NUR 295 Nursing Leadership

Spring 2023

Created 8/7/22; revised 10/11/22

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: TBD
Room: TBD

Course Faculty: Dr. Dianthe Hoffman
Faculty office: Room 203, 26 Anapamu, Santa Barbara
Faculty email: dhoffman@westmont.edu
Faculty phone: 559-972-6693
Faculty office hours: TBD

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.

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.

Certification 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.

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
- Discussions, quizzes, critical thinking scenario, Triple Aim paper, comprehensive exam, shared experiences, vSim, exams, patient care plan, critical thinking case scenario, papers, reflections are threaded through the curriculum (NUR 200, 220, 230, 240, 250, 260, 265, 270, 275, 285, 290, and 295) as the history of nursing is presented.
- Scholarly paper, "The History of Nursing" as a capstone project for this course.

The nursing curriculum, as reflected in the table below, reviews the evolution of nursing and the calling for Christian nurses to serve with the understanding of the rich, complex history that precedes them. This course fulfills Westmont's General Education requirement for a *Thinking Historically Course within the Major* and assesses the students overall ability to analyze historical sources with appropriate attention to their various contexts through a capstone scholarly 10-page paper titled "The History of Nursing.

Table of Nursing Curriculum

"Thinking Historical" threaded through curriculum

Course/title	Faculty	Reading assignment	Context of history	Assessment
SOC 200 Understanding my Neighbor: Society, Culture, and Health	Dr. Blake Kent	Boyce, *The Orchid and the Dandelion,* Ch 1, 2 Marmot, *The Health Gap,* Ch 7 Farmer, *Global Health,* Ch 2, 3	Develop an understanding of foundational concepts, perspectives, and theories in the field of sociology as they relate to the fields of nursing and public health.	1800 word paper as final project.
PHI 200	Dr. Jim Taylor	Called to Care: A Christian vision for Nursing-Chapter 1 Caring and the Christian Story Read webpage, "20 Famous Nurses who changed the world?	-Early history of Nursing Third century-- Deacons caring for sick Middle Ages- care in Monasteries -19th century nursing disorganized and corrupt Sisters of Charity, Mercy- Catholic nuns -1854 Crimean War (Florence Nightingale)	Class Discussion on the "20 Famous Nurses who changed the world"
NUR 200 Health Assessment	Dr. Di Hoffman	ATI Assessment Modules	Early history and addition of biopsychosocial,	Lecture and class discussion, quiz, return

Commented [A1]: Lecture, class discussion and assignments support the liberal arts and history of sociology as it is applicable to nursing, supports;

Commented [A2]: •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;

Commented [A3]: •Early history and present assessment of biopsychosocial, cultural, and spiritual needs and preferences of the patient. 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.

			cultural, and spiritual assessments.	demonstration of health history and physical assessment
NUR 210 Pathophysiology	Dr. Robert Hughes	N/A	N/A	N/A
NUR 220 Fundamentals of Nursing	Lesley Gardia, MSN, RN, CCRN	Potter and Perry: Fundamental of Nursing, Ch. 1 and 24 Fundamental of Nursing, Ch. 17, 18, 19, 20, and 21	**Discussion Topic:** How will you incorporate evidence-based practice into your daily nursing routine? What resources or journals will you review regularly? **Interprofessional Activity:** With which other professional might you need to collaborate in order to provide compassionate care to patients and families? **Interprofessional Collaboration:** Have students write short scenarios depicting when a nurse should contact a pharmacist versus when to contact the health care provider. **Discussion Topic:** How is nursing documentation used?	Lecture, class discussion, skill competency

Commented [A4]: Through lecture and class discussion, students will understand the history and change of helpmate to healthcare provider, supports; identifying the arguments of secondary sources and recognize differences in interpretation as secondary sources provide current best practices in nursing.

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NUR 230 Beginning Med/Surg/ Geriatric Nursing	Annie Gonzales, MSN, RN	Brunner & Suddarth's Textbook of Medical-Surgical Nursing Ch.19	Use of electronic medical record for trended data. Constructing accurate nursing notes that reflect vital signs and relevant patient information.	Lecture, class discussion, Exam multiple choice and next generation questions	Commented [A5]: •The history of nursing documentation in the early 21st century and how technology has impacted accurate accounts of treatment and outcomes, supports criterion; Identify the arguments of secondary sources and recognize differences in interpretation.
		Brunner & Suddarth, Ch. 38, 39 ,40, 41, 45, 46	Evidence-based nursing care of patients with acute conditions.		
NUR 240 Obstetrical Nursing	Dr. Nathalie Confiac	Maternity & Women's Health Care; Lowdermilk Ch. 16, 17, & 18	History of fetal surveillance and maternal care during labor	Lecture, class discussion, Midterm Exam, multiple choice and next generation questions	Commented [A6]: •Lecture, class discussion and assessments help students realize the change in care of the laboring patient over the past 50 years, supports; 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.
NUR 250 Pediatric Nursing	Dr. Di Hoffman	Essentials of Pediatric Nursing; Wong Ch. 1-5, 19, & 20	Perspectives of Pediatric Nursing

Developmental theories | Lecture, class discussion, Quiz, patient care plans | Commented [A7]: •Lecture, class discussion and assessments help students realize the change in care of pediatric patients over the past 50 years, supports; 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. |
| NUR 260 Nursing Research | Dr. Di Hoffman | Applied Clinical Informatics; Alexander, Chapter 10

Understanding Nursing Research; Grove, Chapter 4 | History of ethics as a nursing practice

Week 8: Identify the historical events influencing the development of ethical codes and regulations for nursing and biomedical research.
Week 1: Information technology | Critical analysis paper, lecture, class discussion, Exam | Commented [A8]: Lecture and discussion of the history of ethics, the development of the American Nurses Association and the Code of Ethics for nursing. This supports how the student will 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 |

