NURSING 321
Nursing Process &
Roy Adaptation Model
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Outline</td>
<td>4-10</td>
</tr>
<tr>
<td>Weekly Schedule of Activities</td>
<td>11</td>
</tr>
<tr>
<td>Mission Statement &amp; Philosophy of ADN Program</td>
<td>12-15</td>
</tr>
<tr>
<td>Organizational Conceptual Framework of ADN Program</td>
<td>16-20</td>
</tr>
<tr>
<td>Unit I: The Roy Adaptation Model</td>
<td>21-24</td>
</tr>
<tr>
<td> PowerPoint</td>
<td></td>
</tr>
<tr>
<td> Medical Model vs. Nursing Model</td>
<td>25</td>
</tr>
<tr>
<td> Essential Parts of Nursing Model</td>
<td>26-27</td>
</tr>
<tr>
<td> Adaptation Nursing</td>
<td>28</td>
</tr>
<tr>
<td> The Roy Adaptation Model</td>
<td>29-35</td>
</tr>
<tr>
<td>Unit II: The Nursing Process</td>
<td>36-40</td>
</tr>
<tr>
<td> PowerPoint</td>
<td></td>
</tr>
<tr>
<td> Nursing Process for Adaptation</td>
<td>41-43</td>
</tr>
<tr>
<td> Nursing Interventions</td>
<td>44</td>
</tr>
<tr>
<td> Common Errors in Creating &amp; Writing a Diagnostic Statement</td>
<td>45</td>
</tr>
<tr>
<td> Qualifiers &amp; Diagnostic Statements</td>
<td>46</td>
</tr>
<tr>
<td> Guidelines for Writing Diagnostic Statement</td>
<td>47</td>
</tr>
<tr>
<td> Nursing Diagnoses</td>
<td>48-50</td>
</tr>
<tr>
<td> Goals vs. Outcomes</td>
<td>51</td>
</tr>
<tr>
<td> Maslow’s Hierarchy</td>
<td>52</td>
</tr>
<tr>
<td>Unit III: Physiological Mode</td>
<td>53-55</td>
</tr>
<tr>
<td>Unit: IV Psychosocial Mode</td>
<td>56-59</td>
</tr>
<tr>
<td>Handouts</td>
<td>60</td>
</tr>
<tr>
<td> Cultural Care Assessment</td>
<td>61-62</td>
</tr>
<tr>
<td> Sick Roles &amp; Stages of Illness</td>
<td>63-65</td>
</tr>
<tr>
<td> Adaptive-Ineffective Behaviors –Physiological Mode</td>
<td>66-79</td>
</tr>
<tr>
<td> Modes Boxes</td>
<td>80</td>
</tr>
<tr>
<td> Nursing Process in the Physiological Mode</td>
<td>81-87</td>
</tr>
</tbody>
</table>
- Nursing Process in the Psychosocial Mode 88-101
- Accepted Nursing Diagnoses 102-103
- Case Studies 104-109
- Nursing Care Plan Template 110
- Teaching Care Plan Template 111
- Teaching Care Plan Flow Sheet 112
- Criteria for Grading NCP 113
- Criteria for Grading Teaching NCP 114
- Example of Physiological Nursing Care Plan 115
- Example of Psychosocial Nursing Care Plan 116
- Nursing History and Assessment Form 117-122
**Course Name:** NURSING PROCESS AND THE ROY ADAPTATION MODEL

**Days/Time/Location:** Thursdays 1615-1910 Room #133

**Faculty Contact Information:**
**Instructor:** J. Arzaga, MSN, RN  
**Office location:** #116  
**Office Phone:** (310) 233-4384  
**Email:** arzagajb@lahc.edu  
**Office hours:** posted outside office

**Course Description:**
This course introduces the concepts of the nursing process and the Roy Adaptation Model for nursing practice. This six (6) week course is designed to provide theoretical knowledge and practice to understand the nursing process utilizing the Roy Adaptation Model for planning and implementing patient care.

The Quality and Safety in Nursing Education (QSEN) addresses the challenge to prepare nurses with the competencies needed to continuously improve the quality of care in their work environment. The QSEN competencies include: patient-centered care, teamwork and collaboration, evidence-based practice, safety, and informatics. For each competency there are targeted knowledge, skills, and attitudes (KSAs) that will assist in improving patient care. The KSAs are integrated in this nursing prelicensure program to ensure an education that will continue to improve patient care.

