



**Nursing 301**  
**ADULT HEALTH THEORY**

Course Outline

Bachelor of Nursing Accelerated Track

Lec 02

Class Times            January 12 - February 23, 2010

Locations                Tuesday 1215-1415  
                                 Classroom: MFH 160  
                                 Wednesday 1300-1650  
                                 Classroom: ICT 121

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## COURSE DESCRIPTION

Welcome to Nursing 301! This course is designed to help students focus on expanding their theoretical understanding of the adult experiencing complex acute and chronic illness as well as an understanding of the principles and theories related to nursing this client. Students will utilize strategies of active engagement and self-directed learning in exploring clinical case studies representing selected nursing concepts and human health experiences.

## COURSE OBJECTIVES

Upon completion of this course students will have had an opportunity to:

- Integrate theoretical content of nursing, pathophysiology, related lab and diagnostic tests, pharmacology and expected nursing care of the complex adult patient in the acute care setting,
- Apply nursing models and nursing process to develop an understanding of nursing care of the adult with acute and/or chronic illness,
- Identify and describe issues faced by patients with acute or chronic illness based on developmental stages of the adult, holistic needs, and the acute care environment.
- Develop a team project and facilitate peer learning and leadership,
- Enhance skills in teamwork and team problem solving,
- Develop skills in accessing resources to guide patient care,
- Apply critical thinking to clinical situations.

## COURSE CONTEXT

NURS 301 focuses on nursing care of adult patients with acute and complex health problems related to the major systems of the body. Emphasis is placed upon enhancing critical thinking skills necessary for making sound nursing judgments and the demonstration of self-direction in providing nursing care for patients with complex problems. Nursing interventions articulated by you will consider the adult patient's developmental stage, psychological needs, and cultural background; and the acute care environment. Learning in this course will evolve from a variety of teaching / learning strategies. Faculty, clinical experts, and patients from practice, and student peers will be involved in shaping your learning. Each class will involve three components:

1. An examination of human responses to complex pathophysiological alterations in the health of an adult, with identification of goals and nursing interventions to assist patients in managing those changes;
2. case study – encouraging you to move from the general to the specific application of nursing knowledge within identified body domain and;
3. “linking theory to practice” - this may involve discussion of another case, and / or the opportunity to have clinical ‘experts’ and patient ‘experts’ join the class to share their perspectives. You will have the opportunity to dialogue, pose questions, and share relevant experiences from your clinical practice (NURS 302).

## REQUIRED TEXTBOOKS/RESOURCES

American Psychological Association. (2010). Publication manual of the American Psychological Association (6<sup>th</sup> Ed.). Washington, DC: American Psychological Association.

Canadian Nurses Association (2002). Code of ethics for Registered Nurses. Ottawa, ON, Canada: Author.

\*Day, R., Paul, P., Williams, B., Smeltzer, S.C., & Bare, B.G. (Eds). (2007). Brunner & Suddarth's textbook of medical-surgical nursing. (1<sup>st</sup> Canadian Ed.). Philadelphia: Lippincott.

\*Fischbach, F. (2004). A manual of laboratory and diagnostic tests. (7<sup>th</sup> ed.), Philadelphia: Lippincott

Kozier, B., Erb, G., Berman Burke, K., Raffin Bouchal, D.S., & Hirst, S., (Eds.). (2004). Fundamentals of nursing: The nature of nursing practice in Canada. Toronto, ON, Canada: Prentice Hall.

\*Nursing 301 Blackboard (Bb) (available through your U of C email account)

\*Tomey, A.M. & Alligood, M.R. (2006) Nursing theorists and their work. St. Louis: Mosby.

