

COLLEGE OF SAN MATEO  
Nursing Advisory Council Committee Meeting Minutes  
April 22, 2024  
0830-1015  
Hybrid Meeting

Agency members present:

1. Elaine Musselman (Director of Nursing, San Francisco State University)
2. Jane McAteer (Former CSM Nursing Director)
3. Kerry Zoss (Nursing Professional Development Specialist, Stanford HealthCare)
4. Eleanor Britter (Peninsula Lions Club)
5. Rachael Rivers (RN in Inpatient Acute Care, San Mateo Medical Center)
6. Catherine Midden (San Francisco State University)
7. Marina Paredes (San Francisco State University)

College of San Mateo representatives:

1. Janis Wisherop (Director of Nursing)
2. Melinda Nguyen (Assistant Director of Nursing)
3. Natalie Waechtler (Faculty)
4. Shannon Spring (Faculty)
5. Jessie Tohmc (Faculty)
6. Ilene Simon (Faculty)
7. Judith Cheung (Staff Assistant)
8. Mark Hollandsworth (Faculty)
9. Paula Edwards (Faculty)
10. Marivic Paraz-Lee (Faculty)
11. Marie Kay Valle (Faculty)
12. Gioia Zuccherro (2<sup>nd</sup> year nursing student)
13. Khadija Amoussi (2<sup>nd</sup> year nursing student)
14. Jeruel Guerigay (1<sup>st</sup> year nursing student)
15. Andrea Pizarro (1<sup>st</sup> year nursing student)

Agenda	Discussion
1. Welcome/ Introductions & Check In	Round table introduction.
2. Approval of 04/24/2023 Minutes	<ul style="list-style-type: none"><li>• Minutes approved.</li></ul>
3. Approval of Agenda	<ul style="list-style-type: none"><li>• Approved.</li></ul>

4. Current Student Profiles	<div>1. Class of 2024 (Graduating Cohort):<div><div>a. Demographics reflect a diverse population again. consistent with the San Mateo County and College District statistics. Clearly, we are reflecting that we are a Hispanic and Asian South Pacific Islander serving institution.</div><div>b. 31% students identify at male – well above the average as stated by the US Bureau of Labor Statistics at 12%</div><div>c. 94% of this cohort came into the program with a degree already – mostly in the healthcare area.</div><div>d. Average age is consistent of many years 31 years.</div></div></div> <div>2. Class of 2025 (Current 1<sup>st</sup> Year):<div><div>a. Diverse like their peers in the 2024 class.</div><div>b. 18% of this class identifies as male.</div><div>c. 85% of this cohort started the program with a degree already.</div><div>d. And their average age is also around 31 years old.</div></div></div>
5. Graduate Survey (1, 3 and 5 year)	<div><div><div><div>• 21 responses.</div><div>• Majority of responses coming from the class that just graduated 2023 - 70%.</div></div></div><div><div><div>5 = excellent preparation</div><div>4 = well prepared</div><div>3 = adequately prepared</div><div>2 = poorly prepared</div><div>1 = no opinion/not applicable</div></div></div><div><div><div><div><b><u>Nursing Process</u></b></div><div>Program SLOs wins. Room to improve.</div><div><div>• Assessing condition of patients accurately 15% scored 2</div><div>• Establishing nursing diagnoses 15% scored 2</div><div>• Developing individualized nursing care plans 15% scored 2</div><div>•* Evaluating nursing care outcomes 10% scored 2</div><div>• Performing technical skills 20% scored 2</div><div>• *Administering prescribed medications safely 1 scored no opinion, otherwise all 3-5</div><div>• *Relating scientific knowledge to nursing care (pathophysiology, psychosocial concepts) 10% scored 2</div></div><div>Communication – Faculty may want to consider this for measurement</div></div></div></div></div>

- Interacting therapeutically with patients 20% scored 2
- Consulting and collaborating with health team members 20% scored 2
- Documenting accurately all assessments, data, and interventions using the electronic health record 30% scored 2

**Teaching and Learning** – Appears we are doing well here

- Initiating and implementing patient teaching effectively 10% scored 2
- Evaluating patient/caregiver understanding of the teaching session 5% scored 2

**Leadership Management** – Prioritization ranked well

- \*Prioritizing and organizing nursing actions 10% scored 2
- Problem solving using critical thinking skills 15% scored 2
- Utilizing leadership principles in managing patient care 15% scored 2

**Professional Role of the RN** – Critical elements are advocacy and practicing according to standard

- \*Communicating assertively as a patient and family advocate 10.53% scored 2
- Delegating tasks appropriately to nursing staff/peers in the leadership role 15% scored 2
- Adapting to changes in the health care environment 15% scored 2
- \*Practices according to the standards of care 0% scored 2
- Evaluating and attaining individualized professional learning goals 25% scored 2

