IOWA VALLEY COMMUNITY COLLEGE DISTRICT

MISSION

<u>Vision, Mission and Core Values</u>

- Vision – We will serve our communities as the essential catalyst for educational and economic vitality.

- Mission – Iowa Valley Community College District is committed to providing quality learning experiences, ensuring student success, responding to diverse community needs, and building community partnerships.

- Core Values

    o Educational Excellence

    o Leadership & Communication

    o Partnerships

    o Recognition & Success

    o Growth

    o Quality

NURSING PROGRAM PHILOSOPHY

The philosophy of the Iowa Valley Community College District (IVCCD) nursing program is consistent with the missions and goals of IVCCD. The philosophy of the nursing program focuses on the nature of the person, environment, health, the professional discipline of nursing, nursing education, nursing process, nurse caring, family and the life span.

The nursing faculty believes that a person is a unique biopsychosocial being who is continuously evolving. The faculty recognizes that the evolution of persons is influenced by culture, heredity, values, education, experiences, and spirituality. The faculty promotes the study of human development over the life span. The faculty believes that persons develop significant relationships, including family relationships over the life span. The study of families is an important component of nursing education.

The faculty considers environment as all external conditions affecting the life and development of the person. We view environment as a constantly changing phenomenon.

We believe that health is a relative state that reflects the perceptions of persons, families, communities, and populations. The promotion, maintenance, and restoration of health are the combined responsibility of persons, families, communities, populations, and health care providers.

Nursing is the protection, promotion, and optimization of health and abilities, prevention 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 (ANA, 2010). The nurse's role is that of a health care provider who utilizes the nursing process to assess, plan, implement and evaluate the effectiveness of nurse caring. We believe that nursing practice is a synthesis of science and art with a core body of nursing knowledge.

We believe that nursing education is a lifelong process of developing knowledge, skills, values and attitudes. It is the goal of the IVCCD nursing faculty to facilitate learning by providing a sequence of theoretical and experiential learning, to ensure competence in beginning practical and/or associate degree nursing.

We believe that there is a need for different levels of nursing within the scope of nursing practice. The faculty is committed to programs that provide a core body of nursing knowledge and that facilitate advancement to other levels of nursing. Both practical and associate degree graduates are accountable for their nursing actions and must practice within the legal and ethical framework of nursing. The educational programs must provide for articulation from nursing related programs and facilitate articulation to baccalaureate nursing programs.

NURSING PROGRAM ORGANIZING FRAMEWORK

The organizing framework relates concepts selected by the faculty to provide a frame of reference for the study and practice of nursing. These concepts include person, environment, health, nursing, nursing education, nursing process, functional health patterns, nurse caring, family and the life cycle. This developmental framework serves as a guide for planning courses and their sequence and for the evaluation and revision of courses.

Persons are unique biopsychosocial beings who are continuously evolving. The development of persons is influenced by culture, heredity, values, education, experiences and spirituality. As persons evolve they develop significant relationships which may be family relationships. Persons become consumers of nursing when they or their advocates perceive a need and seek nurse caring to assist with their perceived need.

Environment is all external conditions affecting the life and development of the person. Environment is a constantly changing phenomenon. Environmental changes have a direct influence on health and illness. Nurses assist persons to alter their environment to positively influence health.

Health is a relative state that reflects the perceptions of persons, families, communities, and populations. The promotion, maintenance and restoration of health are the combined responsibility of these people and health care providers. Perceptions are unique to individuals and are influenced by their prior learning experiences. Illness is a relative state that reflects a feeling of disharmony perceived by the person.

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 (ANA, 2010). The nurse's role is that of a health care provider who assesses, plans, implements, and evaluates the effectiveness of nurse caring. Nursing practice is a synthesis of art and science with a core body of nursing knowledge. The core body of nursing knowledge allows nurses to be skilled in well-defined competencies. The goal of nursing is to promote health, prevent illness, restore or maintain with dignity essential life functions altered by illness, or to comfort the dying and their families. It is important that nurses are prepared to care for individuals and families over the life span.

Nurse caring is the bridge between the art and science perspectives. Nurse caring is the professionalization of human caring. Caring is not unique to nursing, but caring is unique **in** nursing. While caring is not the exclusive domain of nursing, nurses uniquely link person, environment, health and nursing in a

dynamic interpersonal process. Nursing education affirms the acquisition of nursing knowledge and expertise as central to the concept of nurse caring. The nursing process is a tool by which nurses manifest nurse caring.

Nursing process is a scientific problem-identification and problem-solving method of organizing nursing activities. It includes the following steps:

~~   Assessment: Systematic collection of data to determine actual or potential health problems.

~~   Nursing diagnosis: Identification of human responses to actual or potential health problems which are amenable to resolution by means of nursing actions.

~~   Planning: The development of goals and a plan of care designed to assist in resolving the nursing diagnosis.

~~   Implementation: Actualization of the plan of care.

~~   Evaluation: Determination of the response to the nursing interventions.

Functional health patterns are used by the nurse to classify and organize patient data according to their ability to function independently. They are used in conjunction with a health history and physical assessment data obtained by the nurse. Functional health patterns assessed are the health perception-health management pattern, the nutritional-metabolic pattern, the elimination pattern, the activity-exercise pattern, the sleep-rest pattern, the cognitive-perceptual pattern, the self-perception pattern, the role-relationship pattern, the sexuality-sexual functioning pattern, the coping-stress management pattern, and the value-belief system (Gordon, 1994).