## COURSE REQUIREMENTS

To be successful in NURS 301, you must complete the following requirements:

Requirement	Due date	Value
Clinical Practice Framework (derived from Nursing model)	January 13, 2010	5%
Mid Term Exam	January 27, 2010 1300-1500 hrs, ICT 121	30%
Group Patient Perspective Presentation	Online presentation date: February 6, 2010 by midnight.	35%
Individual Student Reflection	February 13, 2010	5%
Final Exam	February 24, 2010 1300 -1650 hrs, ICT 121	25%

## FACULTY OF NURSING UNDERGRADUATE GRADING SCALE

If the percentage on your assignment is:	The grade on your assignment is:	The weighted grade points will be taken from:	If the total for all assignments is:	Your final grade will be:	And the GPA for the course will be:
98.0 – 100	A+	4.0	3.95-4.00	A+	4.0 Outstanding -- exceptional analysis and synthesis of subject matter.
93.0 – 97.9	A	3.9	3.85-3.94	A	4.0 Excellent -- superior performance, showing comprehensive understanding of subject matter.
88.0 – 92.9	A-	3.7	3.50-3.84	A-	3.7
83.5 – 87.9	B+	3.3	3.15-3.49	B+	3.3
78.0 – 83.4	B	3.0	2.85-3.14	B	3.0 Good -- clearly above average performance with knowledge of subject matter generally complete.
73.5 – 77.9	B-	2.7	2.50-2.84	B-	2.7
69.0 – 73.4	C+	2.3	2.15-2.49	C+	2.3
63.5 – 68.9	C*	2.0	1.85-2.14	C	2.0 Satisfactory - basic understanding of the subject matter. [Minimum passing grade for NURS 203/211.]
59.0 – 63.4	C-	1.7	1.50-1.84	C-	1.7
54.5 – 58.9	D+	1.3	1.15-1.49	D+	1.3
50.0 – 54.4	D	1.0	0.50-1.14	D	1.0 [Minimum passing grade for theory courses.]
49.9 or less	F	0	0.00-0.49	F	0.0

Approved by Faculty of Nursing, Executive Committee of Council, June 9, 2005  
Editorial Revisions: August 7, 2009

## Course Schedule

### Important Points to Remember:

- 1) The readings will be discussed in class with most important concepts identified for study purposes.
- 2) Enhance the learning by sharing your personal stories from clinical.
- 3) **BB** is an abbreviation for Blackboard

Date	Topic	Presenter	Core Concepts
Tuesday January 12  1215-1415 hrs MFH 160	Introduction to N 301	Prof Marcy-Edwards Prof Linda Shorting	<p>Part 1. Overview of Course Requirements</p> <p>Part 2. Relating Nursing Framework, Models &amp; Theories to Nursing practice.</p> <p>Part 3. Developing 'my' tool for assessment/intervention in clinical practice.</p> <p><b>Readings for class:</b> Erickson (2007) Philosophy &amp; theory of holism BB Thermond, V.A. (2001) Holism in critical thinking BB Tomey &amp; Alligood – Chapter 1 and <b>Bring text to class</b></p>
Wednesday January 13  1300 - 1440 ICT 121          1510 - 1650 ICT 121	<p>The Operative Experience: Concerns and Nursing Intervention</p> <p>DVD Shock</p> <p>Obesity and Surgical Implications</p>	Prof Marcy-Edwards	<p><u>Part 1:</u> Introduction to the patient experiencing surgery.</p> <p>Part 2: Conducting our own operation</p> <p>Part 3: In class case study of Mr. J. Bee, applying nursing models and process.</p> <p><b>Readings for Part 1:</b> Watson-Miller, S. (2005). Assessing the postoperative patient: Philosophy, knowledge and theory. 11, 46-51BB Wadlund, D.L. (2006). Laparoscopy: Risks, Benefits &amp; Complications BB Thorntlow, D. K et al. (2009). Cascade iatrogenesis: Factors leading to the development of adverse events in hospitalized older adults. BB</p> <p><b>Readings for Part 2:</b> D'Angelo, M. (2008). Post-op implications of anesthesia and obesity: a review for the non-anesthetist. BB Maiocco, G. (2008). DVT prevention for the obese patient: Evidence-based nursing interventions</p>
Tuesday January 19  1215-1415 hrs MFH 160	Infectious Disease in the Adult	Prof Linda Shorting	<p><u>Part 1</u> : Introduction to Infectious Disease, Prevention &amp; Control</p> <p><u>Part 2</u> : Infection in the Elderly</p> <p><u>Part 3</u>: Case study : Mr. Clark Austin</p> <p><b>Readings for class:</b> Moran, D. (2003) Infections in the Elderly BB Hanna, N.F. (2003) Sepsis and Septic Shock</p>

