



INTER AMERICAN UNIVERSITY OF PUERTO RICO  
METROPOLITAN CAMPUS  
FACULTY OF SCIENCES AND TECHNOLOGY  
SCHOOL OF NURSING CARMEN TORRES DE TIBURCIO

---

## SYLLABUS

### I. GENERAL INFORMATION

|                         |   |  |
|-------------------------|---|--|
| Title of Course         | : | Practice Professional Intervention in the Life Cycle |
| Code and Number         | : | NURS 4911  |
| Credits                 | : | Three (3)  |
| Academic Term           | : |  |
| Professor               | : |  |
| Office Hours            | : |  |
| Office Telephone Number | : | 787-250-1912 x-2202                                  |
| Email address           | : |  |

### II. Course Description:

Application of the nursing process with emphasis on therapeutic and diagnosis reasoning for decision making in professional interventions. Emphasis on the levels of prevention for the management of human responses in the most common chronic dysfunctions. Integrated application of the principles and concepts of communication, health education, ethical-legal, research, leadership and management. Requires a total of 45 hours of clinical practice with the pediatric client and 45 hours with the adult client in diverse scenarios. Prerequisites: NURS 3100, 3115, 3120. Corequisites: NURS 3140 and 3190.

### III. Terminal Objectives

In the professional practice with clients through different life cycles, in a variety of health care settings, the student will:

1. Apply diagnostic and therapeutical skills in the continuity of care of the patient with the different life cycles to maintain integral functionality.
  - 1.1. Conducts a relevant assessment relevant to the health situation that the patient presents (focalized).
  - 1.2. Determines tendencies for health improvement, when comparing the actual data of the client with the previous collection and accepted standards.
  - 1.3. Establishes a relevant relation of the key fundamental data of scientific knowledge.
  - 1.4 Formulates the functionality or dysfunction of one or more patterns with key data.
  - 1.5 Formulates upon factors or patterns of risks.

- 1.6 Establishes diagnostic conclusions validated from the collection and analysis of data.
- 1.7 Utilize standard nursing language: NANDA
- 1.8 Established priorities using the accepted quality, client satisfaction guidelines and according to available resources.
- 1.9 Determines the expected results that reflect the expected answers to the performed interventions.
- 1.10 Established evidence indicator to obtain the expected health results
- 1.11 Determines nursing interventions according to expected results, cost effectiveness and scientific validation.
- 1.12 Determines specific and individualized nursing activities according to the client's situation.
- 1.13 Re-assesses patient for evaluation and expected results purposed, including the client and family.
- 1.14 Integrates modifications to the plan according to the results of the evaluation.
- 1.15 Uses standard nursing language: NIC, NOC
- 1.16 Demonstrates auto-reflection, auto evaluation and continuous application of the following critical thinking dispositions:
  - a. Changes opinions based on evidence.
  - b. Assumes and defends a based on fundamental basics.
  - c. Withholds judgment when the information is insufficient.

**NIC: (6610) Identification of risks**

- 1.17 Determines potential risk areas: (level of behavior, Basic necessities, compliance with medical and nurse treatment, financial resources, education, community, environment and others)
- 1.18 Prioritize for risk reduction.
- 1.19 Identify strategies/ identify risk management activities.
- 1.20 Initiates referrals for follow up.
  
- 1.21 Evaluates the patient's response to regular care intervals during the course of care; and when significant changes occur.
- 1.22 Selects appropriate indicators for continuous monitor (clinical assessment) based on the patients state of health.
- 1.23 Establishes frequency to estimate data and the interpretation according to the patient's state of health.
- 1.24 Detects deterioration or improvements on the state of health interpreting results.

- 1.25 Prioritizes actions according to the patient's state.
- 1.26 Initiates management to maintain parameters within the normal limits.
- 1.27 Teaches actions to maintain auto-monitoring.
- 1.28 Facilitates interdisciplinary services and follow up.

Investigation and health-illness:

2. Apply investigation findings and professional literature for continuous patient improvement and care with prevalent health situations, which require multiple resources and services to maintain the person's integral functionality throughout the different stages and life cycles.

