# GEORGE MASON UNIVERSITY ACADEMIC OUTREACH

# RETURN TO PRACTICE FALL 2016

Faculty:
Jessica Langille, BSN, RN, CMSRN
<u>ilangill@gmu.edu</u>
703-626-1347





## GEORGE MASON UNIVERSITY School of Nursing

**Course Number:** NA

**Course Title:** RN Return to Practice

#### **Course Description:**

A comprehensive program designed for the licensed professional nurse returning to clinical practice. The course will integrate contemporary concepts in pathophysiology, physical assessment, and pharmacology to the care of culturally diverse adult medical surgical patients during classroom, online, and clinical experiences. At the completion of this course all participants will receive a certificate for 15 CE's

### **Course Meeting Dates:**

GMU Fairfax Campus Rob A #305 0830-1600 September 17 & 18; September 24 & 25 October 1 & 2; October 8 & 9 Virginia Hospital Center 0630-1600 October 15 & 17; October 22 & 23; October 29 & 30

**Course Objectives:** Upon completion of this course the learner will be able to:

- 1. Identify common acute and chronic medical conditions of the hospitalized patient through physical assessment.
- 2. Explain symptoms associated with common chronic medical conditions for the hospitalized patient.
- 3. Outline evidence-based pharmacological management of common acute and chronic medical conditions of the hospitalized patient.
- 4. Interpret basic and lethal cardiac rhythms on continuous ECG
- 5. Classify cardiac rhythms on continuous ECG.
- 6. Describe sepsis criteria and early goal directed therapy in the management of sepsis of the hospitalized patient.
- 7. Demonstrate use of SBAR communication tool when giving and receiving report.
- 8. Increase comfort level of caring for the hospitalized patient.

- 9. Perform selected skills within the laboratory setting.
- 10. Identify appropriate documentation information related to health assessment and the performance of selected skills.
- 11. Demonstrate critical thinking skills through the integration of scenario based evaluation.

#### **Professional Conduct Disclaimer:**

The College of Health and Human Services reserves the right to place on probation, suspend, or dismiss any participant in an Academic Outreach sponsored program who does not demonstrate professional conduct. This includes, but is not limited to, verbal abuse, and/or insubordination, as well as behavior that threatens the safety of a client, another student, a faculty member, or other healthcare provider when the behaviors occurs within the context of the academic program. The student has the right to appeal.

## **Teaching Strategies:**

Class – presentation of pathophysiology review of major systematic diseases with evidence-based treatment guidelines and group case study discussions to apply content Lab in class - Demonstration/Return demonstration, Supervised hands on practice in laboratory to reinforce class content, utilization of SBAR for communication between health-care professionals

Other - Audio- videos and other materials on-line Clinical – supervised care of hospitalized patients

#### **Required Textbook and materials:**

Donna D. Ignatavicius and M.L. Workman (8<sup>th</sup> Ed.). (2016). Medical-Surgical nursing: Patient-centered collaborative care, 2-Volume Set, Philadelphia, PA: Elsevier. ISBN #9781455772582.

Any Mosby, Davis, or Lippincott drug guide year 2015 or 2016. Electronic versions are another option but can take up a great deal of space on phones and tablets.

#### **Recommended Text:**

Taber's Medical Dictionary

### **Required Equipment for Lab:**

Each student **must** bring the following to lab class:

- o Required texts/resources
- Stethoscope
- o Pen light
- Watch with second hand
- o Sterile supplies will be provided but must be brought back each class

• Appropriate forms for documenting (provided on Blackboard and at the end of this syllabus)

## Course Requirements/Lab Policies

- **A.** <u>Pre-lab Requirements:</u> please see <a href="http://chhs.gmu.edu/academic-outreach/refresher-requirements.cfm">http://chhs.gmu.edu/academic-outreach/refresher-requirements.cfm</a> for a complete list of requirements to be met prior to the first session of class
- **B.** <u>Lab Requirements:</u> Nursing is an applied science and as such laboratory experiences are essential.
  - 1. Readings and other learning activities as assigned: It is an expectation that students will complete the assigned learning activities before coming to lab class. These include, readings and online audiovisual sources. Instruction will enhance but not substitute for the assigned readings and other resources. Consult Blackboard at the beginning of the course and weekly for updates to be prepared to get the most out of the lab session and course.
  - 2. <u>Electronic Device Use</u>: Laptops and hand-held devices are allowed in class for note-taking purposes only. Cell phones must silenced in lab and use is prohibited during lab session.
  - 3. <u>Class attendance:</u> The student is expected to attend laboratory each class arrive early or on time. If a student is late or absent, it is the student's responsibility <u>to</u> <u>notify the instructor prior</u> to the start of or the missed session, or in the case of an emergency, within 24 hours of the occurrence. The missed lab session must be made up through a paper and class presentation at the instructor's discretion.
  - 4. Any food or drinks admitted into the lab are to have a cover and any spills are to be addressed immediately by the learner. Only PENCILS are allowed in the lab as per GMU School of Nursing policy.
  - 5. In classroom sessions learners will be permitted streetwear. For clinical sessions each student must wear a white scrub top and navy blue pants in accordance with the Virginia Hospital Center dress code for nurses.
  - 6. It is the responsibility of <u>ALL students to clean and straighten the practice</u> stations after each and every practice or use. Please report any broken/missing equipment or supply needs before leaving the lab session. This equipment belongs to the GMU College of Nursing and we'd like to keep the school's respect to continue to use it.

