Conceptual Framework

The conceptual framework for the nursing curriculum at NCCC focuses on the person as a bio-psychosocial, spiritual being, in a dynamic state of health, moving along the illness-wellness continuum. The person experiences nursing as a means of promoting, restoring, and preserving health and wellness throughout the life cycle.

The person encounters nursing when his/her needs are unmet or at risk of being unmet. The nursing process is used as a means of problem solving to address the potential or existing needs of the person. Needs are organized according to Gordon’s functional health patterns and prioritized according to Maslow’s hierarchy of needs. The impact of the person’s developmental stage on the health state and needs are considered using Erikson’s stages of life.

MASLOW:

Maslow’s hierarchy of basic human needs is an interdisciplinary theory that considers these needs on five levels and designates priorities of care.

The most basic needs are physiological, followed by the need for safety and security. As these needs are met, priority is then shifted to the person’s psychological, socio-cultural, developmental, and spiritual needs. As the person experiences health and wellness, he/she progresses upward in the hierarchy. When basic needs are not met, the health state shifts toward the illness end of the continuum.

ERIKSON:

The person’s developmental needs are considered using Erik Erikson’s stages of life. According to Erikson the person must accomplish a particular task before successfully completing each stage of development. Each task proposes opposing conflicts triggered by life events. Each of the eight stages builds on the successful resolution of the previous developmental conflict.

GORDON:

Gordon’s functional health patterns are an expression of bio-psychosocial integration. Functional patterns are influenced by biological, developmental, cultural, social, and spiritual factors. Dysfunctional health patterns (described by nursing diagnoses) may occur with disease, or may lead to disease.

Gordon’s functional health patterns include the Health Management Pattern which addresses assessment, asepsis, safety, and therapeutic relationships. The Nutritional-Metabolic Pattern focuses on nutrition as well as fluid balance. The Elimination Pattern includes bowel and urinary elimination. The Activity-Exercise Pattern includes cardiopulmonary function along with mobility. The Sleep-Rest Pattern addresses the patient’s need for rest. The Cognitive-Perceptual Pattern focuses on neurological function, pain, and communication. The Self-Perception-Self-Concept Pattern, Role-Relationship Pattern, Sexuality-Reproductive Pattern, Coping-Stress-Tolerance Pattern, and Value-Belief Pattern consider the psychosocial aspects of the patient.
The judgment of whether a pattern is functional or dysfunctional is made by comparing assessment data to one or more of the following: (1) individual baselines, (2) established norms for age-groups, or (3) cultural, social, or other norms. A particular pattern has to be evaluated in the context of other patterns and its contribution to optimal functioning of the person.

**NURSING PROCESS:**

The nursing process is a scientific, systematic approach that assists the nurse in identifying the health state and nursing care needs of the person and intervening therapeutically in an effort to promote, restore, and preserve health. The five steps of the nursing process are assessment, nursing diagnosis, planning, implementation, and evaluation.

Assessment is the process of data collection for purposes of determining the health state of the individual. Actual or potential health needs of the person are determined from clustered assessment data which leads to the formulation of nursing diagnoses. Planning involves developing a plan of care to address the health needs of the person. Outcomes are identified and specific interventions developed for meeting the health care needs of the person. Implementation involves taking deliberate nursing action to move the person toward the established outcomes. Evaluation is an ongoing process that measures the person’s response to nursing interventions and his/her progress toward outcomes. The end product of the nursing process is a nursing care plan.

**NURSING PRACTICE:**

Nursing practice is a therapeutic partnership between the nurse and patient, directed toward facilitating the achievement and maintenance of the person’s functional health patterns. The nurse performs deliberate actions to assist the person to achieve and maintain an optimal state of health.

The role of the nurse is developed throughout the curriculum. Basic skills and roles are developed in Level I with an individual patient. In Level II those skills and roles advance to prioritizing care for multiple patients and their families.

There are certain aspects of the nursing role that are woven throughout the curriculum as integrated concepts. These roles include communicator, critical thinker, care giver, learner/teacher, advocate, and member within the profession.

**Communicator:**

Basic communication skills that are necessary for both verbal and written documentation are incorporated on the first level of the curriculum. The student is to document nursing process legibly, accurately, timely and relevantly. The communication should be therapeutic with information conveyed by both formal and informal exchange of information. Communication skills in written or electronic records is initiated in Level I and advanced throughout the curriculum to reflect quality and accountability in nursing care. On the second level communication skills are advanced to include family, group, agency and inter-agency communication. Therapeutic communication with clients with pathological communication problems is also included in Level II.
Critical Thinker:

In Level I the student is to demonstrate critical thinking through problem solving and well thought out questions, analyzing data and recognizing implications. The student is to apply basic principles and concepts of nursing to patients with acute and chronic health-care needs. Critical thinking also includes analyzing data and recognizing the implications of a formulated plan of care. On Level II the student will progress to advanced principles and concepts of nursing for patients with multi-system problems.

Care Giver:

Using the nursing process and concept mapping the student will collect and evaluate data relevant to basic health needs, analyze data and prioritize identified problems. The student will provide a safe effective care environment utilizing standard precautions to protect self and others. Technical skills will be performed competently and in a timely manner. On Level I this will include administering medication, understanding the class, major side effects, appropriate dosage and nursing implications. On Level II the students will advance medication administration to include IV administration of medications.

Learner/Teacher:

As a learner the nursing student is to demonstrate initiative to maximize learning. Learning is considered a life time skill that is a reciprocal process between the student and teacher. Students are considered adult learners who are internally motivated. The acquisition of knowledge and skills will promote a change in behavior. The knowledge gained will be used in formulating teaching plans for patient care. On Level I the teaching plan will be individualized for the chronic and acute care patient. This learning/teaching process will progress throughout the program to include family and community education on Level II. The student and faculty will utilize cultural awareness. The student will incorporate this knowledge of the beliefs and values of the individual person in the planning of patient care.

Learning is a reciprocal process between student and teacher. The nursing faculty, as teachers, serves as role models, facilitators, and resource persons who design, direct, and guide the collaborative learning experience of students. The goal of the nursing faculty is for the NCCC graduate to develop the expected practice competencies of the Associate Degree Nurse, as defined by the National League for Nursing.

Patient Advocate:

The role of patient advocate requires displaying respect for individual needs, dignity, privacy and values. This concept of patient advocate is promoted throughout the curriculum.

Member within the Profession:

In level one the curriculum promotes integrity, confidentiality, honesty, and the legal and ethical standards of the practical nurse. Level two will incorporate the standards of the registered nurse. Accountability and evaluation of care of self and patients will be integrated throughout the curriculum with the student attending to feedback from patients, agency staff, and faculty.