- 2.1 Uses clinical guidelines and best practices of fundamental care with valid and current knowledge.
- 2.2. Evidence integration of technology and information with client care and professional clinical preparation.
- 2.3 Evidences the use of scientific literature and investigation, to fundament diagnostic and therapeutic reasoning to support conclusions and beliefs.
- 2.4 Applies current clinical knowledge to health problems of patients with high-risk incidents and prevalence through the different cycles of life.

3. Communicates written and orally effectively with the clients and other care providers to influence positively patient care and evidence best practices of care.

- 3.1 Uses therapeutic communication techniques with all client/family/other interactions. Such as: ask open questions, listen, demonstrate empathy, permits emotional expressions, observe and interprets body language, stimulates the patient to ask questions and obtain feedback.
- 3.2 Uses terminology understood by the patient and family according to the health literacy level.
- 3.3 Educates the patient to involve himself with self-care.
- 3.4 Stimulates patient to consult with doubts or concerns with any aspect of the care offered and makes use of the health professionals as a source of information about their condition and treatment options.
- 3.5 Use JCAHO guide of non-accepted abbreviations as a guide for documentation.
- 3.6 Follows the established clinical guidelines of the institution for verbal order abbreviations, labeling, documentation and critical value alerts.
- 3.7 Communication is complete, clear, brief and timely.
- 3.8 Uses SBAR as a communication tool with care providers.

#### **NIC: (7920) Documentation**

3.9 Documents accurately relevant data; assessment, educational needs, nursing diagnosis, collaborative and validation problems, relevant nursing interventions, patient/family responses,

care plans, quality standards and clinical guidelines, continuous monitoring and or deviations from expected result care.

3.10 Reports all entries as soon as possible.

3.11 Writes objective, clear and exact notes.

3.12 Uses professional vocabulary and good orthography.

3.13 Documents client care standards, guidelines and nursing language.

4. Advocates humanitarian attention for the client considering the family, cultural background and ethical and legal standards to preserve patient dignity.

#### **NIC 7330 Cultural mediation**

4.1 Determines values, beliefs and cultural practices, which influence health behavior.

4.2 Promotes discussion of cultural differences and similarities.

4.3 Promotes patient care and family integration.

4.4 Promotes education/information to family members.

4.5 Incorporates culturally sensitive interventions and preferences, values and patient/family priorities.

4.6 Communicates these cultural uniqueness to the team for follow up.

#### **NIC: (5420) Spiritual support**

4.7 Does spiritual assessment using acceptable methods.

4.8 Stimulates religious participation according to patient's beliefs.

4.9 Facilitates resources for spiritual support.

4.10 Facilitates practices and expressions such as meditations, prayers and other as spiritual support.

5. Applies and individualizes safe and effective therapeutic interventions within a disease prevention scope; patient health care promotion, maintenance and restoration life cycle continuity.

#### **NIC: (2300) Administration of medications (security emphasis and evaluation component)**

5.1 Monitors in patients: SV and pertinent diagnostic tests, before the administration of medication.

5.2 Monitors patient's therapeutic actions, adverse effects, toxicity and possible medication interactions.

5.3 Uses procedures, applicable institution protocols when administering and following up.

5.4 Offers patient-family care education, before, during and after therapy.

5.5 Documents medication error prevention strategies focused in adult and pediatric security.

### **NIC: (7370) Discharge summary**

- 5.6 Identifies teaching needs for follow up after discharge.
- 5.7 Develops a plan to attend to these needs.
- 5.8 Collaborates with the doctor and other providers to assure a timely discharge.
- 5.9 Formulates health maintenance and tracking.

