

Assignment Calendar: The Student Guide, including grading rubrics, will be posted to MyWPClasses

Due Date	Assignment Title	Point Value
By 2200: Jan 31	Personal Philosophy Letter (individual assignment) with creative attachment or link (word cloud, infographic, music selection) written to a significant person in your life. Describe your pursuit of Nursing, provide instructions for one procedure learned in NURS 336 in lay language, and list the Nursing Process (ANA Standards 1-6). (CO1, CO2, CO3, introduction to CO6)	20%
By 2200: Feb 14, Mar 28	Quizzes 1-2 (individual assignments). Download each quiz from MyWPClasses. Highlight answers and upload to the assignment icon for grade posting. Answers will be posted to MyWPClasses for your review. (CO1, CO2, CO3, CO6, CO7, CO8)	20%
Beginning Feb 28: Kathleen has assigned 4 students at a time to meet on Mondays, 11:30 am – 12:30 pm with Dr. Potter in C-205-6 except for Mar 28 (via Zoom)	In-person meeting with Dr. Robert Potter, MD, PhD (collaborative assignment with 4 participants at a time, according to the schedule sent with the Welcome Letter): The Doctor is On-Call: Interprofessionalism Tap our nationally renowned ethicist and physician instructor's expertise and experience: A discussion of a physician's memoir, <i>God's Hotel</i> (to be read by Feb 21), and supplemented with content from your ANA 3-Pack, Healing Trinity Concepts, QSEN Competencies, and applicable healthcare policies from readings in BPB textbook. (CO1, CO2, CO3, CO4, CO5, CO6, CO7, CO8, CO9) – Come prepared to answer questions and discuss content.	20%
By 2200: Feb 28, Apr 25	Reflective/Critical Thinking Journal (individual assignment) via PEF=Planning & Evaluation Form: Sample included for CO1. Address CO2, CO3, CO4, CO5, CO6, CO7, CO8, and CO9, completing half by Feb 28 and the other half by Apr 25, according to your learning.	20%
By 2200: May 2	Interprofessional Care Conference at End of Life (individual assignment): Selecting from one of three scenarios in your Student Guide, script a care conference that represents the views of a BSN-prepared RN (who presents the case and patient's advance directive when known), Social Worker (who discusses pertinent resources at end of life), Physician (who describes available and ethical medical treatments), and Chaplain (who provides spiritual support for the patient, family, and members of the healthcare team). (CO1, CO2, CO3, CO4, CO5, CO6, CO7, CO8, CO9)	20%
Total Points=100		100%

End of Life Care Conference
Case Studies (Choose One)

Case #1: Mr. Jones

Mr. Jones, a widower, is a 78-year-old terminal cancer patient. Over the last several months his health has deteriorated to the point where he is confined to a hospital bed. Although he receives hospice care at home, including a visiting nurse, he can no longer voice coherent thoughts about his health care. However, Mr. Jones previously made out an advance directive which names his son as a medical proxy. The advance directive also outlines his wishes not to be kept alive via artificial means. When doctors suggest putting Mr. Jones on a ventilator to extend his life, his son informs them that this is not what his father would have wanted. Mr. Jones passes away peacefully without the ventilator, surrounded by his son and other loved ones.

Case #2: Mrs. Patel

Mrs. Patel is a 90-year-old woman who has still been able to drive until recently. A few weeks back, she was in a car accident which left her in a coma. Her doctors say she can come home with a 24-7 home health aide, but the coma left her at risk for cardiac failure. Mrs. Patel's husband has dementia and has been declared legally incompetent.² Although he is her next-of-kin, he cannot make legal decisions for her.

However, Mrs. Patel filled out an advance directive prior to her accident, stating she wanted to be resuscitated under any circumstances—even if there was no chance of her regaining consciousness. Before her discharge from the hospital, Mrs. Patel goes into cardiac failure. The staff resuscitates her per her wishes, and she remains in her comatose state.

Case #3: Mr. Suarez

Mr. Suarez is a 73-year-old man who is estranged from his wife. Since he prefers that she doesn't make any medical decisions for him should the need arise, he has filled out an advance directive naming his daughter as his health care proxy. He has suffered from diabetes for many years and is adamant that he does not want dialysis—even if it would sustain his life. He does, however, wish to have tube feeding for however long it will sustain him (if necessary).