**Credit/Contact Hours:** This is a (1) unit course with 18 hours of lecture/discussion, including small group practice sessions during the course over a six (6) week period.

**Transferability:** Conditional

**Pre-requisites:** Official admission into the nursing program or experience in nursing permitting advanced placement in nursing program.

**Program Learning Outcomes:** Upon completion of the Associate Degree Nursing Program at Los Angeles Harbor College, the graduate will be able to:

1. Integrate the nursing process using the Roy Adaptation Model to promote adaptation of individuals, groups, and the community.
2. Internalize professional standards of nursing practice.
3. Formulate clinical judgments in practice that promote the health of patients.
4. Provide safe, patient-centered care.
5. Assimilate effectively within nursing and inter-professional teams fostering effective communication to achieve quality patient care.
8. Incorporate information and technology to communicate, manage knowledge, mitigate error, and support decision making.
**Student Learning Outcomes:** At this level, which comprises courses in the first semester of the nursing program, the students are expected to integrate and synthesize knowledge obtained in prerequisite courses. The students are introduced to nursing concepts and professional behaviors that they are to adhere to and practice under the guidance of experts in the clinical setting. Students are expected to carry out the nursing process and complete patient’s care plan of care utilizing a set of rules and resources in their decision-making. The Student Learning Outcomes for this Level I are:

1. **Relate the components of the nursing process using the Roy Adaptation Model.**
2. **Develop** professional behaviors for nursing practice.
3. **Identify** assessment data with which to formulate clinical decisions.
4. **Provide** safe, patient-centered care.
5. **Describe** roles of health care team members and develop effective strategies for communication.
6. **Identify** evidence-based practices to support clinical reasoning.
7. **Implement** a personal quality improvement project.
8. **Identify** the impact of information technology in the clinical setting and guidelines for protected health information.

**Course Outcomes:** At the end of this course, with appropriate active study of assigned resources, class participation, lecture/discussion and supervised practice, the first semester student nurse will be able to identify the components of the nursing process utilizing the Roy Adaptation Model in order to formulate a beginning level nursing plan of care. The objectives relate to the Student Learning Outcomes Level I (#1-8). The first semester nursing student will be able to:

1. **Establish a theory base for understanding and implementing the basic concepts of the Roy Adaptation Model.** Describe the relationship of the nursing process and critical thinking. [1]
2. **Describe professional standards of nursing practice.** [2]
3. **Describe** the relationship of the nursing process and a critical thinking model for nursing practice. [3]
4. **Establish a theory base for understanding and implementing the basic concepts of the Roy Adaptation Model** [4].
5. **Utilize prototype case studies to develop nursing care plans using the Roy Adaptation Model.** [1, 3, 4, 6]
6. **Begin to document assessment data, plan, implement and evaluate nursing care using the FOCUS and NARRATIVE note format for documentation.** [5, 8]
7. **Describe the organizational framework of the ADN curriculum and how it is derived from the mission and philosophy of the program.** [1, 2, 7]
Required Textbooks and Supplies:


#2 Pencils
Scantron Answer Sheets (100 items) for tests.
You will need to make six (6) copies of The Nursing Care Plan Sheets (see syllabus handouts).
LAHC Student Handbook –online

Recommended Supplementary Textbooks:

Any Nursing Care Plan Book of choice (Current Edition).


Diagnostic/Laboratory Tests Textbook of choice (Current Edition).

Course Policies: See College Catalog, Nursing Student Handbook, and Course Syllabus.

Academic Dishonesty:
The Los Angeles Community College District (LACCD) Academic Dishonesty Policy 9803.28 describes academic dishonesty violations as follows: "Violations of Academic Integrity include, but are not limited to, the following actions: cheating on an exam, plagiarism, working together on an assignment, paper or project when the instructor has specifically stated students should not do so, submitting the same term paper to more than one instructor, or allowing another individual to assume one's identity for the purpose of enhancing one's grade."

Academic dishonesty will not be tolerated in the Nursing Division. For further clarification, the nursing faculty has addressed definitions for the four major forms of academic dishonesty.
**Plagiarism:** presenting the work of another as if it were student's own work. Each time a source is paraphrased, a citation for the source must be included in the text of the paper.

