

#### BACCALAUREATE DEGREE NURSING PROGRAM

# NURS 3316 COMPREHENSIVE HOLISTIC HEALTH ASSESSMENT FALL 2017

### A Spirit of Caring - A Vision of Excellence

## **FACULTY**

INCOLIT	T		
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## CREDIT HOUR ALLOTMENT

3 Semester Credit Hours

32 Lecture

48 Clock Hours

### PLACEMENT IN CURRICULUM

First Semester

### CATALOG COURSE DESCRIPTION

Emphasizes the assessment phase of the nursing process across the lifespan. Students perform comprehensive holistic health assessments to identify health promotion, risk assessment and disease prevention behaviors.

# PREREQUISITES, CO REQUISITES, & COMPANION COURSE

Prerequisites: Admission to Baccalaureate Degree Program

Co requisites: None

Companions: NURS 3110, 3330, 3440, 3241

#### BSN PROGRESSION POLICY REGARDING CO-REOUISITE COURSES

If a student fails a course, the student must apply for readmission to the program.

- Co-requisite courses are didactic and practicum courses that share similar learning content. For example, 3440 Concepts of Professional Nursing and NURS 3241 Practicum: Concepts of Professional Nursing are co-requisite courses. Students apply the didactic knowledge in the co-requisite practicum course.
- If a student is readmitted who failed the didactic course but passed the practicum course, the student will enter under a contract requiring the student to repeat both courses. It is important for students to demonstrate current knowledge to be competent in practicum situations.

# ADDITIONAL INFORMATION

The student is expected to organize time and activities to meet individual learning needs and assignments, identify strengths and weaknesses related to individual learning, and identify resources to address areas for improvement. The student will also be required to integrate current evidence-based information into performance of basic nursing skills.

#### STUDENT LEARNING OUTCOMES

	END OF	DEC	COURSE	DEC	PRACTICE
	PROGRAM	KNOWLEDGE*	MEASUREABLE	PRACTICUM	MEASUREABLE
	STUDENT		STUDENT LEARNING	JUDGMENTS	STUDENT LEARNING
	LEARNING		OUTCOMES	AND	OUTCOMES
	OUTCOMES			BEHAVIORS*	
	*				
1.	4	MOP B1b	Show the relationship	MOP B 3bc	Show the relationship
		PCC B1a, A2a	between holistic health	PCC D2	between holistic health
			assessment and the nursing		assessment and the nursing
			process.		process.
2.	4	MOP B4ab	Use active inquiry while	PCC B7	Use active inquiry while
		PCC A1a, 2a,	participating in the learning		participating in the learning
		D3a	process of health		process of health
			assessment.		assessment.
3.	6	MOP B1d, 3	Demonstrate knowledge of	MOP A1, B2a,	Demonstrate knowledge of
		PCC D1abcd,	the professional nurses' role	3b, 5a	the professional nurses' role
		E8	within legal, ethical, and	PCC B3b, D1	within legal, ethical, and
		PSA A4	regulatory parameters while		regulatory parameters while
			performing health		performing health
			assessment for diverse		assessment for diverse
			patients.		patients.
4.	1	MOP B2b	Employ Caring,	PCC C1	Employ Caring,
		PCC A1b, 1c,	Modeling/Role Modeling,		Modeling/Role Modeling,
		B8	and other theories as they		and other theories as they
			relate to health assessment.		relate to health assessment.
5.	3, 5	PCC B9, C1a,	Apply concepts of	MOP B3a, 7a	Apply concepts of
		C2b,	therapeutic communication	PCC E9a, 11	therapeutic communication
		D1a, E2	and relationship skills when		and relationship skills when
			performing a health		performing a health
			assessment.		assessment.
		l		l	

6.	7	PCC B1b, 2,	Demonstrate the techniques	MOP A2	Demonstrate the techniques
		3ab, C2a	utilized in a systematic	PCC A2, B1a,	utilized in a systematic
			process of health	3a, F1a	process of health
			assessment.		assessment.
7.	2	PCC A1a, A2b,	Use selected evidence-	MOP B5e	Use selected evidence-based
		A3a, C3a,	based outcomes for health	PCC A1, A2a,	outcomes for health
		E1abc,	promotion, risk detection,	B1b, B3c,	promotion, risk detection,
		E5	and disease prevention	E12a,	and disease prevention
		PSA A1, 2	across the lifespan.	E13a	across the lifespan.
8.	2	PCC B2, B6,	Show the effects of the	PCC A2c, A3,	Show the effects of the
		B12	environment on patients'	B8, B9ab	environment on patients'
			health.		health.
9.	1	MOP C1, C2a	Demonstrate the	MOP B3c, C1,	Demonstrate the components
		PCC B3abc,	components of a holistic	5 PCC B2,	of a holistic health
		B4, 6,	health assessment across	D2bc	assessment across the
		C1a	the lifespan.		lifespan.

