The mission of the Nursing Program

To provide excellence in nursing education at the associate and professional level, that foster the delivery of a patient/client-centered care that is safe, effective, efficient, timely, and equitable and culturally sensitive to diverse groups, appropriate to the profession differentiated practice.

To prepare graduates according to their level of practice to perform as:

- Providers of care that apply critical thinking skills for evidence-based decision making processes in their clinical judgment to offer a safe care that integrate technology and nursing informatics, clinical competence and client-centeredness in a humanistic care approach.
- Coordinators of care that apply leadership and management skills while offering efficient and timely care, oriented to patient/client safety, interdisciplinary framework and quality improvements.
- Members of a profession that assume commitment to their own advancement within the ethical-legal professional frameworks, through lifelong learning and responsiveness to social and professional changes.

The philosophy

The Nursing Program's philosophical foundations evolve from a set of beliefs about the concepts of person, society, health, nursing, and education.

The human being, the person, is holistic by nature and constantly seeks self-actualization, integration, and optimal physical, psychosocial, cultural, and spiritual functioning, which provides the foundations for the unraveling of its human potential throughout the life cycle. All human beings share common functional patterns that contribute to their health, quality of life and the attainment of their maximum human potential in an integrated manner. The person, being the center and focus of nursing care, has the right for respect of his/her preferences, values and needs.

The human being manifests collectively in families and aggregates, which, in turn, shape society. It transfers to the person all the attitudes, beliefs, values, rules of behavior, life patterns, and other influences that shape its culture. Societal borders have expanded to a global vision where blended cultures and perspectives influence daily living as well as the health care field.

Health is an optimal state of physical, psychological, socioeconomic, and spiritual well-being essential for the person's development, integrated functioning, and self-actualization. This integrated functioning of the individual, the family and the community manifests in human responses. Health is part of the person's inherent potential and his/her right as a human being, though each individual person fluctuates in a quasi equilibrium within the health-illness continuum seeking optimum well-being. Health pattern dysfunction, and the consequent diminishing of human development, self-actualization and the ability to reach optimum potential, renders the individual, the family and the community highly susceptible to health problems.

Nursing is an essential social service focused on the diagnosis and treatment of human responses of individuals, families and communities with the purposes of health
promotion, maintenance and restoration. Its purpose is to help its patients/clients to achieve optimum health outcomes based on the best scientific evidence that may allow them attain and maintain ever-increasing levels of wellness, prevent health problems, restore impaired health or reach a peaceful death. The nursing professional uses the nursing process as a scientific tool to express his/her diagnostic and therapeutic reasoning and judgment in order to make appropriate decisions and carry on his/her functions. Diagnosis, outcomes and interventions are recognized as critical elements for nursing care. We support the pursuit, development and implementation of a common/standardized nursing language that will allow the discipline to affirm its own body of knowledge. Ethical and cultural sensitivity pervade throughout all nursing practice, which emphasizes patient/client centered care in a humanistic approach for the protection of human dignity. Nursing practice dimensions encompasses the roles of provider of care, coordinator of care and member of a profession at different levels of practice, which requires competencies to work in interdisciplinary teams, to apply quality improvements, to utilize technology and nursing informatics and execute a practice that contemplate the best scientific evidence. Nursing profession is the first line of defense for their patients/clients, thus its members are called to be their advocates to continuously improve the quality and safety of the health care systems in which they work.

Learning is a dynamic lifelong process through which an individual acquires, integrates, and applies knowledge, skills, and values. In nursing, lifelong learning contributes to enhance performance and clinical competence. The faculty functions as facilitator, resource person, coach and role model. The nursing education process cultivates:

- A variety of teaching learning strategies geared to meet the individualized learning needs of a diversity of learners.
- Active teaching-learning techniques that requires interaction between students and faculty, where students get actively involved in their own learning process and where self-evaluation and assessment is emphasized.
- Cooperative learning where students develop accountability and skills for working in groups.
- Problem-based learning, geared to the acquisition of knowledge and skills needed for problem solution.
- Integration of simulation, tutoring, other innovations and best practices for the development and refinement of clinical competence.

