Full-time vs part-time, or per diem
   f. Does the work setting provide relocation expenses?
   g. Does the work setting provide continuing education expenses?

(In a survey conducted by the San Francisco Examiner’s writers for the “Worker’s Dozen” column, clients and members were asked, “Which of the following job attributes do you value most: belief in product or cause; intellectual stimulation; work/life balance; money; growth opportunities; work environment; team atmosphere; telecommuting/flextime; recognition; fringe benefits; paid educational benefits? The attribute most valued by a large margin was a belief in the product or cause, followed by work/life balance. Intellectual stimulation was third, and money fourth.)

6. Prepare your resume.
   a. Purpose of the Resume: A tool to market you.
   b. Represents a summary of your skills, education, and experiences.
   c. Keep it within one page.
      1. Organize what you want to say and how you want to say it.
      2. Identify your goals and what you would like to be doing in your next job. Be sure to include a Job/Career/Professional Objective
      3. Identify your strengths.
      4. Identify areas of needed growth - not WEAKNESSES!
      5. Focus on skills, education, experience, professional memberships, honors, and
awards.

- Have available three references—and be sure to let your references know when and with whom you will be using their name.
- Recognize problem areas, including inappropriate information, and poor appearance.

7. What to do once you have written your resume.

a. Contact the organization in which you are interested and request an application and the name of the nurse recruiter or hiring manager.

b. Compose a cover letter in which you express your interest in the hospital and request the nurse recruiter/hiring manager to contact you. *Hint: If you have received information about the hospital along with an application, mention something specifically about the hospital in your “interest letter.”*

c. Mail in your resume along with a cover letter addressed to the nurse recruiter/hiring manager, expressing your interest and requesting an interview.

d. If you already have an appointment with the nurse recruiter/hiring manager, you may send a copy of your resume so that it will arrive before your interview, but also bring 2-3 copies of your resume with you to the interview, one to give to the nurse recruiter, one to give to any nurse manager they you may interview with, and one for you to use as your interview “script.”

e. Research the organization ahead of time, before going for the interview. When you first set up the appointment ask them if they have anything in writing about their organization; if so, request they mail it to you so you’ll have time to read it before the interview. If the interview is the next day, offer to come down and pick it up yourself.

B. Elements of the Interview

1. The Interview: What to do after you get an appointment.

a. A hiring interview is like a date: during either, you are doing research to see if this will be a good fit. The employer is studying everything about you, but you should also be studying everything about the employer—the organizational culture, the boss, the people you will be working with.

b. When you go for an interview, you should convey the image of a “resource person” --someone with something to offer—rather than a “job beggar.”

c. Be courteous. Be as nice to the receptionist and others in the organization that you may encounter as you are to the interviewer.

d. Take with you any evidence of past accomplishments—e.g., writing samples, research you have done, publications, etc.

e. Be on time. (Be early so you have time find parking, catch your breath, become familiar with your surroundings, comb your hair, get a drink of water, etc.)

f. Be poised, well groomed, and dressed on the conservative side. *NO GUM. NO SMOKING.*

g. Communicate clearly.

h. Pay attention to the “50/50, 2 minute max rule.” During the interview, listen half the time and speak half the time. When you are asked a question, try not to speak for more than two minutes in answering it.

i. Show interest, energy/enthusiasm.

j. Ask relevant questions: (For examples of relevant questions, see above).

k. Be prepared to share some examples of accomplishments you are proud of and your problem solving ability—think PAR: Problem, Action, Result/Response.

l. Be prepared to describe how you handle conflict and have an example ready to talk about.
m. DO NOT complain about previous employers or place of work, or about other institutions.

n. Realize that no matter what kind of handicap you may happen to have—new graduate, too new to the job market, too near retirement, too much education, not enough education, not enough experience, too shy, too assertive, too thin, too fat, too old, too young, too beautiful, too ugly, too smart, too stupid, from another background, from another industry, from another planet—it will not keep you from getting hired. It will only keep you from getting hired some places. As Richard Bolles states, “There are two kinds of employers out there: those who will be put off by your handicap, and therefore won’t hire you; and those who will not be put off by your handicap, and therefore will hire you, if you are qualified for the job.”

2. How to End the Interview

a. Thank the interviewer for their time.

b. Reiterate your interest.

c. Inquire as to when you may expect a decision, and arrange for follow-up, by phone or letter. According to Richard Bolles (What Color is Your Parachute?), an interview should end with you asking 6-7 questions:

- Given my skills and experience, is there work here/a position here you would consider me for?
- Can you offer me this job?
- Would you like me to come back for another interview?
- When can I expect to hear from you?
- What would be the latest I can expect to hear from you?
- May I contact you after that date, if for any reason you haven’t had a chance to get back to me by that time?
- (Can you think of anyone else who might have a current opening/be interested in hiring me?)