**Cheating:** engaging in an act of deception whenever by misrepresenting mastery of information on an academic exercise that has not been mastered.

**Fabrication:** falsifying research or invents information with the intent to deceive.

**Academic misconduct:** violation of college policies, tampering with grades, or distribution of any part of an unadministered test. (Test banks / knowledge of people using test banks and not taking it to the lead instructor of department head)

Any form of academic misconduct is not tolerated within the LACCD and will result in a zero for the assignment in question and a possible one to two day suspension from the class (in most cases this will result in a fail for the course). Any students with an incident of academic misconduct will be referred to the Vice President of Student Services and may be expelled from the nursing program. Please refer to Student Handbook for further information, e.g. constraints of Social Media as they apply to the nursing program.

**Attendance Policy:** For this short term class absences are not to exceed one lecture during the duration of the course. If the student is ill or has an emergency, please contact lead instructor as soon as possible. Nursing students are urged NOT to be absent, and are reminded that the student is responsible for **ALL** information given during class time. Three (3) tardies will be counted as one (1) absence and if this occurs arrangements must be made to make up the absence. Absence that exceeds specified maximum will result in exclusion from the course or receiving an “F” grade.

**Course Evaluation:** The N321 course evaluation will be done on-line. This evaluation must be filled out during the last week of the course. Your feedback is essential if any opportunity for positive change is to occur. This is MANDATORY and not optional.

**Course Credit Challenging Policy:** A student may challenge Nursing 321. Prior to requesting to challenge the course, the student must be currently enrolled in the college and have a minimum grade point average of 2.0. All students requesting to challenge must have completed a minimum of 12 units within the Los Angeles Community College District.

The following procedure must be followed when requesting to challenge the course:
1. Must not be enrolled in the course
2. Request a form to challenge the course from the admission office
3. Make a request from the Department Chair person: Health Science
4. Purchase a syllabus in the bookstore
5. Make an appointment with the Nursing 321 instructor.

*All testing must be completed on the Los Angeles Harbor College campus, in a testing-secured room, e.g. at the testing center. The amount of time allotted for each exam will be determined by the LAHC testing center.
The student is expected to have completed the Course Syllabus material as preparation for the challenge exam, including assigned readings designate in the course units. The student must pass the midterm and final examination with a score of 75%, identify a nursing diagnosis from each of the Modes in The Roy Adaptation Model for nursing and complete nursing care plan from each of the areas. The criteria can be found in the syllabus for the grading of the nursing process papers. A prototype case study will be used for taking the final examination and completing the nursing process papers. The student is given only one opportunity to challenge the course.

**College and Department Policies**: See College Catalog, and Nursing Student Handbook.

**Board Policies/Accommodations**:

1. Nursing students requiring SPECIAL ACCOMODATIONS in a course must present official documentation of the type of accommodations required to the nursing faculty.
2. **Board Rule 9803.12. Dishonesty**, such as cheating, or knowingly furnishing false information to the college. Examples of academic dishonesty: A student copies from another student, to help an academically weaker student by providing answers to a test or using "crib" notes.
3. **Board Rule 9803.14. Obstruction or disruption** of classes, administration, disciplinary procedures, or authorized College activities.
4. **Board Rule 9803.19. Alcohol and Drugs.** Any possession of controlled substances which would constitute a violation of Health and Safety Code section 11350 or Business and Professional Code section 4230, any use of controlled substance the possession of which are prohibited by the same, or any possession or use of alcoholic beverages.

Please see college catalog for a listing of all District Board Rules. Also, refer to the Student Discipline Procedure for due process for disciplinary issues, grievances and the student appeal process. All students are required to read the Student Nurse Handbook, which can be found on the LAHC – Nursing Program website. After reading the Student Nurse Handbook, it is mandatory to print out the page containing the “Verification of Receipt of Nursing Program Student Handbook”, print your name where requested in the first paragraph and at the bottom of the page: sign, date, and write in your current semester. By signing this form you are attesting to having read the contents of the Student Nurse Handbook. This verification form must be turned in with your health packet to your instructor by the end of the first week of school.
## Course Grading:

| Quiz #1: The Roy Adaptation Model (10 points) | NCP#1 Oxygenation Mode (10 points) |
| Quiz #2: The Nursing Process (20 points) | NCP #2 Rest & Activity (10 points) |
| Midterm Exam Unit I & II (40 points) | NCP #3 Physiological Mode (10 points) |
| Quiz #3: Physiological Mode (30 points) | NCP #4 Psychosocial Mode (10 points) |
| Quiz #4: Psychosocial Mode (10 points) | Comprehensive Final Exam (50 points) |