7. <u>E-Mail and Blackboard</u>: All students must provide a valid email address that they use regularly. Students will be granted access to an online program called Blackboard where content will be located. Students must be able to access and navigate in **Blackboard** for this course. **Blackboard should be visited daily for changes and updates.** Be sure to bring your computer to the first class for assistance in becoming familiar with Blackboard if needed.

### C. <u>Course Evaluation Method:</u>

This course is designed to promote continuing education in nursing. No individual grades will be provided. There will be quizzes available after each class for students to perform self-evaluation of their understanding of the class content.

It is YOUR responsibility to read this syllabus and all corresponding course resources and/or handouts!

See Faculty for any questions.

TOPICAL	OUTLINE				
DATE	TOPICS	Course Content	Student Learning	Assigned Readings and	Class
			Outcomes	Related Learning Experiences	Activities
			The student will:	(Prior to Class)	
		Introduction	1. Identify personal goals	1. Evidence Based Practice in	1. Course/
Week 1			2. discuss fears	MedSurg p. 64-73	Instructor
	NEURO	Signs, symptoms, and	3. Identify s/s of acute	2. NEURO	Introduction
		the care of acute	neuro processes and the	a. TIA p. 930	
		care/hospitalized	required nursing	b. CVA p. 931	2. Learners' self-
		patients with the	interventions and MD	c. Meningitis p. 863	introduction
		following conditions	notifications	d. Encephalitis p. 865	
			4. Identify s/s acute	e. seizures p. 858	
	PULM		respiratory distress and the		3. Brief
		1. TIA vs CVA	required nursing	3. PULM	discussions and
		2. Meningitis vs	interventions and MD	a. oxygenation & delivery	presentations of
		encephalitis	notifications	devices p. 514-521	common
		3. seizures	5. Compare and contrast	b. tracheostomy p. 522-529	neurological,
		4. oxygen delivery	obstructive vs. restrictive	c. asthma p. 548	pulmonary, and
		5. tracheostomy vs	airway disease processes	d. obstructive vs restrictive	connective tissue
		laryngectomy	and their associated s/s	airway dz p.557 & p. 571	diseases.
		6. restrictive vs		c. Pulm Embolism p. 603	4.0
		obstructive airway		d. "Flu" seasonal vs pandemic	4. Case study
		disease		p. 586-588	application in
		7. Pulmonary emboli 8. "Flu"		e. Pneumonia p. 588-594	groups.
	CONNECT.	9. Pneumonia & Acid-		f. Acid-Base imbalances p. 174-185	
	TISSUE DZ	base imbalances		183	
	1155UE DZ	10. OA vs RA		4. CONNECTIVE TISSUE	
		10. OA VS KA 11. SLE		DISEASES	
		12. Gout		a. OA p. 291 vs. RA p. 304	
		12. Gout		b. SLE p. 313	
				c. gout p. 319	
				c. gout p. 319	

			1. Be able to identify basic	1. CARDIAC	1. Brief review of
	CARDIOVAS	Signs, symptoms, and	ECG rhythms on telemetry	a. heart failure p. 678-686	common cardiac
Week 2		the care of acute	and describe importance	- Renin-Angiotensin II	and vascular
		care/hospitalized	2. Discuss appropriate	pathway p. 154	diseases with
		patients with the	nursing interventions for	b. electrolyte imbalances p. 160-	additional focus
		following conditions	basic dysrhythmias	172	on sepsis
			3. Demonstrate use of	c. infective endocarditis p. 697	(identifying septic
		1. Heart Failure	Life-Pak in the acute care	d. cardiomyopathy p. 701	patients,
		2. Alterations in	setting	e. CAD p. 757	complications of
		Cardiac Blood flow	4. Demonstrate proper	f. Angina p. 757	sepsis, and
		3. Dysrhythmias	BLS skills and initiate a	g. ACS p. 758-783	nursing
		4. Emboli	rapid response or code	h. dysrhythmias p. 649-677	implications for
		5. Sepsis	5. Describe Sepsis criteria		care of the septic
		6. Code/Rapid	6. Discuss early goal	2. VASCULAR	patient).
		Response	directed therapy for sepsis	a. HTN p. 709	
		_		b. PVD p. 718	2. Identify cardiac
				c. acute periph arterial occlusion	dysrhythmias on
				p. 725	simulator
				d. DVT/VTE p. 729	
					3. Hands-on
				3. SEPSIS	instruction of use
				a. care of pt's with infections p.	of the Life-Pak
				397-413	for defibrillation
	SEPSIS			b. septic shock p. 749-755	
				c. ARDS p. 612-614	4. Demonstrate
				d. MODS p. 739	BLS on
				e. hypovolemic shock p. 739	mannequin
				f. Dellinger, R. P. et al. (2013).	
				Surviving sepsis campaign:	5. Case study
				International guidelines for	review
				management of severe sepsis	
				and shock. Intensive Care	
				<i>Medicine 39</i> (2); 165-228.	