3. After the Interview

a. **Send a thank you note expressing your continued interest in the position and the institution.** “Thank you notes must be sent after every interview by every job hunter that same day or the next morning at the latest. Most job hunters ignore this advice—indeed it is the most overlooked step in the entire job-hunting process. Therefore, you will standout from all the other interviewees if you remember to send a thank-you note to the person who interview you (and to their secretary or anyone else you made contact with while you were there.” (Richard Bolles, What Color is Your Parachute?, pp. 218-219. Sending a thank-you note gives evidence that you have good people skills, helps the employer remember you, gives the interviewer something to show to other members of the hiring/selection committee, gives you another chance to emphasize your skills and interest in further talks, and gives you an opportunity to correct any wrong impression you may have left behind. According to Mr. Bolles, it may even cause them to give you the job: he cites a baseball team who hired a woman for a public relations job solely because she was the only one out of 35 job hunters interview who sent them a thank-you note. And, if you don’t get the job, suggests Mr. Bolles, it gives you a chance to ask them for further leads that they may hear of from other colleagues who might need someone with your skills.

b. Call back within the time period discussed, or within 10 days.
ASKING GOOD QUESTIONS

The questions listed below will help keep you from drawing a blank when the interviewer says, “Do you have any questions?” Jot down the ones that are particularly relevant to your needs. Although many are relevant only for hospital positions, others will apply in any work setting.

**Organization of the nursing staff**
- Is management centralized or decentralized?
- What is the role of the director of nursing?
- What is the size of the unit?
- What’s the ratio of patients to nurse from shift to shift?
- What’s the ratio of RNs to LPNs and nursing assistants?
- What are the roles of the LPNs and nursing assistants?
- How much clerical and housekeeping help is available?
- What support services (IV team, code team, EKG techs, and so forth) are available?

**Orientation for new nurses**
- Do you have a New Grad Program?
- What does orientation include and how long does it last?
- Will I receive full salary during orientation?
- Where are new graduates usually assigned?

**Nursing practices**
- How would you describe your nursing philosophy?
- If it’s set forth in writing, may I see a copy?
- How much physician coverage is there at night and on weekends?
- How much individual responsibility and autonomy do nurses have on nursing procedures?
- What type of care delivery system do you use – team, primary, modular, or case management? On all shifts?
- Do nurses have eight, 10-, 12-, or 24 hours accountability?
- What is the procedure for transferring from one unit or shift to another?

**Prospects for advancement**
- How will my performance be evaluated? By whom? How often?
- Is there a career ladder? What is the pay difference at each step?
- Do you often promote from within?
- Do you pay extra for specialty certification and further education?
- Is certification recommended or required for advancement?

**Educational Opportunities**
- What in-service programs are available?
- Is there a nursing library?
- How can I earn CEUs here?
- How much time off is allowed for workshops, seminars, and meetings?
- Is there a college with a nursing program nearby?
- Do you offer tuition reimbursement for job-related study?

**Working Conditions**
- What is the schedule of a normal workweek?
- How often is rotation required?
- How often are nurses expected to float? How often is overtime necessary?
- How many weekends a month do most nurses work?
- Is there a contract of employment? May I read it?
- What measures are taken when a unit is short-staffed?
- Is staff parking available? A cafeteria? Child-care facilities? Staff health service?
Salary and Benefits
What is the salary (or salary range) for this job?
Do you give cost-of-living increases?
What are the shift differentials?
How many days of paid vacation will I get the first year? In later years?
Can vacation days be accumulated from year to year?
Can unused sick leave be added to vacation time?
How much of a discount do I receive on medications and inpatient care?
What is your policy on maternity leave?
What kind of insurance and retirement benefits do you provide?
Is malpractice coverage provided?

Community
About how much will I have to pay to rent an apartment (or buy a home) in this area?
Is the hospital accessible by public transportation?

Adapted from:
- “Ace the All-Important Interview.” RN, 1999
- “Nursing Opportunities,” Medical Economics, 1999.
FACTORS CONTRIBUTING TO A NEGATIVE IMPRESSION THAT MAY LEAD TO REJECTION

Nervous Mannerisms:
- Limp handshake
- Slouching in your chair
- Fidgeting
- Avoiding eye contact
- Cracking your knuckles, playing with your hair

Lack of Self-confidence:
- Continuously being self-critical
- Downplaying your achievement or abilities
- Speaking too softly
- Giving one word answers
- Giving vague or extremely hesitant answers
- Lack of, or poorly defined, career goals

Inconsiderateness Toward Other People:
- Lack of courtesy to the receptionist or any other people, in any position, that you encounter during the hiring process
- Failure to be on time
- Expressing extreme criticism of previous employers, colleagues, or places of work
- Constant interrupting
- Failure to turn cell-phones and beepers off or to silent mode

Unacceptable Personal Values:
- Signs of dishonesty or lying, on your resume, or in the interview (e.g., being evasive about past jobs, making excuses for poor job history or performance, showing a lack of knowledge in field of specialization)
- Signs of irresponsibility or a tendency to goof off
- Exhibiting arrogance, conceit, or an attitude of superiority
- Demonstrating excessive aggressiveness—being over-bearing or demanding
- Tardiness, failure to keep commitments or appointments
- Failure to follow instructions (e.g., in an application) or to obey rules
- Signs of constant complaining or blaming others
- Laziness, lack of motivation
- Signs of instability
- Cynicism
- Complete lack of flexibility
- Overemphasis on money or benefits
- Demonstrating a sense of entitlement