			BB Day et al (2007)- Unit 16, Chapter 70
Wednesday January 20  1300-1650 hrs ICT 121	Patient with Respiratory Disorder	Prof Linda Shorting	<u>Part 1</u> : Introduction to the Patient experiencing Altered Respiratory Function  <b>Readings for class:</b> Mahler, Fierro-Carrion, & Baird (2003) Evaluation of dyspnea in the elderly. BB  Brooks (2001) Post-operative nosocomial pneumonia: Nurse sensitive interventions. BB  Clark (2006) Pulse oximetry revisited. BB  <u>Part 2</u> : In class team work  Case study: Mr. Jim Lawson
Tuesday January 26  1215-1310 hrs MFH 160  1320 – 1415 MFH 160	Patient with a Chronic Immunologic Disorder.	Prof Marcy-Edwards	<u>Part 1</u> : Introduction to the Patient experiencing an Immunologic Disorder.  <b>Readings for Part 1:</b> Rooney, J. (2004). Oh, those aching joints: What you need to know about arthritis. BB Woods (2004) Arthritis: pt education BB Part 2. Guest Speaker  <b>Readings for Part 2:</b> Damsky Dell, D. (2007). Getting the point about fibromyalgia. BB
Wednesday January 27  1300-1500 hrs ICT 121  1530 – 1650 ICT 121	<b>Mid term Exam 1300-1500 hrs</b>  Patient with a Cardiac Disorder	Prof Linda Shorting	<u>Part 1</u> : <b>Mid term Exam</b>  <u>Part 2</u> : Introduction to the Patient Experiencing Cardiac Disease  <b>Readings for class:</b> Washburn & Hornberger (2008) Nurse educator guidelines for the management of heart failure. BB Deaton, Bennett & Riegel (2004) State of the science for care of older adults with heart disease BB Pope, (2006). What's causing your patient's chest pain. BB
Tuesday February 2  1215-1415 hrs  MFH 160	Patient with Digestive and GI Disorder	Prof Linda Shorting  Julie Bulloch, RN, Enterostomal Therapist and Guest	<u>Part 1</u> : Guest Presentation  <u>Part 2</u> : Patient Perspective  <u>Part 3</u> : Question Period  <b>Readings for class:</b> Rayhorn (2002) Inflammatory bowel disease BB King (2007) Ulcerative colitis BB

<p>Wednesday February 3</p> <p>1300-1440 hrs ICT 121</p> <p>1510-1650 ICT 121</p>	<p>Patient with Obesity and a Metabolic Endocrine Disorder</p> <p>Delirium, dementia, depression</p>	<p>Prof Marcy-Edwards</p>	<p>Introduction to the Patient experiencing Obesity and a Metabolic / Endocrine Disorder</p> <p><b>Readings for Part 1:</b> Camden, S.G. (2009) Obesity: An emerging concern for patients and nurses. BB Whittemore, R. (2006). Behavioral interventions for diabetes self-management. BB Dagogo-Jack (2002) Diabetes and surgery BB</p> <p><b>Readings for Part 2:</b> Anderson, D. (2005). Preventing delirium in older people. BB</p>
<p>Tuesday February 9</p> <p>1215-1415 hrs</p> <p>MFH 160</p>	<p>Patient with a Neurological Disorder</p>	<p>Prof Marcy-Edwards</p>	<p><u>Part 1:</u> Introduction to the patient experiencing a Neurological Disorder</p> <p><u>Part 2:</u> Guest Presentation</p> <p><b>Readings for class:</b> Efrainsson et al (2003) Ferris, M. (2008)</p> <p><b>Work at Home:</b> Video Library- Stroke Video</p>
<p>Wednesday February 10</p> <p>1300-1650 hrs</p> <p>ICT 121</p>	<p>Patient with Renal and Urinary Tract Disorders</p>	<p>Prof Linda Shorting</p>	<p><u>Part 1:</u> Introduction to the patient experiencing a Renal and/or Urinary Tract Disorder.</p> <p><u>Readings for class:</u> Al-Arabi (2006) Quality of life BB Scales, K. &amp; Pilsworth, J. (2008). The importance of fluid balance in clinical practice. BB Perkins &amp; Kisiel, (2005), acute renal failure BB</p> <p><u>Part 2:</u> In class team work Case Study: Mary Lafontaine</p>
<p><b>February 14-21</b></p>	<p><b>Reading week</b></p>		<p><b>No Classes</b></p>
<p><b>February 23</b></p>	<p><b>Last day to withdraw</b></p>		
<p>Tuesday February 23</p> <p>1215-1415 hrs</p> <p>MFH 160</p>	<p>Nursing during Death &amp; Dying</p>	<p>Prof Marcy-Edwards Assoc Dean Pat Roseneau RN MN</p>	<p><u>Part 1:</u> Introduction to nursing care of the patient during death &amp; dying.</p> <p><u>Part 2:</u> Guest Presentation</p> <p><b>Readings for class:</b></p>
<p><b>February 24</b> <b>1300-1500</b> <b>ICT 121</b></p>	<p><b>Final Exam</b></p>	<p>Prof Marcy-Edwards Prof Linda Shorting</p>	

