# NUR 295 Nursing Leadership

# Spring 2023

# NUR 295 Nursing Leadership

**Nursing Leadership**
*5 units (Theory=3units, Clinical=2units)*
*Pre-requisites: Acceptance into ABSN program*
*Placement in curriculum: BSN curriculum*
*Dates: 1/9/23-5/4/23*
*Time: Friday 9am-12pm*
*Room: 302*

*Course Faculty: Dr. Dianthe Hoffman*
*Clinical Faculty: Dr. Carol Velas*
*Faculty office: Room 201, 26 Anapamu, Santa Barbara*
*Faculty email: dhoffman@westmont.edu*
*Faculty phone: 559-972-6693*
*Faculty office hours in office/phone/zoom: Wednesdays 1500-1700*
                                       *Fridays 1200-1500*

Open door policy --- Students are welcome to meet with the instructor at any time during scheduled office hours. The student may also contact the instructor to schedule a meeting time.

**\*** Zoom instructions - Send a text to or call my cell phone informing me that you would like to meet and then will log into Hoffman Office hours zoom link. You can use your phone, device or computer to join the meeting.

**Important Information**
This is a course in a series of prelicensure nursing courses to prepare the nursing student for the safe, patient-centered and family-supported, compassionate care in a variety of healthcare settings. The best way to be prepared for your lecture and clinical experience is to maintain a healthy mental, physical, and spiritual life. Come to class after a good night's sleep, eat nutritious food, and stay current with reading assignments. For your clinical experience, come with excitement and understand you will continue to learn in the clinical setting and apply the concepts and skills you are learning in class. To help with your success in this course and program, it is not suggested you work more than 20 hours per week if you have to work.

**Westmont catalogue course description**
NUR 295 Nursing Leadership will prepare the practicing nurse for experiences in leadership. Content is diverse and focuses on group dynamics, leadership theories, development of change, conflict and conflict resolution, the economy of healthcare and unit budgets, leading quality improvement initiatives, effective communication to subordinates, staff retention strategies, and policy development for a safe workplace.

**Instructor's further description**

As the manager of patient care and the coordinator of care for individuals, groups, and populations your nursing toolkit must include the understanding of leading people. Leadership can be an innate characteristic, but it can also be learned. This course will teach you the basics of leadership and nursing management. Some concepts will be familiar to you, please share your experiences to enrich our class discussions. In order to learn more about the role of a nursing leader, it is vital to discover the diversity and depth of history related to nursing leaders. Students will be exposed to extensive primary and secondary readings, occasional films, and various images, and will engage in dynamic class discussions and dialogues based on their readings (and films). This course satisfies the GE requirements of **Thinking Historically** under Common Inquiries

> **Commented [A3]:** All of the below content uses verbiage from GE requirements and other TH course syllabi at Westmont (RS 119, HIS 121, MUS 121)

**Common Inquiries: Thinking Historically**

Throughout the nursing program, students are introduced to and gain an awareness and appreciation for vast transformation of nursing practice from helpmate to healthcare professional utilizing evidence-based, wholistic and compassionate care to the vast populations they serve.

What does it mean to "think historically," and how does this course fit into larger Nursing Christian liberal arts education? Thinking historically or historical thinking is **not** rote memorization of historical data; it rather involves critical thinking and interpretive analysis of historical data in their proper historical contexts. Historical thinking develops in active engaging with primary and secondary historical texts and in acquiring and employing various methods of historical interpretation. We are shaped by our past, whether or not we are aware of it or admit it. Awareness of the past and the larger context in which we have come into existence serves to clarify and enhance our personal and corporate identity and enlarges our understanding of and vision for the world. Through this course, our informed nursing identity and understanding of the world will help us in turn develop "critical sympathy" and appreciation for the collective story of nursing. "Thinking historically" is a critical part of our nursing education.

> **Commented [A4]:** Although this course is where TH GE will be, these paragraphs also addresses the reality that students are learning from our predecessors throughout the program. It also discusses the NEED for nurses to know our history, how it shapes us and our future. Also, emphasize that we are not just sending out nurses, but nurses with a Christian-Liberal arts degree.

**Thinking Historically Criteria**

Students will be able to:

- Read primary sources historically – asking and answering basic questions about historical sources (historical context, author, audience, genre); drawing historical conclusions from the sources and assessing their reliability and usefulness; and reflecting on how their own background shapes their interpretation;
- Identify the arguments of secondary sources and recognize differences in interpretation.
- Articulate responsibly how the past is relevant for the present, drawing informed connections between their study of past events and their bearing on the present.

**Student Learning Outcome for Thinking Historically Courses**

SLO: Students will be able to analyze historical sources with appropriate attention to their various contexts.

> **Commented [A5]:** Verbiage taken from GE requirements for TH

Students will develop:

- An awareness and appreciation for the particularities of time and place.
- A sense of the complex process of change and continuity over time.

- The ability to work critically with a range of primary and secondary historical texts.
- The appreciation for the art of constructing historical narrative.

By studying specific historical periods, the history of Christianity, the history of nursing, students will:
- Become critical readers of a range of historical sources.
- Appreciate the importance of historical context in shaping our understanding of the world in which we live.
- Be able to engage in thoughtful interpretive and historiographic discussion.
- Have practice in constructing a historical narrative; understand the complexity of historical change.

**Instructional Activities – see canvas for specific assignment instructions and grading rubrics**
- Analysis Papers:
  - The purpose of these two papers is for you to "*develop critical, analytical and historical abilities in engaging with primary and secondary texts*".
- Scholarly paper, "The History of Nursing"
  - The purpose of this paper is for you to demonstrate:
    - *"Awareness and appreciation for the particularities of time and place"*
    - *"An ability to work critically with a range of primary and secondary historical texts"*
    - *"A sense of the complex process of change and continuity over time"*
    - *"An appreciation for the art of constructing historical narrative"*

> **Commented [A6]:** More detail for these papers in the course assignments

**ABSN Program Mission**
Prepares faithful servant leaders to provide patient-centered and family supported safe, compassionate care for diverse populations and communities across the lifespan and in all health care settings.

**AACN Baccalaureate Essentials (2008)**
The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. A specialized/professional accrediting agency, CCNE strives to promote the quality and integrity of baccalaureate and graduate nursing programs. Following are the nine baccalaureate essentials used as the framework for the current curriculum. In 2021 the Essentials were revised and will be integrated into the curriculum over the next three years.

   I.     Liberal Education for Baccalaureate Generalist Nursing Practice
  II.    Basic Organizational and Systems Leadership for Quality Care and Patient Safety
 III.   Scholarship for Evidence-Based Practice
 IV.   Information Management and Application of Patient Care Technology
  V.    Healthcare Policy, Finance, and Regulatory Environments
 VI.   Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
 VII.  Clinical Prevention and Population Health
VIII.  Professionalism and Professional Values

IX.    Baccalaureate Generalist Nursing Practice

**AACN Essentials (revised 2021)**
The Essentials: Core Competencies for Professional Nursing Education provides a framework for preparing individuals as members of the discipline of nursing, reflecting expectations across the trajectory of nursing education and applied experience. The *Essentials* introduce 10 domains that represent the essence of professional nursing practice and the expected competencies for each domain. The competencies accompanying each domain are designed to be applicable across four spheres of care (disease prevention/promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care), across the lifespan, and with diverse patient populations.