Unacceptable/Inappropriate Appearance and Personal Habits:
- Inattention to personal hygiene, grooming, and appropriate dress. You should:
  - Be freshly bathed and wearing deodorant
  - Have clean teeth and fresh breath
  - Have clean, manicured fingernails
  - Have clean, trimmed, and well-coiffed hair
  - Be freshly shaved, or have a neat, trimmed beard
  - Wear only a moderate amount of make-up
  - Not wear tons of perfume or aftershave/cologne
  - Wear clean, pressed clothes and shoes in good repair
  - Be conservatively dressed in business attire
Interview Role Plays

1. You have submitted your resume and an application for a position as a new graduate nurse at a local hospital. With a classmate or friend, role play the conversation between a representative from the Human Resources/Personnel Department who telephones you to set up an initial interview. Practice asking the initial questions:

   a. “Can you tell me who I will be meeting with?”
   b. “What type of interview will it be?”
   c. “Approximately how long I will be there?”
   d. “Can you tell me a little more about the position?”

2. (In class) The representative from the Human Resources/Personnel Department at the hospital where you have submitted your application for what you believe is your “dream job” has set up an interview for you with the nurse manager. With a classmate, friend, or family member role play the interview. One of you should play the new graduate nurse applicant to the nursing unit where you are very interested in working, and the other should play the role of the Nurse Manager who is interviewing the applicant.

   As the new graduate nurse applicant:
   a. Prepare your “2-minute Introduction”
   b. Prepare some PARs/PIEs that address the way you handle conflict, errors, problem solve
   c. Utilize the “sandwich” technique to explain something difficult/unpleasant in your background; consider bringing the issue up with the interviewer
   d. Prepare how you will answer any illegal questions that you may be asked
   e. Select some questions from those listed below to ask the interviewer:
   - What kind of experience is usually expected of someone entering this specialty/field?
   - What essential qualities are you looking for in the person you hire for this position?
   - What are the 2 or 3 major skills that you feel are necessary to be successful on this unit?
   - Do you have a formal training program/New Grad Program
   - What does orientation include and how long does it last?
   - How would my performance be evaluated and how often?
   - Is there a career ladder?
   - Would you share with me your background and how you got into this area of specialization?
   - What is your nursing philosophy? What is your management style?
   - What type of nursing care delivery system do you use?
   - What are the qualifications/set of proficiencies for becoming a charge nurse?
   - At what point will I be expected to act as a charge nurse?
   - How are staffing levels determined? What measures are taken when the unit is short-staffed?
   - What is the ratio of nurses to patients?
   - How often is overtime necessary?
   - How often are nurses expected to float?
   - What support staff are available?
   - Do you pay extra for specialty certification or further education?
   - What in-service education programs are available?
   - How much time off is allowed for workshops, seminars and meetings?
   - Do you offer tuition reimbursement for job related study?
   - Can you tell me about the salary schedule and benefit package?
   f. End the interview:
   - Ask for the job! “Given my background/experience, do you feel you can consider me for this job?”
   - Ask when they will make their decision, and if it is alright for you to contact them at the end of that time.
   - Ask if there is anyone else that you might contact or if there are positions in any other departments for which the interviewer feels you might be qualified.
   - Reiterate your interest.
   - Thank them for their time/interview/interest
As the Nurse Manager who is interviewing the applicant:

a. Select from the list of questions below to ask applicant:
   - “Tell me a little about yourself.”
   - “Why made you decide to change careers?”
   - “Why did you decide to become a nurse?”
   - “What do you like most about nursing?”
   - “What do you like least about nursing?”
   - “What is your nursing philosophy?”
   - “What do you feel are your strengths?”
   - “What are your weaknesses?”
   - “Why do you want to work here? What do you know about this organization? “Why would you like to work here?”
   - “Tell me about a time when you managed conflict successfully”
   - “How do you deal with stress and deadlines?”
   - “Can you describe a situation in which you made a mistake or an error at work “and how you handled it?
   - “Describe an example of a time when you had to solve a problem”
   - “Can you give me an example of a time you had to interact with an unhappy client or family member and how you handled it?”
   - “What do you hope to be doing in 5 years?”
   - “I notice there are some large gaps in your work history. How do you account for that?”
   - “Why did you leave your last job?”
   - “Have you ever been fired?”

b. Also, include a few illegal questions such as:
   - “Are you married?”
   - “How many kids do you have?”
   - “What are your childcare arrangements?”
   - “How old are you?”
   - “Where were you born?”
   - “Are you a US citizen?”
   - “What religious holidays do you celebrate?”

3. You have completed your interview. Write a thank you letter:
   a. after what you feel was a successful interview for a job that you want.
   b. after an interview in which you were turned down for the job.
   c. after an interview for a job that you want in which you said something stupid that you would like to correct.
TOPIC: Advocacy and Political Activism

Student Outcome Learning Objectives:

On completion of this unit of study, the student will be able to:

1. Explain why it is important for nurses to understand and become active in the political process.
2. List four levels of political involvement.
3. Discuss how a bill becomes law.
4. Identify the major committees at the federal level that influence health policy.
5. Identify four points at which nurses can influence a bill.
6. Give examples of recent healthcare legislation that has affected you, your family, or friends.
7. Give examples of how nurses can and have become politically involved.
8. Describe some tactics for political action.