Nursing education is a lifelong process of developing knowledge, skills, values and attitudes. The IVCCD nursing faculty facilitates learning by providing a sequence of theoretical and experiential learning, to ensure competence in beginning practical and/or associate degree nursing. The responsibility for learning is shared between the faculty and the students. The role of the learner is to be actively involved in the learning process that promotes the discovery or acquisition of knowledge, skills, values or attitudes. The faculty has a responsibility to provide direction and evaluation. The faculty recognizes that students have unique learning styles that are influenced by their prior learning and life experiences.

The family is characterized by unique and ever-changing relationship patterns. Individuals and families have a right to participate in making decisions about health. Our framework for the study of individuals and families is development over the life span. The nursing curriculum emphasizes the study of prenatal development through the problems of the aging population.

This organizing framework provides education for different levels of nursing within the scope of nursing practice. Practical nursing and associate degree programs provide a core body of nursing knowledge that facilitates advancement to other levels of nursing. The practical nursing and associate degree nursing programs are sequential. Practical nursing graduates should be prepared to provide nurse caring for patients and families with predictable needs under the supervision of a registered nurse or a licensed physician. Associate degree nurse graduates should be prepared to provide nurse caring to patients and families with variable needs. Associate degree nurses must use critical thinking to prioritize care, delegate and direct other nursing caregivers, collaborate with other health care providers, utilize time and resources effectively and know when to seek assistance. Both practical nursing and associate degree graduates are accountable for their nursing actions and must practice within the legal and ethical framework of nursing. The educational programs must provide for articulation from nursing related programs and to baccalaureate nursing programs.

Upon completion of the first level (practical nursing program), students will be able to provide nurse caring for individuals and families with predictable needs under the supervision of a registered nurse or a licensed physician. Practical nursing competencies are as follows (NAPNES, 2012):

Professional Behaviors:
1. Accountability/responsibility
2. Initiative/maturity
3. Punctuality/attendance
4. Practices within legal, ethical, and regulatory frameworks
5. Assess how one's personal strengths and values affect one's identity as a nurse and one's contributions as a member of the health care team.
6. Exhibits professional socialization

Communication:
1. Interpersonal relationships
2. Demonstrates cultural awareness
3. Utilizes therapeutic communication skills
4. Maintains confidentiality of information
5. Clarity and accuracy of expression (oral)
6. Clarity and accuracy of expression (written)

Assessment:
1. Utilizes steps of nursing process
2. Identifies patients' problems/needs

Clinical Decision Making:
1. Comprehension
2. Judgment
3. Critical thinking skills
4. Individualizes assessments/plan of care
5. Question the basis for nursing actions, considering research, evidence, tradition, and patient preferences.
6. Provide a rationale for judgments used in the provision of safe, quality care and for decisions that promote the health of patients within a family context.

Caring Interventions:
1. Accurate and safe nursing practice
2. Completeness and accuracy of technical skills
3. Promote the human dignity, integrity, self-determination, and personal growth of patients, oneself, and members of the health care team.

Teaching and Learning:
1. Promotes health education
2. Implements Wellness/Preventive teaching

Collaboration:
1. Collaborates with health care team
2. Works cooperatively with others

Managing Care:
1. Organization and time utilization
2. Current with technologies
3. Prioritizes and delegates appropriately

Upon completion of the second level (associate degree program), students will be able to provide nurse caring to patients and families with variable needs. The three interrelated roles for the graduate are as provider of care, manager of care, and member within the discipline of nursing. Associate degree nursing competencies are as follows (NLN, 2010):

Professional Behaviors:
1. Implement one's role as a nurse in ways that reflect integrity, responsibility, ethical practices, and an evolving identity as a nurse committed to evidence-based practice, caring, advocacy, and safe, quality care for diverse patients within a family and community context.
2. Accountability/responsibility
3. Initiative/maturity
4. Punctuality/attendance
5. Practices within legal, ethical, and regulatory frameworks
6. Lifelong learning

Communication:
1. Interpersonal relationships
2. Demonstrates cultural awareness
3. Utilizes therapeutic communication skills
4. Maintains confidentiality of information
5. Clarity and accuracy of expression (oral)
6. Clarity and accuracy of expression (written)

Assessment:
1. Utilizes steps of nursing process
2. Appraises patient health status
3. Identifies patients' problems/needs

Clinical Decision Making:
1. Examine the evidence that underlies clinical nursing practice to challenge the status quo, question underlying assumptions, and offer new insights to improve the quality of care for patients, families and communities.
2. Make judgments in practice, substantiated with evidence, that integrate nursing science in the provision of safe, quality care and promote the health of patients within a family and community context.

Caring Interventions:
1. Holistic nursing care
2. Accurate and safe nursing practice
3. Incorporates continuity of care
4. Completeness and accuracy of technical skills
5. Advocate for patients and families in ways that promote their self-determination, integrity, and ongoing growth as human beings.

Teaching and Learning:
1. Promotes health education
2. Implements Wellness/Preventive teaching
3. Facilitates informed decision making

Collaboration:
1. Collaborates with health care team
2. Coordinates decision making
3. Works cooperatively with others

Managing Care:
1. Organization and time utilization
2. Current with technologies
3. Delegates appropriately
4. Provides cost efficient care.

<u>References</u>

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