The nursing education process, also, fosters flexible study modalities, both in English and Spanish to meet the learning needs of diverse students; the integration of knowledge, skills and attitudes and career mobility within the educational levels of the profession. The faculty believes in encouraging and facilitating the educational mobility of their students in a global, competitive, hi-tech society characterized by accelerated change.

The ADN and the BSN have complimentary levels of nursing practice, each with their own value and purpose within the health care system. Nursing education has a predominant responsibility to prepare the student for each level of practice the student selects. IAU Metro Campus Nursing Program focuses on differentiated practice for each level of the profession with identified differentiated competencies, depth and breadth of knowledge and skills. The curricular design offers an articulated curriculum, where the
design progresses from simple to complex with minimal repetition in contents and experiences for associate and baccalaureate degree in nursing.

The faculty believes in the integration of knowledge as a foundation of the nursing discipline. Thus, in the teaching of the natural sciences, anatomy, physiology, biochemistry, microbiology and physics are integrated into nursing contents and incorporated into its courses. The student is exposed to meaningfulness and pertinence in the integration of sciences to facilitate its learning and application within the discipline.

The Nursing program prepares the associate nurse to offer direct nursing care in structured settings to persons with common and well-defined health problems, within a family context and under the guidance of a professional nurse. The baccalaureate education prepares a nurse generalist that is a leader and a health care coordinator/manager capable of sound independent judgment, responsible ethical-legal decision making within the discipline of nursing.

### Student Competencies

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<th>Associate Degree Competencies</th>
<th>Organizing Concept</th>
<th>Baccalaureate Degree Competences</th>
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<tr>
<td>1. Apply the nursing process for decision making which demonstrates critical thinking skills while offering a safe, effective, efficient, timely, and equitable direct care(^1) to patients/clients(^2) and their families and caregivers.</td>
<td>Nursing Process</td>
<td>1. Apply the nursing process for decision making which demonstrates critical thinking skills while offering a safe, effective, efficient, timely, and equitable direct and indirect(^3) nursing care to multiple and vulnerable(^4) patients/clients.</td>
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<td>2. Offers patients/centered care to patients/clients, their families and caregivers that promotes a continuous healing relationship considering their needs, values, preferences, and cultural insights</td>
<td>Humanistic Care</td>
<td>2. Offers patient-centered care to multiple and vulnerable patients/clients, assuming an active and leadership role, that promotes a continuous healing relationship considering their needs, values, preferences, and cultural insights</td>
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\(^1\) Direct care: those treatments that nurses perform through client interaction, which are the focus of care of ADN. (Potter, 7th ed 2009, p. 284)
\(^2\) Patients/clients: For ADN “patient/client” refers to the care oriented to individuals in different developmental stages within the contexts of family and community. For BSN, “patient/client” refers to the care of individuals, families and communities (groups and aggregates) in different developmental stages and vulnerable populations.
\(^3\) Indirect care: actions that supports the effectiveness of direct care interventions, which are the focus of BSN (Dochterman and Bulechek, 2004).
\(^4\) Vulnerable patient/client/populations: patients/clients/populations that have an increased susceptibility or higher risk for physical, psychosocial health problems or who have worse outcomes. (Modified from Community Preparedness, 2001)
3. Demonstrate competence in therapeutic evidence-based interventions while giving nursing care to individuals along the wellness-illness continuum for the promotion, maintenance, and restoration of health in structured settings\(^5\).

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<th>Wellness/ Illness</th>
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<td>3. Demonstrates competence in therapeutic evidence-based interventions while giving nursing care to multiple and vulnerable patients/clients along the wellness-illness continuum for the promotion, maintenance, and restoration of health in structured and non-structured settings(^6).</td>
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4. Use effective verbal\(^7\) and non-verbal communication and information technology skills to support quality patient/client care and interdisciplinary teamwork.

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<td>4. Use effectively the communication process and information technology skills with patients/clients and within the interdisciplinary team for continuous quality improvements.</td>
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5. Apply evidence-based knowledge for decision making processes when offering nursing care to patients/clients in different developmental stages within the contexts of the family and community.