**Domains for Nursing**
Domains are broad distinguishable areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing.

***The Ten Domains:***
1. Domain 1-Knowledge for Nursing Practice
2. Domain 2-Person-centered Care
3. Domain 3-Population Health
4. Domain 4-Scholarship for Nursing Practice
5. Domain 5-Quality and Safety
6. Domain 6-Interprofessional Partnerships
7. Domain 7-Systems-based Practice
8. Domain 8-Information and Healthcare Technology
9. Domain 9-Professionalism
10. Domain 10-Personal, Professionals, Leadership Development

(The Essentials: Core Competencies for Professional Nursing Education, 2021)

**Quality and Safety in Nursing Education (QSEN) (2007) Competencies**
1. *Patient-centered Care*
   Recognizing the patient or designee(s) as the source of control and full partner in providing caring and coordinated care based on respect and diversity.
2. *Safety*
   Minimizing risks of harm for patients and providers by evaluating systems and individual performances.
3. *Informatics*
   Using information and technology in communicating, managing knowledge, mitigating errors, and supporting all types of decision-making.
4. *Teamwork and Collaboration*
   Functioning effectively at all levels of nursing and fostering open communication amongst inter-professional team members while encouraging mutual respect and a shared achievement of safe quality care.
5. *Quality Improvement*
   Continuously monitoring the healthcare system for outcomes impacting safe quality care and methods to improve design care for optimal results.

6. *Evidence-based Practice*
   Integrating best current evidence with clinical experts and patient/family/groups that value the delivery of optimal healthcare.

**Core Competencies for Interprofessional Collaborative Practice (2016 update):**
1. *Competency 1: Values/Ethics for Interprofessional Practice*
   Work with individuals of other professionals to maintain a climate of mutual respect
2. *Competency 2: Roles/Responsibilities*
   Use the knowledge of one's own role and those of other professionals to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.
3. *Competency 3: Interprofessional Communication*
   Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.
4. *Competency 4: Teams and Teamwork*
   Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

**Program Learning Outcomes (PLO)**
1. Exhibit Christian character and servant leadership while providing compassionate care for a diverse population in communities across state, national, and global settings.
2. Evidence-based best practices, critical thinking, and clinical reasoning, inform clinical judgement for the provision of patient-centered, safe, quality care.
3. Create patient education plans that are culturally specific to the patient and that incorporate the family support system.
4. Communicate effectively with the interprofessional team to ensure a wholistic approach to patient-centered care.
5. Continue inquisitive learning by using the Electronic Medical Record and Informatics to meet quality metrics in a variety of healthcare and geographic settings.
6. Advocate for healthcare policies for the underserved, vulnerable populations to ensure equity with access to care for prevention, remedial, supportive, and rehabilitative nursing care regionally, nationally, and globally.

**Course Learning Outcomes (CLO)**
1. Differentiates between leading in nursing and nursing management.
2. Uses conflict responses to manage conflict situations in nursing.
3. Using evidence-based practice, discuss how to lead groups, task forces, and patient care conferences.
4. Identifies an area needing change on assigned unit. Plans a change project using a change theory.
5. Compares and contrasts leadership theories used for different nursing situations. (TH)
6. Constructs a productivity plan to keep staffing costs in alignment with budget.
7. Analyzes the reasons for nursing turnover and prioritizes resolutions to retain staff.
8. Differentiates duties that can be delegated to LVNs and unlicensed personnel.

9.  Recognizes potential threats and threatening behaviors, including bullying. Create safe working environments by writing policies, practicing mock disturbances, and including annual competencies for ensuring a safe and healthy workplace.

**GE Course Learning Outcome – Thinking Historically**

10. Students will be able to analyze historical sources with appropriate attention to their various contexts.

> **Commented [A7]:** Papers are tailored to assess whether students meet this SLO

**PLO and CLO Alignment Table**

| Program Learning Outcomes | Course Learning Outcomes (Assessed) |
|---|---|
| 1. Exhibit Christian character and servant leadership while providing compassionate care for a diverse population in communities across state, national, and global settings. | 1. Differentiates between leading in nursing and nursing management.<br>5. Compares and contrasts leadership theories used for different nursing situations.<br>7. Analyzes the reasons for nursing turnover and prioritizes resolutions to retain staff. |
| 2. Evidence-based best practices, critical thinking, and clinical reasoning, inform clinical judgement for the provision of patient-centered, safe, quality care. | 2. Uses conflict responses to manage conflict situations in nursing.<br>3. Using evidence-based practice, discuss how to lead groups, task forces, and patient care conferences.<br>4. Identifies an area needing change on assigned unit. Plans a change project using a change theory.<br>6. Constructs a productivity plan to keep staffing costs in alignment with budget.<br>8. Differentiates duties that can be delegated to LVNs and unlicensed personnel.<br>10. Students will be able to analyze historical sources with appropriate attention to their various contexts. |
| 3. Create patient education plans that are culturally specific to the patient and that incorporate the family support system. | N/A |
| 4. Communicate effectively with the interprofessional team to ensure a wholistic approach to patient-centered care. | 9. Recognizes potential threats and threatening behaviors, including bullying. Create safe working environments by writing policies, practicing mock disturbances, and including annual competencies for ensuring a safe and healthy workplace. |
| 5. Continue inquisitive learning by using the Electronic Medical Record and Informatics to meet quality metrics in a variety of healthcare and geographic settings. | N/A |
| 6. Advocate for healthcare policies for the underserved, vulnerable populations to ensure equity with access to care for prevention, | 5. Compares and contrasts leadership theories used for different nursing situations.<br>10. Students will be able to analyze historical sources with appropriate attention to their various contexts. |

> **Commented [A8]:** TH SLO meets PLO 2 and 6

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| remedial, supportive, and rehabilitative nursing care regionally, nationally, and globally. | |

**Required Textbooks**

| Title | Author | Publisher | ISBN# |
|---|---|---|---|
| Leadership and Management Functions in Nursing: Theory and Application (10<sup>th</sup> ed) | Bessie Marquis Carol Huston | Wolters-Kluwer | 9781975139216 |
| Psychology for Nursing & Healthcare Professional: Developing Compassionate Care | Sue Barker | Sage | 9781473925069 |
| Called to Care: A Christian Theology of Nursing, 3rd ed. | Shelly, Miller, Fenstermacher | InterVarsity Press | 978-1514000922 |
| Publication Manual of the American Psychological Association (APA) (7<sup>th</sup>ed.) | APA | APA | 978-143383216 |

*Supplemental Resources*

ATI Supreme Essentials provides the visual and auditory learners with skill vignettes, review modules, online tutorials, dosage calculation and safe medication practice, computer adaptive NextGen and current NCLEX test item types, civility tutorials, and ATI Pulse (analytics engine that predicts students probability of passing the NCLEX). ATI also provides a host of practice and proctored NCLEX style exams as well as a Predictor exam to prepare for the NCLEX. ATI tools will be fully integrated into each nursing course.

*Suggested Resources*
1. Articles
2. Position Papers
3. Healthcare Policies
4. Westmont College Library and online databases (EBSCO, ProQuest, ERIC, CINALH)

**Commented [A9]:** Students will be required to find many articles, outside books to meet requirements for papers

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**Assessment of CLOs**

The assessments used in this course to measure your learning and meeting the content objectives and course learning outcomes will include class participation, assignments, and a group presentation (comprehensive assessment).

| Course Learning Outcomes | Instructional activity | Assessment |
|---|---|---|
| 1. Differentiates between leading in nursing and nursing management. 2. Uses conflict responses to manage conflict situations in nursing. 3. Using evidence-based practice, discuss how to lead groups, task | Lecture, class discussion, shared experiences, simulations, and case studies | Learning Exercises, Reflective Writing, IHI Modules, Resume/Cover Letter, Nursing Philosophy, Leadership QI Project presentation, ATI practice and proctored exams, clinical discussions, reflections, clinical |

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| forces, and patient care conferences.<br>4. Identifies an area needing change on assigned unit. Plans a change project using a change theory.<br>5. Compares and contrasts leadership theories used for different nursing situations.<br>6. Constructs a productivity plan to keep staffing costs in alignment with budget.<br>7. Analyzes the reasons for nursing turnover and prioritizes resolutions to retain staff.<br>8. Differentiates duties that can be delegated to LVNs and unlicensed personnel.<br>9. Recognizes potential threats and threatening behaviors, including bullying. Create safe working environments by writing policies, practicing mock disturbances, and including annual competencies for ensuring a safe and healthy workplace.<br>10. Students will be able to analyze historical sources with appropriate attention to their various contexts. | | logs, analysis papers, capstone paper, QI/Change project |