A. **Program Strengths:**

- Guidelines
- Preparation
- Faculty and staff – over and over again!
- Safety

B. **Areas to strengthen in the program:**

- Pediatrics
- Acute psych
- Instructors – lack of consistency
- Clinical hours
- Resumes - ATP (Automated Tracking System??) Bring in recruiters
- More hands-on skills, less paper work

	<ul style="list-style-type: none"> <li>Documentation access. EPIC, SimChart and DocuCare were not success &amp; costly</li> </ul> <p>C. <b><u>Where are they employed?</u></b></p> <ul style="list-style-type: none"> <li>Bay Area hospitals primarily – one who works in RWC and Madera</li> <li>Most are working full-time, with two identifying as charge nurses</li> <li>5 are working PMs or Nights all the others are in day positions</li> <li>Wide range of specialties including correctional health</li> <li>Most are members of CNA or ANA</li> <li>Future plans include mainly advanced degrees – 5 are currently enrolled in a BSN program, one in a MSN and one in a DNP</li> </ul>
6. Program and Pre-Licensure Nursing Academia updates	<ul style="list-style-type: none"> <li>a. CSM Nursing <a href="#">Curriculum Revision.pdf</a> <ul style="list-style-type: none"> <li>i. Reduced program SLOs from 14 to 5</li> <li>ii. New Vision, Mission and values</li> <li>iii. Updated program philosophy and other verbiage</li> </ul> </li> <li>b. ACEN (Accreditation Commission for Educating Nurses) <ul style="list-style-type: none"> <li>i. Candidacy – Accepted in July 2023</li> <li>ii. Self-Study in progress</li> <li>iii. Apply for accreditation visit – Spring 2025 <ul style="list-style-type: none"> <li>1. Possible co-visit with the CA BRN New as the CA BRN is now going to do a joint visit with national accrediting bodies</li> </ul> </li> </ul> </li> <li>c. Benner Institute/Health Impact Clinical Instructor course and Boot Camp <ul style="list-style-type: none"> <li>i. Designated for new faculty – must be employed by the college to participate</li> <li>ii. Offers Clinical Faculty and Education Certificates <ul style="list-style-type: none"> <li>1. Basic Boot Camp</li> <li>2. Advance Boot Camp</li> <li>3. Contact Nanette Solvason of the Bay Area Community College Consortium (Healthcare sector) <a href="mailto:nanette@baccc.net">nanette@baccc.net</a></li> </ul> </li> </ul> </li> <li>d. Program staffing Updates <ul style="list-style-type: none"> <li>i. Retirement! And Posting for Director position</li> <li>ii. Faculty – fully staffed for the fall, awaiting placements</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Community Engagement: <ul style="list-style-type: none"> <li>○ Last year we introduced a new role in our program for a community liaison nurse. We have continued that so that our community partnerships are active with student participation.</li> <li>○ This year we introduced student ambassadors to meet with high school students</li> <li>○ Continue with the tours here on camps</li> <li>○ Looking to partner with Kaiser Regional in simulation in pediatrics</li> <li>○ Continue to be active with Lyons club, BACHAC, Daly City Park and Rec; Health Hub, after school programs</li> </ul> </li> <li>• Clinical Placements <ul style="list-style-type: none"> <li>○ We are grateful for our pediatric placements and building this area of the program up</li> <li>○ Thank our partners for their continued support</li> <li>○ We have hired multiple RNs from UCSF, Stanford and Mills/Peninsula Hospitals yet we have zero to limited placements there... Again, our students participate in collaborative programs like SFSU and graduate sooner with a BSN</li> </ul> </li> <li>• Accelerated program SFSU <ul style="list-style-type: none"> <li>○ Has been operating on our campus to serve students in this region of the Bay Area since 2018 <ul style="list-style-type: none"> <li>▪ Background is that they had this program at Canada college for many years prior to 2018</li> </ul> </li> <li>○ We have a contract! For liability reasons, this was very important</li> </ul> </li> <li>• Collaborative with SFSU Nursing for Concurrent Enrollment <ul style="list-style-type: none"> <li>○ e. Brief overview: Bills that may affect pre-licensure programs</li> </ul> </li> <li>• AB 1577 <ul style="list-style-type: none"> <li>○ Giving priority to community colleges for clinical placement <ul style="list-style-type: none"> <li>▪ Likely this will not go further</li> </ul> </li> </ul> </li> <li>• SB 1073 and AB 1015 will require the BRN and Academia to study clinical placement issues and fix these</li> <li>• AB 2015 Will allow RNs to seek approval from the BRN to teach in academia. <ul style="list-style-type: none"> <li>○ Current process is to have the director of the program seek approval, then hire</li> <li>○ Directors of programs will still have the final word on hiring</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>• SB 895 and AB 2104 Community Colleges to offer BSN program <ul style="list-style-type: none"> <li>○ This is the same bill, but by having it in both houses it will get passed faster</li> </ul> </li> <li>• AB 2532 and SB 1183 will give priority placements to existing healthcare workers adding to the multicriteria – many of our applicants are of this type</li> </ul>
8. Community Partners	<ul style="list-style-type: none"> <li>• We VALUE you and the agency you represent, THANK YOU for contributing to our students and graduate's success</li> <li>• How's it going on your end? <ul style="list-style-type: none"> <li>i. Rewards</li> <li>ii. Challenges</li> </ul> </li> <li>• Karry from Stanford: offer webinar for residency application. Also, UCSF &amp; Kaiser advertise on their career website.</li> <li>• Reflection; there are a lot of support &amp; understanding. Internal training opportunity.</li> <li>• What are you seeing in the new graduate RN? <ul style="list-style-type: none"> <li>iii. Strengths</li> <li>iv. To Strengthen</li> </ul> </li> <li>• New grad opportunities?</li> <li>• What can we do for you? Discussed having students</li> </ul>
9. Next meeting	<ul style="list-style-type: none"> <li>• April 2025.</li> </ul>