## Patient Perspective Presentation

### Objectives

- Identify and describe issues faced by patients with acute and/or chronic illness.
- Understand and recognize how patients with a chronic illness are different from patients with an acute illness.
- Recognize the influence of life stage, gender, and ethnicity on illness.
- Recognize how health care practitioners can affect their patient's outcomes.
- Understand health behaviors and how they relate and can be applied in the treatment of patients with acute or chronic illness.
- Complete presentation in a creative online format for student viewing.

### Process for the Presentations:

- Students will work within their clinical groups to develop their presentation.
- Students will select a patient who is not only representative of the patient population in their clinical practice area, but in some way unique within their clinical practice area. It is helpful if at least one student has cared for the chosen patient in order to fully understand the patient situation.
- Following selection of a patient for interview, students will meet with the course coordinator for a brief discussion of the process.
- Two weeks prior to posting the presentation online, students will again meet briefly with the course coordinator to discuss development of the assessment tool.

### Format of the presentations will be as follows:

- The presentations will be displayed on Bb for student viewing by February 6, 2010 midnight.
- The presentations will be in an online format. Some examples might be a Powerpoint presentation, video, newsletter or webcast.
- Samples will be located in the "Survival Toolkit" located in blackboard. The samples provided cannot be shared outside of N301 or downloaded onto your desktop.

### Part One: The Interview

- Pick one patient from your clinical area to interview.
- Have confidentiality letter signed by patient and submit to course coordinator before posting into blackboard.
- Structure the interview with a focus on the patient's perspective in living with an acute or chronic disease. Recognize during the interview the specific objectives that you want to achieve as stated above.
- The interview should be at least 30 minutes in length as to provide the depth required.
- After the interview, pick two main nursing diagnoses. Create a care plan while using the nursing process.
- Find one article of significance that will correlate with the patient perspective. For example, if the patient is experiencing loss/grief about new diagnosis, find an article that will help you understand the patient perspective and nursing care required.

### Part Two: The Assessment Tool

- Students will develop and provide a knowledge assessment tool at the end of the presentation.
- The assessment tool should include 3 questions posed to the class in relation to the patient perspective presentation and/or the article.

### Part Three: Student Reflection

- Each student in the class will view all the presentations and pick one of the presentations and complete the assessment tool. You must answer the questions posed by a group presentation that you did not participate.
- Ensure to reference the article provided and the comments of the patient within the reflection.
- The reflection should be concise and no more than 500 words (2 pages).

**Patient Perspective Presentation\_Marking Rubric:**

- The course coordinator has the right to allocate a different grade to a student if their team informs him/her that they did not participate in the team presentation.