**Grading**

*Theory*

| | |
|---|---|
| Class participation | = P/NC |
| Learning Exercises (3 x 25 pts each) | = 75  pts |
| Reflective Writing (2 x 25 pts each) | = 50  pts |
| Discussions (2 x 25 pts each) | = 50  pts |
| IHI Modules (4 x 25 pts each) | = 100 pts |
| Resume/Cover Letter | = 50  pts |
| Nursing Philosophy | = 50  pts |
| Leadership QI Project presentation | = 100 pts |
| Analysis Papers (2 x 125 pts each) | = 250 pts |
| Capstone Paper | = 250 pts |
| ATI practice and proctored exams | = 25  pts |
| Total | = 1000 pts |

*Clinical – see clinical syllabus below for details*

**\*Student must have 75% in theory and "Pass" in clinical to progress. If student doesn't obtain a Pass in clinical or 75% in theory, they will receive a non-mastery "F" in the course and will have to repeat the course following remediation. This also means the student will be dismissed from the program and will apply for re-entry.**

*Grading Policy*

| Letter Grade | Percentage | Grade Points Earned |
|---|---|---|
| A | 100 %   to 94.0% | 4 |
| A- | < 94.0 %   to 90.0% | 3.7 |
| B+ | < 90.0 %   to 87.0% | 3.3 |
| B | < 87.0 %   to 84.0% | 3.0 |
| B- | < 84.0 %   to 80.0% | 2.7 |
| C+ | < 80.0 %   to 77.0% | 2.3 |
| C | < 77.0 %   to 75.0% | 2.0 |
| F | < 75.0 %   to 0.0% | 0 |

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|---|---|
| P | No grade points assigned. Not computed in the grade point average |
| NC (F) | No grade points assigned. Not computed in the grade point average |
| W | No grade points assigned. Not computed in grade point average. |
| WF | No grade points assigned. Not computed in grade point average. |
| WP | No grade points assigned. Not computed in grade point average. |
| WX | No grade points assigned. Not computed in grade point average. |

Westmont does not compute the units and grades students earned at other colleges in its grade average. (Exception: Courses and grades taken as part of a Westmont off- campus program are posted on the Westmont transcript and will be calculated in the Westmont GPA.)

Apart from the exceptions identified below, all courses at Westmont are graded using a letter scale (A, B, C, D, F).
Instructor Initiated Exceptions:
1. For pedagogical reasons, an instructor may elect to use P/NC grade reporting in any class not approved for GE credit. It is assumed that the same grade-reporting system will be applied to the entire class.
2. With the approval of the General Education Committee, P/NC grade reporting may be used in appropriate, GE-approved courses.
3. When P/NC grade reporting is used, the syllabus must reflect this fact. In addition, departments are encouraged to include a notice in the catalog that the course may use P/NC grading.

*Assignments/Study:*
- Plan on spending 2-3 hours a week per unit. This lecture is a 3-unit class plan on 6-9 hours/week on assignments and study.
- All assignments must be submitted via Canvas on the due date listed. All assignments must be submitted as documents (.doc or .docx) or as pdf (.pdf) files. No picture files (.jpeg) will be accepted. If using a Mac, pages will not be accepted. There are numerous applications, such as Cam Scanner (free of charge) that can convert your photos to pdf or document files.

*Exams, Quizzes, and assignments*
- Assignments will not be accepted late, if late, a score of 0 is given.
- No make-up assignments for missed deadlines or due dates.
- In most cases, a missed exam or quiz cannot be made up
- Students will not be allowed to retake any exam or quiz on which an unsatisfactory grade was earned.
- All course final examinations will be comprehensive.
  - Absolutely no make-ups for final exams.
  - Students may not review the final exam.
- All cell phones must be turned off during exams unless prior arrangements are made with instructor.
- Electronic devices other than a calculator may not be used for in-class calculations work (i.e., cell phones, etc.).

Any student who wishes to challenge an answer should do so in writing or email, providing the specific rationale, reference information, and page number within 48 hours of the exam. However, this procedure in no way suggests that the instructor will accept the rationale as provided.

**Attendance**
Students are expected to observe the attendance requirement of the ABSN Program (Policy #201). Instructors may require that absences be made up to meet course objectives even if the absences do not exceed Westmont College policy regarding attendance.

*Reporting an Absence*
If you are going to be late for class, lab, or clinic you must call and communicate with your instructor as soon as possible. If you are going to be absent from class, lab, or clinical, please notify the instructor at least two hours before class, lab, or clinic. Students are not to communicate lateness or an absence to the instructor via their peers. If the instructor cannot be reached, and after notifying the healthcare facility/unit the student should notify the Westmont Nursing Office at 805-565-6300.

Repeated absences/lateness (greater than 2 absences in a theory or clinical course) or documented clinical incidences of lack of clinical readiness, will be addressed as part of the individual student evaluation. A plan of correction will be addressed by means of a student success plan to address ability for student to meet course objectives. The inability to meet the clinical objectives and/or clinical hours will result in a no pass and dismissal from the program.

*Attendance in Theory and Clinical*

Due to the limited amount of time in theory and clinical settings there are no allowable absences or tardy events, students are expected to be in class and on time. Please note two tardy events (less than 15 minutes) equals one absence.

Students may be unable to take an exam if more than 15 minutes have passed since the exam was started. In most cases, a missed exam, quiz, or assignment cannot be made up. If you have a medical or other emergency (with documentation of the event) which physically prevents you from taking an exam or quiz or submitting an assignment on time, you may be eligible for an exception. The accommodation granted in such cases will be determined on a case-by-case basis at the discretion of the instructor.

An instructor has the responsibility to require a student to make up a theory, laboratory, or clinical absence even if the student has not exceeded the allowable maximum number of absences. See ABSN Student Handbook Policy #201, Attendance/Tardiness/Engagement for additional information.

**Engagement in class, lab, and/or clinical**

Student engagement in class is paramount to problem solving, critical thinking, and persistence. Class and clinical readiness promotes student engagement in learning.

1. Class readiness includes reading content for class prior to class, completing assignments due in class prior to class, and engaging in pair, group, and class discussions with appropriate and meaningful additions to discussion topic or content.
2. Class readiness is having your desk cleared or computer ready for testing.
3. Clinical readiness includes having your stethoscope, writing tools, clinical worksheet, clipboard, full uniform and shoes and hair in place 15 minutes prior to shift handoff report unless otherwise instructed by course or clinical faculty.
4. Clinical readiness also includes punctuality; being ready to review medications with faculty, having all supplies ready for procedures or treatments you will conduct with your faculty, taking your lunch when scheduled and returning to the floor after lunch, staying "on campus" (hospital or ambulatory setting) during lunch break. Westmont is responsible for you during clinicals and remaining in the hospital or ambulatory setting is mandatory.

**Academic Integrity**

When students join our college community, they are expected, as apprentice scholars, to search for truth with integrity and accuracy. This quest requires humility about our abilities, respect for the ideas of others, and originality in our thinking. Since Westmont is a Christian community, the integrity of our scholarship is rooted in the integrity of our faith. We seek to be followers of Christ in the classroom, in the library, and at the privacy of our computers. Violations of academic integrity are a serious breach of trust within the Westmont community because they violate the regard for truth essential to genuine learning and Christian consistency. Such deception also hurts those students who do their work with integrity. Violations of Academic Integrity may consist of cheating (the use of unauthorized sources of information on an examination or other assignment), falsification (misrepresentation of facts in any academic

project or obligation) or plagiarism (the use of someone else's words or ideas without giving proper credit). Faculty and students should operate in an environment of mutual trust and respect. Faculty will expect students to act in ways consistent with academic integrity. However, for both scholarly and spiritual reasons, cheating, falsification, plagiarism and all other violations of academic integrity will not be tolerated in the Westmont community. Please familiarize yourself with the entire Westmont College Academic Integrity Policy. This document defines different violations of academic integrity and their consequences. It also contains very helpful information on strategies to recognize violations of academic integrity before they occur. Dishonesty in the clinical setting, will not be tolerated and students will be removed followed by program suspension or termination.