Submitted by Judith Cheung

**CSM Nursing Advisory Meeting; 04/22/2024 8:30-10AM**

	NAME	ORGANIZATION
1	Jane McAteer	Director emeritus CSM Nursing Program
2	Shannon Spring	CSM Professor
3	Janis Wisner	CSM
4	Judith Cheung	CSM
5	Melinda Nguyen	CSM
6	Giorgia Zuccherro	CSM student (2nd yr student)
7	Natalie Waechter	CSM Faculty (via zoom)
8	Eleanor Britter	Peninsula Lions Club
9	Kerry Zoss	Stanford
10	Khadija Amoussi	CSM 2nd yr nursing student
11	Mark Hollandsworth	CSM Faculty (via zoom)
12	Paula Edwards	CSM Faculty (via zoom)
13	Elaine Musselman	SFSU Nursing Director
14	Catherine Hadden	SFSU
15	Marina Paredes	SFSU
16	Marvic Paraz-le	CSM
17	Jervel Guerigay	CSM 1st yr nursing student
18	Helen Simon	CSM Adjunct

# CSM Nursing Advisory Meeting; 04/22/2024 8:30-10AM

	NAME	ORGANIZATION
1	Rachael Rivers	San Mateo Medical Center
2	Marie Kay Valle	CSM Adjunct
3	Andrea Pizarro	CSM 1st yr nursing student
4	Jessie Tohmc	CSM Nursing Faculty
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College of San Mateo Nursing Program  
Nursing Advisory Committee Meeting  
April 22, 2024  
0830-1015

Please join us virtually OR In-Person!  
Parking is FREE - [See attached Map](#)

Time: Apr 22, 2024 08:30 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://smccd.zoom.us/j/9319673935?pwd=QTBmNWZTOUtVdzJBUFDwS3cwTEtSUT09&omn=85887229912>

Meeting ID: 931 967 3935

Passcode: HOPE2024

1. Welcome / Introductions and Check in
  - a. Please share with us how you are “connected” to the CSM Nursing Program
  - b. For fun, what is your favorite carnival ride, game or treat?
2. Approval of meeting minutes; April 24, 2023
3. Approval of Agenda – additions or adjustments
4. Current Student Profiles
  - a. 2024 Graduating Cohort:
  - b. 2025 Current First-year
5. Graduate Survey (1, 3 and 5 years)
  - a. Program SLOs
  - b. Short answer questions
  - c. Program Strengths
  - d. Areas to strengthen in the program
  - e. Where are they employed?
6. Program and Pre-Licensure Nursing Academia updates:
  - a. [CSM Nursing Curriculum Revision](#)
    - i. Reduced program SLOs from 14 to 5
    - ii. New Vision, Mission and values
    - iii. Updated program philosophy and other verbiage
  - b. ACEN (Accreditation Commission for Educating Nurses)
    - i. Candidacy – Accepted
    - ii. Self-Study in progress
    - iii. Apply for accreditation visit – Spring 2025
      1. \*Possible co-visit with the CA BRN
  - c. Benner Institute/Health Impact Clinical Instructor course and Boot Camp
  - d. Program staffing Updates
    - i. Retirement! And Posting for Director position
    - ii. Faculty – fully staffed for the fall, awaiting placements
  - e. Brief overview: Bills that may affect pre-licensure programs

