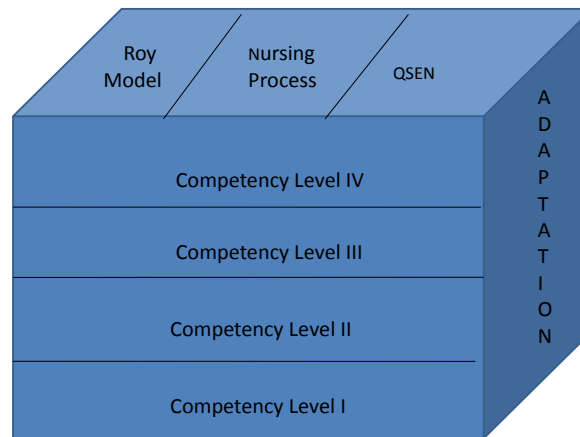# Los Angeles Harbor College
Associate Degree Nursing Program
ORGANIZATIONAL CONCEPTUAL FRAMEWORK

The organizational framework of the nursing program curriculum is derived from the mission and philosophy of the program. Three major concepts are integrated into its conceptual framework. The first concept is the Roy Adaptation Model, which describes and gives defining characteristics to the person, environment, nursing and health. The Roy Adaptation Model, as it is utilized by the nursing program, has been simplified to make it more appropriate for use at the Associate Degree Nursing level. The program's courses are organized into the traditional nursing areas of basic skills and fundamentals, medical-surgical, geriatric, maternal, pediatric, mental health, psychiatric, leadership and patient-care management.

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

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

Student proficiency and behavior levels are identified throughout the nursing curriculum and are based on Patricia Benner's work on novice to expert (see table 1)

Table 1: LEARNER PROFICENCY/BEHAVIORAL LEVELS

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

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

I. THE ROY ADAPTATION MODEL

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

II. NURSING PROCESS (ACCORDING TO ROY)

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

1. Assessment of Behavior: gather data about the behavior of the person as an adaptive system in each of the adaptive modes physiologic-physical, self concept-group identity, role function, and interdependence.
2. Assessment of Stimuli: identify internal and external stimuli that are influencing the person's adaptive behaviors.
3. Nursing Diagnosis: formulate statements that interpret data about the adaptation status of the person, including the behavior and most relevant stimuli
4. Goal Setting: establish clear statements of the behavioral outcomes for nursing care.
5. Intervention: determine how best to assist the person in attaining the established goals
6. Evaluation: evaluate the effectiveness of the nursing intervention in relation to the behavior after the nursing intervention in comparison with the goal established.

Sr. Callista Roy, 1997

III. QUALITY AND SAFETY EDUCATION IN NURSING (QSEN)
The QSEN competencies are embedded throughout the nursing curriculum. Proficiency level of each competency progresses as the student progresses in the nursing program.

TABLE 2: Leveling of Student Learning Outcomes

1st Semester Level I	2nd Semester Level II	3rd & 4th Semesters Level III	4th Semester Preceptorship
Relate the components of the nursing process using the Roy Adaptation Model.	**Utilize** the nursing process and Roy Adaptation Model in caring for adult medical-surgical patients.	**Apply** the nursing process using the Roy Adaptation Model in caring for individuals and groups across the lifespan and developmental stages.	**Integrate** the nursing process using the Roy Adaptation Model to promote adaptation of individuals, groups, and the community.
Develop professional behaviors for nursing practice.	**Display** professional behaviors for nursing practice.	**Practice** professional behaviors.	**Internalize** professional standards of nursing practice.
Identify assessment data with which to formulate clinical decisions.	**Interpret** rationales for clinical decisions.	**Demonstrate** clinical decision making that is accurate and safe.	**Formulate** clinical judgments in practice that promote the health of patients.
Provide safe, patient-centered care.	**Provide** safe, patient-centered care.	**Provide** safe, patient-centered care.	**Provide** safe, patient-centered care.
Describe roles of health care team members and develop effective strategies for communication.	**Practice** as a member of the nursing team utilizing effective communication strategies.	**Function** effectively within nursing and inter-professional teams utilizing effective communication strategies.	**Assimilate** effectively within nursing and inter-professional teams fostering effective communication to achieve quality patient care.

Identify evidence-based practices to support clinical reasoning.	**Incorporate** evidence-based practices which support clinical reasoning.	**Incorporate** evidence-based practices which support clinical reasoning.	**Integrate** best current evidence with clinical expertise for optimal health care.
Implement a personal quality improvement project.	**Utilize** a variety of sources to review outcomes of care.	**Identify** areas for improvement in quality and safety of health care systems.	**Describe** strategies for improving outcomes of care in clinical practice.
Identify the impact of information technology in the clinical setting and guidelines for protected health information.	**Utilize** technology to research patient information and communicate with interprofessional teams.	**Utilize** technology to research patient information and communicate with interprofessional teams.	**Incorporate** information and technology to communicate, manage knowledge, mitigate error, and support decision making.

Adapted from,

Coxwell, G. and Gillerman, H. (Eds.). 2000. Educational Competencies for Associate Degree Nursing Programs,: Council of associate degree nursing competencies task force. Sudbury MA: Jones and Bartlett.

"ANA Standards of Professional Practice for All Registered Nurses, 2001.

Poster, Adams, Clay, Garcia, Hallman, Jackson, Dlot, Lumkins, Reid, Sanford, Slatton, Yuill, "The Texas Model of Differentiated Entry-Level Competencies of Graduates of Nursing Program," Nursing Education Perspectives, NLN, January/February 2005, Vol.26,No.1.

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

QSEN Competencies 2010-2012

(Statement approved by Faculty 1989, revised 1994, 1996, 2000, 2005, revised 2008, 2009, 2013, 2014)