

**Westminster Campus Nursing Program
Curriculum Organizing Framework**



The curriculum organizing framework describes the concepts, beliefs and philosophy upon which the nursing curriculum is organized and developed. The organizing framework provides faculty with the structure to guide development of concepts and content within the curriculum design of nursing courses. Nursing courses are based on the philosophy/mission, the organizing framework, program objectives and outcomes. The organizing framework serves as a guide for curriculum development and decision making by faculty and as a resource to clarify and direct student learning. The primary goal of the curriculum is to prepare the learner to practice the art and science of nursing. To accomplish this goal, faculty and students must interact in a purposeful and directed manner as outlined by the curriculum. The learner and the educator have distinct and separate responsibilities in this relationship. The organizing framework illustrates the following major concepts and subconcepts and is reflective of the following Nursing Program philosophy.

Curriculum Implemented Fall, 2012 Reviewed and approved 6/2015

References available from Nursing Program Director. Adopted by CCCS PD Council/FRCC-W Nsg Faculty-2011



FRONT RANGE COMMUNITY COLLEGE MISSION AND PHILOSOPHY OF THE NURSING PROGRAM

Approved 5/06, 5/07, 5/09, 7/10, 5/13 Reviewed and re-approved 6/2015

The mission statement of the Department of Nursing is consistent with the mission and values of the Front Range Community College. The mission of the College states that **we enrich lives through learning**. The College vision is learner-centered and responsive to the diverse needs of student goals, including service to the community. The college is committed to serving the community by educating vocational, academic and business oriented students to succeed in a highly competitive economy, focusing on quality, technology, self-initiative, and problem solving. The core values of the college are students, teaching and learning, community, and employees.

Mission Statement Department of Nursing

The mission of FRCC Department of Nursing is to provide excellent education that prepares the learner to become a member of the nursing profession, meeting the needs of diverse populations.

Department of Nursing Philosophy

The FRCC nursing faculty members believe that nursing is an art and science that promotes optimal function of the individual by maintaining, improving, or recovering physical, mental, socio-cultural and spiritual health across the life span. Changing needs of society require varying patterns of practice and delivery of health services occurring in a variety of settings. Therefore, the faculty believes in the value of integrating general education and promoting educational mobility through our support of the Colorado Articulation Model. We, the nursing faculty, plan and implement a program of study from the following beliefs about health, society, individuals, nursing, nursing education, teaching /learning, and professionalism.

Health

Health is a dynamic state that is influenced by inherited characteristics, environment, and life experiences. Wellness is defined by the individual's perception of wellness and influenced by the presence of disease and individual's ability to adapt. Health and wellness are ever-changing states of physical, psychological, social and spiritual wellbeing. Health is not merely the absence of disease but the optimal level of functioning for each individual. Health and illness are inevitable dimensions of the person's life and are not mutually exclusive. Individuals have an inherent right to be active participants in achieving health as they perceive it.



Community

Society consists of dynamic and interactive systems involving individuals, families, groups and communities. These systems are influenced by variables such as diverse populations of cultures, races, socioeconomic levels, religions, lifestyles, environmental changes, and political and economic influences. Nurses recognize and respect human differences and diversity of populations within society.

Individual

The individual is unique and complex, a holistic being of biological, psychological, social, cultural, and spiritual dimensions. Each individual operates within a personally determined value system which is acquired and shaped through experience, personal judgments, and interaction. An individual interacts holistically with the environment, and strives for balance and a sense of wellbeing within personal and societal contexts. Individuals have the right and responsibility to be informed in order to make choices about their health and health care.

Nursing

Nursing is a profession deriving knowledge from the arts, sciences, humanities, and human experience. As a scholarly discipline, nursing utilizes diverse theories to formulate an evidence-based practice that promotes, maintains and restores optimal functioning. Nursing as an art and science incorporates the following into practice: clinical competence, critical thinking, communication, teaching/learning, professionalism, caring, and cultural competency. The nursing process is utilized by nurses as they function in the roles as provider, teacher, manager, member of the profession and advocate. Nurses collaborate with diverse disciplines in formulating solutions to individual and community health problems. Nursing practice requires commitment to professional development to facilitate evidencebased practice in response to emerging health care issues, scientific discoveries and new technologies in the profession. Nursing practice also requires personal commitment to lifelong learning.