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<td>5. Integrate evidence-based knowledge for decision making processes when offering nursing care to multiple and vulnerable patients/clients.</td>
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6. Demonstrate effective leadership and management skills as a member of the interdisciplinary health care team in order to facilitate patient/client safety and quality improvements.

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<td>6. Demonstrate leadership and management competence while offering efficient and timely care, oriented to patient/client safety, interdisciplinary teamwork and quality improvements.</td>
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7. Demonstrate responsibility and commitment for personal lifelong learning within the profession and for its advancement.

| | |
| | 7. Demonstrate responsibility and commitment for personal lifelong learning and responsiveness to social and professional changes. |

Actualized and approved by nursing faculty, May 30, 2008

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\(^5\) Structured settings: Health care scenarios where there are available policies, procedures, guidelines, protocols for the provision of care to patients/clients. There is also advice, supervision, assistance and support from the full scope of nursing practice.

\(^6\) Non-structured settings: Health care scenarios where there may not be available policies, procedures, guidelines, protocols for the provision of care to patients/clients, which have the potential of variations requiring independent nursing decisions.

\(^7\) Verbal communications- includes all written and oral communications.
Curriculum Organizational Framework

This curriculum is eclectic, based principally on, but not limited to, nursing concepts and theories, which operationalize the paradigms of the Nursing Program. The curricular concepts are organized and planned from simple to complex, throughout the curriculum in a sequential manner, to help the student accomplish program outcomes and competencies.

To provide breadth on the discipline of nursing throughout the curriculum, it is organized with the concepts of the nursing process and the humanistic care. To give depth in knowledge base, attitudes and skills for the profession, the concepts selected are health and illness, communication, research, and leadership and management.

Horizontal concepts that offer breadth throughout the curriculum

Nursing Process

The Nursing Process is used as a scientific tool to express the diagnostic and therapeutic reasoning and judgment in order to make evidence-based decisions appropriate to the level of nursing practice.

Within the nursing process, diagnostic and therapeutic reasoning provide the basis for critical thinking and clinical judgment skills. The nurse assesses the patient/client holistically. Through the diagnostic reasoning, the nurse analyzes the functional health patterns’ assessment data in order to determine the patient’s/client’s state of health. The nurse identifies the phenomena that can be managed independently through nursing diagnosis; and collaboratively through interdisciplinary problems. In therapeutic reasoning, the nurse and the patient/client identify health outcomes, plan, implement and evaluate the plan of care using a patient/client-centered approach. Outcome identification pursues the accomplishment and maintenance of continuous improvement of the patient’s/client’s health, the prevention of health problems, health recovery and peaceful death. Health outcomes direct the selection of therapeutic nursing interventions (TNI) related to nursing diagnosis and interdisciplinary problems. All these processes are guided by an organized body of knowledge of the discipline.

The faculty recognizes that nursing diagnosis, outcome identification and therapeutic nursing interventions are at the heart of nursing practice. This is taught emphasizing the standardized nursing language of NANDA, NOC and NIC, which promotes the reasoning process, communication and the utilization of nursing informatics within the discipline. Patient/client safety and quality of care are linked to the appropriate and accurate application of nursing diagnosis, outcome identification and therapeutic nursing intervention. This prevents waste of time, energy, resources, and prevents harm to patients/clients. The selection of therapeutic approaches fosters safe, effective and efficient care, as well as promotes positive health outcomes and patient/client and family satisfaction.

Application of the nursing process at the associate degree level is characterized by the focus on individual patients/clients in the context of their families and communities. The care offered is within a range of safety and predictable outcomes that requires the management of less complex patient/client care situations. This includes the provision of health problems, a generic label to identify health pattern dysfunctions (ej. Acute or chronic pain, urinary incontinence, risk of injury) as well as already recognized medical diagnosis (ej. Diabetes, hypertension, cerebral attack).
comfort, physiological, psychosocial and spiritual care within a culturally sensitive framework, and other specified/delegated care activities. The healthcare scenarios for their practice are structured environments with available guidelines, protocols, with supervision by experienced nursing professionals. The baccalaureate nursing practice is characterized by the focus on patients/clients, families, aggregates and communities that contemplates the physiological, psychosocial and spiritual dimension within a culturally sensitive framework. The care offered is within a range of safety and predictable/unpredictable outcomes that requires the management of complex patient/client care situations, which place them at an increased susceptibility or higher risk for physical, psychosocial health problems or who have worse outcomes. The scope of care includes a continuity of care from admission to post-discharge and home/community care with a greater proportion of independent and collaborative functions and more interaction with other disciplines and communities’ agencies.