Category Credit	Unsatisfactory 0-13.0/25	Satisfactory 13.5-20/25	Exceeds Expectations 20-25/25
Learning Objectives 7.5 points	Objectives very broad with minimal reflection of learning expectations and to what standard. Limited relationship to material covered in the presentation.  Presentation material does not match objectives	Objectives broad but do not reflect learning expectations and most material covered in presentation.  Less than half of all objectives match with Presentation.	Objectives identify who the learner is, what the learner will do, under what conditions and to what standard. Highly reflective of material covered in presentation  Comprehensive match of objectives with Presentation.
Care Plan 7.5 points	Nursing care plan has no correlation to the patient perspective.  There is limited correlation with online presentation.  Generic nursing care plan relevance limited to diagnosis.  No evidence of nursing model in guiding thinking  Article does not correlate to care plan. No insight into patient experience.	Nursing care plan has one or two nursing diagnosis relevant to patient.  Only one to two references to presentation learning material in care plan.  Generic nursing care plan reflective of diagnosis with limited patient specificity.  Basic application of nursing model to care plan development  Article knowledge reflected in care plan. Provides limited insight into patient experience.	Nursing care plan has two complex nursing diagnoses relevant to patient  Multiple references to learning material from presentation in care plan  Care plan extensively detailed, holistic and reflective of patient specific needs  Nursing model clearly guiding development of care planning process.  Article strongly correlates to care plan providing a greater understanding of the patient's experience and nursing care required.
Assessment Tool 5 points	Little or no evidence of connection to patient perspective/nursing model/ presentation and article.	Two of three assessment activities/ questions have evidence of connection to patient perspective/nursing model/ presentation and article.	Consistent evidence of a strong connection to patient perspective/nursing model/ presentation, article and theoretical underpinnings.
Presentation 5 points	Incomplete presentation in a creative online format for student viewing. Not submitted on time.	Complete presentation in an online format for student viewing. Submitted on time.	Comprehensive presentation in a creative online format for student viewing. Submitted on time.



## Student Online Reflection Marking Rubric:

Category Credit	Unsatisfactory FAIL	Satisfactory 2.5-4/5	Exceeds Expectations 4-5/5
Personal Answers to questions  5 points	<p>Superficial description of patient care or clinical situation. Description is ambiguous or of an event that was not witnessed</p> <p>No examples of reflection</p> <p>Situation is often unrelated to learning objectives and lack evidence of learning.</p> <p>Over 500 words</p>	<p>Clear description of patient care and/or clinical situations, bringing forward limited number of challenges and new learning. Limited range of description.</p> <p>Frequently includes relevant examples of at least one of the following per reflection: clinical decision-making, patient assessment, or clinical judgment.</p> <p>Frequently relates situation and learning to learning objectives.</p> <p>500 words</p>	<p>Comprehensive &amp; insightful description of patient/clinical situation including multiple examples of new learning and challenges. Strong holistic approach apparent.</p> <p>Consistently includes relevant examples of 2 or more of the following per reflection: clinical decision-making, patient assessment, or clinical judgment.</p> <p>Consistently relates situation and learning to learning objectives.</p> <p>500 words</p>
Reflection	<p>Seldom demonstrates evidence related to impact of nursing practice on patient outcomes.</p> <p>Seldom demonstrates responsibility for own learning and self awareness of practice.</p>	<p>Often demonstrates evidence of personal and/or professional growth.</p> <p>Frequently demonstrates responsibility for own learning and self awareness of practice.</p>	<p>Consistently demonstrates evidence of professional growth and frequently personal growth as well.</p> <p>Consistently demonstrates responsibility for own learning and practice.</p>
References	<p>Seldom references knowledge cited in reflection.</p> <p>Provides incomplete reference and /or fails to use credible sources.</p> <p>No APA used. APA used with significant errors.</p>	<p>Frequently references knowledge cited in reflection.</p> <p>Acknowledges other sources of knowledge as appropriate such as prior learning or preceptor.</p> <p>APA used with minimal errors with citations</p>	<p>Consistently cites knowledge referred to in reflections appropriately using full, credible, and current citations.</p> <p>APA used in citations with no errors.</p>
Number submitted	<p>All questions noted answered but reflection limited to textbook understanding. No patient understanding noted.</p> <p>Incomplete submission. Past due date.</p>	<p>All questions answered demonstrating limited understanding of the patient's perspective.</p> <p>Good submission in timely manner</p>	<p>All questions answered with significant insight into patient's perspective.</p> <p>Excellent submission in timely manner.</p>

### **WITHDRAWAL DEADLINE**

The last date for withdrawal from this course without penalty is February 24, 2010.