Nursing Education

Learning is the acquisition of knowledge, understanding and skills and is a lifelong process. Learning is the cultivation of the potential of the individual learning that is meaningful and participatory, stimulates intellect, curiosity, creativity, and critical thinking. The educational process is a cooperative interaction between students and faculty. Diverse teaching/learning strategies are utilized to meet individualized needs of students in both the academic and practice settings. Through the educational process, students assimilate and synthesize knowledge, cultivate critical thinking abilities, and develop care strategies that reflect standards of care that address the areas of cultural humility, communication, technology, and therapeutic intervention. Nursing education is concerned with helping the individual to understand and



utilize the nursing process, and incorporate standards of nursing professional nursing practice.

Teaching/Learning

Faculties utilize teaching and learning theories to organize and evaluate learning situations. Faculties believe that learning is a process which supports the acquisition of knowledge, understanding and skills. Learners and educators interact in a process whereby students gain competency required to function within their scope of practice

Professionalism

Nursing is not only a science (knowledge and skills) but also an art (caring, compassion and professionalism). Professionalism includes accountability, advocacy, a sense of responsibility and a commitment to professional ethical behavior. The expectation in the Nursing Program is that students must demonstrate professional and caring behaviors and attitudes.

Definition/Description of the Levels of Nursing Education Practical Nurses

The practical nurse provides direct patient care for clients who have common, well-defined health problems and needs, collect basic data, utilize established nursing diagnosis, and modify care based on evaluation. The practical nurse functions primarily in structured health care setting such as hospitals, nursing homes, and clinics where the policies and procedures and protocols for provision of care are established and there is ready recourse for assistance and support from the registered nurse. The practice of practical nursing is designed to promote and maintain health, prevent illness and injury, and provide care utilizing standardized procedures and the nursing process, including administering medications and treatments; practice with supervision of the licensed professional nurse and/or other licensed health care professionals; and as a member of the discipline of nursing, functions within the legal and ethical scope of practice.

Associate Degree Nurses

The associate degree nurse practices in the role of provider of care, manager of care and member within the discipline of nursing; provides direct patient care with more complex health care needs, modifies care based on client response as patient situations change; collects and analyzes data from patients, families, and other health care resources; formulates appropriate nursing diagnoses; develops and revises plans based on effectiveness.

The associate degree nurse provides and coordinates care for groups of clients with more complex health care needs, adjusting care as the situation changes. The level of responsibility of the associate degree nurse is for a specified work period and is consistent with identified goals of care. The associate degree nurse is prepared to function both within acute care and long term settings where policies and procedures are specified and guidance is available.



Associate degree nurses maintain professional relationships by advocating and supporting client decisions, and by collaborating and communicating with clients, families, and other health care professionals. In providing care, the associate degree nurse may delegate aspects of care to licensed and unlicensed personnel. In delegating the care to others, associate degree nurses remain accountable for care of their own clients and clients delegated to others under their direction.

Baccalaureate Degree Nurses

The baccalaureate degree nurse provides direct care to patients with complex health problems; collects and analyzes data from patients, families, groups and communities; formulates nursing diagnoses; uses nursing theory and research to formulate nursing care plans; and evaluates and revises plans based on effectiveness as changes occur. Baccalaureate degree nurses maintain professional relationships by advocating for patients and other health care providers, and by collaborating and consulting with patients, families peer groups and communities; manages and is accountable for planning and evaluating care delegated or provided to the patient, and at times other licensed and unlicensed health care providers, and demonstrates leadership in collaboration with other health care providers and community members. The baccalaureate degree nurse is prepared to function in a wide variety of health care settings. The setting in which the baccalaureate nurse practices may or may not have established protocols, procedures, and policies, and also has the potential for variations requiring independent nursing decisions.