<sup>\*</sup> See the Lamar University JoAnne Gay Dishman School of Nursing Undergraduate Nursing Studies Student Handbook for additional information.

## COURSE CONTENT OUTLINE

- I. Introduction to Comprehensive Holistic Health Assessment
  - A. Relation to the nursing process
  - B. Comprehensive Holistic Health Assessment across the Lifespan
    - 1. Health Promotion
    - 2. Risk Detection
    - 3. Health Protection/Disease Prevention
  - C. Active Inquiry
  - D. Legal, Ethical and Regulatory Parameters
- II. Assessment Frameworks
  - A. Survey of Nursing Theoretical Frameworks
    - 1. Roy-Adaptation model
    - 2. Neuman's model
    - 3. Modeling and role modeling
    - 4. Caring model
  - B. Applying Nursing Theoretical Frameworks
    - 1. Caring model
    - 2. Modeling and Role-Modeling
    - 3. Erikson's Developmental Assessment
    - 4. Piaget's Cognitive Development
- III. Role of culture, family, and community in patient assessment
- IV. Assessment Data
  - A. Subjective Data
    - 1. Communication and Approaching the Patient
    - 2. Interviewing Techniques
  - B. Objective Data
    - 1. Assessment Techniques

- 2. Equipment
- C. Validation and Analysis of Data
- D. Documentation
- V. Recommended Evidence-based Screenings across the Lifespan
  - A. Health Promotion Models
  - B. Periodicity Guidelines
  - C. Healthy People
- VI. General Survey A. Physical Appearance
  - B. Vital Signs and Measurement
  - C. Mental Status
  - D. Nutritional Status
- VII. Health history A. Individual
  - B. Family
  - C. Pedigree
  - D. Cultural Sensitivity
  - E. Environment and Community
- VIII. Holistic Health Assessment across the Lifespan
  - A. Pediatric
  - B. Adult
  - C. Older Adult
- IX. Skin, Hair, & Nail A. Structure and Function
  - B. Subjective Data
  - C. Objective Data
  - D. Age-Related Variations
  - E. Cultural Variations
  - F. Common Problems and Conditions
  - G. Healthy People
- X. Head, Neck & Related Lymphatics
  - A. Structure and Function
  - B. Subjective Data
  - C. Objective Data
  - D. Age-Related Variations
  - E. Cultural Variations
  - F. Common Problems and Conditions
  - G. Healthy People
- XI. Eye
  - A. Structure and Function
  - B. Subjective Data
  - C. Objective Data
  - D. Age-Related Variations
  - E. Cultural Variations
  - F. Common Problems and Conditions
  - G. Healthy People
- XII. Ear
  - A. Structure and Function
  - B. Subjective Data
  - C. Objective Data

- D. Age-Related Variations
- E. Cultural Variations
- F. Common Problems and Conditions
- G. Healthy People

### XIII. Mouth, throat, Nose, & Sinuses

- A. Structure and Function
- B. Subjective Data
- C. Objective Data
- D. Age-Related Variations
- E. Cultural Variations
- F. Common Problems and Conditions
- G. Healthy People

### XIV. Respiratory System A. Structure and Function

- B. Subjective Data
- C. Objective Data
- D. Age-Related Variations
- E. Cultural Variations
- F. Common Problems and Conditions
- G. Healthy People

### XV. Cardiovascular System A. Structure and Function

- B. Subjective Data
- C. Objective Data
- D. Age-Related Variations
- E. Cultural Variations
- F. Common Problems and Conditions
- G. Healthy People

# XVI. Peripheral Vascular System A. Structure and Function

- B. Subjective Data
- C. Objective Data
- D. Age-Related Variations
- E. Cultural Variations
- F. Common Problems and Conditions
- G. Healthy People

#### XVII. Abdomen

- A. Structure and Function
- B. Subjective Data
- C. Objective Data
- D. Age-Related Variations
- E. Cultural Variations
- F. Common Problems and Conditions
- G. Healthy People