#### **STUDENT MISCONDUCT**

Plagiarism is a serious offence which will result in the following penalty and application:

1. In cases in which the dean and/or faculty is satisfied that a student is guilty of plagiarism, cheating or other academic misconduct in circumstances which suggest a clear intention to deceive or otherwise commit an academic offence, the normal penalty will be either suspension or expulsion from the faculty.
2. In cases in which the dean and/or faculty is satisfied that an offence has been committed, but doubt is left as to the existence of a clear intention to deceive or otherwise commit an academic offence, the normal penalty will be probation.
3. In cases where a student is found guilty of more than a single offence, the normal penalty will be expulsion from the faculty, and in the most serious cases, expulsion from the University.

While it is recognized that scholarly work often involves reference to the ideas, data and conclusions of other scholars, intellectual honesty requires that such references be explicitly and clearly noted.

Plagiarism occurs not only when direct quotations are taken from a source without specific acknowledgement but also when original ideas or data from the source are not acknowledged.

For further information on Student Misconduct Policies, please refer to the official online University of Calgary Calendar 2009-2010, Academic Regulations, K. Student Misconduct: [www.ucalgary.ca/pubs/calendar/](http://www.ucalgary.ca/pubs/calendar/)

Intellectual honesty is viewed most seriously at the University of Calgary and compliance with standards of intellectual honesty is an expectation.

#### **ACADEMIC WRITING**

The University supports the belief that throughout their University careers, students should be taught how to write well; therefore, written assignments in this course will be evaluated based on the required elements as well as quality academic writing.

For further information, please refer to the official online University of Calgary Calendar 2009-2010, Academic Regulations, E. Course Information, E.2 Writing Across the Curriculum: [www.ucalgary.ca/pubs/calendar/](http://www.ucalgary.ca/pubs/calendar/)

#### **EXAMINATION AND TESTS**

For detailed information regarding Examinations and Tests, please refer to the official online University of Calgary Calendar 2009-2010, Academic Regulations, G. Examinations and Tests: [www.ucalgary.ca/pubs/calendar/](http://www.ucalgary.ca/pubs/calendar/)

1. Final examinations are scheduled by the Registrar's Office, University of Calgary.

The exam period is posted in the University of Calgary Calendar. A final exam can be scheduled anytime during this time period. Students must be available for examinations up to the last day of the examination period.

[NOTE: This policy may not apply to some BNAT block courses which finish mid-semester.]

2. Deferred Examinations

A student who becomes ill prior to the examination and is unable to write the examination at the scheduled time will notify the course instructor. Please call the course instructor (voice mail) and leave a message stating the date and time you called, reason for missing the scheduled examination and a phone number where you can be reached so that arrangements can be made for you to write a deferred examination. You may be expected to submit a doctor's certification prior to writing the deferred examination. For further information regarding Deferral of Final Examinations Policies, please refer to the official online University of Calgary Calendar 2009-2010, Academic Regulations, G. Examinations and Tests, G.6 Deferral of Final Examinations: [www.ucalgary.ca/pubs/calendar/](http://www.ucalgary.ca/pubs/calendar/)

## **REAPPRAISALS AND APPEALS**

For information on reappraisals and appeals, refer to the official online University of Calgary Calendar 2009-2010, Academic Regulations, I. Reappraisal of Grades and Academic Appeals: [www.ucalgary.ca/pubs/calendar/](http://www.ucalgary.ca/pubs/calendar/)

Please note the 15 day timeline from the receipt of a mark and a request for reappraisal and/or appeal to the Associate/Assistant Dean, Undergraduate Programs.

## **ACADEMIC ACCOMODATIONS**

It is the student's responsibility to request academic accommodations. If you are a student with a documented disability who may require academic accommodation, you must officially register with the Disability Resource Centre. Students who have not registered with the Disability Resource Centre are not eligible for formal academic accommodation. You are also required to discuss your needs with your instructor within the first week of the start of this course. Further information can be obtained at: [www.ucalgary.ca/drc/](http://www.ucalgary.ca/drc/) or by calling 403-220-8237.

## **FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIP)**