7. Industry (Community, hospital, etc..) Partners – let's hear from you too!
  - a. We VALUE you and the agency your represent, THANK YOU for contributing to our students and graduates success
  - b. How's it going on your end?
    - i. Rewards
    - ii. Challenges
  - c. What are you seeing in the new graduate RN?
    - iii. Strengths
    - iv. To Strengthen
  - d. New grad opportunities?
  - e. What can we do for you? Discussed having students
8. Input from the rest of the group? Anything to add?
9. Next meeting date – Same time next year

# Campus Map

Park in any lot for students/visitors. Closest lots to our building #5 (Health and Wellness) are lots B and C. The meeting is located in building #5 room #339. Follow the signs!

## College of San Mateo Campus Map

All persons driving motor vehicles (except motorcycles) on to campus and utilizing the parking facilities during regular class hours (Monday-Friday, 7 am-10 pm), including final examinations, are required to obtain a virtual parking permit on their vehicle. View the [parking overview webpage](#) to learn more.

**One-day Permits:** \$3 per day. To purchase a daily visitor virtual permit and register your vehicle, please go to [smccd.theparkingstore.com/purchase.php](http://smccd.theparkingstore.com/purchase.php). Once the online process is completed, your virtual parking permit will be active immediately or on the date you choose.

**Visitor Parking:** Visitors to campus may purchase a One-Day permit and park in any Student or Visitor Lot.

**Student Parking:** Lots A, B, D, E, F, H, J, K, N, P, Q, V, W, X

**Staff Parking:** Lots C, F, L, M, R, S, T, U

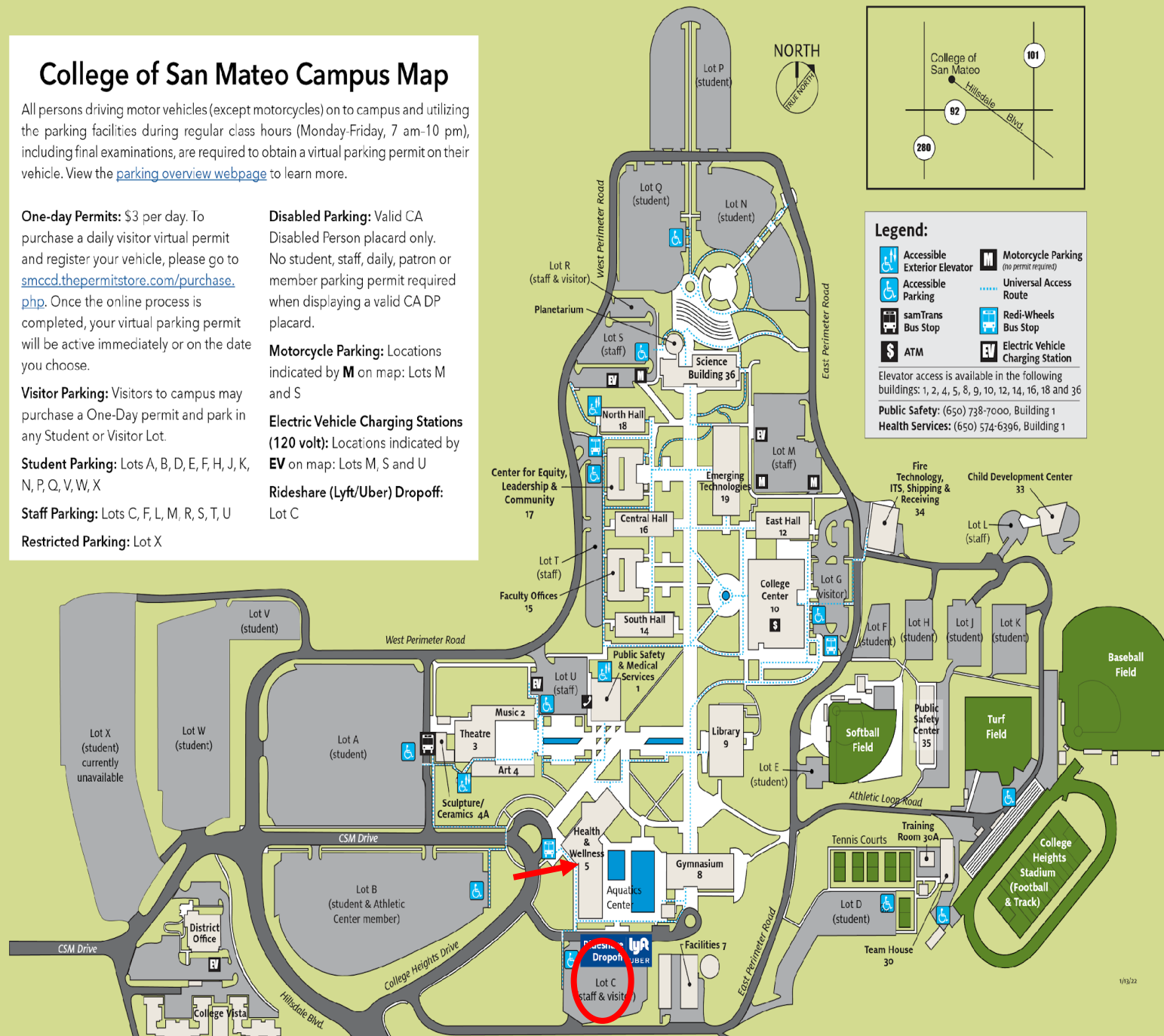
**Restricted Parking:** Lot X

**Disabled Parking:** Valid CA Disabled Person placard only. No student, staff, daily, patron or member parking permit required when displaying a valid CA DP placard.

**Motorcycle Parking:** Locations indicated by **M** on map: Lots M and S

**Electric Vehicle Charging Stations (120 volt):** Locations indicated by **EV** on map: Lots M, S and U

**Rideshare (Lyft/Uber) Dropoff:** Lot C



## Curriculum Revision

### #1 NEWLY ADDED: Mission, Vision and Values statement

**Mission:** The College of San Mateo nursing program exists to promote the professional growth of exceptional novice registered nurses in alignment with the [San Mateo County Community College District Strategic Plan](#) and the [Vision, Mission & Values of College of San Mateo](#).

**Vision:** Our students practice safe, compassionate, flexible, and skillful nursing care. They will refine those skills as they progress to become a consummate nursing professional.

**Values:** We value excellence in clinical reasoning, education, communication, leadership, and professionalism.

### #2 UPDATED Philosophy (with updated definitions)

The College of San Mateo Nursing program and faculty provide an environment which enables students to develop their minds and skills, broaden their understanding of social responsibilities, increase their cultural awareness, and realize their individual potential. The nursing faculty believes:

A person is a unique individual in their cultural and ethnic background, learning styles, goals and support systems. The person is composed of mutually interdependent parts which include biological, developmental, psychological, social, cultural and spiritual components. A person is influenced by all aspects of their environment, e.g., family, significant other, friends, community, significant life events, cultural and ethnic background, learning styles, goals, and support systems.

Health represents equilibrium among the biological, psychological, developmental, social, cultural, and spiritual dimensions of a person in dynamic interaction with an ever-changing environment. As an open system, a person responds to both internal and external stimuli while moving along the wellness illness continuum. People adapt to these stressors in an attempt to achieve self-actualization and high-level wellness. High-level wellness is a lifestyle which promotes the optimum level of functioning an individual is capable of achieving at any given time.

Nursing is a dynamic, interpersonal process involving the patient, nurse, family, significant others and members of the multidisciplinary health team. Nursing is built upon a theoretical foundation acquired from the natural and the behavioral sciences. The nurse provides individualized and group care within a variety of settings using clinical reasoning and following the clinical judgment model (recognizing, analyzing, prioritizing hypotheses, generating solutions, taking actions and evaluating outcomes). Through this problem-solving and decision-making process, outcomes are met along the continuum of care.

Learning takes place best when there is motivation and demonstrated readiness from the learner. Learning is a dynamic life long process through which the learners (individual or group) exhibits increased knowledge, skills and/or refined attitude. The learner brings to the process a variety of qualities such as age, education, life experiences, and diverse cultural and ethnic backgrounds. Students use a variety of learning styles to achieve their learning outcomes. Individual academic advising and a network of support systems assist the student to use these unique qualities in the development and implementation of an educational plan. Learning is most effective when planned by using a logical sequence from simple to complex. Theoretical learning can best be reinforced by applying and practicing critical-thinking skills in the classroom and clinical experiences and in simulation. Student learners have the right, obligation and responsibility to be involved in their own learning and to pursue completion of their career goals.

Teaching/Learning is a dynamic interactive process among the teacher, the learner and the environment that make up the diverse and inclusive foundation to promote learning. We believe that the learner embraces and enacts all components of the professional role through the dynamics of the teaching learning relationships. Learning is the acquisition of knowledge, skills and abilities that result in a change. All participants in the learning process benefit through the exchange and acquisition of knowledge. The teacher considers three domains of learning (cognitive, affective, psychomotor) during the interactive process. The teacher analyzes both individual and group outcomes through formative evaluation, emphasizing important aspects of content to further strengthen knowledge and achieve success at the end of the teaching/learning interaction.