## XVIII. Urinary System A. Structure and Function

- B. Subjective Data
- C. Objective Data
- D. Age-Related Variations
- E. Cultural Variations
- F. Common Problems and Conditions

- G. Healthy People
- XIX. Musculoskeletal
  - A. Structure and Function
  - B. Subjective Data
  - C. Objective Data
  - D. Age-Related Variations
  - E. Cultural Variations
  - F. Common Problems and Conditions
  - G. Healthy People
- XX. Neurological
  - A. Structure and Function
  - B. Subjective Data
  - C. Objective Data
  - D. Age-Related Variations
  - E. Cultural Variations
  - F. Common Problems and Conditions
  - G. Healthy People
- XXI. Integrate Assessment Components for Adult, Pediatric and Older Adult Patients
- XXII. Focus vs. Complete Assessment

## TEACHING STRATEGIES

Lecture

Demonstration and return demonstration

**Guided Practice** 

Vital Sign Simulation Model

# TEACHING LEARNING THEORIES

Bloom Theory of Learning

**Adult Learning Theory** 

### EVALUATION METHODS & GRADING

Grade Scale:

A = 90-100

B = 80-89

C = 75-79

D = 60-74

F = 0.59

Exam I 20%
Exam II 20%
Final Exam 20%
Assessment Demonstration Exam 30%
Lab Exercises 10%
100%

All nursing exams have specified time limits. Seventy-five (75) seconds will be allowed for each multiple-choice exam item in this course. Alternate format test questions will be included in the course exams. Based on the total number of questions on the exam, 5 % to 7 % will be alternate format.

To be successful in this course, all course requirements must be completed, and a satisfactory level of performance must be attained, as specified in the syllabus.

### **Grading Policy: The 75% Weighted Grade Rule**

Students must achieve a minimum of 75% average on all exams before any other assignments are included in the grade calculation. Failure to achieve the 75% results in course failure irrespective of grades achieved on other assignments. The 75% rule applies to Exam I, Exam II, Final Exam and Assessment Demonstration Exam. The lab exercise grades will not be included in the course grade calculation until a 75% average has been achieved on the exams and assessment demonstration exam.

## **RX Prescription for Success**

The RX Prescription for Success program is designed to facilitate academic success for all students enrolled in the Dishman School of Nursing. Students who score  $\leq 76\%$  on either Exam I or Exam II or have an average of  $\leq 76\%$  after Exam III are responsible for collaborating with course faculty in developing and implementing an individualized RX Prescription for Success plan. Students are expected to be accountable for their learning and utilize suggested resources for academic remediation. In addition, students are responsible for fulfilling all aspects of the RX Prescription for Success Referral within a reasonable timeframe.

# OTHER COURSE REQUIREMENTS

All lab exercises will be due at the completion of lab class. Full credit will be given if **complete** laboratory exercises are turned in on time. If an exercise is not turned in on time, no credit will be given unless a written excuse is provided. Absences from lab will require a written excuse. Content applied in lab will be included in each exam.

Students admitted into the BSN program have supportive learning opportunities geared toward facilitating students' academic success. Specific learning strategies are designed for each student's learning needs. Timely completion of these learning strategies is essential to maximize

## CONTENT SPECIALTY EXAMINATIONS

There are no specialty examinations in this course.

## **REQUIRED TEXTS**

Jenson, S. (2015). *Nursing health assessment: A best practice approach* (2<sup>nd</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

#### RECOMMENDED TEXTS

Alligood, M. & Tomey, A.M. (2014). *Nursing theory: Utilization and application* (5<sup>th</sup> ed.). St. Louis, MO: Mosby.