When delivering nursing care, they are expected to demonstrate differentiated associate and baccalaureate degree competencies in the offering of a safe, effective, efficient, timely, and equitable care pursing the quality goals of IOM. As associate degree nurses, they are expected to focus on selected evidenced-based practices that demonstrate the expected type of care as guided by the curriculum and faculty members. As baccalaureate degree nurses, they are expected to integrate concepts and theory in the foundation of such care and promote evidenced-based practices to foster a culture of safety within the interdisciplinary team.

**Humanistic Care**

This humanistic approach to a patient/client-centered care encompasses ethical and cultural sensitivity to help preserve human dignity as a central value in a patient/client-nurse relationship. The implementation and execution of the proposed ethical conduct pursues the maintenance and preservation of principles and professional codes of ethics. Being culturally sensitive the student gets to cultural competence as she/he strives to achieve the ability and availability to effectively work within the cultural context of the patient/client. Values pertinent to human dignity as well as the requirements for cultural competence: cultural desire, awareness, knowledge, skills and encounters are

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9 Safe: avoid harm to patients/clients  
10 Effective: based on actualized scientific  
11 Efficient: avoiding loss of energy and resources  
12 Timely: avoiding waits and delays  
13 Equitable care: non-discriminatory, quality care  
15 Ethical sensitivity= the ability to recognize ethical aspects into a situation, the moral meaning; the ability to gain moral consciousness of the direct or indirect consequences of own actions on the welfare of others.  
16 Cultural sensitivity= is the belief that attention to cultural contexts within which patients/clients thrive promotes beneficial outcomes in nursing care and influences what care will be provided and how that care will be provided.  
17 Ethical conduct= the implementation and execution of proposed conduct which is a product of ethical analysis; and which maintain and preserve ethical principles and professional codes of ethics. It requires a plan of action, overcoming unexpected difficulties, frustrations, fatigue and resistance to distractions when implementing the plan to maintain the ethical goal on sight.  
19 Cultural desire= the internal passion and motivation to continually become culturally aware, knowledgeable, skillful and seek cultural encounters.
presented throughout the curriculum. They are organized in a sequential way for student to achieve the initial appreciation and awareness of the critical effect of humanistic approach to patient/client-centered care on health outcomes and on the satisfaction with the final incorporation of this approach into their professional conduct.

Both levels of practice, associate and baccalaureate, are expected to integrate humanistic care within legal and ethical frameworks of the nursing profession. At the associate level, students are introduced to the basic knowledge, skills and behaviors of humanistic care. At the baccalaureate level, students are expected to show an active and leadership role as patient/client advocate towards ethical values and cultural competence.

**Vertical Concepts: provide depth in knowledge, attitudes and skills**

**Wellness-Illness**

The wellness-illness continuum is a complex dynamic process that includes the patient’s/client’s bio-physiological, psychosocial and spiritual dimensions. Patients/clients health fluctuates within a quasi equilibrium searching for an optimal level of functioning\(^{24}\) that allows them to develop their potential to optimum wellness. A functional health pattern\(^{25}\) represents the integrative human functioning of the patient/client that produces the configuration of human responses. There is an interrelated, interactive and interdependent relationship within and among the functional areas. Health problems can manifest in one functional health pattern of the person (patient/client) as well as affect their holistic functioning and human responses. These responses can predispose the patient/client to other health problems.