Nursing Education is a systematic process planned to orchestrate the learner to acquire an essential body of knowledge. It includes cognitive and affective nursing concepts, psychomotor skills and the integration of these in all clinical settings as well as in a variety of simulated experiences. The content includes specific health issues relevant to the dynamic concerns and health needs of both the individuals, groups, and the community. It involves seeking knowledge, setting priorities, problem solving and decision making.

Graduates of our program are prepared to utilize exceptional clinical reasoning to provide safe, effective and competent nursing care to consumers of healthcare of all ages and their families in a variety of healthcare and community settings.

### #3 REVISED END OF PROGRAM SLOs

#### Professional Knowledge and Skill

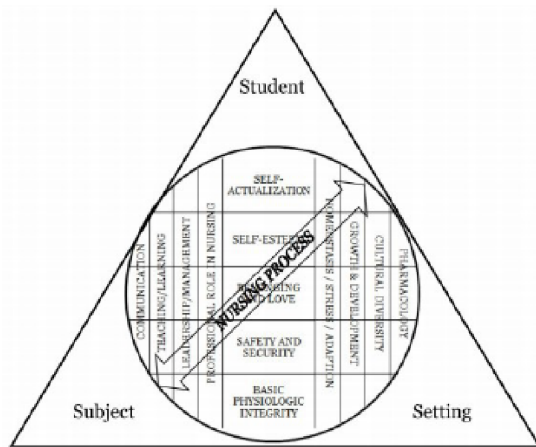
1. Clinical Reasoning: Students will apply clinical reasoning, demonstrating a sound knowledge of nursing methods, skills and healthcare management through use of the [Clinical Judgment Measurement Model \(NCJMM\)](#), the four major client needs categories from the National Council of State Boards of Nursing (NCSBN) [NCLEX-RN Test Plan](#), evidenced-based practice, agency policy & procedures and their experiences to guide their nursing practice.

2. Education: Students will assess the educational need(s) of the patient and their support systems, provide patients and their support systems with evidence-based healthcare information, while applying teaching and learning principles related to the particular situation and patient's developmental level, and evaluate their teaching using an evidenced based method.
3. Communication: Students will communicate with respect, kindness, care, and civility during all encounters, and provide accurate information effectively and efficiently, customized for each situation in a professional manner while adhering to healthcare standards during all encounters while working in interprofessional spaces.

#### Professional Value and Accountability

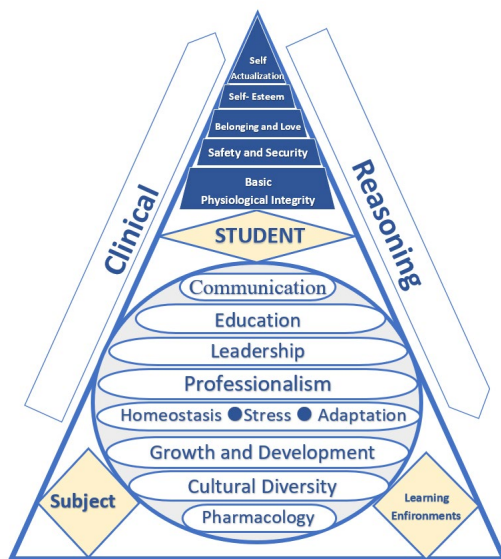
4. Leadership: Students will lead and manage patient care and their support systems through the direction of the healthcare team. This is done through exceptional modeling, advocacy, cultural competence and interprofessional collaboration while adhering to the standards consistent with professional best practices.
5. Professionalism: Students will have adhered to professional, and ethical responsibilities during the totality of nursing school and will be expected to exhibit that high level of professionalism throughout their career as outlined by the [American Nurses Association \(ANA\)](#), [Board of Registered Nursing \(BRN\)](#) agency policies & procedures and, current CSM nursing student handbook.

#### #4 UPDATED Conceptual Model and Revised Framework



CODE:

1. TRIANGLE: Represents Student, Subject and Setting
2. HORIZONTAL: Represents Basic Human Needs
3. LEFT VERTICAL LINES: Represents Curriculum Themes
4. RIGHT VERTICAL LINES: Represents Curriculum Concepts
5. DIAGONAL LINE: Represents Nursing Process as Integrated Throughout the Curriculum



## UPDATED (verbiage) Conceptual Framework

The theory of homeostasis with its principles of stress and adaptation along with Maslow's theory of psychosocial development provide the encompassing conceptual framework for the College of San Mateo Associate Degree Nursing Program.

The curriculum focuses on: 1) People as providers of healthcare; (e.g. their own self-care, family care and nursing care). 2) The concept of health as defined by the wellness-illness continuum; and 3) The professional practice of registered nursing at the associate degree level. The major unifying themes of the curriculum provide the foundation for the program objectives.