There are no scheduled make up exams. Students are urged to contact instructor if major illness requires missing an exam. The highest grade obtainable for a quiz exam taken after the scheduled testing day is 75%. Make-up quizzes or exams may be multiple choice, fill-in, essay, or assessment &/or nursing care plans, or a combination of all of the above. To receive a grade of “W” (withdrawal) for the class, the student must drop the class according to LACCD policy (by end of 4th week of the course).

*NOTE: All students receiving a grade of ‘D’ must repeat the course before progressing in the nursing program.*

### Course Grading:

- **A** (90%-100%) 200 - 179
- **B** (81%-89%) 178 - 161
- **C** (75%-80%) 160 - 149
- **D** (60%-74%) 148 - 119
- **F** (Less than 60%) Less than 118

### Learning Resources:

- College or Facility Library
- Computer Lab
- Nursing Learning Lab
- Learning Resource Center (Main Library)
- Health Databases for Nursing Students, [http://www.lahc.edu/library](http://www.lahc.edu/library) (click on “Library Databases” and in the “quicklinks to data” pull down menu, select “Nursing Resource Center.”) In the search box, type in desired topic.
- Internet
Method of Instruction:
- Selected/Related Readings
- Handouts
- Lecture/Demonstration
- Discussions and group work
- Videotapes, DVDs, CDs, films, etc.
- Case scenario prototype with small group practice

Study Time: The College expects a minimum of two hours of study/preparation by the student for each hour of lecture. This means approximately 6 hours of study for lecture (weekly) for this course.

Assignments: See weekly assignment schedule handout. Students are expected to have read the assigned readings prior to lecture.

Evaluation Method:
Unit quizzes, mid-term exam, and comprehensive final exam.
Written assignments: nursing care plans from simulated prototype case studies.
### N321 WEEKLY SCHEDULE OF ACTIVITIES

NOTE: Schedule, including topics, testing dates, and points are subject to change if needed.

<table>
<thead>
<tr>
<th>Week</th>
<th>Topics/Activities</th>
<th>Reading</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to course Requirements of course Review syllabus &amp; textbook Philosophy of LAHC Nursing Program The Roy Model for LAHC Curriculum Unit I: The Roy Adaptation Model</td>
<td>Syllabus Cho: pg. 5-9 P&amp;P: Chapter 4</td>
<td>Research &amp; review the Board of Registered Nursing <a href="http://www.rn.ca.gov">http://www.rn.ca.gov</a></td>
</tr>
<tr>
<td>2</td>
<td>Unit II: Nursing Process (6 steps of nursing process) Unit III: Physiological Mode (Oxygenation) Begin Case Study and Group work</td>
<td>Syllabus Cho: pg. 10-25; 23-62 P&amp;P: Chapter 15, 16, 17, 18, 19, 20, 30</td>
<td>Quiz #1 Roy Adaptation Model NCP Practice</td>
</tr>
<tr>
<td>3</td>
<td>Unit III: Physiological Mode (Rest &amp; Activity, Elimination, Protection) NPR Group Work</td>
<td>Syllabus Cho: pg. 23-62 P&amp;P: Chapter 30</td>
<td>Quiz #2 Nursing Process NCP #1 Oxygenation due</td>
</tr>
<tr>
<td>4</td>
<td>Unit III: Physiological Mode (Nutrition, Fluid &amp; Electrolytes, Neurosensory) NPR Group Work</td>
<td>Syllabus Cho: pg. 23-62 P&amp;P: Chapter 30</td>
<td>Midterm Exam Unit I &amp; II NCP #2 Rest &amp; Activity due</td>
</tr>
<tr>
<td>5</td>
<td>Unit IV: Psychosocial Mode (Self-Concept, Role Function, Interdependence; Developmental task, sick role &amp; stages of illness</td>
<td>Syllabus Cho: pg. 63-86</td>
<td>Quiz #3 Physiological Mode NCP #3 Physiological due Course Evaluation on Survey Monkey</td>
</tr>
<tr>
<td>6</td>
<td>Comprehensive Final Exam (to include Quiz #4 Self Concept)</td>
<td></td>
<td>NCP #4 Psychosocial due</td>
</tr>
</tbody>
</table>
MISSION STATEMENT AND PHILOSOPHY OF THE NURSING PROGRAM