A nurse must be able to assess, interpret and use information about the patients'/clients’ indicators of function and/or dysfunction of health patterns. The patient’s/client’s environment interaction, characteristics of growth and development, and cultural influences are taken into account throughout all health patterns. The nurse identifies precise nursing diagnosis and collaborative or interdisciplinary problems that guide the provision of evidence-based care. Nursing care outcomes direct the selection of evidence-based therapeutic nursing intervention and activities; and pursue the following care goals:

- **Health promotion-** activities focus on the patient’s/client’s potential for wellness and the enhancement of their habits, lifestyle and environmental factors in ways that enable them to reach their optimum health and wellbeing. Health promotion

\(^{20}\) Cultural awareness—in-depth self-exploration of own and patient/client cultural background as they impact perceptions, beliefs and health practices in order to develop cultural sensitivity.

\(^{21}\) Cultural knowledge—obtaining information regarding worldviews of different cultures, biological variations, diseases and health conditions, theoretical and conceptual frameworks

\(^{22}\) Cultural skill—the ability to conduct cultural assessment and implement culturally appropriate interventions in the process of care

\(^{23}\) Cultural encounters—face-to-face cultural interactions and other type of interactions to get exposure to patients/clients from diverse cultural backgrounds in order to continually improve cultural competence. All interactions are cultural encounters.

\(^{24}\) According to Albert Dunn

\(^{25}\) According to Marjorie Gordon
emphasizes the prediction, prevention and management of health problems focusing in
the identification, evaluation and reduction of risk.

- Health maintenance- activities that sustain, preserve and support the patients/clients’
current state of health through focused assessment and surveillance for the early
diagnosis and effective treatment at the onset of disease, disability or problem, or in
some later stage, be it personal, family or communities dysfunction in health patterns.

- Health restoration- activities that involve the avoidance of major complications of
acute health conditions and/or rehabilitation. Deliberate remedial actions will assist
patients/clients reach their maximum potential by adapting or adjusting to compensate
for, or overcome disabilities that restrict human functioning.

Nursing interventions for health maintenance and restoration are primarily
collaborative with members of the health team and play a critical role for patient’s/client’s
treatment and the prevention of complications. A therapeutic approach that considers all
goals of care, evidenced-based nursing interventions, continuity of care, knowledge and
skills of palliative care and multidisciplinary approach is particularly important to the care
of patients/clients with chronic conditions and to other vulnerable
patients/clients/populations because of the presence of multiple etiological factors and
their increased susceptibility or higher risk for physical, psychosocial health problems or
for having worse health outcomes. Patient/client education, which considers the level of
health literacy, is an essential aspect of health promotion in all goals of care. When
pursuing health promotion, nursing therapeutic approach is the most autonomous,
accountable and broadest scope of practice.

The curriculum has integrated the content of the natural sciences of anatomy and
physiology, chemistry, microbiology and physics into the nursing courses. This approach
facilitates the teaching-learning process as it assists students to establish a significant
relationship between the natural sciences and the nursing discipline. The integration of the
natural sciences provides a workshop for team teaching, for the corresponding clinical
correlation and the reduction of repetition of this content as the student progresses to the
level of application and utilization into the discipline of nursing.

Research

Research is a scientific process of inquiry and/or experimentation that involves
purposeful and systematic collection, analysis and interpretation of data in order to gain
new knowledge, or add to the existing body of scientific knowledge. The purpose of
research in nursing is to implement changes within the system based on the highest level
of evidence available. This is done after recommendations for change have been tested
within service or educational settings. Associate degree nurses use evidence based
nursing interventions that were proved to be effective when they take care of the
patient/client. Professional nurse generalists are novice research consumers. They started
from the beginning of their preparation in the associate degree level. They must be able
to evaluate research for its applicability to the nursing practice by seeking for research
summaries and synthesis done by experts and utilizing nursing informatics and data bases.
They should possess the skills to find, read, interpret and use such research findings in
order to improve their practice and the advancement of the profession.