A Person as a Provider of Healthcare:



A *person* is viewed as a unified whole composed of mutually interdependent parts which include biological, psychological, developmental, social, cultural, and spiritual components. In the environment, the person participates in a dynamic interaction with an ever-changing environment. The professional nurse acts as an advocate, an educator, a consultant and a caregiver to consumers of healthcare and members of the multidisciplinary health team. Positive healthcare outcomes are achieved through development and implementation of sound clinical judgment and applying technical skills, critical thinking, communication skills, problem solving, leading/management skills and professional behaviors.

#### Health as Defined by the Wellness-Illness Continuum:

Health represents equilibrium among the biological, psychological, developmental, social, cultural, spiritual, and sexual dimensions of people. Maintenance of this equilibrium is a dynamic process within an ever-changing environment. Health is achieved when needs are met in hierarchical order (i.e., physical, safety and security, love and belonging, self-esteem and self-actualization). Movement toward disequilibrium and illness on the wellness illness continuum occurs when one's needs are not met. Each individual's level of health is influenced by one's biological age, chronological age and developmental stage, and overall philosophical approach to life. People respond to both internal and external stressors as movement occurs along the wellness-illness continuum. The ability to perceive meaning in these stressors facilitates movement toward adaptation, self-realization, self-actualization and high-level wellness.

#### Registered Nursing at the Associate Degree Level:

The discipline of registered nursing is based on a synthesis of knowledge and skills, established protocols of the practice setting, and application of clinical judgment. The professional nurse exhibits the following roles: patient advocate, direct care giver, communicator, teacher, leader/manager and member of the health care team. The nurse creatively uses a repertoire of skills that lead to good clinical decisions based on clinical reasoning, communication skills, technical skills, decision making, leadership and management. Upon entry into the environment, the registered nurse interacts collaboratively with the multidisciplinary team, patient and significant others to maximize wellness for the patient. Through inquiry, the registered nurse assesses the patient's level of wellness, actual and potential problems, and ability to adapt. The registered nurse focuses on actual and potential health needs and/or problems of patients which require interaction to achieve adaptation. The nurse plans with the individuals, families, and aggregates to assist them in returning to homeostasis, whether to the same level of equilibrium, to a higher level than before, or to a level which is irreversible but tolerable.

#### UPDATED Description of the Conceptual Framework Model

##### [Diamonds within the Triangle](#)



**Student:** The nursing student population at the College of San Mateo consists of diverse adult learners with an average age of 30 years. These students, often studying for a second career, are self-motivated, goal-directed, and involved in their communities. The students represent a variety of ethnic and cultural backgrounds representing the county and college demographics. Students fulfill a variety of roles outside of school including parent, spouse/ partner, and employee. As faculty we believe in diversity, equity and inclusiveness in education and nursing and reject any biases against others. In summary, the student is integrally involved with the subject of nursing within the college and community setting. Ongoing changes in any component of this balanced system may provoke reciprocal changes among the other components.

**Subject:** Nursing education at the College of San Mateo integrates evidenced-based content throughout the curriculum. Concepts of Maslow's hierarchy of needs, adaptation, and homeostasis are consistently applied when using clinical reasoning to form clinical judgment. Professional nursing is taught as a decision-making process undergoing continual reevaluation and subsequent modification while situations change.

**Learning Environment:** The setting is the College of San Mateo, a suburban community college with a welcoming admission policy, reflecting the diverse multicultural population of the surrounding community. The nursing department supports the cultural diversity, philosophical beliefs of the college and stands in solidarity with the faculty and staff in rejecting racism and biases against others.

### Upper Portion of the Triangle

\*Maslow's hierarchy theme did not change in verbiage

### Circle within the Triangle

### Curriculum Themes

**Communication:** Communication is taking the idea or image from one's mind and creating it in another's mind. The receiver of the communication must be prepared for understanding to fully grasp the intended message. In the context of nursing, this means they must be free from severe pain, anxiety, or other distractors. Communication includes verbal and written communication, gestured language, such as ASL, and nonverbal cues like minute facial expressions, body positioning, and non-language vocalizations. Good communication is imperative and acts as the foundation for relationship building.

**Education:** As it refers to life-long learning: Knowledge can be gained along many paths, such as attending a lecture, reading, watching a demonstration, discussion, reflection, and so forth. Education can be formal or informal, with a preset goal, within an evolutionary and life-long process.

As it refers to nursing education: To become a competent and effective registered nurse (RN), the student nurse engages in a formal process of acquiring knowledge, learning and perfecting skills and meeting the competencies necessary to carry out the role of

the RN as a teacher.

