

**KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM
ASSOCIATE DEGREE NURSING
PHILOSOPHY**

The philosophy of the Associate Degree Nursing (A.D.N.) program is congruent with the Kentucky Community and Technical College System (KCTCS) mission statement and is supported by the works of Marjory Gordon and the National League for Nursing. The faculty believes that:

Each individual is a unique, holistic being with bio-psychosocial, cultural and spiritual dimensions in constant interaction with the environment. All human beings have in common certain functional patterns that contribute to their health, quality of life and achievement of human potential.

Health is an optimal level of functioning that allows individuals, families or communities, to develop their potential to the fullest. Health is measured by parameters and norms combined with a client's perception and includes multi-dimensional states of health and illness. Ideally, health is consistent with individual potential and allows nursing intervention to be individualized.

The environment is an aggregate of all the conditions and socio-cultural influences affecting the life and development of a person. Interaction between the client and the environment is an essential common thread running through all functional patterns. The environment impacts the individual's functional and dysfunctional patterns.

Nursing is the art and science of applying a specialized body of knowledge and skills in providing evidence-based clinically competent care. The nursing process is used as a basis for nursing care decisions and client interaction. The goals of nursing include promoting independence, maintaining and restoring health or supporting a peaceful death.

Nursing education belongs within institutions of higher learning and supports educational mobility. The affordability and accessibility of the community college provides an ideal setting for associate degree nursing education. The curriculum combines study in nursing and related disciplines. Associate degree nursing education is responsive to current economic, social, demographic and political forces and to technological changes in transforming healthcare delivery.

Learning is an individual and lifelong process evidenced by changed behavior resulting from the acquisition of knowledge, skills, understanding and attitudes. Learning in an educational setting is enhanced by a teacher/student relationship in which the teacher's responsibility is to structure and facilitate optimal conditions for critical thinking and learning through clearly defined educational competencies. The student brings to this relationship the willingness to learn and is accountable for his/her education. Recognizing that both the rate and style of learning differ with individuals, various strategies are utilized to facilitate the student's achievement of program learning outcomes, attainment of maximum potential and promotion of continued learning.

The A.D.N. graduate, having achieved the program learning outcomes, is prepared to practice in a variety of settings within the parameters of individual knowledge and experience according to the standards of practice. The role of the A.D.N. graduate includes provider of care, manager of care and member of the discipline. Encompassed within these roles are the core components of professional behaviors, communication, nursing process, clinical decision-making, caring interventions, teaching and learning, collaboration and managing care.

References:

Council of A.D.N. Competencies Task Force National League for Nursing (2000). Competencies for graduates of A.D.N. programs. Sudbury, MA: Jones & Bartlett Publisher.

Gordon, M. (1994). Nursing diagnosis: Process and application. 3rd edition, St. Louis: Mosby.

Henderson, V. (1966). The nature of nursing: A definition and its implications, practice, research and education. New York: MacMillen.

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KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM ASSOCIATE DEGREE NURSING CONCEPTUAL FRAMEWORK

The conceptual framework of the Associate Degree Nursing (A.D.N.) program as developed and valued by the faculty is based upon constructs of the nursing paradigm and related concepts.

The framework relates the philosophy to the curriculum and provides focus for the program. It organizes and explains the relationships between the concepts of the philosophy and depicts the eight core components of nursing practice and eleven functional health patterns.

The faculty's beliefs about the paradigm: person, health, environment and nursing are based on the National League for Nursing educational competencies for A.D.N. graduates and Marjory Gordon's functional health pattern framework and related works.

Intrinsic to the three roles of the nurse, provider of care, manager of care and member of the discipline, are the core components of nursing practice. The eight core components of nursing practice are: professional behaviors, communication, nursing process, clinical decision making, caring interventions, teaching and learning, collaboration and managing care. These core components are introduced, developed, and built upon throughout the curriculum.

The client's functional health patterns are: health perception/health management, nutrition/metabolic, elimination, activity/exercise, sleep-rest, cognitive-perceptual, self-perception/self-concept, role/relationship, sexuality/reproductive, coping/stress tolerance and value/belief. These patterns are influenced by the client's culture, age/development, state of health/illness and serve as a unifying structure for the organization of the curriculum.