### **NIC: (5606) Patient teaching: adult and pediatric**

- 5.10 Assesses factors that influence learning and level of health literacy teaching.
- 5.11 Focus and prioritizes patient/client concerns, interests and specific needs.
- 5.12 Identifies learning objectives, considering mutual and realistic goals.
- 5.13 Appropriate patient education objectives, culture, values, level of growth and financial capacity strategies.
- 5.14 Evaluates if the objectives were achieved after every teaching session.
- 5.15 Refers or contacts patient/client with other sources that can assist or follow up.
- 5.16 Stimulates active participation of patient/family.
- 5.17 Provides sources to improve health literacy.
- 5.18 Orients patient to make three key questions of [www.AskMe3.org](http://www.AskMe3.org)

### **NIC (8272 ó 8274) Promotes child/adolescent development**

- 5.19 Identifies special health needs or problems relevant to their stage.
  - 5.20 Provides health guides, appropriate immunizations and expected development outcome according to age.
  - 5.21 Facilitates client or parent decision making to promote development and health.
  - 5.22 Monitors expected values of diagnostic tests and treatment within appropriate timing.
  - 5.23 Refers to resources for follow up, group support and other related communities.
6. Will demonstrate leadership and health manager skills effectively:
- *Coordinate group patient care to balance costs and quality.*

### **NIC: (7830) Personnel supervision**

- 6.1 Uses problem solution skills according to the situation.
- 6.2 Uses motivational strategies to maintain enthusiasm within subordinates.
- 6.3 Shares evaluation methods or tools with team.
- 6.4 Advices how to improve performance with supervised personnel.
- 6.5. Starts corrective actions appropriately.

6.6 Establishes a time frame for desired behavior changes.

6.7 Understands the importance of managing resources and the delegation process as a skill in a leader when working in a team.

6.8 Evaluates tasks delegated according to personnel competencies and training.

- a. Explains delegated tasks and makes sure they were understood.
- b. Follow ups on a regular basis to evaluate the progress of delegated tasks.
- c. Discusses privately the results.

6.9 Obtains information for concerns in regards to patient care, work environment and other relevant areas.

- *Maintain effective teamwork that will offer efficient and appropriate care.*

6.10 Behavior is distinguished with the characteristics of a leader, which allow effectiveness and influence, such as sociability, kindness, very high ethical consciousness, emotional stability and open to experiences.

6.11 Displays expected behavior of a leader within a team, such as conscious of a contextual situation, effective communication, mutual support environment, effective delegation and expected role model behavior from peers.

6.12 Combines leadership style and management according to the situation. (Authoritarian, democratic, permissive, managerial, goal oriented, support, participation, and task oriented, relations, etc.)

6.13 According to the purpose and the different types of meetings (brief, huddle, debrief), as stated in the TeamSteps model, facilitates sharing information with members of the team.

6.14 Promotes collaboration with members of the work team.

6.15 As a leader and clinical personnel communicates and places patient security as a teamwork goal.

6.16 Implements actions to protect the members of the team from situations that can increase risk errors and reduce effectiveness, such as work overload, fatigue associated with personal or work causes, clinical incompetence, distractions and others.

6.17 Demonstrates responsibility and commitment with the team's purposes.

6.18 Maintains a leader-student vision within the group and in the assigned area.

6.19. Auto-evaluates competencies and areas of improvement.

6.20 In conflictive situations:

- a. Uses problem solution methods, shared decision making.
- b. Uses effective communication strategies in moments of conflict (CUS, DESC-IT, assertive declaration)
- c. Maintains respect, common sense and moderation with interpersonal relationships.

- d. Asks for expert help, professor.
- e. Maintains in perspective the group's goals.
- *Advocates for planned changes, which will permit superior health, result achievements.*

**NIC: (7800) Quality monitoring**

- 6.21. Identifies areas of opportunities, using quality practice and care standards.
- 6.22. Collects and analyses data using appropriate methods.
- 6.23. Uses pre-established quality expected indicators for revisions as needed for appropriate changes.
- 6.24. Interprets the implications and trends for quality improvement.
- 6.25. Recommends changes to the practice based on results and consults with involved personnel to develop action plans.