- American Psychological Association (2010). *Publication manual of the American Psychological Association* (6<sup>th</sup> ed.) (6<sup>th</sup> printing). Washington D. C.
- DeWit, S. C. (2016). *Student nurse planner 2016-2017: A guide to success in nursing school.* St. Louis, MO: Elsevier Saunders.
- Eckman, M. (Ed). (2011). *Professional guide to pathophysiology* (3<sup>rd</sup> ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Grossman, S.C., & Porth, C. M., (2014). *Porth's Pathophysiology: Concepts in altered health states* (9th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Ignatavicius, D. D. & Workman, M. L. (2013). *Medical-surgical nursing: Critical thinking for collaborative care* (7<sup>th</sup> ed.). Philadelphia, PA: W. B. Saunders.
- Leonard, P. C. (2015) Building a medical vocabulary (9th ed.). St. Louis, MO: Elsevier.
- Mosby's medical nursing and allied health dictionary (9th ed.). (2012). St. Louis, MO: Mosby.
- Miller, C. (2014). *Nursing for wellness in older adults* (7th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.
- Pagana, K. D. & Pagana, T. J. (2014). *Mosby's manual of diagnostic and laboratory tests* (5<sup>th</sup> ed.). St. Louis, MO: Mosby.
- Perry, A. G. & Potter, P. A. (2014). *Clinical nursing skills and techniques* (9<sup>th</sup> ed.). St. Louis, MO: Mosby.
- Potter, P. A. & Perry, A. G. (2017). Fundamentals of nursing (9th ed.). St. Louis, MO: Mosby.
- Purnell, L. D. (2014). *Guide to culturally competent healthcare* (3<sup>rd</sup> ed.). Philadelphia, PA: F. A. Davis.
- Sparks-Ralph, S. & Taylor, C. (2014) *Sparks and Taylor's: Nursing diagnosis reference manual* (9<sup>th</sup> ed.). Amber, PA: Lippincott Williams & Wilkins.
- Wilson, B., Shannon, M. & Shields, K. (2016). *Pearson's nurse's drug guide 2016*. Upper Saddle River, NJ: Pearson Education.

### COURSE MANAGEMENT POLICIES

The policies of the Dishman School of Nursing are published in the current Lamar University Dishman School of Nursing Undergraduate BSN Student Handbook. The policies are designed to provide guidance through the many processes that accompany the learning experiences in the nursing programs. Students are expected to be aware of and adhere to the policies as published.

## ATTENDANCE/TARDY POLICY STATEMENT

- 1. Class and laboratory attendance is required for success in the nursing program. If absences are interfering with the successful completion of course objectives, the student will be counseled by faculty about the consequences on the course grade.
- 2. No children are allowed in class since this interferes with the learning process of fellow students.
- 3. Students are responsible for all course material missed while absent.
- 4. Arrival to class after the starting time presents a problem. Students are expected to arrive on time. Students who arrive late to class are to enter by the back door and will be seated in the last two rows only. The instructor reserves the right to lock the classroom door and allow admittance at the next break time.
- 5. Students whose late entry for either class or clinical is excessive will be counseled and a plan or corrective action determined.
- 6. Students should make every attempt to be on time for exams. If an emergency situation arises, the student should notify the course leader and or the program office at (409) 8808831.
- 7. Students arriving late for an exam must turn in their exam at the original announced finish time. These students will be placed at a table in the front of the room to minimize distraction to the other students. A counseling note will be placed in the student's file. No additional time to finish the examination will be given.

\*For the complete Attendance/Tardy Policy, see the *JoAnne Gay Dishman School of Nursing Undergraduate Nursing Studies Student Handbook*.

# PERMISSION TO RECORD LECTURE PRESENTATIONS

Students who wish to record faculty lecture presentations must acquire written permission from the faculty using the Recording Agreement Form.

## ACADEMIC HONESTY

The JoAnne Gay Dishman School of Nursing complies with the University Academic Policy as published in the Lamar University Student Handbook. "Students are expected to maintain complete honesty and integrity in the academic experiences both in and out of the classroom. Any student found guilty of dishonesty in any phase of academic work will be subject to disciplinary action." (See the Lamar University Student Handbook). The Lamar University JoAnne Gay Dishman School of Nursing further defines cheating, plagiarism, collusion, and abuse of research materials and other unacceptable behaviors. The JoAnne Gay Dishman School of Nursing also defines the potential actions / consequences that may be taken if a student engages in dishonest practices including course failure (see Potential Actions, JoAnne Gay Dishman School of Nursing Undergraduate Nursing Studies Student Handbook).

For the complete Academic Honesty Policy, see the JoAnne Gay Dishman School of Nursing Undergraduate Nursing Studies Student Handbook.

### UNIVERSITY DROP/ADD

Students are responsible to be officially enrolled in the course. It is also the student's responsibility to officially drop the course. Any student who stops attending class and does not officially drop the course will be given an "F" as the semester grade.

Census Date/12<sup>th</sup> class day: September 13, 2017. Students may drop or withdraw without consulting their Instructor, Department Chair or the Records Office. The Six Drop Rule does not apply to drop before 5:00 p.m. on this date.

Last date to drop or withdraw without penalty: September 29, 2017. The Six Drop Rule applies. Student should consult with the Instructor and the Records Office to initiate a drop before the Last day to drop with or without academic penalty date.