**Technology in the Classroom**
Laptops, tablets, and smart phones can be used in the classroom with the permission of the faculty. The use of smart phones in the clinical setting will depend on each clinical setting's rules. Smart phones in the clinical setting can be used for clinical related resources (drug book, Tabers, calculation, etc). Recording lectures is also at the discretion of the faulty and permission must be granted.

**Emergencies**
In the event that an emergency occurs during instruction, it is important to be familiar with the practices in place for the classroom. Please review the document at https://integready.app.box.com/AnticipatingInClass and direct any questions or concerns to the Office of Institutional Resilience.

**Office of Disability Services**
Students who have been diagnosed with a disability are strongly encouraged to contact the Office of Disability Services as early as possible to discuss appropriate accommodations for this course. Formal accommodations will only be granted for students whose disabilities have been verified by the Office of Disability Services. These accommodations may be necessary to ensure your equal access to this course. Please contact Sheri Noble, Director of Disability Services. (310A Voskuyl Library, 565-6186, snoble@westmont.edu) or visit the website for more information: https://www.westmont.edu/disability-services-welcome

**Dress Code**
Comfortable, non-binding clothing

**Weekly course schedule**
**\*Subject to change at any time, you will be notified of any changes**
**\*See Canvas for detailed instructions and grading rubrics for each assignment**

| Week | Content Objectives | Reading | Class Activities | Assignments/Outcome Measurement |
|------|--------------------|---------|------------------|---------------------------------|
| 1<br>1/13 | **-Orientation to class, clinical, and syllabus** | • Course Syllabus | Intro to class, clinical, syllabus, review assignments, expectations, canvas course.<br><br>Discuss role of the nursing leader in relation to QSEN competencies, BSN Essentials, Core IPC competencies | **Due week 2:**<br>**Theory:**<br>IHI Module: L101 Introduction to Healthcare Leadership<br><br>IHI Module assesses:<br><br>QSEN: Patient-centered care, Safety, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>I, II, III, IV, VI, IX<br><br>Interprofessional Collaborative Practice Competencies: 2, 4<br><br>**Clinical:**<br>Meet with clinical leader to review objectives and develop plan, schedule.<br><br>Reflections/Discussion/Clinical Log<br>\*\*Throughout course- discussion questions will address ALL of the following:<br><br>QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>I, II, III, IV, V, VI, VII, VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 1,2, 3, 4 |
| 2<br>1/20 | **Decision Making, Problem Solving, Critical Thinking, and Clinical Reasoning: Requisites for Successful Leadership and Management**<br>1. differentiate between problem solving, decision making, critical thinking, and clinical reasoning | •Read Chapter 1 LRMF (pages 2–34) | Lecture, class discussion, and case study | **Due week 3:**<br>**Theory:**<br>IHI Module: PS 104 Teamwork and Communication |

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| | 2. identify characteristics of successful decision makers<br>3. select appropriate models for decision making in specific situations<br>4. describe the importance of individual variations in the decision-making process<br>5. identify critical elements of decision making<br>6. discuss the effect of organizational power and values on individual decision making<br>7. select appropriate management decision-making tools that would be helpful in making specific decisions<br>8. differentiate between autocratic, democratic, and laissez-faire decision styles and identify situation variables that might suggest using one decision style over another | Barker Chapter 9 | Curricular Mapping:<br>QSEN: Teamwork and Collaboration, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>II, III, VI, VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 1,2, 3, 4 | IHI Module assesses:<br>QSEN: Teamwork and Collaboration, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>II, III, VI, VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 1,2, 3, 4<br><br>**Clinical:**<br>Discuss with clinical leader potential QI projects. Reflections/Discussion/Clinical Log ** | **Commented [A11]:** Begin discussion of past leaders, theories |
| 3<br>1/27 | **Overview of Leadership and Management**<br>**Guest Speaker – Westmont History/Religious Studies Professor**<br>1. identify similarities and differences between leadership and management<br>2. differentiate between leadership roles and management functions<br>3. discuss the historical evolution of leadership theory<br>4. correlate leadership theorists with their appropriate theoretical contributions<br>5. identify common leadership styles and describe situations in which each leadership style could be used appropriately<br>6. analyze how current and future paradigm shifts in health care affect the leadership skills that will be needed by nurses in the coming decade<br>7. identify the characteristics of a servant leader and suggest strategies for encouraging a service inclination in others<br>8. identify characteristics of authentic leadership and discuss the consequences to the leader–follower relationship when leaders are not authentic<br>9. provide examples of the 21st-century shift from industrial age leadership to relationship age leadership<br>10. develop insight into his or her individual leadership strengths | •Read Chapter 2 LRMF (pages 35–59)<br>Barker Chapter 10<br>•Read Chapter 3 LRMF (pages 60–82) | Lecture, class discussion, and shared experiences<br><br>Curricular Mapping:<br><br>QSEN: Informatics, Teamwork and Collaboration, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>II, III, IV, VI<br><br>Interprofessional Collaborative Practice Competencies: 2, 4 | **Due week 4:**<br>**Theory:**<br>Reflective Writing Assignment: Overview of Leadership and Management<br><br>RW assesses:<br><br>QSEN: Informatics, Teamwork and Collaboration, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>II, III, IV, VI<br><br>Interprofessional Collaborative Practice Competencies: 2, 4<br><br>**Due week 6:**<br>**Theory:**<br>Analysis Paper: Spiritual Integration into nurse leader role: a historical perspective<br><br>AP assesses:<br><br>QSEN: Informatics, Teamwork and Collaboration, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>I, II, III, IV, VI, VIII<br><br>Interprofessional Collaborative Practice Competencies: 2, 4<br><br>**Clinical:** | **Commented [A12]:** Reaching out to RS/History professor as guest speaker to go over primary sources, secondary sources<br><br>**Commented [A13]:** See Course Assignments document for detailed instructions and rubric |

| | | | | Reflections/Discussion/Clinical Log ** |
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| **4**<br>2/3 | **Ethical Issues/Legal and Legislative Issues**<br>1. identify and define nine different principles of ethical reasoning<br>2. distinguish between legal and ethical obligations in decision making<br>3. identify strategies leader-managers can use to promote ethical behavior as the norm<br>4. demonstrate self-awareness regarding the ethical frameworks and ethical principles that most strongly influence his or her personal decision making<br>5. identify the primary sources of law and how each affects nursing practice<br>6. describe the types (criminal, civil, and administrative) of legal cases nurses may be involved in and differentiate between the burden of proof and the potential consequences for rule breaking in each<br>7. describe the five elements that must be present for a professional to be held liable for malpractice<br>8. describe conditions that must exist to receive liability protection under Good Samaritan laws<br>9. select appropriate legal nursing actions in sensitive clinical situations<br>10. differentiate between legal and ethical accountability | •Read Chapter 4 LRMF (pages 84–108)<br>•Read Chapter 5 LRMF (pages 109–135) | Lecture, class discussion, shared experiences, and case study<br><br>Curricular Mapping:<br><br>QSEN: Patient-centered care, Safety<br><br>Baccalaureate Essentials:<br>II, V, VI, VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 1 | **Due week 5:**<br>**Theory:**<br>Learning Exercise Analysis: Ethical Issues/Legal and Legislative Issues<br><br>LE assesses:<br><br>QSEN: Patient-centered care, Safety<br><br>Baccalaureate Essentials:<br>II, V, VI, VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 1<br><br>**Clinical:**<br>Reflections/Discussion/Clinical Log ** |
| **5**<br>2/10 | **Organizational Planning/Planned Change**<br>1. describe how tools such as SWOT analysis and balanced scorecards can facilitate the strategic planning process<br>2. recognize the need for periodic value clarification to promote self-awareness<br>3. reflect on which personal planning style (reactive, inactive, preactive, or proactive) is used most often<br>4. differentiate between planned change and change by drift<br>5. identify the responsibilities of a change agent<br>6. develop strategies for unfreezing, movement, and refreezing<br>7. identify and implement strategies to manage resistance to change<br>8. identify critical features of complex adaptive systems change theory<br>9. describe the impact of chaos and the butterfly effect on both short- and long- term planning<br>10. analyze how time is managed both personally and at the unit level of the organization<br>11. describe the importance of allowing adequate time for daily planning and priority setting<br>12. build evaluation steps into planning so that reprioritization can occur | •Read Chapter 7 LRMF (pages 164–189)<br>•Read Chapter 8 LRMF (pages 190–210)<br>•Read Chapter 9 LRMF (pages 211-236) | Lecture and class discussion<br><br>Curricular Mapping:<br><br>QSEN: Safety, Teamwork and Collaboration, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>II, III, V, VI, VIII<br><br>Interprofessional Collaborative Practice Competencies: 2 | **Due week 6:**<br>**Theory:**<br>Discussion Board Assignment: Patient, Subordinate, Workplace, and Professional Advocacy/ Organizational Planning<br><br>DB assesses:<br><br>QSEN: Safety, Teamwork and Collaboration, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>II, III, V, VI, VIII<br><br>Interprofessional Collaborative Practice Competencies: 2<br><br>**Clinical:**<br>Reflections/Discussion/Clinical Log<br>Begin work on QI/Change project<br><br>** |