		Applied Clinical Informatics; Alexander, Chapter 10		
NUR 265 Psych/Mental Health Nursing	Heather Kuljian, BSN, RN	Varcarolis' foundations of Psychiatric-Mental Health Nursing; Halter, Ch. 1 Halter, Ch. 6 & 7 Halter 9 & 10	History of psychiatric theories and therapies for nursing care. History of ethical principles central to bioethics. Communication patterns and theories	Lecture, class discussion, Exam, ATI Content Mastery Series Test A
NUR 270 Intermediate Beginning Med/Surg/ Geriatric Nursing	Lesley Gardia, MSN, RN, CCRN	Brunner & Suddarth's Textbook of Medical-Surgical Nursing Ch. 24	Evidence-based nursing care for the cardiovascular system Interprofessional Collaboration	Lecture, class discussion, Critical thinking scenario Comprehensive exam
NUR 275 Professional Nursing Roles	Dr. Nathalie Confiac	Professional Nursing: Concepts & Challenges; Black, Ch. 2, 5 Ethics and Issues in Contemporary Nursing; Burkard & Nathaniel Ch. 1	History and social context of nursing -Florence Nightingale -Minorities and men in nursing -Military nursing The impact of historical, social, economic, and political events on evolving definitions of nursing. Identify the key members of the interprofessional	Lecture, class discussion, Triple Aim Paper

Commented [A9]: •Lecture and class discussion assist the student in understanding the way psychiatric nursing and patient care changed from tortuous treatment (shock therapy and frontal lobectomy) to pharmacology and psychotherapy. Supports the criterion; Identify the arguments of secondary sources and recognize differences in interpretation.

Commented [A10]: •Progression of and historical perspective of the nursing program as a model for clinical judgement through the curriculum provides the students the ability to manage complex patient conditions supports; •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.

Commented [A11]: •Lecture, class discussion, and reflection to understand the contribution 19th and 20th century nurses and caring impacts nurses caring practice today, supports; 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;

Commented [A12]: •Lecture and class discussion supports; 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.

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			health care team and explain what each contributes.	
NUR 280 Nursing and the Liberal Arts: Thinking Globally	Dr. Charles Farhadian	N/A	N/A	N/A
NUR 285 Advanced Beginning Med/Surg/ Geriatric Nursing	Lesley Gardia, MSN, RN, CCRN	Multiple chapters in Brunner textbook	Using the nursing process to manage complex, multisystem conditions.	Lecture, class discussion, quizzes, vSim case scenarios, scaffolding case studies
NUR 290 Public Health Nursing	Dr. Nathalie Confiac	Multiple chapters in	Describe the nursing process applied to the community as client Define the nurse's role in communicable disease control. Discuss the concept of evidence-based practice in community/public health.	Student engagement and active discussion with questions, virtual experience, assignments-Homeless of Santa Barbara initiative, community needs assessment
NUR 295 Nursing Leadership	Dr. Di Hoffman	Multiple chapters from textbook, journal articles,	Role of nursing leader in relation to QSEN, Essentials, and IPC competencies. History of nursing decision-making. Past, current, and future paradigm shifts in healthcare and their relationship to nursing. Nurse as change agent	Reflections, discussion, case studies, lecture, shared experiences,

Commented [A13]: •Progression of and historical perspective of the nursing program as a model for clinical judgement through the curriculum provides the students the ability to manage critical patient conditions supports;
•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.

Commented [A14]: •Lecture, class discussion and Community Needs assessment project support; 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.

Commented [A15]: •Lecture, class discussions and reflection papers support; 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.

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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.
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.

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. 5. Compares and contrasts leadership theories used for different nursing situations. 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. 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.

	6. Constructs a productivity plan to keep staffing costs in alignment with budget. 8. Differentiates duties that can be delegated to LVNs and unlicensed personnel.
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, remedial, supportive, and rehabilitative nursing care regionally, nationally, and globally.	5. Compares and contrasts leadership theories used for different nursing situations.

Required Textbooks

Title	Author	Publisher	ISBN#
Leadership and Management Functions in Nursing: Theory and Application (10th 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 (7thed.)	American Psychological Association	American Psychological Association	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).

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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)

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 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. 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	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 logs, QI/Change project

safe working environments by writing policies, practicing mock disturbances, and including annual competencies for ensuring a safe and healthy workplace.		

Grading

Theory

Class participation	= P/NC
Learning Exercises (3 x 50 pts each)	= 150 pts
Reflective Writing (2 x 50 pts each)	= 100 pts
IHI Modules (4 x 50 pts each)	= 200 pts
Resume/Cover Letter	= 50 pts
Nursing Philosophy	= 50 pts
Leadership QI Project presentation	= 100 pts
Capstone Paper	= 250 pts
ATI practice and proctored exams	= 100 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

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.

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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.

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: http://www.westmont.edu/offices/disability

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.

Attendance
Students are expected to observe the attendance requirement of the College and instructor course policies. Instructors may require that absences be made up to meet course objectives even if the absences do not exceed College policy regarding attendance.

When a student persistently neglects class assignments or has excessive absences, the faculty member may request that the student withdraw from the class or may notify the student that he or she has been terminated with a grade of F in that particular class. Students are expected to observe the attendance requirement of the College and instructor course policies. Instructors may require that absences be made up to meet course objectives even if the absences do not exceed College policy regarding attendance.

In order to drop a student from a class, the faculty member must send a request to the Registrar. The request must include the rationale for why the student should be dropped from the class and evidence of at least 2 attempts to contact the student and note areas of concern regarding the student's level of engagement with the course. The Registrar may refer some requests to the Academic Senate Review Committee for action. If approved, the student will be removed from the class.

Allowable Number of Absences/Tardy events
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 on time. It is required by the Board of Registered Nursing that all students meet the minimum required hours and the class objectives. Please note two tardies (less than 15 minutes) equals one absence. All missed time must be made up per BRN requirements.

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. At the discretion of the instructor, required make-up assignments may consist of:

Theory
> Case studies, independent study, written examinations, attending seminars or workshops, computer-assisted instruction, reports, or other assignments.

Laboratory
> Performance evaluation in skills lab, additional time in the laboratory area, or other assignments.

Clinical
> It is required by the Board of Registered Nursing that all students meet the minimum required hours and the class objectives. If a student missed 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.