Learning Activities:

   • Chapter 1: Evolution of Professional Nursing
   • Chapter 2: The Contemporary Image of Professional Nursing
   • Chapter 12: Workforce Advocacy and the Nursing Shortage
   • Chapter 21: Health Policy and Politics: Get Involved!

2. Visit the California Nurses Association website http://www.calnurses.org/legislative_advocacy/
   a. Select from the menu Legislative Advocacy. Review the state and national bills they are sponsoring, supporting, opposing, and watching.
   b. Select from the menu Research.
      ii. Review the article “IHSP California Healthcare: Sicker Patients, Fewer RNs, Fewer Staffed Beds” 1999.
      iii. Read shorter background about AB 394, the California Safe Staffing Law in:

3. Attend class
4. Attend ANA/C RN Lobby Days in Sacramento
5. Write a one page letter to a local, state or national legislator about a health policy issue that concerns the nursing profession. The letter can also be written to the editor of a newspaper or magazine. The letter must be written in a typed formal business letter style. Include your address and the recipient’s address. Refer to the Guidelines for the Assignment on Writing a Political Letter, and follow the format. Include a stamped and addressed envelope.
   • Caveat: Do not confuse the local county Board of Supervisors, with the State Legislature (the California State Assembly and the California State Senate) or the US Congress in Washington, DC (the US House of Representatives and the US Senate). Errors that have been made by students in the past include:
     o Urging a State legislator to join a US Congressional Caucus
     o Urging a US Representative from California, the Speaker of the US House of Representatives, Nancy Pelosi, to support a bill that is before the California State Senate
     o Urging US Senator from California Dianne Feinstein to support a bill before the California State Senate
     o Urging California State Senator Carol Migden to support a bill before the US House of Representatives
     o Typing the inside address on the letter: “(full name) Editor of IJ (in handwriting) (Address) (City & State)”
     o Typing a letter which has a handwritten date, no inside addressee name or address, and no contact information for the writer and writing “Dear ----“ (blank) to an official that the instructor is supposed to figure out and telling the instructor that the student wasn’t entirely clear on the assignment.
- Addressing a letter about a bill before the California State Legislature to Marin County Supervisor Susan Adams
- Urging the California legislator who introduced the bill to support it
- Addressing a letter to a State legislator representing a Southern California district rather than the legislator representing the writer’s own district
- Not actually signing the letter, just typing the sender’s name
- Urging the governor of the State of California to support a California State Senate bill, rather than urging the governor to sign a bill that has passed the California State Senate and is awaiting his signature.

In writing this political letter, you are representing yourself as a future member of the nursing profession who not only cares about improving health care and advocating for the public and the nursing profession, but who has knowledge that may be helpful to legislators. As such, it is important that you appear astute, educated, and well-informed about the nursing profession, health care, health care policy, and government. In considering the merit of numerous writers with disparate opinions, each of whom is advocating for different occupations/professions and approaches, the only thing the legislator may have on which to base a decision is a first impression—in this case the quality of your writing and your presentation of the issues. Making these and other serious types of error of commission or omission will result in 1) a reduction in your grade and 2) the requirement that you do the assignment over again (you will not be able to improve your grade, however).
BUSINESS AND PROFESSIONS CODE

SECTION 2859-2873.7

2859. The practice of vocational nursing within the meaning of this chapter is the performance of services requiring those technical, manual skills acquired by means of a course in an accredited school of vocational nursing, or its equivalent, practiced under the direction of a licensed physician, or registered professional nurse, as defined in Section 2725 of the Business and Professions Code.

A vocational nurse, within the meaning of this chapter, is a person who has met all the legal requirements for a license as a vocational nurse in this State and who for compensation or personal profit engages in vocational nursing as the same is hereinabove defined.

2860. This chapter confers no authority to practice medicine or surgery or to undertake the prevention, treatment, or cure of disease, pain, injury, deformity, or mental or physical condition in violation of any provision of law.

2860.5 A licensed vocational nurse when directed by a physician and surgeon may do all of the following:

(a) Administer medications by hypodermic injection.

(b) Withdraw blood from a patient, if prior thereto such nurse has been instructed by a physician and surgeon and has demonstrated competence to such physician and surgeon in the proper procedure to be employed when withdrawing blood, or has satisfactorily completed a prescribed course of instruction approved by the board, or has demonstrated competence to the satisfaction of the board.

(c) Start and superimpose intravenous fluids if all of the following additional conditions exist:

(1) The nurse has satisfactorily completed a prescribed course of instruction approved by the board or has demonstrated competence to the satisfaction of the board.

(2) The procedure is performed in an organized health care system in accordance with the written standardized procedures adopted by the organized health care system as formulated by a committee which includes representatives of the medical, nursing, and administrative staffs. “Organized health care system,” as used in this section, includes facilities licensed pursuant to Section 1250 of the Health and Safety Code, clinics, home health agencies, physician’s offices, and public or community health services. Standardized procedures so adopted will be reproduced in writing and made available to total medical and nursing staffs.