INTRODUCTION

The Associate Degree nursing program at Los Angeles Harbor College (LAHC) is part of the larger Los Angeles Community college District (LACCD), which consists of nine campuses. The nursing program offers generic and career ladder routes for Registered Nurse preparation. LAHC is accredited by the Accrediting Commission for Community and Junior Colleges (ACCJC). The Associate Degree Nursing Program is approved by the California Board of Registered Nursing and accredited by the Accreditation Commission for Education in Nursing (ACEN).

NURSING EDUCATION MISSION AND PHILOSOPHY CONGRUENT WITH LACCD AND LAHC

The mission of the Los Angeles Community College District (LACCD) is to provide students with an excellent education that prepares them to transfer to four-year institutions, successfully complete workforce development programs designed to meet local and statewide needs, and pursue opportunities for lifelong learning and civic engagement. The core values of the LACCD include access and opportunity; excellence and innovation; student learning and success; free inquiry; diversity; equity; community learning; and public accountability.

The mission of LAHC is to promote access and student success through associate and transfer degrees, certificates, economic and workforce development, and basic skills instruction. Educational programs and support services meet the needs of diverse communities as measured by campus institutional learning outcomes.

Reflecting the mission of the LACCD and LAHC, the mission of the Associate Degree nursing program is to educate and prepare a diverse body of students to obtain the necessary knowledge, skills, and attitudes to continuously improve the safety and quality of their individual performance and of the healthcare system. The nursing program values accountability, commitment, student diversity, personal and program integrity, life-long learning, professionalism, and high academic standards with preparation for a seamless transfer into university degree programs. The nursing program fosters a supportive learning environment for student success.

PHILOSOPHY OF PERSON AND ENVIRONMENT

The Roy Adaptation Model describes a person as a bio-psycho-social integrated whole, comprised of parts, continually interacting with his/her internal and external environment and striving to achieve adaptation and integration in four modes. The goals of the human system are survival, growth, reproduction, and mastery. The nature and degree of the
person’s adaptation is influenced by innate and acquired needs; the ability to cope with internal and external environmental stimuli; and the interrelationship of physiologic, socio-cultural, psychological, spiritual, and developmental variables. This includes people as individuals or in groups (families, organizations, communities, nations, and society as a whole).

The environment consists of all conditions, circumstances, and influences surrounding and affecting the development and behavior of persons and groups. There are three kinds of environmental stimuli: focal, contextual, and residual. Significant stimuli in all human adaptation include stage of development, family, and culture.

PHILOSOPHY OF NURSING AND HEALTH
According to Roy, nurses use specialized knowledge to contribute to the needs of society for health and well-being. Nursing facilitates and expands patient adaptation and views health as a dynamic state and process in which the patient is, and is becoming, an integrated and whole person to obtain optimal well-being. Nursing acts to promote adaptation for individuals and groups in four modes—physiologic, self-concept, role function, and interdependence. In promoting adaptation, the nurse contributes to the patient’s health, quality of life, or dying with dignity. This is accomplished by assessing behavior and factors that influence adaptive abilities and by intervening to expand those abilities.

Nursing is an art and science. It is a science founded on a professional body of knowledge. It is a learned profession based on an understanding of the human condition across the lifespan and the relationship of a patient with others and within the environment; and it is an art dedicated to caring for others. The practice of nursing means assisting patients to attain or maintain optimal health, or to die with dignity, implementing a strategy of care to accomplish defined goals within the context of a patient-centered health care plan, and evaluating responses to nursing care and treatment. Nursing is a dynamic discipline that is continually evolving to include more knowledge, technologies, and patient care activities. (Adopted from NCSBN, 2004).