**IV. CONTENT**

| TOPIC                                | CONTENT  |
|--------------------------------------|--|
| Nursing process                      | Diagnostic and therapeutic reasoning<br>Standardized language<br>Medication administration   |
| Risk identification                  | <ul style="list-style-type: none"> <li>• Assessment instruments</li> <li>• Focalized assessment instruments based on grow and development stages</li> <li>• Quality indicators</li> <li>• National Safety Goals</li> </ul>   |
| Clinical Surveillance                | <ul style="list-style-type: none"> <li>• Therapeutic communication techniques</li> <li>• Communication with Special needs</li> <li>• Documentation</li> <li>• Therapeutic interventions focus by the nursing professional</li> <li>• Medication Administration</li> <li>• Discharge planning</li> <li>• Patient education</li> </ul> |
| Research and health- disease process | <ul style="list-style-type: none"> <li>• Clinical guidelines of problems and health situations prevailing stage of growth and development.</li> <li>• Use bibliographic, internet validity, and reliable references.</li> <li>• Quality Improvement</li> </ul>   |
| Humanitarian attention               | <ul style="list-style-type: none"> <li>• Family integration</li> <li>• Incorporation of client, and family human and cultural values</li> <li>• Incorporation of ethical and legal concepts</li> </ul>   |

|                |  |
|----------------|--|
|                | <ul style="list-style-type: none"> <li>• Spirituality care</li> </ul>  |
| Leader/Manager | <ul style="list-style-type: none"> <li>• Care coordinator</li> <li>• Case management</li> <li>• Methods of organization of care</li> <li>• Personnel supervision</li> <li>• Delegation</li> <li>• Effective team</li> <li>• Leadership and Management skills</li> <li>• Conflict management</li> </ul> |

## V. ACTIVITIES

1. Assigns patients.
2. Selection of patients in the different stages of growth and development.
3. Selection of situations and health problems that have a high incidence in PR, pertinent to the stage of growth and development of the patient.
4. Assignment of nurse/preceptor in the practice area.
5. Rotate in the different practice scenarios of adult and children/adolescent patients.
6. Designate leaders in case management cases and peer supervision.
7. Develop a clinical portfolio as the course develops.
8. Work in small groups to develop quality monitoring.
9. Pharmacological study on High Alert Medications and their relation with the assigned patient's condition and response.
10. Utilization of the web to educate patients.

## VI. EVALUATION

| CRITERIA                       | POINTS | % of the final grade |
|--------------------------------|--------|----------------------|
| 1. Posology test               |        |                      |
| a) Pediatric                   | 100    | 5%                   |
| b) Adult                       | 100    | 5%                   |
| 2. Quality improvement project | 100    | 25%                  |
| 3. Case Study                  | 100    | 20%                  |
| 4. Patient Safety Modules      | 100    | 5%                   |
| 5. ATI                         | 100    | 5%                   |
| 6. Portfolio                   | 100    | 5%                   |
| 7. Clinical Performance        | 100    | 25%                  |



|               |            |            |
|---------------|------------|------------|
| 8. Attendance | 100        | 5%         |
| <b>Total</b>  | <b>900</b> | <b>100</b> |

## VII. SPECIAL NOTES

### A. Supporting Services or Special Needs

Students requiring additional services or special assistance must request these at the beginning of the course or as soon as they learn that, they need them, through the appropriate register in the office of Mr. José Rodríguez, at the University Orientation Program located at the first floor of Harris Building.

### B. Honesty, Fraud and Plagiarism

The lack of honesty, fraud, plagiarism and any other inadequate behavior in relation to academic work constitute major infractions sanctioned by General Student Regulations. Major infractions, according to General Regulation Students, may result in suspension from the University for a definite period greater than one year or the permanent expulsion from the University, among others sanctions.

### C. Use of Electronic Devices

Cellular (mobile) telephones, IPODS, and any other electronic device that could interrupt the teaching-learning process or disrupt a milieu favorable for academic excellence will be deactivated. Critical situations will be dealt with in an appropriate manner. The use of electronic devices that permit the accessing, storing or sending of data during tests or examinations is prohibited.