As it refers to educating individuals/community: Educating individuals and community members is an indispensable nursing intervention. Students and graduates of the program play a pivotal role in providing culturally sensitive, evidenced based education to individuals and community members regarding healthcare concerns/conditions, treatment plans, interventions and restorative processes. We believe that empowering people to take an active role in their health and well-being will lead to improved health outcomes.

### Leadership:

Refers to the process of guiding and influencing others or organizations to achieve the best possible care outcomes. Student nurses, as they develop into professionals, are encouraged to demonstrate leadership qualities throughout their education in the healthcare and learning environments. This is accomplished through:

- Advocacy (individuals, groups and for change)
- Problem solving in collaboration with others
- Mentorship of new students
- Effective communication
- Ensuring a safe and caring environment
- Managing the care of individuals and groups
- Modeling behaviors that promote trust within the group

### Professionalism

Professionalism is behavior that creates feelings of comfort, trust, and respect within one's colleagues and the consumers of healthcare served. Consumers of healthcare can be individual patients (or clients), but can also extend to patients' family members or support systems and the community at large. Professionalism as it relates to nursing practice is a reflective and evolutionary process. A nurse is expected to have core competencies relating to professionalism. These include understanding and maintaining the ethical principles of nursing, respect, and collaboration with their colleagues, members of the healthcare team, and their community.

It is expected that students and the graduates lead others (within their scope) with civility, morality, accountability, and clarity, adhering to best practices within ethical and legal boundaries. Students will hone professional communication skills that will prepare them for future responsibilities of leading and managing others through difficult situations involving conflict, challenges and problem solving.

### Curriculum Concepts

**Homeostasis/Stress/Adaptation:** Homeostasis: A process of dynamic equilibrium in which the living organism strives to maintain a relatively constant, uniform and stable environment; without homeostasis, the human organism will not be able to achieve its hierarchy of needs successfully. Homeostasis is continual and involves the ability to

adapt and adjust to a constantly changing environment through a variety of feedback systems.

**Stress:** Physiological, psychological, sociological, cultural and environmental alterations that may temporarily disrupt equilibrium. Stress is a normal process that with coping and adaptation maintains one's dynamic equilibrium.

**Adaptation:** The process of adjusting to the internal and external stimuli within the environment to maintain homeostasis/equilibrium. This adjustment results in behavioral and/or attitudinal responses to maintain an optimum level of functioning.

**Growth & Development:** Growth and Development are independent, interrelated processes that occur throughout the life cycle. Growth: A dynamic process with measurable age-related changes in all dimensions of health: physical, psychological, cultural, spiritual, social and developmental. Development: The behavioral aspect of growth as evidenced by a progression in the developmental stages and accomplishments of developmental tasks.

**Cultural Diversity:** The aspects of life which encompass age, gender and ethnicity. It reflects a recognition, appreciation, and respect for the differences and similarities as well as the familiar and the unfamiliar found in people. It is a factor that may influence the individual's response to health maintenance and to alterations in health.

**Pharmacology:** The study of medications including origins, characteristics, properties, therapeutic actions as well as side effects, efficacy, and teaching measures.

## Surrounding the Triangle

### Clinical Reasoning

Encompassing the outside of the triangle and representing its integration throughout the model and curriculum is Clinical Reasoning (formerly Nursing Process). College of San Mateo Nursing faculty will continue to thread nursing process throughout the curriculum as required by the Nursing Practice Act, but we will use Clinical Reasoning and Judgement concepts and verbiage as the profession begins to adopt this more contemporary terminology.

Clinical Reasoning (Benner, Sutphen, Leonard and Day, 2010 ): Is the way a nurse is able to think in action and reason as a situation changes over time by recognizing and understanding the significance of clinical trajectories and grasping the essence of the current clinical situation. The student applies previously learned knowledge through critical thinking and clinical reasoning to make sound clinical judgment(s). Clinical judgment is formed when the nurse:

Recognizes Clues (Assessment): The nurse gathers and interprets important data which helps to identify the patient needs and problems.

Analyzes Clues (Data analysis): The nurse uses information/data collected and analyzes for trends, deviations and improvements in health status.

Prioritizes Hypothesis (Identify problem): The actual or potential altered health states or interaction patterns identified by the nurse as needing nursing interventions.

Generates Solutions (Establish outcomes): The nurse (in collaboration with the multidisciplinary team) determines measurable and realistic goals to achieve a solution for the problem(s).

Takes Action (Implementation): The nurse applies standards of care and best practices through intervening and putting the plan into action with an attempt to resolve the problem(s).

Evaluates Outcomes: The review of the extent to which the prospective solutions have been achieved. Evaluation results in the possible modification of the nursing problem and/or revisions in the plan of care.