PHILOSOPHY OF NURSING EDUCATION
The nursing program curriculum builds upon the foundational knowledge of the physical, behavioral, and social sciences and continues with focused study in the art and science of nursing. Nursing education is a dynamic process taking place in a culture of excellence, respect, and support. The educational theories of humanism, adult-learning, and mastery learning allows the faculty to plan for an effective learning environment for students.

Nursing education has as its goal the acquisition of the necessary knowledge, skills, and attitudes to enable the nurse to be qualified, safe, and competent in implementing the nursing process and promoting adaptation in a patient. Graduates of Associate Degree Nursing programs are prepared to successfully take the NCLEX-RN and function as entry-level nurses in diverse health care settings which are rapidly and constantly
changing. Graduates are flexible, adaptable, and accountable generalists who are responsible for contributing to the safety and quality of the health care environment in which they work.

The nursing program firmly believes that graduates must be educated and prepared to value a commitment to the professional behaviors of nursing. They must practice within the legal and ethical standards of nursing at all times, and within the limits of their own knowledge and experience. A dedication to ongoing professional development and lifelong learning is inherent in this professional commitment. This includes pursuing a baccalaureate degree or higher in nursing.

Nursing faculty are responsible for planning, revising, implementing, and evaluating all aspects of the curriculum. They facilitate learning by developing learning activities, utilizing a variety of teaching methodologies; facilitating the development of the problem solving process, critical thinking and clinical reasoning; and evaluating progress of students. In order to be effective nurse educators, the faculty is responsible for maintaining scholarship in nursing theory, clinical practice, nursing education, and research. The faculty also maintains and actively participates in partnerships within the community to keep abreast of current practices and workforce needs.

Nursing students assume accountability and primary responsibility for learning, participating in and completing prescribed learning experiences. The nursing education program is designed for, and constantly adapting to, meeting the needs of our increasingly diverse student population. Students enter our nursing program with their own wealth of knowledge comprised of life experiences, age differences, gender, cultures, ethnicities, learning styles, generational differences, and educational backgrounds. Our supportive environment and services strive to increase awareness and build upon each student’s individualism to create an optimal learning environment.

Nursing education at LAHC incorporates the Roy Adaptation Model, the nursing process (according to Roy), the California Board of Registered Nursing (BRN) Standards of Competent Performance (CCR 1443.5, 2011), the National League for Nursing Outcomes and Competencies for Graduates of Associate Degree Programs in Nursing (2010), the Institute of Medicine Core Competencies Needed for Health Care Professionals (2003), and Competencies and Quality and Safety in Nursing Education (QSEN) (2005) as the conceptual basis for curriculum development and revision. At the completion of the nursing program, student learning outcomes reflect:

**Patient Centered Care** - the ability to recognize the patient or family as the source of control and full partner in providing compassionate, sensitive, and coordinated care based on respect for the patient’s preferences, values, and needs. This includes the ability to appreciate diverse cultural, social, and ethnic backgrounds and to assess and treat pain and suffering in light of the patient values and expressed needs.

**Teamwork and Collaboration** - function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to
achieve quality patient care. They must be able to describe the scope of practice and roles of health care team members and recognize the unique contribution that team members make in assisting the patient to achieve health care goals. This requires effective communication and conflict resolution skills.

**Evidence-Based Practice**—the ability to integrate best current evidence with clinical expertise and patient/family preferences for optimal care. They must be capable of making clinical decisions based on a thorough assessment of data to deliver patient care that moves patients towards positive outcomes.

**Quality Improvement**—utilize data to monitor the outcomes of health care processes and use improvement methods to design and test changes to continuously improve the safety and quality of the health care.

**Safety**—minimize the risk of harm to patients and families through individual and system effectiveness. Critical thinking is an essential competency that graduates must possess in order to make safe clinical decisions.

**Informatics**—the ability to use information and technology to communicate, manage knowledge, decrease error, and support decision making.