**Communication**

Communication is a process in which there is an exchange of information, feelings, ideas and energy that occurs in any human experience. One of the purposes of communication is to establish relationships. Healthcare environment is a complex network of clinical relationships among many different disciplines, healthcare workers, patient-families, their caregivers and the management of the organization. Communication is the core of these relationships and the process that links all functions and activities that nursing professionals perform as part of their role as providers, coordinators of care and members of the profession. Within this complex and constantly changing environment, nurses need the ability to listen, assimilate, interpret, discriminate, gather, and share information. Those abilities are obtained thought the differentiated practice AND to BSN. It is fundamental for students to gain the knowledge, skills and attitudes to communicate:

- the care needed and provided
- for a safer transitions of care
- for continuity of care
- to maximize opportunities for involving patients and caregivers in their care and treatment
- to collaborate within the interdisciplinary team
- to share decision making
- to achieve mutual respect
- for conflict resolution.

The following characteristics of the communication process are preserved throughout the curriculum:

1. The basic components of the communication process are: stimulus, message, channel, sender, receiver, and feedback.
2. The communication process involves written, verbal, non-verbal, electronic and meta-communication.
3. Communication patterns are highly variable and influenced by multiple factors such as: individual style differences, gender, perspectives, education, previous experiences, culture, stress, fatigue, established hierarchies, and social structures among others.
4. Communication is a complex phenomenon that includes skills, cognitions, emotions, and values.
5. Effective communication skills are used to perform nursing roles such as leader, client care manager, clients’ rights advocate and others.
6. Communication standards include: completeness (relevant information included), clarity (able to be plainly understood), briefness (in a concise manner), and timeliness (in an appropriate timeframe).

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7. Evidence-based communications tools are to be implemented during transitions of care and communications within the healthcare teamwork, such as SBAR, I PASS the BATON, Brief, Huddle, Debrief, Feedback and others as recommended by TeamSTEPPS Model.

8. Integration of information technology when communicating with clients and members of the team, to facilitates the management of knowledge and information, evidence–based practice and decision making.

9. Written communication of the nursing process is used in a clear, precise and accurate manner to facilitate the continuity of care.

10. Patient-centered communications maximize opportunities to involve patients/clients and caregivers in their care and treatment.

**Leadership-management**

Leadership and management are abilities and skills needed to obtain positive changes in the delivery of nursing care, to function as a health care advocate and to promote nursing as a profession. At the individual nurse-patient/client level, leadership and management are necessary to determine the plan of care, to collaborate and coordinate effectively in accomplishing interdisciplinary care in order to pursue positive health outcomes. At the management level, leadership and management are necessary to facilitate the coordination of care in order to provide efficient, timely and equitable care, to identify opportunities to implement evidence-based quality improvements in the process of care, to understand and implement basic safety principles and avoid patient harm, to manage appropriate resources in order to achieve workload balance within and across clinical teams, and to inspire others to follow.

Leadership is the ability to influence others in order to strive for a vision, a goal, a change, transformations and quality improvements of the process of care and well as the promotion of the nursing profession. It consists of a set of skills and behaviors, including personal behavior, communication, organization and accountability, used in a conscious and effective way. Within interdisciplinary teamwork, effective leaders facilitate cognitive, coordination and collaboration processes, resource management, conflict resolution, and the team’s motivation and behaviors.

Management is the ability to accomplish a goal on behalf of the clients’ welfare. It includes getting clinical and auxiliary personnel to improve productivity, the establishment of order and stability in the clinical area, and the ability to make all nursing care activities run smoothly in any given setting. Effective management involves the application of the skills of planning, organizing, prioritizing, problem solving, safe delegation, supervising and educating and the management of resources such as people, the environment, budget, time, information and technology.

Emphasis is given at the associate degree to the teaching and learning of leadership and management skills at the individual nurse-client level, such as those necessary for the management of care within the nursing team and the interaction with other disciplines to accomplish such care. At the baccalaureate level, students are getting prepared to assume competence of leadership and management skills and behaviors to
accomplish the roles of the profession. The complexity of the concept is increased to include a broader view of the management of appropriate resources such as people, the environment, budget, time, information and technology to implement quality care. Leadership traits, skills and behavior are learned, as well as theoretical perspectives in order to understand and obtain positive changes of direct and indirect nursing care.