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| | 13.identify common internal and external time wasters as well as interventions that can be taken to reduce their impact<br>14.identify how technology applications such as e-mail, the Internet, telecommunications, and social networking can both facilitate and hinder personal time management | | | |
| **6**<br>**2/17** | **Fiscal Planning and Health-Care Reimbursement/Organizational Structure**<br>1. define basic fiscal terminology<br>2. accurately compute the standard formula for calculating nursing care hours per patient-day<br>3. describe the resulting impact on cost and quality when health-care reimbursement shifted from a health-care system dominated by third-party, fee-for-service plans to capitated, managed care programs<br>4. recognize that rapidly changing federal and state reimbursement policies make long-range budgeting and planning very difficult for health-care organizations<br>5. describe why nurses need to understand and actively be involved in fiscal planning and health-care reform<br>6. describe how the structure of an organization facilitates or impedes communication, flexibility, and job satisfaction<br>7. differentiate between first, middle, and top levels of management<br>8. contrast centralized and decentralized decision making<br>9. describe common components of shared governance models and differentiate shared governance from participatory decision making<br>10.describe characteristics of effective committees and committee members<br>11.identify symptoms of poorly designed organizations<br>12.describe the five model components of Magnet-designated health-care organizations as well as the 14 foundational forces required to achieve Magnet status | •Read Chapter 10 LRMF (pages 237–269)<br>•Read Chapter 12 LRMF (pages 296–324) | Lecture and class discussion<br>Develop productivity plan<br><br>Curricular mapping:<br><br>QSEN: Safety, Informatics, Teamwork and Collaboration, Quality Improvement<br><br>Baccalaureate Essentials:<br>II, IV, V, VI, VIII<br><br>Interprofessional Collaborative Practice Competencies: 2, 4 | **Due week 7:**<br>**Theory:**<br>IHI Module: PS 101 Introduction to Patient Safety<br><br>IHI Module assesses:<br><br>QSEN: Safety, Informatics, Teamwork and Collaboration, Quality Improvement<br><br>Baccalaureate Essentials:<br>II, V, VI, VIII<br><br>Interprofessional Collaborative Practice Competencies: 2, 4<br><br>**Clinical:**<br>Reflections/Discussion/Clinical Log<br>Work on QI/Change project<br><br>** |
| **7**<br>**2/24** | **Organizational, Political, and Personal Power/Organizing Patient Care**<br>1. differentiate among legitimate, reward, coercive, expert, referent, charismatic, self, and information power<br>2. empower subordinates and followers by providing them with opportunities for success<br>3. use cooperation rather than competition and avoid overt displays of power and authority whenever possible<br>4. explore factors that historically led to nursing's limited power as a profession | •Read Chapter 13 LRMF (pages 325–351)<br>•Read Chapter 14 LRMF (pages 352–374) | Lecture and class discussion<br><br>Curricular mapping:<br><br>QSEN: Safety, Informatics, Teamwork and Collaboration, Quality Improvement | **Due week 8:**<br>**Theory:**<br>Learning Exercise Analysis: Organizational, Political, and Personal Power/Organizing Patient Care<br><br>LE assesses:<br><br>QSEN: Safety, Informatics, Teamwork and Collaboration, Quality Improvement |

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| | 5. debate the driving and restraining forces for reserving the primary nurse role for the registered nurse<br>6. describe the challenges as well as the benefits of using interprofessional health-care teams in the delivery of patient care<br>7. delineate new roles that are expanding the role of nurses beyond caregivers to key integrators, care coordinators, and efficiency experts such as case managers, nurse navigators, and clinical nurse-leaders (CNLs)<br>8. discuss how work redesign may affect social relationships on a unit<br>9. explain what effect staff mix has on work design and patient care organization | | Baccalaureate Essentials:<br>II, V, VI, VIII<br><br>Interprofessional Collaborative Practice Competencies: 2, 3 | Baccalaureate Essentials:<br>II, V, VI, VIII<br><br>Interprofessional Collaborative Practice Competencies: 2, 3<br><br>**Clinical:**<br>Reflections/Discussion/Clinical Log<br>Work on QI/Change project<br>** | |
| **8**<br>3/3 | **Creating a Motivating <mark>Climate/Organizational, Interpersonal, and Group Communication in Team</mark> Building**<br>1. describe the relationship between motivation and behavior<br>2. differentiate between intrinsic and extrinsic motivation<br>3. recognize the need to create a work environment in which both organizational and individual needs can be met<br>4. delineate how the work of individual motivation theorists has contributed to the understanding of what motivates individuals inside and outside the work setting<br>5. describe the constraints managers face in creating a climate that will motivate employees<br>6. develop increased self-awareness about personal motivation and the need for "self-care" to remain motivated in a leadership or management role<br>7. describe the relationship between communication and team building<br>8. describe strategies managers can take to increase the likelihood of clear and complete organizational communication<br>9. choose appropriate communication modes for specific situations and messages<br>10. demonstrate listening skills consistent with listening model<br>11. <mark>Analyze and discuss the history and evolution of nursing leaders related to creating a positive organizational culture.</mark> | •Read Chapter 18 LRMF (pages 468–492)<br>•Read Chapter 19 LRMF (pages 493–525) | Lecture, class discussion, simulations, and case studies<br><br>Curricular mapping:<br><br>QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement<br><br>Baccalaureate Essentials:<br>II, IV, VI, VIII<br><br>Interprofessional Collaborative Practice Competencies: 1,2, 3, 4 | **Due week 9:**<br>**Theory:**<br>Learning Exercise Analysis: Creating a Motivating Climate/Organizational, Interpersonal, and Group Communication in Team Building<br><br>LE assesses:<br><br>QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement<br><br>Baccalaureate Essentials:<br>II, IV, VI, VIII<br><br>Interprofessional Collaborative Practice Competencies: 1,2, 3, 4<br><br>**Due week 11:**<br>**Theory:**<br><mark>Analysis Paper: Organizational Culture</mark><br><br>AP assesses:<br><br>QSEN: Informatics, Teamwork and Collaboration, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>I, II, III, IV, VI, VIII<br><br>Interprofessional Collaborative Practice Competencies: 1, 2, 3, 4 | **Commented [A14]:** Continued discussion on past leaders now looking at bigger picture of how they have shaped organizational cuture<br><br>**Commented [A15]:** See course assignments for details |