Definitions of Major Concepts Used in the FRCC Nursing Program, Student Learning Outcomes and Competencies

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Caring: In nursing, those values, attitudes, and behaviors that engender feeling cared for. (Duffy, 2010). Also, “promoting health, healing, and hope in response to the human condition” (NLN, 2010, p. 65).

Clinical judgment: A process of observing, interpreting, responding, and reflecting situated within and emerging from the nurse’s knowledge and perspective (Tanner, 2006). Involves ways in which nurses come to understand the problems, issues, or concerns of clients and patients, to attend to salient information, and to respond in concerned and involved ways (Benner, Tanner, & Chesla, 2009).

Clinical microsystem: A small group of people who work together on a regular basis – or as needed – to provide care and the individuals who receive that care (who can also be recognized as members of a discrete subpopulation of patients) (Trustees of Dartmouth College, 2004, p. 5).



Clinical reasoning: An iterative process of noticing, interpreting, and responding – reasoning in transition, with a fine attunement to the patient and how the patient responds to the nurse’s actions. (Benner, Tanner, & Chesla, 2009, p. 230).

Collaboration: “Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.” (Quality and Safety Education for Nurses [QSEN], 2007). Collaboration also includes communication and partnerships with providers, patients, families, and stakeholders.

Critical thinking: “Identifying, evaluating, and using evidence to guide decision making by means of logic and reasoning” (NLN, 2010, p. 67). Critical thinking is the basis of clinical reasoning, clinical judgment, and clinical problem solving.

Cultural competence: Cultural competence is the ability to respect the beliefs, language, interpersonal styles, and behaviors of individuals, families and communities receiving services as well as the health care professionals who provide the services. Culture is the integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and the institutions of racial, ethnic, social, or religious groups (<http://ojccnh.org/project/faq.shtml> retrieved August 14,2015)

Diversity: “Recognizing differences among persons, ideas, values, and ethnicities, while affirming the uniqueness of each (NLN, 2010, p. 12).

Ethics: “Involves reflective consideration of personal, societal, and professional values, principles, and codes that shape nursing practice. Ethical decision making requires applying an inclusive, holistic, systematic process for identifying and synthesizing moral issues in health care and nursing practice, and for acting as moral agents in caring for patients, families, communities, societies, populations, and organizations. Ethics in nursing integrates knowledge with human caring and compassion, while respecting the dignity, self-determination, and worth of all persons” (NLN, 2010, p. 13).

Evidence-based care: Care that integrates the best research with clinical expertise and patient values for optimum care (IOM, 2003).

Healthcare environment: the aggregate of surrounding things, conditions, or influences; surroundings; milieu. (dictionary.com). In healthcare, nurses turn the environment into a caring and healing environment by initiating and sustaining a therapeutic relationship with patients and their families (Koloroutis, 2004).



Human flourishing: “An effort to achieve self-actualization and fulfillment within the context of a larger community of individuals, each with the right to pursue his or her own such efforts. The process of achieving human flourishing is a lifelong existential journey of hope, regret, loss, illness, suffering, and achievement. Human flourishing encompasses the uniqueness, dignity, diversity, freedom, happiness, and holistic well-being of the individual within the larger family, community, and population. The nurse helps the individual in efforts to reclaim or develop new pathways toward human flourishing.” (NLN, 2010, p. 66-67).

Informatics: The use of information and technology to communicate, manage knowledge, mitigate error, and support decision making (Quality and Safety Education for Nurses [QSEN], 2007).

Information management: Refers to “the processes whereby nursing data, information, knowledge, and wisdom are collected, stored, processed, communicated, and used to support the delivery of health care” (Nelson, 2010, p. 653).

Integrity: “Representing the dignity and moral wholeness of every person without conditions or limitation” (NLN, 2010, p. 13).