Pregnancy or Extended Illness

Any disability/illness of three (3) or more days or any communicable illness will require a doctor's release to return to the theory and clinical/lab area. The release must be submitted to course instructor and to the Westmont College Nursing Program Director. Any restriction of activity will be considered in terms of ability to meet program objectives and contingent on clinical facility approval. A provider's written approval (without restrictions) is required for a pregnant student to remain in the program each trimester AND again before the student can return to school following delivery. Any change in health status or medication use must be reported to the Program Director immediately.

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.

Dress Code

Comfortable, non-binding clothing – see clinical manual for dress for clinical experience.

Theory Capstone Scholarly Paper "The History of Nursing"
Assignment Instructions

The culmination of this program and course will result in a 10-page (excluding cover page and reference page) scholarly paper using historic and current references to explore the history of nursing and how what you have learned will inform or impact your personal nursing practice. The paper will include the introduction to one of the "20 Famous Nurses Who Changed the World" from your *PHI 200 Nursing for Human Flourishing* course. You must have approval of this person from the course instructor.

There are four parts to this paper. Use APA format, cite all references and provide a complete reference page. *See grading rubric below for grading criteria.

Part 1: Chose a nurse from the "20 Famous Nurses Who Changed the World" from your *PHI 200 Nursing for Human Flourishing* course. Develop the nurse you have chosen so the reader has a good understanding of the historical perspective of this nurse and how they impacted the role of the nurse, the impact their work had on healthcare at the time, challenges this nurse was posed with and how they overcame them. Explain the type of care this nurse gave, how did they keep records, were physicians involved in care? Was this nurse recognized as an important member of the healthcare team as we know it today? You will need to use primary resources (historical references) for this information.

> **Commented [A16]:** •Supports criterion; 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;

Part 2: Explain how the rise of Western Medicine occurred in the 19th century. Explore the use of religious and secular nurses to care for soldiers in both European and American wars. Who were the "famous" nurses of this century and how did their practice impact changes that occurred in medical treatment? Include your awareness and appreciation for the particularities of time and place. You will need to use primary resources (historical references) for this information.

> **Commented [A17]:** •Supports criterion; 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.

Part 3: Provide a spiritual reflection of how a spiritual assessment, learned in *NUR 220 Fundamental of Nursing*, can impact the care a patient receives (what the patient is willing to accept). Reflect on the care of the "Sisters of Mercy" and other religious orders to understand "calling to care." Include your current understanding of spirituality and its importance in fear, anxiety, depression, and hope of patients who are experiencing a serious illness or newly diagnosed chronic condition. How has what you have learned in this program impacted the spiritual care you will provide to your patients? What has informed changes in your care from clinical learning experiences you have had? Are you a caretaker or caregiver, explain your answer. This section is a person reflection but also using primary and secondary resources.

> **Commented [A18]:** •Supports criterion; 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.

Part 4: To close the loop on the history of nursing and the change in care of nurses over time; trace the onset and evolution of nursing research and evidence-based practice using information learned in *NUR 260 Nursing Research and Informatics*. What does "Best Practice" mean to you? Give an example of how best practice is measured in the clinical setting. Include your sense of the complex process of change and continuity of evidence over time to change nursing practice. How important is the collection of data through electronic medical records and what can it be

> **Commented [A19]:** •Supports the criterion; 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.

used for? How will informatics continue to change nursing practice using the knowledge learned about nursing roles from *NUR 275 Professional Nursing Roles*. You will use secondary resources for this section.

Conclusion: your conclusion should be a concise summary of your paper including the salient points that have informed or impacted your nursing practice as you enter your career in nursing.

"The History of Nursing" Scholarly Paper
Grading Rubric

The culmination of this program and course will result in a 10-page (excluding cover page and reference page) scholarly paper using historic and current references to explore the history of nursing and how what you have learned will inform or impact your personal nursing practice. *See scholarly paper assignment above for complete instructions.

Criteria	Levels of achievement				Assigned points
	5 points	3-4 points	1-2 points	0 points	
Part 1 – "20 Famous Nurses Who Changed the World"	Comprehensive discussion with developed historical perspective of chosen nurse and impact to nursing. All topics addressed thoroughly. Primary resources used.	Well written discussion omits some topics to be addressed in assignment instructions. Primary resources used.	Well written discussion omits some topics to be addressed in assignment instructions, some topics addressed without thorough discussion, primary resources omitted.	Brief discussion omits some topics to be addressed in assignment instructions, some topics addressed without thorough discussion. Primary resources omitted	/50
Part 2 – Rise of Western Medicine	Comprehensive discussion how the rise of Western Medicine occurred in the 19th century. Exploring the use of religious and secular nurses to care for soldiers in both European and American wars. All topics addressed thoroughly. Primary resources used.	Well written discussion omits some topics to be addressed in assignment instructions. Primary resources used.	Well written discussion omits some topics to be addressed in assignment instructions, some topics addressed without thorough discussion, primary resources omitted.	Brief discussion omits some topics to be addressed in assignment instructions, some topics addressed without thorough discussion. Primary resources omitted	/50
Part 3 – Spiritual Reflection	Comprehensive personal spiritual reflection of how a spiritual assessment impacts the care a patient receives.. All topics addressed thoroughly.	Well-developed personal reflection that omits some topics to be addressed in assignment instructions.	Personal spiritual reflection omits some topics to be addressed in assignment instructions. Some topics addressed without thorough discussion	Discussion not a personal reflection and omits some topics to be addressed in assignment instructions.	/50
Part 4 – Evolution of nursing research and EBP.	Comprehensive discussion of the evolution of nursing research and EBP with well-developed example given. All topics addressed thoroughly. Secondary resources used.	Well written discussion omits some topics to be addressed in assignment instructions. Secondary resources used.	Well written discussion omits some topics to be addressed in assignment instructions, some topics addressed without thorough discussion, secondary resources omitted.	Brief discussion omits some topics to be addressed in assignment instructions, some topics addressed without thorough discussion. Secondary resources omitted	/50