2860.6 (a) A licensed vocational nurse, acting under the direction of a physician may perform: (1) tuberculin skin tests, coccidioidin skin test, and histoplasmin skin test, providing such administration is within the course of tuberculosis control program, and (2) immunization techniques, providing such administration is upon standing orders of a supervising physician, or pursuant to written guidelines adopted by a hospital or medical group with whom the supervising physician is associated.
(b) The supervising physician under who direction the licensed vocation nurse is acting pursuant to subdivision (a) shall require such nurse to:

1. Satisfactorily demonstrate competence in the administration of immunizing agents, including knowledge of all indications and recognition and treatment of any emergency reactions to such agents which constitute a danger to the health or life of the person receiving the immunization; and

2. Possess such medications and equipment as required, in the medical judgment of the supervising physician and surgeon, to treat any emergency conditions and reactions caused by the immunizing agents and which constitute a danger to the health or life of the person receiving the immunization, and to demonstrate the ability to administer such medications and to utilize such equipment as necessary.

(c) Nothing in this section shall be construed to require physical presence of a directing or supervising physician, or the examination by a physician of person to be tested or immunized.

Source: [http://www.bvnpt.ca.gov/bnpvn.htm](http://www.bvnpt.ca.gov/bnpvn.htm) (Last accessed 1/03)
TOPIC: Current Issues and Trends in Nursing

Student Outcome Objectives:

On completion of this class, the student will be able to:

1. Describe a current issue or trend affecting health care and/or nursing education or practice
2. Develop talking points on a selected issue affecting health care and/or nursing education or practice to effectively advocate for healthcare and nursing with members of the public

Learning Activities:

1. Working as a group (4-6 students) visit a nursing or healthcare website or use nursing or healthcare journals to research a health care or nursing topic of interest to you.

Because this is a course on nursing management issues and skills, ethical issues, legal issues, leadership and political issues, the intent of this assignment is to have students select an issue that is a problem for nursing and/or healthcare and to propose a remedy—especially a policy change (at the institutional, local, state, national, or international level), or to discuss a trend/change in nursing and/or healthcare, how it is or will effect nursing and/or healthcare, and strategies and considerations for coping effectively.

Suggested Websites:
American Nurses Association http://www.nursingworld.org/
American Nurses Association/California http://www.anacalifornia.org/
California Nurses Association http://www.calnurse.org/
National League for Nursing http://www.nln.org/

Possible topics:
• Labor/economic and general welfare issues, e.g., nursing salaries, benefits and working conditions; the case for or against nursing unions/collective bargaining; mandatory overtime; RN to patient ratios; retirement; issues related to recent Bay Area nursing strikes; stress and burnout
• Patient safety issues, e.g., findings and responses to any of the Institute of Medicine Reports; measures to reduce morbidity and mortality in American Health Care;
• Health care policy issues, e.g., the case for or against universal health care coverage; an analysis of Governor Schwarzenegger’s health insurance proposal; SB 840 (Kuehl) Single Payer Health Coverage Bill; the Massachusetts health care plan; the Republican and Democratic healthcare proposals; the US HR 676 (Conyers) National Health Insurance Act bill, issues related to meeting the healthcare needs of American veterans and returning military service men and women
• Environmental health and safety issues, e.g., workplace infection exposures; “Green hospitals;” medical waste; ergonomics/back injuries/no lift policies
• Disaster Planning and Management, e.g., anticipated threats and recommendations for preparedness; work release legislation for nurses to respond to disasters;

2. Write a brief (4-5 page) essay on the health care or nursing topic/issue of interest to you that your researched using the following format:

• Describe the issue and give a summary of the background.
• Describe why this issue is important to you.
• Describe the impact this issue will have/has had on healthcare and/or nursing practice.
• Describe possible solutions to the issue. BE SPECIFIC! Possible solutions include education, advocacy, politics, changing nursing practice, changing hospital policies, or through enacting new legislation.
• Document your sources of information.
• Have all participating members sign the report.
3. Using your paper as a guide, prepare and give a presentation to the class of a maximum of 10 minutes. One or more of the members of the group may make the presentation. Consider the use of aids such as handouts, pictures/video clips, PowerPoints, etc.
TOPIC: Emergency Response Planning and Disaster Management

Student Learning Outcome Objectives:

On completion of this class, the student will be able to:

1. Define and distinguish between disasters and mass casualty incidents
2. Describe the four phases of emergency management: preparedness, response, recovery and mitigation.
3. Identify possible threats and their potential impact on the general public, emergency medical system (EMS), and the health care community.
4. Describe key aspects of a community preparedness program
5. Describe the interaction between local, state, and federal emergency response systems.
6. Describe the all hazards approach to emergency preparedness and response
7. Explain the purpose and function of incident management systems, including HICS
8. Demonstrate knowledge related to personal protection and safety, including the levels and indications for Personal Protective Equipment (PPE) and why PPE takes precedence over other incident issues
9. Use an ethical and nationally approved framework to support decision-making and prioritizing needed in disaster situations.
10. Explain normal hospital triage and the paradigm shift that occurs in disaster triage and mass casualty incidents
11. Communicate effectively with individuals and groups using correct emergency preparedness terminology and principles of risk communication during mass casualty incidents.
12. Describe some of the lessons learned from recent mass casualty incidents
13. Identify the most appropriate or most likely health care role for oneself during a MCI
14. Identify possible indicators of a mass exposure
15. Demonstrate the ability to access up-to-date information regarding selected nuclear, biological, chemical, explosive, and incendiary agents
16. Understand the importance of participating in drills.