				1. GI	
Week 3	GASTRO-	Signs, symptoms, and	1. Discuss common	a. Ulcerative Colitis vs Crohn's	1. A brief review
	INTESTINAL	the care of acute	symptoms of patient's with	p. 1174-1181	of common
		care/hospitalized	UC/Crohn's Disease and	b. intestinal obstruction p. 1157	gastrointestinal
		patients with the	management	c. peritonitis p. 1170	and genitourinary
		following conditions	2. Describe risk factors and	d. diverticular dz p. 1186	diseases and
			symptoms associated with	e. acute cholecystitis p. 1213	conditions.
		1.Ulcerative Colitis	acute cholecystitis	f. acute vs chronic pancreatitis	
		2. Crohn's Disease	3. Describe acute vs.	p. 1218 & p. 1223	2. Outline the
		3. Acute Cholecystitis	chronic pancreatitis and	g. pancreatic pseudocyst p. 1226	goal of care of the
		4. Acute vs. Chronic	contributing factors	h. cirrhosis p. 1192	diabetic patient
		Pancreatitis	4. Outline symptoms	i. hepatitis p. 1203	with special focus
		5. Cirrhosis	associated with hepatitis	j. hepatorenal syndrome p. 1194	on preventing
		6. Hepatitis	and cirrhosis with goals of	k. Diabetes – Ch. 64	diabetic
		7. Diabetes	care at home and in the		nephropathy.
		8. Urinary Tract	hospital	2. GU	
		Infection	5. Discuss goals of	a. cystitis w/ urosepsis p. 1367-	3. Case study
		(w/urosepsis)	management of patients	1638, p. 1372	application in
		9. Acute vs. Chronic	with DM	b. DM nephropathy p. 1406	groups.
	<b>GENITO-</b>	Kidney injuries	6. Identify risk factors and	c. Care of pt's with AKI &	
	URINARY		s/s associated with UTI	CKD - Chapter 68	
			and urosepsis		
			7. Explain mechanisms		
			contributing to kidney		
			injury (acute vs chronic)		

		1. Head to Toe	1. Perform independent	1. Assessment PowerPoint	1. Practice
Week 4	SKILLS	Assessment Review	head-to-toe assessment and	1a. SBAR communication –	assessment on
		w/ SBAR	identify normal and	form provided on Blackboard	peers
			abnormal assessments	and in syllabus. Bring two	
		2. Foley Catheter	2. Describe the use of	copies to class.	2. Practice sterile
		Insertion	SBAR communication to		Foley Catheter
			promote continuity	2. Watch Foley Insertion video	placement
		3. Central Venous	between health-care		
		Catheter Care	professionals.	3. Central Venous Catheter	3. practice sterile
			3. Successful sterile	PowePoint and dressing video	CVC dressing
		4. Wound Care	placement of urinary	a. CVAD p. 193-196	changes
			catheter	b. care of CVAD p. 200-208	
		5. Peripheral IV	4. Identify indications for	c. Midline p. 192	4. Practice Sterile
		insertion	central line dressing	-	wound dressing
			changes and perform		changes
			sterile CVC dressing	4. Wound Care PowerPoint and	
			change	video	5. Practice PIV
			5. Demonstrate sterile	a. wound healing p. 433-436	insertion on
			wound mapping and	b. pressure ulcers p. 436-449	simulation arm
			dressing change		
			6. Discuss the differences	5. Peripheral IV insertion	
			between each stage of		
			pressure ulcer		
			7. Describe methods for		
			preventing pressure ulcer		
D : 11 T	11 4/0/16		development		

Revised by J. Langille 4/2/16

## PRINTABLE REPORT SHEET:

Name: CC:	Allergies/Code	Name CC	Allergies/Code
PMHx:		<u>PMHx</u>	
<u>Neuro</u>	Accu Checks	<u>Neuro</u>	Accu checks
Resp		<u>Resp</u>	
<u>CV/VS</u>		<u>CV/VS</u>	
<u>GI/GU</u>	<u>Critical Values</u>	<u>GI/GU</u>	Critical Values
<u>SKIN</u>		<u>SKIN</u>	
LINES/FLUIDS	<u>TESTS</u>	LINES/FLUIDS	<u>TESTS</u>