---

National Council of State Boards of Nursing, 2004: Article II: Scope of Nursing Practice
National League for Nursing, 1990: Educational Competencies for Graduates of ADN programs
ANA Standards of Nursing Practice for all Registered Nurses, 2001
Institute of Medicine, Core Competencies Needed for Health Care Professionals, 2003
California BRN: Standards of Competent Performance (1443.5, 2011)
National League for Nursing 2010: Outcomes and Competencies for Graduates of Associate Degree Nursing Programs
Quality and Safety Education for Nurses (QSEN), 2009-2012
The organizational framework of the nursing program curriculum is derived from the mission and philosophy of the program. Three major concepts are integrated into its conceptual framework. The first concept is the Roy Adaptation Model, which describes and gives defining characteristics to the person, environment, nursing and health. The Roy Adaptation Model, as it is utilized by the nursing program, has been simplified to make it more appropriate for use at the Associate Degree Nursing level. The program's courses are organized into the traditional nursing areas of basic skills and fundamentals, medical-surgical, geriatric, maternal, pediatric, mental health, psychiatric, leadership and patient-care management.

The second concept is the nursing process, relating the five-part problem solving process, Assessment, Analysis (Nursing Diagnosis), Planning, Implementation and Evaluation. The nursing process concept is expanded to include a sixth step as defined by the Roy Adaptation Model—the identification of stimuli. The nursing process is integrated into every nursing course, focusing on patient behaviors and responses and nursing actions and care rather than the medical diagnoses and treatments.

Quality and Safety in Nursing Education (QSEN) is the third major concept that organizes the theoretical framework. The QSEN competencies are used as one of the frameworks for course outcomes and it is also as the framework for evaluation of student progress and performance (see table 2). BRN threads (personal hygiene, human sexuality, patient abuse, cultural diversity, nutrition (including therapeutic aspects) pharmacology, legal, social and ethical aspects of nursing, nursing leadership and management) are also integrated throughout the curriculum.

Student proficiency and behavior levels are identified throughout the nursing curriculum and are based on Patricia Benner’s work on novice to expert (see table 1).
**Table 1: LEARNER PROFICIENCY/BEHAVIORAL LEVELS**

<table>
<thead>
<tr>
<th>Learner Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Learner Level, Nursing 313, 315</td>
<td>At this level, which comprises courses in the first semester of the nursing program, the students are expected to integrate and synthesize knowledge obtained in prerequisite courses. The students are introduced to nursing concepts and professional behaviors that they are to adhere to, and practice under the guidance of experts in the clinical setting. They are expected to carry out the nursing process, perform basic nursing skills, and complete patients’ plan of care utilizing a set of rules and resources in their decision making.</td>
</tr>
<tr>
<td>Second Learner Level, Nursing (323/325)</td>
<td>At this level, which comprises courses in the second semester of the nursing program, students are expected to apply nursing concepts and recognize abnormal physical attributes in clinical settings in an identified adult patient population, develop plans of care, make decisions on the basis of general guidelines or principles derived from previous experiences, and use appropriate resources to assist in solving patient problems and making clinical judgements. The student can perform basic skills and applies guidelines that are based on cues from experts. They attempt to correlate theory with practice.</td>
</tr>
<tr>
<td>Third Learner Level, Nursing 333, 335, 339, 343, 345</td>
<td>At this level, which comprises courses in the third semester and two courses in the fourth semester of the nursing program, students are expected to continue to apply and adapt medical surgical nursing concepts to patients across the life span in a variety of community based health care settings, modify plans of care and make decisions for patients at a variety of developmental stages on the basis of general guidelines or principles derived from previous experiences; organize and prioritize nursing interventions with supervision; and use appropriate resources to assist in solving patient problems and making clinical judgements. The student can adapt basic skills to different age groups and develop new skills applying guidelines that are based on cues from experts. They attempt to correlate and build on medical surgical theory and practice.</td>
</tr>
<tr>
<td>Fourth Learner Level, Nursing 347</td>
<td>At this level, which compromises the clinical preceptorship taken in the final four weeks of the nursing program the students can demonstrate mastery of the terminal student learning outcomes.</td>
</tr>
</tbody>
</table>

*Learner proficiency levels were adapted from Brenner, P.. Novice to Expert: Excellence and Power in Clinical Nursing Practice, (2001) and, Ford, C.W., Clinical Teaching in Allied Health Professions*
I. THE ROY ADAPTATION MODEL

The Roy Adaptation Model is a systems model utilizing external and internal stimuli and the patient's adaptation level to maximize health status. The behaviors or responses of the person are manifested in four modes (physiologic-physical, self concept-group identity, role function, and interdependence). Behaviors may be adaptive or ineffective. Although assessed by mode, behaviors are interrelated, the modes overlap, complex relationships exist, and the holistic nature of the person is greater than the sum of the modes. The goal of nursing is to promote adaptation in each of the modes, thereby contributing to the person's health, quality of life, and/or dying with dignity.