Learning Activities:

   • Chapter 14: Emergency Preparedness and Response for Today’s World
2. Access the following websites:
   - http://www.72hours.org/
   - http://bepreparedcalifornia.ca.gov/EPO/
   - http://www2.nursingsociety.org/education/case_studies/cases/SP0004.html#response
   - http://www.nursing.vanderbilt.edu/incmce/modules.html
   - http://webapps.nursing.vanderbilt.edu/incmcemodules2/main.html#progress
International Nursing Coalition for Mass Casualty Education (INCMCE)

COMPETENCIES FOR ENTRY-LEVEL REGISTERED NURSES RELATED TO MASS CASUALTY INCIDENTS

CORE COMPETENCIES

I. Critical Thinking

1. Use an ethical and nationally approved framework to support decision-making and prioritizing needed in disaster situations.

2. Use clinical judgment and decision-making skills in assessing the potential for appropriate, timely individual care during a mass casualty incident.

3. Use clinical judgment and decision-making skills in assessing the potential for appropriate, individual ongoing care after a mass casualty incident.

4. Describe at the pre-disaster, emergency and post-disaster phases the essential nursing care for:
   • individuals,
   • families,
   • special groups, e.g. children, elderly, pregnant women; and
   • communities.

5. Describe accepted triage principles specific to mass casualty incidents, e.g. the START or Simple Triage and Rapid Treatment System.

II. Assessment

A. General

1. Assess the safety issues for self, the response team, and victims in any given response situation in collaboration with the incident response team.

2. Identify possible indicators of a mass exposure (i.e., clustering of individuals with the same symptoms.

3. Describe general signs and symptoms of exposure to selected chemical, biological, radiological, nuclear, and explosive agents (CBRNE).

4. Demonstrate the ability to access up-to-date information regarding selected nuclear, biological, chemical, explosive, and incendiary agents.

5. Describe the essential elements included in a mass casualty incident (MCI) scene assessment.

6. Identify special groups of patients that are uniquely vulnerable during a MCI, e.g. the very young, aged, immunosuppressed.

B. Specific

1. Conduct a focused health history to assess potential exposure to CBRNE agents.

2. Perform an age-appropriate health assessment, including:
   • airway and respiratory assessment,
   • cardiovascular assessment, including vital signs and monitoring for signs of shock,
   • integumentary assessment, particularly a wound, burn, and rash assessment,
   • pain assessment,
   • injury assessment from head to toe,
   • gastrointestinal assessment, including stool specimen collection,
   • basic neurological assessment,
   • musculoskeletal assessment, and
   • mental status, spiritual, and emotional assessment.

3. Assess the immediate psychological response of the individual, family, or community following a MCI.
4. Assess the long-term psychological response of the individual, family, or community following a MCI.
5. Identify resources available to address the psychological impact, e.g. Critical Incident Stress Debriefing (CISD) teams, counselors, Psychiatric/Mental Health Nurse Practitioners (P/MHNPs).
6. Describe the psychological impact on responders and health care providers.

III. Technical Skills

1. Demonstrate safe administration of medications, particularly vasoactive and analgesic agents, via oral (PO), subcutaneous (SQ), intramuscular (IM), and intravenous (IV) administration routes.
2. Demonstrate the safe administration of immunizations, including smallpox vaccination.
3. Demonstrate knowledge of appropriate nursing interventions for adverse effects from medications administered.
4. Demonstrate basic therapeutic interventions, including:
   - basic first aid skills,
   - oxygen administration and ventilation techniques,
   - urinary catheter insertion,
   - naso-gastric tube insertion,
   - lavage technique, i.e. eye and wound, and;
   - initial wound care.
5. Assess the need for and initiate the appropriate CBRNE isolation and decontamination procedures available, ensuring that all parties understand the need.
6. Demonstrate knowledge and skill related to personal protection and safety, including the use of Personal Protective Equipment (PPE) for:
   - Level B protection,
   - Level C protection, and
   - Respiratory protection.
7. Describe how nursing skills may have to be adapted while wearing PPE.
8. Implement fluid/nutrition therapy, taking into account the nature of injuries and/or agents exposed to and monitoring hydration and fluid balance accordingly.
9. Assess and prepare the injured for transport, if required, including provisions for care and monitoring during transport.
10. Demonstrate the ability to maintain patient safety during transport through splinting, immobilization, monitoring, and therapeutic interventions.