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| | | | | **Clinical:**<br>Reflections/Discussion/Clinical Log<br>Work on QI/Change project<br>Midterm Clinical Evaluation<br><br>** |
| **9**<br>**3/10** | **Career Planning and Development in Nursing**<br>1. describe the impact a career development program has on employee attrition, future employment opportunities, quality of work life, and competitiveness of the organization<br>2. describe three phases of long-term coaching for career development<br>3. recognize lifelong learning as a professional expectation and responsibility<br>4. identify factors creating the current, pressing need for transition-to-practice programs to retain new graduate nurses and prepare them for successful employment<br>5. develop a personal career plan<br>6. create and/or critique a resumé for content, format, grammar, punctuation, sentence structure, and appropriate use of language<br>7. create a personal nursing philosophy statement | •Read Chapter 11 LRMF (pages 270-294) | Lecture, discussion, sharing of ideas, review examples<br>Develop resume, letter, nursing philosophy<br><br>Curricular mapping:<br><br>QSEN: ---<br><br>Baccalaureate Essentials:<br>II, III,VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 2 | **Due week 10:**<br>**Theory:**<br>Resume/CV/Cover Letter<br>Nursing Philosophy Statement<br><br>Resume/CV/Cover Letter<br>Nursing Philosophy Statement assesses:<br><br>QSEN: ---<br><br>Baccalaureate Essentials:<br>II, III,VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 2<br><br>**Clinical:**<br>Reflections/Discussion/Clinical Log<br>Work on QI/Change project<br><br>** |
| **3/17** | **SPRING BREAK** | | | |
| **10**<br>**3/24** | **Delegation/Conflict, Workplace Violence, and Negotiation**<br>1. identify specific strategies that increase the likelihood of effective delegation<br>2. delegate tasks using appropriate priority setting and personnel in specific situations<br>3. identify common causes of improper delegation as well as strategies to overcome these delegation errors<br>4. identify leadership strategies that can be used to reduce subordinate resistance to delegation<br>5. describe cultural phenomena that must be considered when delegating to a multicultural staff or in encouraging multicultural staff to delegate | •Read Chapter 20 LRMF (pages 526–554)<br>•Read Chapter 21 LRMF (pages 555–585) | Lecture, class discussion, simulations, and case studies<br><br>Curricular mapping:<br><br>QSEN: Patient-centered care, Safety, Teamwork and Collaboration<br><br>Baccalaureate Essentials:<br>II, VI,VIII | **Due week 11:**<br>**Theory:**<br>Discussion Board Assignment:<br>Delegation/Conflict, Workplace Violence, and Negotiation<br><br>DB assesses:<br><br>QSEN: Patient-centered care, Safety, Teamwork and Collaboration<br><br>Baccalaureate Essentials:<br>II, VI,VIII |

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| | 6. differentiate between qualitative and quantitative conflict and between intrapersonal and interpersonal conflict<br>7. describe the stages of conflict<br>8. select appropriate conflict resolution strategies to solve various conflict situations<br>9. describe manifestations of workplace violence, incivility, bullying, and mobbing<br>10. identify strategies that might be used to immediately confront and intervene when workplace violence exists<br>11. describe why zero tolerance must be an organizational expectation for workplace violence<br>12. Demonstrate effective ways to counter commonly used destructive tactics in conflict negotiation<br><br>**Mock Interviews/Interviews**<br>1. Demonstrate effective interview skills, actions:<br>   a. Professional dress<br>   b. Preparation – knowledge of employer/organization mission, answers to anticipated questions, formulation of intelligent questions to ask of interviewer<br>2. Completion of mock interview/interview | | Interprofessional Collaborative Practice Competencies: 1, 2, 3, 4<br><br>Mock interviews/Interviews<br>Curricular mapping:<br><br>QSEN: ---<br><br>Baccalaureate Essentials: VIII<br><br>Interprofessional Collaborative Practice Competencies: 2 | Interprofessional Collaborative Practice Competencies: 1, 2, 3, 4<br><br>**Clinical:**<br>Reflections/Discussion/Clinical Log Work on QI/Change project<br><br>**<br><br>**Due week 13:**<br>**Theory:**<br>IHI Module: QI 101 Introduction to Healthcare Improvement<br><br>IHI Module assesses:<br><br>QSEN: Safety, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>II, III, VI, VII, IX<br><br>Interprofessional Collaborative Practice Competencies: 2, 4<br><br>**Clinical:**<br>Reflections/Discussion/Clinical Log Work on QI/Change project |
| 11<br>3/31 | **Quality Control in Creating a Culture of Patient Safety/Performance Appraisal**<br>1. describe a systematic process (such as FOCUS PDCA) that could be used for a quality improvement process<br>2. describe processes used for benchmarking and the identification of best practices<br>3. describe the role of organizations such as The Joint Commission (JC), the Centers for Medicare & Medicaid Services, the American Nurses Association, the National Committee for Quality Assurance, and the Agency for Healthcare Research and Quality in establishing standards of practice and clinical practice guidelines for health-care organizations and health-care professionals<br>4. define and provide examples of sentinel events in health care as defined by JC | •Read Chapter 23 LRMF (pages 618–654)<br>•Read Chapter 24 LRMF (pages 655–681) | Lecture and class discussion<br><br>Curricular mapping:<br><br>QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>II, III, IV, V, VI | **Due week 12:**<br>**Theory:**<br>Reflective Writing Assignment: Quality Control in Creating a Culture of Patient Safety<br><br>RW assesses:<br><br>QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>II, III, IV, V, VI<br><br>Interprofessional Collaborative Practice Competencies: 2, 3, 4 |

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| | 5. identify the four evidence-based standards The Leapfrog Group believes will provide the greatest impact on reducing medical errors<br>6. identify the scope of the problem of medical errors in contemporary health care as well as strategies that have been undertaken to address the problem<br>7. describe characteristics of a "just culture" and discuss why having such a culture is critical to timely and accurate medical error reporting<br>8. analyze (quantitatively and qualitatively) the extent of quality health-care gains (if any) that have occurred since the publication of To Err Is Human, the first in a series of Quality Chasm reports by the Institute of Medicine<br>9. identify and use appropriate performance appraisal tools for measuring professional nursing performance<br>10. identify factors that increase the likelihood that a performance appraisal will develop and motivate staff<br>11. identify strategies that can be used before, during, and after the performance appraisal to increase the likelihood of a positive outcome | | Interprofessional Collaborative Practice Competencies: 2, 3, 4 | **Clinical:**<br>Reflections/Discussion/Clinical Log<br>Complete QI/Change Project<br>** |
| **12**<br>**4/7** | **GOOD FRIDAY – EASTER BREAK** | | | |
| **13**<br>**4/14** | **Problem Employees: Rule Breakers, Marginal Employees, and the Chemically or Psychologically Impaired**<br>1. describe the steps typically followed in progressive discipline<br>2. differentiate between constructive and destructive discipline<br>3. compare how the disciplinary process may vary between unionized and nonunionized organizations<br>4. analyze situations in which discipline is required and identify appropriate strategies for constructively modifying behavior<br>5. identify behaviors and actions that may signify chemical or psychological impairment in an employee or colleague<br>6. analyze how personal feelings, values, and biases regarding psychological and/or chemical impairment may alter one's ability to confront and/or help the psychologically or chemically impaired employee | Barker 9<br><br>•Read Chapter 25 LRMF (pages 655–681) | Lecture, class discussion, simulations, and case studies<br><br>Curricular mapping:<br><br>QSEN: Safety, Teamwork and Collaboration<br><br>Baccalaureate Essentials:<br>II, V, VIII<br><br>Interprofessional Collaborative Practice Competencies: 1,2, 3, 4 | **Due week 14:**<br>**Theory:**<br>ATI Practice Assessment 2019A<br>Clinical Project Presentation<br><br>QI/Change project presentation assesses:<br><br>QSEN: Quality Improvement, Evidence-based Practice<br><br>Baccalaureate Essentials:<br>III, VI, VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 3<br><br>**Clinical:**<br>Completion of hours and QI/Change Project presentation<br><br>QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice |

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| **14**<br>**4/21** | **Project presentations**<br>**ATI Leadership Proctored Assessment** | **Project presentations**<br>ATI Practice assessment A<br><br>Curricular mapping:<br><br>QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice<br><br>Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 1,2, 3, 4 | **Theory:**<br>ATI Proctored assessment<br><br>Curricular mapping:<br><br>QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice<br><br>Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 1,2, 3, 4<br><br>**Clinical:**<br>Complete final Clinical Log<br>Final Clinical Evaluation | **Project presentations**<br>**ATI Leadership Proctored Assessment** |
| **15**<br>**4/28** | **STUDY DAY** | | | |
| **16**<br>**5/1**<br>*NOTE MON DUE DATE* | CAPSTONE PAPER DUE | **Theory:**<br>**Capstone Paper**<br><br>QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice<br><br>Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX<br><br>Interprofessional Collaborative Practice Competencies: 1,2, 3, 4 | | |

**Commented [A16]:** See Course assignments for detail. Throughout the course through the lectures, discussions, analysis papers, students are building to this final paper assessing their competency in TH SLO

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# Clinical syllabus

*Faculty: Dr. Carol Velas*
*Clinical Site: Cottage hospital, various*
*Email: cvelas@westmont.edu*
*Office hours: Tuesdays, Thursdays, and Fridays by appointment*

**Clinical objectives:**
1. Discusses the impact nursing leadership has on quality care in healthcare settings.
2. Evaluates the different leadership styles associated with various situations on a busy medical/surgical floor.
3. Practices conflict resolution strategies to de-escalate situations where conflict occurs.
4. Analyze the budget process to recognize the knowledge needed by nursing leaders.
5. Justify the need for continuous quality improvement and specific initiatives for specific patient populations.
6. Recognize staff behaviors that lead to workplace violence and incivility. Develop a "no tolerance" policy for these behaviors.
7. Manage personal and work-related stress by developing a self-care routine.

This course has 90 hours of clinical preceptorship that is spent in the acute or ambulatory setting with a nurse leader (preceptor). The purpose of this clinical experience is that you observe the routine work of nurse leaders as well as conflicts and emergent situations that may materialize during the normal workday. Please attend administrative meetings with your preceptor, staffing meetings, clinical huddles, and medical staff meetings.

Assessment of clinical will include logged hours (must have 90 hrs.), reflection papers of different meetings attended, projects you have assisted the nurse leader with, productivity worksheet, paper on nursing change/QI project, and other work assigned by nurse leader Preceptor.

**Absence Policy:**
**If you are going to be late or absent for clinic you must call or text your instructor.**
Due to the short time frame of the clinical component of this course, there will be NO allowable absences. If a student misses a clinical day, in order to meet the clinical objectives, the hours must be made up with the instructor. Extenuating circumstances will be reviewed on a case-by-case basis (see above for specific details on attendance).

**Students in the Clinical Setting**
We are guests in our facilities. Community partners welcome us into their facilities and rely on us to adhere to the most stringent professional and safety standards. Failure to adhere to these standards, by even a single student, can jeopardize our ability to place students in those settings. In the clinical settings, all students must adhere to the following requirements and any additional requirements that are specific to each facility. Additional requirements will be communicated to the student by the clinical instructor and/or lead faculty. Failure to adhere to the policy will result in removal from the clinical setting and an absence for the clinical day and/or a failing grade in the clinical portion of the course.

- Instructors will provide individual clinical site rules and regulations at the beginning of the rotation during orientation and as needed if any changes or updates made.
- Students may not congregate in groups at any time during the clinical day. Groups of students are not allowed to congregate in the parking lots, break areas or in the clinical settings.

**Guidelines for Professional Behavior**

The California Nursing Practice Act requires its practitioners to be fully accountable for their clinical decisions and actions. The Westmont Nursing student is expected to conduct him/herself in a professional manner at all times while in uniform and/or while representing the school. The following standards of professionalism are considered mandatory for all nursing students:

- Preparation for assignments (for both lectures and clinical)
- Be honest at all times
- Effective communication (both verbal and non-verbal)
- Professional attitude at all times
- Effective teamwork/cooperation
- Accepts and benefits from constructive criticism
- Is responsible for his/her own learning, and helps promote an atmosphere, which facilitates maximum learning for his/her classmates
- Recognition of the impact of one's behavior on others, especially clients; and modification of inappropriate behavior
- Accountability/ legal and ethical responsibilities

**Confidentiality/Privacy:**

It is the expectation that students maintain all aspects of confidentiality. Students are accountable for being aware of the legal implications in respecting the rights of others, especially the right to privacy. The following guidelines are strictly adhered to:

- Confidentiality of client information must never be violated.
- Client personal, family or health related information may not be removed from the healthcare setting.
- Any written assignments must not have any client identifying information on them and are to be treated with confidentiality, i.e. do not share any of the information or paperwork with others.
- Client records or information may not be copied in any format. Therefore, all students who have access to confidential information are prohibited from disclosing such information in any unauthorized manner.

**Social Media Warning:**

Students must uphold the privacy and confidentiality of the patients they care for while upholding the American Nursing Association (ANA) Professional Code of Ethics. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is **a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed.** Westmont College ABSN Program student nurses will not share any kind of patient information (patient or family name, diagnosis, provider of care, room number, unit or floor, all clinical settings, nurses on unit, plan of care) on any Social Media platforms including but not limited to; YouTube, Facebook, TikTok, Instagram, Snapchat, or others. Pictures of the patient or family members, patients' room or any room in the clinical setting are forbidden.

Violation of HIPAA laws have very severe consequences and will be managed on a case by case basis.

**Student Clinical Engagement:**
Clinical readiness includes having your stethoscope, writing tools, clinical worksheet, clipboard, full uniform and shoes and hair in place 15 minutes prior to shift handoff report unless otherwise instructed by course or clinical faculty.

Clinical readiness also includes punctuality; being ready to review medications with faculty, having all supplies ready for procedures or treatments you will conduct with your faculty, taking your lunch when scheduled and returning to the floor after lunch, staying "on campus" (hospital or ambulatory setting) during lunch break. Westmont is responsible for you during clinicals and remaining in the hospital or ambulatory setting is mandatory.

*Unacceptable Clinical Behavior*
Unacceptable classroom/clinical behavior/conduct includes, but is not limited to, the following:
- Interference with the learning of others
- Excessive tardiness
- Interruptions by excessively talking during class
- Intimidation of students and/or faculty (angry, hostile, or violent behavior)
- Inappropriate non-verbal behavior
- Inappropriate/provocative dress/appearance
- Use of pagers or cell phones during class time
- Dishonesty

# CLINICAL ASSIGNMENTS

**\*See Canvas for specific due dates and times and instructions and grading criteria and rubrics\***

**\*Student must have 75% in theory and "Pass" in clinical to progress. If student doesn't obtain a Pass in clinical or 75% in theory, they will receive a non-mastery "F" in the course and will have to repeat the course following remediation. This also means the student will be dismissed from the program and will apply for re-entry.**

**All Clinical assignments are pass/no pass and must be completed in order to pass the clinical portion of this class.**

**Discussion questions and reflection responses**
Most weeks you will have a discussion question that helps you apply the content you have learned in theory to actual practice of your preceptor/leader. The objective for this response is that you can answer the question in a concise manner. I will be looking at your grammar, syntax, and references from the content you are learning. Please limit your discussion response to around 200 words. Your discussion responses are part of your clinical participation with a pass/non-mastery grade.

**Quality Improvement Project**
Your final clinical project will be a exploration and development of or addition to a quality improvement project in the area your preceptor/leader works. It may also be a larger hospital-wide project your join. You will use the Plan-Do-Check-Act (PDCA) cyclic model as a frame for your project. The paper will be written in APA format and should be approximately eight pages of content excluding the title page and reference page. You may use classical and current (within 5 years) resources that are from peer-reviewed nursing journals.

The project consists of a four-part paper and a poster presentation. Each section of the paper will be completed, uploaded, and you will receive feedback on it according to the schedule posted here. Close to the end of the semester you will write your final section and the conclusion providing ample time to create your poster. Each of you will present your poster to the preceptor/leaders, nurses, and staff at Cottage Hospital and Westmont College ABSN program faculty and staff.