Conclusion	Strong conclusion that summarizes the salient points that have informed or impacted your nursing practice as you enter your career	Conclusion that summarizes the main points of your issue in a succinct manner.	Weak conclusion that summarizes the main points of your issue in a succinct manner.	Did not include a strong conclusion that summarizes the main points of your issue in a succinct manner.	/25
APA format (Introduction, body, conclusion, correct running head and cover page, uses headers for organization, proper grammar and spelling). Resources used: within 5 years, scholarly peer reviewed journals	APA correctly used throughout paper. Citations and references are formatted correctly, resources are within 5 years, and from peer reviewed journals. *10 pages	Generally acceptable but some minor mistakes. 50% citations and references are formatted correctly, resources are within 5 years and from peer reviewed journals. *6-8 pages	Multiple mistakes in APA format. 50% citations and references are formatted correctly, resources, however 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	/25

Weekly course schedule
*Subject to change at any time, you will be notified of any changes

Week	Content Objectives	Reading	Class Activities	Assignments/Outcome Measurement
1	**-Orientation to class, clinical, and syllabus**	• Course Syllabus	Intro to class, clinical, syllabus, review assignments, expectations, canvas course. Discuss role of the nursing leader in relation to QSEN competencies, BSN Essentials, Core IPC competencies	**Due week 2:** **Theory:** IHI Module: L101 Introduction to Healthcare Leadership IHI Module assesses: QSEN: Patient-centered care, Safety, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: I, II, III, IV, VI, IX Interprofessional Collaborative Practice Competencies: 2, 4 **Clinical:** Meet with clinical leader to review objectives and develop plan, schedule. Reflections/Discussion/Clinical Log **Throughout course- discussion questions will address ALL of the following: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX Interprofessional Collaborative Practice Competencies: 1,2, 3, 4
2	**Decision Making, Problem Solving, Critical Thinking, and Clinical Reasoning: Requisites for Successful Leadership and Management** 1. differentiate between problem solving, decision making, critical thinking, and clinical reasoning 2. identify characteristics of successful decision makers	•Read Chapter 1 LRMF (pages 2–34) Barker Chapter 9	Lecture, class discussion, and case study Curricular Mapping:	**Due week 3:** **Theory:** IHI Module: PS 104 Teamwork and Communication IHI Module assesses:

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	3. select appropriate models for decision making in specific situations 4. describe the importance of individual variations in the decision-making process 5. identify critical elements of decision making 6. discuss the effect of organizational power and values on individual decision making 7. select appropriate management decision-making tools that would be helpful in making specific decisions 8. differentiate between autocratic, democratic, and laissez-faire decision styles and identify situation variables that might suggest using one decision style over another		QSEN: Teamwork and Collaboration, Evidence-based Practice Baccalaureate Essentials: II, III, VI, VIII, IX Interprofessional Collaborative Practice Competencies: 1,2, 3, 4	QSEN: Teamwork and Collaboration, Evidence-based Practice Baccalaureate Essentials: II, III, VI, VIII, IX Interprofessional Collaborative Practice Competencies: 1,2, 3, 4 **Clinical:** Discuss with clinical leader potential QI projects. Reflections/Discussion/Clinical Log **
3	**Overview of Leadership and Management** 1. identify similarities and differences between leadership and management 2. differentiate between leadership roles and management functions 3. discuss the historical evolution of leadership theory 4. correlate leadership theorists with their appropriate theoretical contributions 5. identify common leadership styles and describe situations in which each leadership style could be used appropriately 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 7. identify the characteristics of a servant leader and suggest strategies for encouraging a service inclination in others 8. identify characteristics of authentic leadership and discuss the consequences to the leader–follower relationship when leaders are not authentic 9. provide examples of the 21st-century shift from industrial age leadership to relationship age leadership 10. develop insight into his or her individual leadership strengths	•Read Chapter 2 LRMF (pages 35–59) Barker Chapter 10 •Read Chapter 3 LRMF (pages 60–82)	Lecture, class discussion, and shared experiences Curricular Mapping: QSEN: Informatics, Teamwork and Collaboration, Evidence-based Practice Baccalaureate Essentials: II, III, IV, VI Interprofessional Collaborative Practice Competencies: 2, 4	**Due week 4:** **Theory:** Reflective Writing Assignment: Overview of Leadership and Management RW assesses: QSEN: Informatics, Teamwork and Collaboration, Evidence-based Practice Baccalaureate Essentials: II, III, IV, VI Interprofessional Collaborative Practice Competencies: 2, 4 **Clinical:** Reflections/Discussion/Clinical Log **
4	**Ethical Issues/Legal and Legislative Issues** 1. identify and define nine different principles of ethical reasoning 2. distinguish between legal and ethical obligations in decision making 3. identify strategies leader-managers can use to promote ethical behavior as the norm 4. demonstrate self-awareness regarding the ethical frameworks and ethical principles that most strongly influence his or her personal decision making 5. identify the primary sources of law and how each affects nursing practice	•Read Chapter 4 LRMF (pages 84–108) •Read Chapter 5 LRMF (pages 109–135)	Lecture, class discussion, shared experiences, and case study Curricular Mapping: QSEN: Patient-centered care, Safety Baccalaureate Essentials:	**Due week 5:** **Theory:** Learning Exercise Analysis: Ethical Issues/Legal and Legislative Issues LE assesses: QSEN: Patient-centered care, Safety Baccalaureate Essentials: II, V, VI, VIII, IX Interprofessional Collaborative Practice Competencies: 1