IV. Communication

1. Describe the Incident Command System (ICS) during a MCI.
2. Identify your role, if possible, within the ICS.
3. Identify possible indicators of a mass exposure.
4. Discuss security and confidentiality during a MCI.
5. Demonstrate appropriate emergency documentation of assessments, interventions, nursing actions and outcomes during and after a MCI.
6. Identify appropriate resources for referring requests from patients, media, or others for information regarding MCIs.
7. Describe principles of risk communication to groups and individuals affected by exposure during a MCI.
8. Identify reactions to fear, panic and stress that victims, families, and responders may exhibit during a disaster situation.
9. Describe appropriate coping strategies to manage self and others.
CORE KNOWLEDGE

I. Health Promotion, Risk Reduction, and Disease Prevention

1. Identify possible threats and their potential impact on the general public, emergency medical system (EMS), and the health care community.

2. Describe community health issues related to CBRNE events, specifically limiting exposure to selected agents, contamination of water, air, and food supplies, and shelter and protection of displaced persons.

II. Health Care Systems and Policy

1. Define and distinguish the terms disaster and mass casualty incident (MCI) in relation to other major incidents or emergency situations.

2. Define relevant terminology, including:
   - CBRNE,
   - WMD,
   - Triage,
   - Incident Command System (ICS),
   - PPE,
   - scene assessment
   - comprehensive emergency management.

3. Describe the four phases of emergency management: preparedness, response, recovery and mitigation.

4. Describe the local emergency response system for disasters.

5. Describe the interaction between local, state and federal emergency response systems.

6. Describe the legal authority of public health agencies to take action to protect the community from threats, including isolation, quarantine, and required reporting and documentation.

7. Discuss principles related to a MCI site as a crime scene, e.g. maintaining integrity of evidence, chain of custody.

8. Recognize the impact MCIs may have on access to resources and identify how to access additional resources, e.g. pharmaceuticals, medical supplies.

III. Illness and Disease Management

1. Discuss the differences/similarities between an intentional biological attack and that of a natural disease outbreak.

2. Assess, using an interdisciplinary approach, the short term and long term effects of physical and psychological symptoms related to disease and treatment secondary to MCIs.

IV. Information and Health Care Technologies

1. Demonstrate use of emergency communication equipment that you will be required to use in a MCI response.

2. Discuss the principles of containment and decontamination.

3. Describe procedures for decontamination of self, others, and equipment for selected CBRNE agents.

V. Ethics

1. Identify and discuss ethical issues related to CBRNE events:
   - Rights and responsibilities of health care providers in MCIs, e.g. refusing to go to work or report for duty, refusal of vaccines.
   - Need to protect the public versus an individual’s right for autonomy, e.g. right to leave the scene after contamination.
   - Right of the individual to refuse care, informed consent.
   - Allocation of limited resources.
   - Confidentiality of information related to individuals and national security.
Use of public health authority to restrict individual activities, require reporting from health professionals, and collaborate with law enforcement.

2. Describe the ethical, legal, psychological, and cultural considerations when dealing with the dying and or the handling and storage of human remains in a mass casualty incident.

3. Identify and discuss legal and regulatory issues related to:
   - abandonment of patients;
   - response to a MCI and one’s position of employment; and
   - various roles and responsibilities assumed by volunteer efforts.

VI. Human Diversity
1. Discuss the cultural, spiritual, and social issues that may affect an individual’s response to a MCI.
2. Discuss the diversity of emotional, psycho-social and socio-cultural responses to terrorism or the threat of terrorism on one’s self and others.

PROFESSIONAL ROLE DEVELOPMENT
1. Describe these nursing roles in MCIs:
   - Researcher,
   - Investigator/epidemiologist,
   - EMT or First Responder,
   - Direct care provider, generalist nurse,
   - Direct care provider, advanced practice nurse,
   - Director/coordinator of care in hospital/nurse administrator or emergency department nurse manager,
   - On-site coordinator of care/incident commander,
   - On-site director of care management,
   - Information provider or educator, particularly the role of the generalist nurse,
   - Mental health counselor, and
   - Member of planning response team.

2. Identify the most appropriate or most likely health care role for oneself during a MCI.
3. Identify the limits to one’s own knowledge/skills/abilities/authority related to MCIs.
4. Describe essential equipment for responding to a MCI, e.g. stethoscope, registered nurse license to deter imposters, packaged snack, change of clothing, bottles of water.
5. Recognize the importance of maintaining one’s expertise and knowledge in this area of practice and of participating in regular emergency response drills.
6. Participate in regular emergency response drills in the community or place of employment.
Ten Critical Steps for Handling Possible Bioterrorism Events

http://bepreparedcalifornia.ca.gov/EPO/

1. *Maintain an Index of Suspicion*

In an otherwise healthy population, some associations are very suggestive, especially when seen in clusters, high numbers or unusual presentations.

- Hemoptysis: Plague
- Flaccid Paralysis: Botulism
- Purpura: Viral Hemorrhagic Fevers (VHF)
- Wide Mediastinum: Anthrax
- Centripetal* Rash: Smallpox

*Rash more abundant on face and extremities

2. *Protect Yourself and Your Patients*

Use appropriate personal protection equipment (PPE). For smallpox, triage and evaluate patient in an isolation room; wear an appropriate respirator (N-95 or higher).