The nurse-client interaction takes place in and is influenced by the environment. The goals of this interaction include: promoting independence, maintaining and restoring health and supporting a peaceful death.

The conceptual model is a visual representation of the relationships among the concepts of the philosophy. It depicts the eight core components inherent in nursing practice and the eleven functional patterns inherent in the client.

References:

Council of A.D.N. Competencies Task Force National League for Nursing (2000).
Competencies for graduates of A.D.N. programs. Sudbury, MA: Jones & Bartlett Publisher.

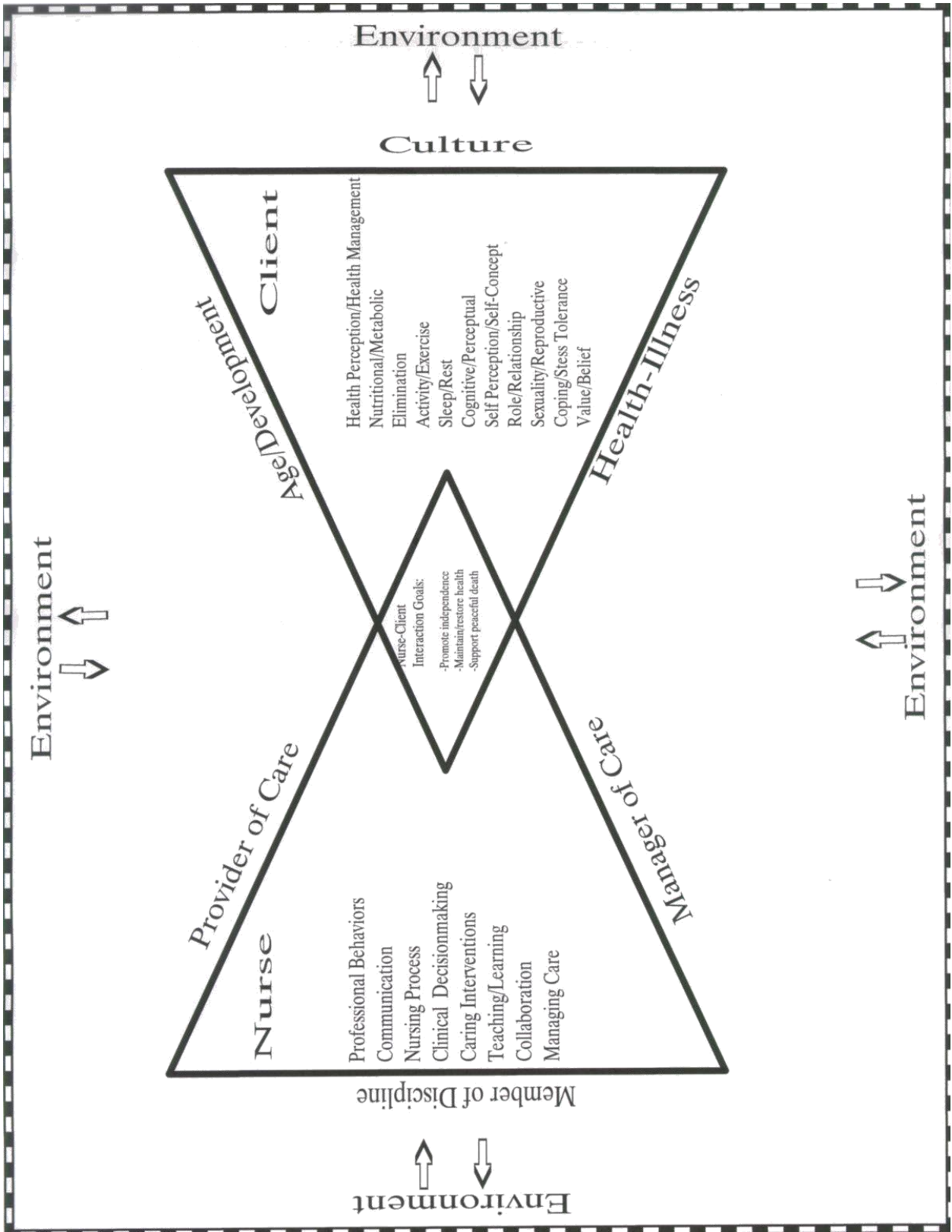
Gordon, M. (1994). Nursing diagnosis: Process and application. 3rd edition, St. Louis: Mosby.