*Part one: Plan*
Introduction to your project, why you chose it, and how it will impact patient care. Identify the purpose or goal, include a theory (if applicable), defining success, metrics, and putting a plan into action. Include objectives, questions, and predictions. Include a plan to carry out the cycle (who, what, where, when). Two pages in APA format.
Upload to Canvas on **February 5** by 11:59pm.

*Part two: Do*
Provide a literature review on current best practices and outcome data for your specific project.

Implement a solution and carry out the plan. Document problems and unexpected observations. Begin data analysis. If this has already been completed, explain in detail how this was accomplished, who completed the analysis, what process did they use? Two pages in APA format. Upload to Canvas on **February 26** by 11:59pm.

*Part three: Check*
Evaluate the results. Check the effects of the implementation. Complete the data analysis, compare data to predictions, and summarize what was learned. If your project has not gotten to this phase yet, imagine what the results may be using your literature review. Two pages in APA format. Upload to Canvas on **March 19** by 11:59pm.

*Part four: Act*
In reviewing your outcomes, what changes in your initial "Plan" would you/will you make? Explain the success or failure of the initial implementation. Further discusses a new intervention or continued data analysis on current intervention and explains how the PDCA cyclic process continues. Two pages in APA format that includes your conclusion. Two pages including your conclusion.

*Conclusion:*
Summarizes the salient points that have informed or impacted this quality improvement process and your integration of continuous quality improvement in your work as a new graduate nurse. Upload your entire 10-page paper. This includes your title page and reference page.
Upload to Canvas by **April 14** by 11:59pm.

## Quality Improvement Project Paper Rubric  30 points possible

Edward Deming is credited with the creation of the Plan, Do, Study, Act (PDSA) cycle for quality improvement. His intention of "Study" was so the theory used in the "Plan" phase could possibly be revised. As the "Deming Wheel" evolved, Japanese industry leaders changed the "Study" to "Check" as a way to check the intervention in the "Do" phase and make corrections that would cause the cycle to continue until the goal in the "Plan" phase was obtained. PDCA is a cyclic model for quality improvement.

Moen, R.D,  & Norman, C.L. (2010). Clearing up the myths about the Deming cycle and seeing how it keeps revolving. Quality Process. Retrieved from http://www.apiweb.org/circling-back.pdf

| Criteria | Levels of achievement | | | | Assigned points |
|---|---|---|---|---|---|
| | 5 points | 3-4 points | 1-2 points | 0 points | |
| **Part 1 – Plan** Identify the purpose or goal, include a theory (if applicable), defining success, metrics, and putting a plan into action. Objective, questions, and predictions, Plan to carry out the cycle (who, what, where, when). | Comprehensive discussion and identification of the purpose or goal for the quality improvement project. May include a theory, but defines predicted success, metrics, and/or criteria for success. Includes who, what, where, and when in the planning phase. | Well written discussion omits some topics to be addressed in assignment instructions. Good understanding of plan and inclusion of who, what, where, and when. | Brief discussion omits some topics to be addressed in assignment instructions. Purpose and goals are touched on, however, unclear. Plan is written, however, elements of who, what, where, and when are missing. | Brief conversation, however,  omits most topics to be addressed in assignment instructions. Purpose and goals are unclear, objectives and predictions omitted, and plan is briefly explained with parts of the cycle missing. | /5 |
| **Part 2 – Do** Provide a literature review on current best practices and outcome data. Implement a solution and carry out the plan. Document problems and unexpected observations. Begin data analysis. Provide a literature review on current best practices and outcome data. | Comprehensive literature review explaining current best practices and other quality improvement projects on the same topic. Includes clear plan for a solution to the identified problem. Identifies expected challenges and unexpected observations to watch for. Implementation of data analysis is well documented. | Well written discussion of prior literature on proposed project, omits some information on best practices and gaps in knowledge from other research. Casually describes solution to problem. Data analysis briefly mentioned and considers possible problems that may occur. | Brief discussion on literature review, omits gaps in knowledge or other important information research suggests for this project. No clear solution to the problem. Identifies need for data analysis, however no clear plan included. | Brief conversation of topic without literature review. Does not provide concrete evidence of a plan or solution to the problem. No mention of data analysis. | /5 |
| **Part 3 – Check** Evaluate the results. Check the effects of the implementation. Complete the data analysis, compare | Comprehensive analysis of data and comparison to objectives, questions, and predictions. Excellent summary of the evaluation of the implementation and | Well written analysis of data. Omits some aspects of comparison of objectives, questions, or | Brief discussion on analysis of data, however, unclear on observation of challenges experiences with implemented plan. | Brief conversation about outcomes, no analysis of results or questions about objectives or predictions. No | /5 |

| | | | | |
|---|---|---|---|---|
| data to predictions, summarize what was learned. | what was learned, positive or negative. Provides thoughts on new implementation. | predictions or analysis is unclear. Includes clear thoughts on new implementations. | No summary of new intervention but brief suggestions. | planned change or new intervention. | |
| **Part 4 – Act** What changes are to be made? Start the cycle again. | Comprehensive discussion on the success or failure of the initial implementation. Further discusses a new intervention or continued data analysis on current intervention and explains how the PDCA cyclic process continues. | Well written discussion on the success or failure of initial implementation, however, omits details on new intervention or ways to continue to implement the initial intervention. Briefly discussed how this will impact the PDCA cyclic process. | Brief conversation of the action taken from the results of the intervention. Omits deeper thought on another intervention or how the PDCA cyclic process continues | Unable to articulate the action needed to begin the PDCA cyclic process from the data analysis. | /5 |
| **Conclusion** | Strong conclusion that summarizes the salient points that have informed or impacted this quality improvement process and your integration of continuous quality improvement in your work as a new graduate nurse. | Conclusion that summarizes the main points of your project and how it will impact your work as a new graduate nurse. | Weak conclusion that summarizes the main points of your project. Omits how this experience will impact your new nursing career. | Did not include a conclusion. | /5 |
| **APA format** (Introduction, body, conclusion, correct running head and cover page, uses headers for organization, proper grammar and spelling). Resources used: Classical and current within 5 years, scholarly peer reviewed journals | APA correctly used throughout paper. Citations and references are formatted correctly, resources are classical or within 5 years, and from peer reviewed journals. *8 pages | Generally acceptable but some minor mistakes. 50% citations and references are formatted correctly, resources are classical or within 5 years and from peer reviewed journals. *6 pages | Multiple mistakes in APA format. 50% citations and references are formatted correctly, resources are classical, however many not within 5 years or from peer reviewed journals. *< 6 pages | APA format is not used correctly or at all. Citations and references are formatted incorrectly, many resources are outdated and not from peer reviewed journals. *< 6 pages | /5 |

**Clinical Log:**
Complete and upload clinical log each week briefly documenting time spent with leader,
activities completed, skills obtained, highlight of day/aha moment/biggest take away for the day.

# Clinical Log

**Name**_____

| Week/Date/Time | Hours | Cumulative hours | Highlight of day/aha moment/biggest take away |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | Clinical Evaluations | | |

**Nurse Leader Name**_____

**Nurse Leader Signature** _____Date_____

## Syllabus Contract

I have read and reviewed the syllabus for NUR 295 Spring 23 and by answering signing below, I agree to the following:

- I have read the syllabus for NURS 295 and understand all the policies within it.
- I agree to adhere to the college's Academic integrity policy.
- I will always complete my own work.
- I will not share information regarding testing with students in other sections of the course or other semesters.
- I agree to adhere to the **Nursing Student Handbook Policies:**
  o American Nurses Association - Nursing Scope & Standards of Practice
  o Nurses code of ethics
  o California nurse practice act
  o Civility
  o Speech and communication
  o Student Conduct
  o Academic honesty
  o Confidentiality/Privacy
  o Standards of Student Clinical Conduct

Please sign below and upload completed agreement in canvas by assigned due date.

Signature_____     Date_____