3. *Adequately Assess the Patient*

Review and assess the patient’s history. Also, ask:

- Are others ill?
- Has the patient been traveling?
- Were there any unusual events?
- What is the patient’s immunization record?
- Was there a possible contaminated food item?
- What is the patient’s occupation?
- Was there vector exposure?

Perform a physical examination with special attention to the respiratory system, nervous system, skin condition and hematologic and vascular status.

4. *Decontaminate as Appropriate*

Do not use bleach on exposed people. Soap, water and shampoo are perfectly adequate for all biological and most chemical agents. Chemically contaminated clothes should be removed and discarded safely. Biologically contaminated clothes can be laundered with soap, water and, perhaps, bleach.

5. *Establish a Diagnosis*

Think clinically and epidemiologically; always send specimens for culture.

<table>
<thead>
<tr>
<th>Symptom (individuals)</th>
<th>Possible Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary</td>
<td>Anthrax, tularemia, plague, staph enterotoxin B (SEB)</td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>Botulism, Venezuelan equine encephalitis (VEE)</td>
</tr>
<tr>
<td>Bleeding/purpura</td>
<td>VHF, ricin, plague (late)</td>
</tr>
<tr>
<td>Rash (various types)</td>
<td>VHF, T2 mycotoxin, smallpox, plague</td>
</tr>
</tbody>
</table>
• Flu-like symptoms

**Immediate Symptoms**

(Possible Diagnosis)

(large numbers)

Pulmonary

SEB, mustard, Lewiste, phosgene, cyanide

Neurologic

Nerve gases, cyanide

**Delayed Symptoms**

(Possible Diagnosis)

(large numbers)

Pulmonary

Biologic agents, mustard, phosgene

Neurologic

Botulism, VEE, other encephalitis

6. **Render Prompt Treatment**

- Doxycycline can be used to treat virtually everything (except virals or toxins) while awaiting lab results.
- Inhalational anthrax should be treated with two or more antibiotics, including doxycycline or ciprofloxacin plus one or more other antibiotics. Observe pediatric precautions as appropriate.
- Prophylaxis (antibiotics and/or vaccines) should be administered according to public health recommendations.

7. **Provide Good Infection Control**

Recommended isolation precautions (in addition to standard precautions) for biologic agents include:

- **Anthrax:** Contact precautions for cutaneous anthrax
- **Pneumonic Plague:** Droplet precautions; contact precautions if draining buboes present
- **Smallpox:** Airborne and contact precautions
- **Tularemia:** Contact precautions if lesions present
- **Viral Hemorrhagic Fevers:** Contact precautions; airborne precautions especially in late stages

8. **Alert the Proper Authorities**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBI</td>
<td>310-477-6565 (Los Angeles)</td>
</tr>
<tr>
<td></td>
<td>916-481-9110 (Sacramento)</td>
</tr>
<tr>
<td></td>
<td>858-565-1255 (San Diego)</td>
</tr>
<tr>
<td></td>
<td>415-553-7400 (San Francisco)</td>
</tr>
<tr>
<td>Municipal Police/County Sheriff</td>
<td>______________</td>
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<tr>
<td>California State Police</td>
<td>______________</td>
</tr>
<tr>
<td>County Health Department</td>
<td>______________</td>
</tr>
<tr>
<td>California State Health Department</td>
<td>916-445-4171</td>
</tr>
</tbody>
</table>
Local Emergency Medical Services Unit

Local Hospitals

Centers for Disease Control and Prevention

770-488-7100

9. Assist in Epidemiologic Investigations so as to Determine Who May be at Risk

Steps in an epidemiologic investigation:

- Count cases
- Relate to the at-risk population
- Make comparisons
- Develop hypotheses
- Test hypotheses
- Make inferences
- Conduct studies
- Interpret and evaluate

10. Know and Spread This Information

Information adapted from the New York State Department of Health.
Topic: Legal Issues Affecting Nursing Practice

Guest Speaker:
Laura Mahlmeister, R.N., Ph.D.
Consultant and President, Mahlmeister and Associates
Staff Nurse, Maternal-Newborn Division, San Francisco General Hospital

Student Learning Outcome Objectives:

On completion of this unit of study, the student will be able to:

1. Differentiate among the major categories of law on which nursing practice is established and governed.
2. Distinguish between intentional and unintentional torts and describe acts that constitute each.
3. Define negligence and malpractice, and outline the essential elements that must be proven to prove a claim of negligence or malpractice.
4. Describe the most frequent allegations of nursing negligence.
5. List examples of grounds for disciplinary action against nurses by state boards of nursing.
7. Discuss issues related to liability in health care—personal liability in situations involving floating, cross-training, acting as a team leader or manager, delegation and supervision; employer liability; corporate liability.
8. Discuss the issues related to the law and patient rights of advance directives, informed consent, the right to refuse treatment and care, and the use of restraints.

Learning Activities:

   • Chapter 8: Legal Issues in Nursing and Health Care
2. Read Mahlmeister Syllabus 2010: “Professional Accountability and Legal Liability”
3. Attend class and participate in the discussion