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KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM
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OPERATIONAL DEFINITIONS

Core Components are those elements of Associate Degree Nursing that are essential to entry level registered nursing practice and are inherent in the three roles of nursing practice: provider of care, manager of care and member of the discipline. These include professional behaviors, communication, nursing process, clinical decision-making, caring interventions, teaching and learning, collaboration and managing care. These core components are defined as:

- Professional Behaviors of nursing practice are characterized by a commitment to the profession of nursing and an adherence to standards of professional practice, accountability for her/his own actions, and behaviors and practices within legal, ethical and regulatory frameworks. Professional behaviors also include concern for others, as demonstrated by caring, valuing the profession of nursing and participation in ongoing professional development.
- Communication is an interactive process in which an exchange of verbal, non-verbal, written and technological information occurs. This process includes the nurse, client, significant others, members of the healthcare team and community agencies. Effective communication demonstrates caring, compassion and cultural awareness. It is directed toward promoting positive outcomes and establishing trusting relationships. Therapeutic communication is an interactive verbal and non-verbal process between the nurse and the client that assists the client to cope with change, develop more satisfying interpersonal relationships and integrate new knowledge and skills.
- Nursing Process is the critical thinking framework that is the essential and lasting skill characteristic of the nursing profession. This framework is ongoing and is divided into five steps: assessment, diagnosis, planning, implementation and evaluation.
- Clinical decision-making encompasses the use of the nursing process, access of information through multiple mechanisms and the analysis and integration of knowledge and information to formulate clinical judgments. Effective clinical decision-making results in determining solutions, individualizing and assuring safe accurate care and positive outcomes. The use of evidence based practice and critical thinking provides the basis for appropriate clinical decision-making.
- Caring Interventions are nursing behaviors and actions that assist clients in maintaining functional patterns that contribute to their health, quality of life and achievement of human potential. These interventions are based on nursing knowledge and skills, nursing research and past nursing experiences. Caring is the “being with” and “doing for” that assists clients to achieve desired outcomes and includes nurturing, protective, compassionate and person-centered behaviors.

Caring creates an environment of hope and trust, where client choices related to cultural values, beliefs and lifestyle are respected.

- Teaching and Learning processes promote and maintain health and are implemented through collaboration with the client, significant others and members of the healthcare team. Teaching encompasses health education to facilitate informed decision-making, achieve positive outcomes and support optimal health. Important components of the teaching process include the transmission of information, evaluation of the response to teaching and the modification of teaching based on client outcomes. Learning involves the assimilation of information to increase knowledge and change behavior.
- Collaboration shares planning, decision-making, problem solving, goal setting and assumption of responsibilities by those who work cooperatively using open professional communication. Collaboration occurs with the client, significant others, peers, other members of the healthcare team and community agencies. The nurse is an advocate, liaison, coordinator, and colleague who functions within the team to support holistic, client-centered care across healthcare settings. Collaboration requires consideration of client needs, priorities, preferences, available resources and services shared accountability and mutual respect.
- Managing Care is the efficient, effective use of human, physical, financial and technological resources to assure that the right care is given at the right time, in the right setting and at the right cost to achieve desired outcomes. It involves planning, organizing, directing, and controlling. In managing care, the nurse collaborates with the healthcare team to assist the client to achieve positive outcomes in a cost effective manner, to transition within and across healthcare settings and to access resources.