Last day to drop or withdraw with academic penalty: November 3, 2017. The Six Drop Rule Applies. Student must be passing the course at the time of the requested drop in order to receive a Q. The drop form, including all required signatures, must arrive in the Records Office by no later than 5:00p.m. on the specified date.

Any student seeking to drop after the Last day to drop or with draw by academic penalty date, must submit a fairly thorough written explanation, including supporting documents if applicable, of the extenuating circumstances for with the action is being requested. The explanation must be shared with and approved by the Instructor, the School of Nursing Chair, and the Dean of the college before the drop form will be sent to the Senior Associate Provost for a final review and decision. See the Academic calendar for all relevant dates at <a href="http://events.lamar.edu/academic-calendar-listing.html">http://events.lamar.edu/academic-calendar-listing.html</a>.

### THE DISABILITY RESOURCE CENTER

Lamar University is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center (DRC) is located in the Communications building room 105. Office staff collaborate with students who have disabilities to provide and/or arrange reasonable accommodations.

#### For students:

- If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact the DRC at 409-880-8347 or drc@lamar.edu to arrange a confidential appointment with the Director of the DRC to explore possible options regarding equitable access and reasonable accommodations.
- If you are registered with DRC and have a current letter requesting reasonable accommodations, we encourage you to contact your instructor early in the semester to review how the accommodations will be applied in the course.

## COURSE EVALUATIONS

Lamar University encourages students to evaluate online the courses they take and the instruction they receive via a contract with a national company, OnlineCourseEvaluations.com. The evaluation instruments themselves were developed by LU faculty and administrators. Evaluation windows for fall and spring courses open two weeks before the final examination period and close at the end of the

last class day. The student is notified of the specific dates at his/her LU Connect e-mail address. If course evaluations are given during summers, mini semesters, and other compressed terms, evaluation windows are extended past the last class meeting. Evaluations are completely anonymous, and neither LU faculty nor LU administrators have the ability to determine the name of the student who completed a specific evaluation form. The primary purpose of course evaluation is the improvement of instruction. That is, after the semester has ended and grades have been awarded, faculty are able to access the results of student course evaluations, to include all student comments. Faculty analyze the data and read the comments, and often use student observations and suggestions to make changes in course content and delivery. The results of course evaluations are also used by chairs and deans as one factor in decisions involving merit pay, tenure, and promotion. Both the administration and faculty take student input via course evaluations very seriously, and faculty encourage students to participate in this process. Any questions or comments students have about the process should be addressed to the University Assessment Coordinator, at 409-880-2385.

### MANDATORY COURSE EVALUATION POLICY

Students must complete the End-of-Course Evaluation in nursing courses and provide verification of completion in a timely manner to receive a course grade. Students who do not complete the End of Course Evaluation in the designated time period will receive a grade of Incomplete (I) for the course. The student must then contact course leaders to determine if and when the final course grade can be posted.

### EMERGENCY PROCEDURES

Many types of emergencies can occur on campus; instructions for severe weather or violence/active shooter, fire, or chemical release can be found at:

http://www.lamar.edu/about-lu/administration/risk-management/index.html. Following are procedures for the first two:

#### **Severe Weather:**

- Follow the directions of the instructor or emergency personnel.
- Seek shelter in an interior room or hallway on the lowest floor, putting as many walls as possible between you and the outside.
- If you are in a multi-story building, and you cannot get to the lowest floor, pick a hallway in the center of the building.
- Stay in the center of the room, away from exterior walls, windows, and doors.

#### **Violence/Active Shooter (CADD):**

- **CALL** 8-3-1-1 from a campus phone (880-8311 from a cell phone). Note: Calling 9-1-1 from either a campus phone or cell phone will contact Beaumont City Police Dispatch rather than University Police.
- **AVOID-** If possible, self-evacuate to a safe area outside the building. Follow directions of police officers.
- **DENY-** Barricade the door with desks, chairs, bookcases or any other items. Move to a place inside the room where you are not visible. Turn off the lights and remain quiet. Remain there until told by police it is safe.
- **DEFEND-** Use chairs, desks, cell phones or whatever is immediately available to distract and/or defend yourself and others from attack.

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# CAMPUS CLOSURE

In the event of an announced campus closure in excess of four days due to a hurricane or other disaster, students are expected to login to Lamar University's website's homepage (<a href="www.lamar.edu">www.lamar.edu</a>) for instructions about continuing courses remotely.