	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 7. describe the five elements that must be present for a professional to be held liable for malpractice 8. describe conditions that must exist to receive liability protection under Good Samaritan laws 9. select appropriate legal nursing actions in sensitive clinical situations 10. differentiate between legal and ethical accountability		II, V, VI, VIII, IX Interprofessional Collaborative Practice Competencies: 1	**Clinical:** Reflections/Discussion/Clinical Log **
5	**Organizational Planning/Planned Change** 1. describe how tools such as SWOT analysis and balanced scorecards can facilitate the strategic planning process 2. recognize the need for periodic value clarification to promote self-awareness 3. reflect on which personal planning style (reactive, inactive, preactive, or proactive) is used most often 4. differentiate between planned change and change by drift 5. identify the responsibilities of a change agent 6. develop strategies for unfreezing, movement, and refreezing 7. identify and implement strategies to manage resistance to change 8. identify critical features of complex adaptive systems change theory 9. describe the impact of chaos and the butterfly effect on both short- and long- term planning 10. analyze how time is managed both personally and at the unit level of the organization 11. describe the importance of allowing adequate time for daily planning and priority setting 12. build evaluation steps into planning so that reprioritization can occur 13. identify common internal and external time wasters as well as interventions that can be taken to reduce their impact 14. identify how technology applications such as e-mail, the Internet, telecommunications, and social networking can both facilitate and hinder personal time management	•Read Chapter 7 LRMF (pages 164–189) •Read Chapter 8 LRMF (pages 190–210) •Read Chapter 9 LRMF (pages 211-236)	Lecture and class discussion Curricular Mapping: QSEN: Safety, Teamwork and Collaboration, Evidence-based Practice Baccalaureate Essentials: II, III, V, VI, VIII Interprofessional Collaborative Practice Competencies: 2	**Due week 6:** **Theory:** Discussion Board Assignment: Patient, Subordinate, Workplace, and Professional Advocacy/ Organizational Planning DB assesses: QSEN: Safety, Teamwork and Collaboration, Evidence-based Practice Baccalaureate Essentials: II, III, V, VI, VIII Interprofessional Collaborative Practice Competencies: 2 **Clinical:** Reflections/Discussion/Clinical Log Begin work on QI/Change project **
6	**Fiscal Planning and Health-Care Reimbursement/Organizational Structure** 1. define basic fiscal terminology 2. accurately compute the standard formula for calculating nursing care hours per patient-day	•Read Chapter 10 LRMF (pages 237–269)	Lecture and class discussion Develop productivity plan	**Due week 7:** **Theory:** IHI Module: PS 101 Introduction to Patient Safety

	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 4. recognize that rapidly changing federal and state reimbursement policies make long-range budgeting and planning very difficult for health-care organizations 5. describe why nurses need to understand and actively be involved in fiscal planning and health-care reform 6. describe how the structure of an organization facilitates or impedes communication, flexibility, and job satisfaction 7. differentiate between first, middle, and top levels of management 8. contrast centralized and decentralized decision making 9. describe common components of shared governance models and differentiate shared governance from participatory decision making 10. describe characteristics of effective committees and committee members 11. identify symptoms of poorly designed organizations 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 12 LRMF (pages 296–324)	Curricular mapping: QSEN: Safety, Informatics, Teamwork and Collaboration, Quality Improvement Baccalaureate Essentials: II, IV, V, VI, VIII Interprofessional Collaborative Practice Competencies: 2, 4	IHI Module assesses: QSEN: Safety, Informatics, Teamwork and Collaboration, Quality Improvement Baccalaureate Essentials: II, V, VI, VIII Interprofessional Collaborative Practice Competencies: 2, 4 **Clinical:** Reflections/Discussion/Clinical Log Work on QI/Change project **
7	**Organizational, Political, and Personal Power/Organizing Patient Care** 1. differentiate among legitimate, reward, coercive, expert, referent, charismatic, self, and information power 2. empower subordinates and followers by providing them with opportunities for success 3. use cooperation rather than competition and avoid overt displays of power and authority whenever possible 4. explore factors that historically led to nursing's limited power as a profession 5. debate the driving and restraining forces for reserving the primary nurse role for the registered nurse 6. describe the challenges as well as the benefits of using interprofessional health-care teams in the delivery of patient care 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) 8. discuss how work redesign may affect social relationships on a unit 9. explain what effect staff mix has on work design and patient care organization	•Read Chapter 13 LRMF (pages 325–351) •Read Chapter 14 LRMF (pages 352–374)	Lecture and class discussion Curricular mapping: QSEN: Safety, Informatics, Teamwork and Collaboration, Quality Improvement Baccalaureate Essentials: II, V, VI, VIII Interprofessional Collaborative Practice Competencies: 2, 3	Due week 8: **Theory:** Learning Exercise Analysis: Organizational, Political, and Personal Power/Organizing Patient Care LE assesses: QSEN: Safety, Informatics, Teamwork and Collaboration, Quality Improvement Baccalaureate Essentials: II, V, VI, VIII Interprofessional Collaborative Practice Competencies: 2, 3 **Clinical:** Reflections/Discussion/Clinical Log Work on QI/Change project **

8	**Creating a Motivating Climate/Organizational, Interpersonal, and Group Communication in Team Building** 1. describe the relationship between motivation and behavior 2. differentiate between intrinsic and extrinsic motivation 3. recognize the need to create a work environment in which both organizational and individual needs can be met 4. delineate how the work of individual motivation theorists has contributed to the understanding of what motivates individuals inside and outside the work setting 5. describe the constraints managers face in creating a climate that will motivate employees 6. develop increased self-awareness about personal motivation and the need for "self-care" to remain motivated in a leadership or management role 7. describe the relationship between communication and team building 8. describe strategies managers can take to increase the likelihood of clear and complete organizational communication 9. choose appropriate communication modes for specific situations and messages 10. demonstrate listening skills consistent with listening model	•Read Chapter 18 LRMF (pages 468–492) •Read Chapter 19 LRMF (pages 493–525)	Lecture, class discussion, simulations, and case studies Curricular mapping: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement Baccalaureate Essentials: II, IV, VI, VIII Interprofessional Collaborative Practice Competencies: 1,2, 3, 4	**Due week 9:** **Theory:** Learning Exercise Analysis: Creating a Motivating Climate/Organizational, Interpersonal, and Group Communication in Team Building LE assesses: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement Baccalaureate Essentials: II, IV, VI, VIII Interprofessional Collaborative Practice Competencies: 1,2, 3, 4 **Clinical:** Reflections/Discussion/Clinical Log Work on QI/Change project Midterm Clinical Evaluation **
9	**Career Planning and Development in Nursing** 1. describe the impact a career development program has on employee attrition, future employment opportunities, quality of work life, and competitiveness of the organization 2. describe three phases of long-term coaching for career development 3. recognize lifelong learning as a professional expectation and responsibility 4. identify factors creating the current, pressing need for transition-to-practice programs to retain new graduate nurses and prepare them for successful employment 5. develop a personal career plan 6. create and/or critique a resumé for content, format, grammar, punctuation, sentence structure, and appropriate use of language 7. create a personal nursing philosophy statement	•Read Chapter 11 LRMF (pages 237-269)	Lecture, discussion, sharing of ideas, review examples Develop resume, letter, nursing philosophy Curricular mapping: QSEN: --- Baccalaureate Essentials: II, III,VIII, IX Interprofessional Collaborative Practice Competencies: 2	**Due week 10:** **Theory:** Resume/CV/Cover Letter Nursing Philosophy Statement Resume/CV/Cover Letter Nursing Philosophy Statement assesses: QSEN: --- Baccalaureate Essentials: II, III,VIII, IX Interprofessional Collaborative Practice Competencies: 2 **Clinical:** Reflections/Discussion/Clinical Log Work on QI/Change project