Knowledge, skills, and attitudes: In nursing education there are three domains of learning in which faculty engage students. The cognitive domain represents the knowledge needed to carry out the professional roles of the nurse. The skills are the psychomotor activities that are represented by the psychomotor domain. Attitudes represent the beliefs and values about all aspects of the patient and health care that represent the affective domain. The content of each domain is equally important and necessary for the student to fulfill the roles of the professional nurse.

Leadership: Leadership is Standard 12 of the American Nurses Association’s Scope and Standards of Practice (2010, p. 55). Leadership is defined and evaluated with the following measurement criteria related to the student nurse:

- Oversees the nursing care given by others while retaining accountability for the quality of care given to the healthcare consumer.
- Abides by the vision, the associated goals, and the plan to implement and measure progress of an individual healthcare consumer or progress within the context of the healthcare organization.



- Demonstrates a commitment to continuous, lifelong learning and education for self and others.
- Mentors colleagues for the advancement of nursing practice, the profession, and quality health care.
- Treats colleagues with respect, trust, and dignity.
- Develops communication and conflict resolution skills.
- Participates in professional organizations.
- Communicates effectively with the healthcare consumer and colleagues.
- Seeks ways to advance nursing autonomy and accountability.
- Participates in efforts to influence healthcare policy involving healthcare consumers and the profession.

Nursing: Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities and populations.

Nursing-sensitive indicators: Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care. The structure of nursing care is indicated by the supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff. Process indicators measure aspects of nursing care such as assessment, intervention, and RN job satisfaction. Patient outcomes that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g., pressure ulcers, falls, and intravenous infiltrations). Some patient outcomes are more highly related to other aspects of institutional care, such as medical decisions and institutional policies (e.g., frequency of primary C-sections, cardiac failure) and are not considered "nursing-sensitive". (ANA's Nursing World: <http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/Research-Measurement/Nursing-and-Quality.pdf> Retrieved August 14, 2015).

Nursing judgment: "Encompasses three processes: namely, critical thinking, clinical judgment, and integration of best evidence into practice. Nurses must employ those processes as they make decisions about clinical care, the development and application of research and the broader dissemination of insights and research findings to the community, and management and resource allocation" (NLN, 2010, p. 67).

Patient: The recipient of nursing care or services. Patients may be individuals, families, groups, communities, or populations (American Association of Colleges of Nursing [AACN], 2008, p. 38).

Patient-centered care: Recognize the patient or designee as the source of control and full partner



in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs (Quality and Safety Education for Nurses [QSEN], 2007).

Personal and professional development: "A lifelong process of learning, refining, and integrating values and behaviors that (a) are consistent with the profession's history, goals, and codes of ethics; (b) serve to distinguish the practice of nurses from that of other health care providers; and (c) give nurses the courage needed to continually improve the care of patients, families, and communities and to ensure the profession's ongoing viability" (NLN, 2010, p. 68).

Professional identity: "Involves the internalization of core values and perspectives recognized as integral to the art and science of nursing. These core values become self-evident as the nurse learns, gains experience, and grow in the profession. The nurse embraces these fundamental values in every aspect of practice while working to improve patient outcomes and promote the ideals of the nursing profession. Professional identity is evidence in the lived experience of the nurse, in his or her ways of being, knowing, and doing" (NLN, 2010, p. 68).

Quality improvement: "Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems" (Quality and Safety Education for Nurses [QSEN], 2007). Also relates to the improvement of healthcare processes and at the local, state, and federal levels to affect positive outcomes from the impact of economics on healthcare quality.

Relationship-based care: Health care is provided through relationships. The activities of care are organized around the needs and priorities of patients and their families. Relationship-based care depends on a caring and healing environment in which care providers respect the dignity of each patient and each other. The nurse as a leader creates caring and healing cultures. Positive interdisciplinary collaboration is a significant predictor of quality care in a relationship-based care environment (Koloroutis, 2004).

Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance (Quality and Safety Education for Nurses [QSEN], 2007).