### D. Special Requirements of Practice and Internship Centers

Some academic programs of the University require students to complete a practice or internship in a real work scenario as part of the degree requirements. These external centers may be state and federal agencies, hospitals, and nongovernmental organizations, among others. It is students' responsibility to comply with the external center's requirements in order to complete their practice or internship. Depending on the practice center, these requirements may be doping tests, HIV tests, an immunization certificate against hepatitis, a health certificate, a negative criminal record, or any other requirement that the institution or practice center may stipulate. If students refuse or are not able to meet any of the requirements, they will be unable to complete their practice or internship and, therefore, will not pass the practice or internship course or meet the graduation requirements of their academic program.

### E. Clinical practice in diverse scenarios

This course considers clinical practice in diverse scenarios such as hospitals, diagnostic and treatment centers (CDT), elderly care centers, extended care centers, communities, public and private schools and simulation laboratories, among others. There is a minimum of two weeks period, at the school laboratory to acquire skills before going to the clinical scenario. In the event of the occurrence of special situations which would be beyond of the School of Nursing an alternate plan would be considered.

## VIII. EDUCATIONAL MATERIALS

## **TEXT BOOKS: (Previously used in the program):**

1. Brunner & Suddarth's (2014) Textbook of Medical-Surgical Nursing. 13<sup>th</sup> edition
2. Whaley and Wong (Last Edition) Essentials of Pediatric Nursing. St. Louis: Mosby-Year book
3. Leadership Roles and Management Functions in Nursing. Marquis, BL Huston, C. Lippincott Williams & Wilkins, 2006

## **IX. BIBLIOGRAPHY**

1. Ackley, Ladwin. (2012) Nursing Diagnosis Handbook: A Guide to Planning Care. Mosby-Year Book.
2. Carpenito, Lynda. (2012) Nursing Care Plans and Documentation. Philadelphia: Lippincott Co.
3. Davis, A., Aroskar, M. et al (2010) Ethical Dilemmas and Nursing Practice. Appleton & Lange, 4<sup>th</sup> ed.
4. Devettere, Raymond. (2012) Practical Decision Making in Health Care Ethics: Cases and Concepts. Georgetown University Press.
5. Engel, J. et al. (2013) Pocket Guide Pediatric Assessment. Mosby, St. Louis.
6. Hodgson, Kizior and Kingdom. (2012) Nurse's Drug Handbook. Philadelphia: W.B. Saunders.
7. Martin, S. and Cannobio, M. (2013) Patient Care Standards: Collaborative Practice Planning Guide. St. Louis Missouri: Mosby-Year Book, Inc.
8. Pagana and Pagana. (2014) Diagnostic and Laboratory Test Reference. St. Louis Missouri: Mosby-Year Book, Inc.
9. Silvestrini, L.A. (2014) Saunders Comprehensive Review for NCLEX-RN. W.B. Saunders.

## **NURSING JOURNALS**

### **ELECTRONIS**

1. Nursing
2. RN
3. Nursing Clinics of North America
4. Rehabilitation Nursing
5. International Journal of Nursing Studies
6. Impulso de P.R.
7. Nursing Outlook
8. Journal of Advance Nursing

### **JOURNALS**

1. Cardiovascular Nursing (Uncover, U)
2. Geriatric Nursing (U)
3. Journal of Gerontological Nursing (U)
4. Patient Care (Health reference Center, HRC)
5. Journal of Cardiovascular Nursing (HRC)
6. Medical Surgical Nursing (HRC)
7. Nursing Diagnosis (HRC)
8. Nursing Economics (HRC)
9. Journal of the Association of Nurses in AIDS Care (HRC)
10. Pediatric Nursing

Electronic data base: U=Uncover HRC=Health Reference Center

ELECTRONIC DATA BASE:

The following data base can be accessed through the web from the CAI, or from your house from your computer at the following address: <http://www.cai.inter.edu/bases.htm> .

To access from your home you need to register at the CAI to obtain the password.

Health Reference Center CINAHL ProQuest (ACADEMIC RESEARCH LIBRARY: ProQuest Nursing Journals

Faculty approved 2018