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10	**Delegation/Conflict, Workplace Violence, and Negotiation** 1. identify specific strategies that increase the likelihood of effective delegation 2. delegate tasks using appropriate priority setting and personnel in specific situations 3. identify common causes of improper delegation as well as strategies to overcome these delegation errors 4. identify leadership strategies that can be used to reduce subordinate resistance to delegation 5. describe cultural phenomena that must be considered when delegating to a multicultural staff or in encouraging multicultural staff to delegate 6. differentiate between qualitative and quantitative conflict and between intrapersonal and interpersonal conflict 7. describe the stages of conflict 8. select appropriate conflict resolution strategies to solve various conflict situations 9. describe manifestations of workplace violence, incivility, bullying, and mobbing 10. identify strategies that might be used to immediately confront and intervene when workplace violence exists 11. describe why zero tolerance must be an organizational expectation for workplace violence 12. Demonstrate effective ways to counter commonly used destructive tactics in conflict negotiation	•Read Chapter 20 LRMF (pages 526–554) •Read Chapter 21 LRMF (pages 555–585)	Lecture, class discussion, simulations, and case studies Curricular mapping: QSEN: Patient-centered care, Safety, Teamwork and Collaboration Baccalaureate Essentials: II, VI,VIII Interprofessional Collaborative Practice Competencies: 1, 2, 3, 4	**Due week 11:** **Theory:** Discussion Board Assignment: Delegation/Conflict, Workplace Violence, and Negotiation DB assesses: QSEN: Patient-centered care, Safety, Teamwork and Collaboration Baccalaureate Essentials: II, VI,VIII Interprofessional Collaborative Practice Competencies: 1, 2, 3, 4 **Clinical:** Reflections/Discussion/Clinical Log Work on QI/Change project **

11	**Mock Interviews/Interviews**
	1. Demonstrate effective interview skills, actions:
	   a. Professional dress
	   b. Preparation – knowledge of employer/organization mission, answers to anticipated questions, formulation of intelligent questions to ask of interviewer
	   c. Completion of mock interview/interview
			Mock interviews/Interviews
			Curricular mapping:
			
			QSEN: ---
			
			Baccalaureate Essentials: VIII
			
			Interprofessional Collaborative Practice Competencies: 2
				Due week 12:
				Theory:
				IHI Module: QI 101 Introduction to Healthcare Improvement
				
				IHI Module assesses:
				
				QSEN: Safety, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice
				
				Baccalaureate Essentials:
				II, III, VI, VII, IX
				
				Interprofessional Collaborative Practice Competencies: 2, 4

				Clinical: Reflections/Discussion/Clinical Log Work on QI/Change project **
12	**Quality Control in Creating a Culture of Patient Safety/Performance Appraisal** 1. describe a systematic process (such as FOCUS PDCA) that could be used for a quality improvement process 2. describe processes used for benchmarking and the identification of best practices 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 4. define and provide examples of sentinel events in health care as defined by JC 5. identify the four evidence-based standards The Leapfrog Group believes will provide the greatest impact on reducing medical errors 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 7. describe characteristics of a "just culture" and discuss why having such a culture is critical to timely and accurate medical error reporting 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 9. identify and use appropriate performance appraisal tools for measuring professional nursing performance 10. identify factors that increase the likelihood that a performance appraisal will develop and motivate staff 11. identify strategies that can be used before, during, and after the performance appraisal to increase the likelihood of a positive outcome	•Read Chapter 23 LRMF (pages 618–654) •Read Chapter 24 LRMF (pages 655–681)	Lecture and class discussion Curricular mapping: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: II, III, IV, V, VI Interprofessional Collaborative Practice Competencies: 2, 3, 4	**Due week 13:** **Theory:** Reflective Writing Assignment: Quality Control in Creating a Culture of Patient Safety **Due: Capstone-Scholarly Paper "The History of Nursing"** RW assesses: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: II, III, IV, V, VI Interprofessional Collaborative Practice Competencies: 2, 3, 4 **Clinical:** Reflections/Discussion/Clinical Log Complete QI/Change Project **

13	**Problem Employees: Rule Breakers, Marginal Employees, and the Chemically or Psychologically Impaired** 1. describe the steps typically followed in progressive discipline 2. differentiate between constructive and destructive discipline 3. compare how the disciplinary process may vary between unionized and nonunionized organizations 4. analyze situations in which discipline is required and identify appropriate strategies for constructively modifying behavior 5. identify behaviors and actions that may signify chemical or psychological impairment in an employee or colleague 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 •Read Chapter 25 LRMF (pages 655–681)	Lecture, class discussion, simulations, and case studies Curricular mapping: QSEN: Safety, Teamwork and Collaboration Baccalaureate Essentials: II, V, VIII Interprofessional Collaborative Practice Competencies: 1,2, 3, 4	**Due week 14 and 15:** **Theory:** **Clinical Project Presentation** QI/Change project presentation assesses: QSEN: Quality Improvement, Evidence-based Practice Baccalaureate Essentials: III, VI, VIII, IX Interprofessional Collaborative Practice Competencies: 3 **Clinical:** Completion of hours and QI/Change Project presentation QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX Interprofessional Collaborative Practice Competencies: 1,2, 3, 4
14	**Project presentations** **ATI Practice Assessment Leadership 2019A**		**Project presentations** ATI Practice assessment A Curricular mapping: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX Interprofessional Collaborative Practice Competencies: 1,2, 3, 4	**Theory:** ATI Practice Assessment Leadership 2019 A ATI assessment assesses: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX Interprofessional Collaborative Practice Competencies: 1,2, 3, 4 **Clinical:** Complete final Clinical Log Final Clinical Evaluation