Functional Health Patterns are *ways of living* that include a configuration of behaviors that occur across time. The patterns are interrelated, interactive and independent. Functional and dysfunctional patterns determine client strengths and/or nursing diagnoses. There are eleven (11) functional health patterns that include: health perception/health management, nutrition/metabolic, elimination, activity/exercise, sleep-rest, cognitive-perceptual, self-perception/self-concept, role/relationships, sexuality/reproductive, coping/stress tolerance and value/belief. They are defined as:

- Health Perception-Health Management describes the client's perceived pattern of health and well-being and how health is managed. It includes the client's perception of his/her own health status, the general level of health care behaviors and adherence to health practices.
- Nutritional-Metabolic describes the client's pattern of food and fluid consumption relative to metabolic need and pattern indicators of nutrient supply. It includes skin integrity, nutritional intake, nutrient supply to tissues and metabolic needs.

- Elimination describes patterns of excretory function (bowel, bladder, and skin). It includes the client's perceived excretory functions, changes or disturbances in function, devices used to control excretion and family/community disposal patterns.
- Activity-Exercise describes patterns of exercise, activity, leisure and recreation. It includes activities of daily living requiring energy expenditure, type and quality of exercise and factors that interfere with the expected pattern (neuromuscular deficits, musculoskeletal abnormalities, and cardio-pulmonary insufficiencies).
- Sleep-Rest describes patterns of sleep, rest, and relaxation. It includes the perception of quality and quantity of sleep, rest-relaxation and energy levels.
- Cognitive-Perceptual describes sensory-perceptual and cognitive. It includes adequacy of vision, hearing, taste, touch, smell, language, memory, judgment and decision-making.
- Self-Perception-Self-Concept describes the client's self-concept pattern and perception of self (self-conception/worth, body image It includes attitudes of self, perception of abilities (cognitive, affective or physical), image, identity, worth and emotional patterns.
- Role-Relationship describes the client's pattern of role engagements and relationships. It includes the client's perception of his/her major roles, responsibilities and relationships in current life situations.
- Sexuality-Reproductive describes the client's patterns of satisfaction and dissatisfaction with sexuality. It includes reproductive patterns and satisfaction with sexual relationships.
- Coping-Stress-Tolerance describes the client's general coping pattern and effectiveness in terms of stress - tolerance. It includes the capacity to resist challenges to self-integrity, modes of handling stress, support systems and ability to control or manage situations.
- Value-Belief describes patterns of values, beliefs (including spiritual) and goals that guide the client's choice of decisions. It includes perceptions of what is important in life, and conflicts in values, beliefs or expectations that are health related.

References:

Council of A.D.N. Competencies Task Force National League for Nursing (2000). Competencies for graduates of A.D.N. programs. Sudbury, MA: Jones & Bartlett Publisher.

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ASSOCIATE DEGREE NURSING LEARNING OUTCOMES

Program Learning Outcomes:

Upon completion of this program, the Associate Degree Nursing graduate can:

1. Utilize the nursing process incorporating Gordon's functional health patterns as a basis for clinical decision-making in providing client, family and community care;
2. develop, implement and evaluate individualized plans of care focusing on services and activities that promote independence, maintain or restore health or support a peaceful death;
3. practice in a variety of settings within the parameters of individual knowledge and experience according to the standards of practice;
4. demonstrate competency in the performance of all essential nursing skills as identified by the Associate Degree Nursing faculty;
5. recognize situations beyond one's knowledge and experience, and seek consultation from appropriate resources in a changing healthcare environment;
6. provide evidence-based clinically competent care;
7. collaborate with the client, family, significant others and members of the health care team in the management of care;
8. establish and maintain effective/therapeutic communication with clients, families, significant others and members of the health care team;
9. integrate caring behaviors into all aspects of nursing practice;
10. delegate aspects of nursing care to other members of the health care team commensurate with educational preparation and experience;
11. establish priorities and organize nursing care in a timely, efficient and cost effective manner;
12. serve as a client advocate;
13. assume responsibility for professional development;
14. manage care that demonstrates respect for diverse clients;
15. practice within the ethical, legal and regulatory frameworks of nursing and;
16. use teaching/learning processes to facilitate clients informed decision-making to achieve positive outcomes and support functional patterns.

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