II. NURSING PROCESS (ACCORDING TO ROY)

A problem solving approach for gathering data, identifying the capacities and needs of the human adaptive system, selecting and implementing approaches for nursing care, and evaluation of the outcome of care provided:

Assessment of Behavior: gather data about the behavior of the person as an adaptive system in each of the adaptive modes physiologic-physical, self concept-group identity, role function, and interdependence.

Assessment of Stimuli: identify internal and external stimuli that are influencing the person’s adaptive behaviors.

Nursing Diagnosis: formulate statements that interpret data about the adaptation status of the person, including the behavior and most relevant stimuli.

Goal Setting: establish clear statements of the behavioral outcomes for nursing care.

Intervention: determine how best to assist the person in attaining the established goals.

Evaluation: evaluate the effectiveness of the nursing intervention in relation to the behavior after the nursing intervention in comparison with the goal established.

Sr. Callista Roy, 1997

III. QUALITY AND SAFETY EDUCATION IN NURSING (QSEN)

The QSEN competencies are embedded throughout the nursing curriculum. Proficiency level of each competency progresses as the student progresses in the nursing program (see table 2).
<table>
<thead>
<tr>
<th>TABLE 2: Leveling of Student Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Semester Level I</td>
</tr>
<tr>
<td><strong>Relate</strong> the components of the nursing process using the Roy Adaptation Model.</td>
</tr>
<tr>
<td><strong>Develop</strong> professional behaviors for nursing practice.</td>
</tr>
<tr>
<td><strong>Identify</strong> assessment data with which to formulate clinical decisions.</td>
</tr>
<tr>
<td><strong>Provide</strong> safe, patient-centered care.</td>
</tr>
<tr>
<td><strong>Describe</strong> roles of health care team members and develop effective strategies for communication.</td>
</tr>
<tr>
<td><strong>Identify</strong> evidence-based practices to support clinical reasoning.</td>
</tr>
<tr>
<td><strong>Implement</strong> a personal quality improvement project.</td>
</tr>
<tr>
<td><strong>Identify</strong> the impact of information technology in the clinical setting and guidelines for protected health information.</td>
</tr>
</tbody>
</table>


Ford, C.W., *Clinical Teaching In Allied Health Professions.*

QSEN Competencies 2010-2012
Program Student Learning Outcomes
Utilizing a body of scientific knowledge that incorporates the Roy Adaptation Model, the nursing process, and Quality and Safety in Nursing Education (QSEN), the graduate nurse will demonstrate competence in caring for patients and in participating with patients, families, significant others, and members of the health care team to deliver patient-centered care and develop, implement, and evaluate plans of care directed towards promoting and restoring the patient’s optimal level of functioning.

Upon graduation from the A.D.N. Program, the graduate nurse, guided directly or indirectly by an experienced Registered Nurse, in a variety of health care settings, will demonstrate the following competencies:

1. Integrate the nursing process to promote adaptation of individuals and groups in each of the four modes: physiologic, self-concept, role function, & interdependence.

2. Internalize professional behaviors in the practice of nursing.

3. Formulate clinical judgments that promote the health of patients and families

4. Provide safe, patient-centered care.

5. Assimilate effectively within nursing and inter-professional teams fostering effective communication to achieve quality patient care.

6. Integrate best current evidence with clinical expertise for optimal health care


8. Incorporate information and technology to communicate, manage knowledge, mitigate error, and support decision making.

2008: Approved and adopted by LAHC Nursing Program faculty
Adapted from “ANA Standards of Professional Practice for all Registered Nurses (2001) and NLN “Educational Competencies for Graduates of Associate Degree Programs” (2000).
Previous versions:

Original adaptation from the “Competencies of Associate Degree Nurse Into Practice”, developed in 1977 and 1978 by the Council of Associate Degree Programs, National League for Nursing, published in Nursing Outlook, July, 1978.
Originally approved by LAHC Nursing Program faculty, June, 1984.

May, 2014: Curriculum Committee (faculty as a whole) updated/revised Student Learning Outcomes and leveled objectives; Minor Curriculum Revision approved by the California Board of Registered Nursing.