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15	**Project presentations** **ATI Practice Assessment Leadership 2019B**	Project presentations ATI Practice assessment B Curricular mapping: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX Interprofessional Collaborative Practice Competencies: 1,2, 3, 4	**Theory:** ATI Practice Assessment Leadership 2019 B ATI assessment assesses: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX Interprofessional Collaborative Practice Competencies: 1,2, 3, 4
16	**ATI Leadership Proctored Assessment**	ATI Proctored assessment Curricular mapping: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX Interprofessional Collaborative Practice Competencies: 1,2, 3, 4	**Theory:** ATI Proctored Leadership Assessment ATI assessment assesses: QSEN: Patient-centered care, Safety, Informatics, Teamwork and Collaboration, Quality Improvement, Evidence-based Practice Baccalaureate Essentials: I, II, III, IV, V, VI, VII, VIII, IX Interprofessional Collaborative Practice Competencies: 1,2, 3, 4

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COURSE ASSIGNMENTS

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

Learning Exercise Analysis Assignments
There are three (3) Learning Exercise analysis assignments in this course (due weeks 5, 8, and 9). The Learning Exercises you can choose from, to analyze, are noted below. In solving the Learning Exercise, you must select a formal problem-solving or decision-making model and apply each step of the model to reach a decision about the best way to address the problem.

Writing Expectations—2 to 4 pages, double-spaced, in length, not counting title page and references. APA format required (title page, citations in body of paper, and reference list). The steps of the problem-solving or decision-making model chosen should be used as subheadings for the paper. Each analysis should include a brief introduction and conclusion. Be sure to identify numerically which Learning Exercise is being analyzed.

Each Learning Exercise analysis is scored from 0 to 100 points. Ten points will be subtracted for each day the paper is late, including weekends. Any paper received more than 5 days late will not be accepted/scored.

Due Week 5 Learning Exercise Analysis: Ethical Issues/Legal and Legislative Issues
Solve one of the following Learning Exercises from Marquis and Huston's *Leadership Roles and Management Functions in Nursing,* 10th edition.

- Learning Exercise 4.2 (page 92)
- Learning Exercise 4.7 (page 104)
- Learning Exercise 4.10 (page 106)
- Learning Exercise 5.2 (page 116)
- Learning Exercise 5.8 (page 132)
- Learning Exercise 5.9 (page 133)

List which Learning Exercise you are solving at the start of your analysis and provide a brief summary of the case. Be sure to apply an appropriate problem-solving/decision-making model (Traditional Problem-Solving Process, Managerial Decision-Making Model, The Nursing Process, or the Integrated Ethical Problem-Solving Model) in determining what you should do. Justify your decision with supporting evidence.

Due Week 8 Learning Exercise Analysis: Organizational, Political, and Personal Power/Organizing Patient Care
Solve one of the following Learning Exercises from Marquis and Huston's *Leadership Roles and Management Functions in Nursing,* 10th edition.

- Learning Exercise 13.3 (page 333)

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- Learning Exercise 13.8 (pages 347–348)

- Learning Exercise 13.10, Situation 1 (page 349)

- Learning Exercise 14.4, Situation 3 (page 364)

List which Learning Exercise you are solving at the start of your analysis and provide a brief summary of the case. Be sure to apply an appropriate problem-solving/decision-making model (Traditional Problem-Solving Process, Managerial Decision-Making Model, The Nursing Process, or the Integrated Ethical Problem-Solving Model) in determining what you should do. Justify your decision with supporting evidence.

Due Week 9 Learning Exercise Analysis: Creating a Motivating Climate/Organizational, Interpersonal, and Group Communication in Team Building
Solve one of the following Learning Exercises from Marquis and Huston's *Leadership Roles and Management Functions in Nursing*, 10th edition.
- Learning Exercise 18.5 (page 483)

- Learning Exercise 18.6 (page 486)

- Learning Exercise 19.3 (page 502)

- Learning Exercise 19.14 (page 524)

List which Learning Exercise you are solving at the start of your analysis and provide a brief summary of the case. Be sure to apply an appropriate problem-solving/decision-making model (Traditional Problem-Solving Process, Managerial Decision-Making Model, The Nursing Process, or the Integrated Ethical Problem-Solving Model) in determining what you should do. Justify your decision with supporting evidence.

Reflective Writing Assignments
There are two (2) reflective writings assigned in this course. True reflection requires analysis and higher-level thinking, as well as self-awareness and risk taking. Genuinely reflective writing typically involves "revealing" anxieties, errors and weaknesses, as well as strengths and successes.

The reflective writing should be 3 to 4 pages in length, not counting title page and references. APA format required (title page, citations in body of paper, and reference list). Should include subheadings and be written in a scholarly manner. First person (I) is acceptable for these papers and, in fact, is expected.

Although the focus of these reflective writings is self-analysis, cited references should be included to support your analysis. See the rubric for reference expectations.
The reflective writing will be scored from 0 to 10 points. Ten points will be subtracted for each day the paper is late, including weekends. Any paper received more than 5 days late will not be accepted/scored.

Due Week 4 Reflective Writing Assignment: Overview of Leadership and Management
Identify characteristics that you believe an effective leader possesses. Which leadership characteristics do you have? Do you believe that you were born with leadership skills, or have you consciously developed them during your lifetime? If so, how did you develop them? Define your predominant leadership style (authoritarian, democratic, or laissez-faire). What style of leadership do you work best under?

Due Week 13 Reflective Writing Assignment: Quality Control in Creating a Culture of Patient Safety
Where does individual provider responsibility and accountability begin and end in a culture in which medical errors are recognized as being a failure of the system? Given that most individuals can quickly identify medical errors that have happened to them, a friend, or a family member, why does the US public seem so reluctant to accept that medical errors constitute a threat to the quality of their health care?

Due Week 10 - Resume, cover page and philosophy on nursing reflection:
Part of your interview process will be to compose a resume of your education, work experience, skills, certifications, and references. You will turn this in and gain feedback on the construction and contents. Remember, you will have a group interview, so you want your resume to stand out.

Discussion Board Assignments
There are two (2) discussion board assignments in this course. A brief introductory paragraph introduces the topic of the discussion. One or more succinct paragraphs are needed to answer each of the discussion board questions. Use current literature (5 years old or less) to support your views. Be sparing in your use of quotes. Learn to paraphrase the information you are sharing from a source. A paragraph at the end gives a brief summary of the discussion. The initial posting for each topic should be a minimum of 500 words in length (not including the references).

Use APA formatting, 12-point type font, double spacing, indenting of each paragraph, and proper spelling and grammar. You do not need a title page or a separate "References" sheet, but a "References" section should be included at the end of your posting if you cite sources.
A peer response (response to another student's posting) is required for each topic. The peer response posting is typically 2 to 3 paragraphs or approximately 250 words (not including references). You are welcome to make several responses to peers, but only the first will be graded. Think of the peer response as a formal response to a colleague. Peer responses should add something new to the discussion. Do not just say "good posting" or make nonspecific suggestions/comments. Ask questions to further clarify the discussion at hand. Review the rubric for the discussion board, so you are clear what meets expectations and what is exceptional and how points are allocated.

Each discussion topic is worth 100 points (75 points for original response and 25 points for the response to peer). The discussion board questions for this course follow:

Due Week 6 Discussion Board Assignment: Patient, Subordinate, Workplace, and Professional Advocacy/Organizational Planning
Choose one of the following questions to answer for this week's discussion board. Make sure to repost the question you selected at the top of your posting.

1. List three things that you would like to change about nursing or the health-care system. Prioritize the changes that you have identified. Identify the strategies that you could use individually and collectively as a profession to make the change happen. Be sure that you are realistic about the time, energy, and fiscal resources you have to implement your plan.

2. Do you belong to your state nursing organization or student nursing organization? Why or why not? Make a list of three other things that you could do to advocate for the profession. Be specific and realistic in terms of your energy and commitment to nursing as a profession.

Due Week 11 Discussion Board Assignment: Delegation/Conflict, Workplace Violence, and Negotiation
Choose one of the following questions to answer for this week's discussion board. Make sure to repost the question you selected at the top of your posting.
1. Why do you believe professional RNs are still completing so many non-nursing tasks?
2. How comfortable do you believe most RNs are in the role of delegator to UAP?
3. Do you believe most RNs feel clarity regarding role differentiation between the RN and the UAP?
4. Do you believe that patients typically are aware whether it is the UAP or licensed nurse that is caring for them?

IHI Modules:
Complete 4 online modules through the Institute for Healthcare Improvement. These modules cover material specific to quality improvement, patient safety, and leadership.

ATI Leadership Exam:
Students will complete the assigned practice assessments prior to taking the proctored assessment. Students will take the practice assessments within the designated and allotted time frame. All students must complete the proctored assessment. Students will earn 25 points for completion of each practice assessment and 50 points for completion of proctored assessment.

Clinical syllabus

Faculty: Dr. Di Hoffman
Clinical Site: Cottage hospital, various
Phone: 559-972-6693
Email: dhoffman@westmont.edu
Office hours: TBD

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.

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.

Change/QI project:
During your first meeting with your assigned leader, discuss the assignment below to begin working on a real (or potential) improvement project for the unit you are working on.

The purpose of this assignment is to identify an area in the hospital setting that needs improvement. It should be related to making the quality of patient care better, but can also be related to the unit budget, nurse retention, or workplace violence or specific patient care concerns.

Once the area of need is identified:
1. Explain how you came about this and what the outcome goal will be.
2. What is the value of making the change?
3. Develop a policy to change the area of need and explain how you will implement the change.
    a. Who will be involved in the change?
    b. How will you get them to "buy-in" to the change?
    c. How long do you anticipate it will take?
4. What resources might you need to implement the change and where will you get them?
    a. Is there a contingency budget in the unit budget for things like this?
    b. If not, what other sources of money is available?
5. Graph your data to show either improvement or regression in the quality improvement project. (if not fully executed, show expected data).
6. Discuss why the project was successful or unsuccessful (If not "real" discuss what aspects would make it successful or unsuccessful).

Present your project to the class in a 12 slide PowerPoint addressing the above key areas of the Change/QI project.

Daily Clinical Reflections/Discussions:
There are discussion board assignments in this course for each clinical day. Answer according to the prompt posted in Canvas.

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A brief introductory paragraph introduces the topic of the discussion. One or more succinct paragraphs are needed to answer each of the discussion board questions. Use current literature (5 years old or less) to support your views. Be sparing in your use of quotes. Learn to paraphrase the information you are sharing from a source. A paragraph at the end gives a brief summary of the discussion. The initial posting for each topic should be a 100-250 words in length (not including the references). A "References" section should be included at the end of your posting if you cite sources.

A peer response (response to another student's posting) is required for each topic. The peer response posting is typically 1 to 2 paragraphs or approximately 100 words (not including references). You are welcome to make several responses to peers, but only the first will be graded. Think of the peer response as a formal response to a colleague. Peer responses should add something new to the discussion. Do not just say "good posting" or make nonspecific suggestions/comments. Ask questions to further clarify the discussion at hand. Review the rubric for the discussion board, so you are clear what meets expectations and what is exceptional and how points are allocated.

Each discussion topic is worth 20 points (15 points for original response and 5 points for the response to peer).

Clinical Log:
Complete and upload clinical log each week 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 completed	Activities	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**_____

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