One evening while his overnight aide is caring for him, Mr. Suarez has a seizure. He is taken to the hospital immediately, but never regains consciousness and doctors do not expect him to do so. They want to put him on dialysis (as his diabetes is worsening) and a feeding tube (as there is no other way for him to receive nutrients). His daughter informs the doctors of her father's end-of-life wishes. The doctors warn her that without dialysis her father will pass away more quickly, even with the feeding tube. Mr. Suarez's daughter says that although she is aware, she wants them to carry out her father's wishes. They do so and the feeding tube gives Mr. Suarez a few more days of life, though not as many as he would have had by adding dialysis.

NURS 210 Interprofessionalism Rubric for EOLC Script

Instructors' Names: Dr. Campbell and Dr. Potter

Student's Name and Date: _____

CATEGORY	5	4	3	2
Understanding of Topic	The student clearly understood the topic in-depth and presented 100% of expected content in their script.	The student clearly understood the topic in-depth and presented 90% of expected content in their script.	The student seemed to understand the main points of the topic and addressed 80% of expected content in their script.	The student did not show an adequate understanding of the topic and presented less than 70% of expected content in their script.
Use of Facts/Statistics	Every major point was well supported with several relevant facts, statistics and/or examples.	Every major point was adequately supported with relevant facts, statistics and/or examples.	Every major point was supported with facts, statistics and/or examples, but the relevance of some was questionable.	Every point was not supported.
Writing Style	The student consistently used college-level mechanics in their script.	The student used 90% of college-level mechanics in their script.	The student used 80% of college-level mechanics in their script.	The student used 70% or less of college-level mechanics in their script.
Writing Content	All statements and responses were respectful and were in appropriate collaborative and nonjudgmental language.	90% of statements and responses were respectful and were in appropriate collaborative and nonjudgmental language.	80% of statements and responses were respectful and were in appropriate collaborative and nonjudgmental language.	70% or fewer of statements and responses were respectful and were in appropriate collaborative and nonjudgmental language.

Totals:

Grade:

Comments:

NURS 210 Interprofessionalism
EOLC Conference Script

Case #1: Mr. Jones...

People Involved in the Conference

- **Patient:** Connell Jones
- **Son:** Reggie Jones
- **Reverend/Chaplain:** Leslie Martell
- **Physician:** Dr. Christine Costanza
- **Social Worker:** Seth Cohen
- **Nurse:** Sam Raven (pseudonym)

Script

*****Conference is held at Reggie's house, in the dining room, right outside of where Connell is resting*****

Dr. Christine Costanza: First off, I want to thank everyone for coming to this meeting today. This type of meeting is always hard and so I really appreciate seeing a room full of compassion and courage. To start off, I want us to introduce ourselves. My name is Christine Costanza. You can call me Chris, though.

Leslie Martell: Thank you, Chris. My name is Leslie Martell, and I'm a pastor serving as an on-call chaplain. Leslie is fine. I also want to thank everyone for coming. I am happy to be here during these hard times and hope to help in any way possible.

Reggie Jones: Thank you, Chris and Leslie. My name is Reggie, I am the son of Mr. Jones. I just want to thank you all from the bottom of my heart for being here today.

Seth Cohen: We are happy to be here, and we want to let you know that you can call on us at any time over the course of this conference and beyond. Oh and my name is Seth Cohen and I am the Social Worker.

Sam Raven: And my name is Sam Raven. I am the nurse who has been caring for Mr. Jones over the course of his treatment. Hello, Reggie. Nice to see you again and I want to let you know that we are all here for you and your father.

Christine: Thank you for introducing yourselves and for the kind words. Reggie, we are here to help during this incredibly hard time. End of Life Care and decision making are never easy. As we all know, Connell has been suffering from terminal cancer. Over the past couple of months, he has taken a turn for the worse. Connell has been bedridden and unable to coherently inform us of his condition and thus we are meeting about an End of Life decision. We, the care team, have been made aware that Connell has an advanced directive, which places you, Reggie, in charge of this portion of your father's life.

Reggie: That is correct, I am the medical proxy and I never thought I would be here, making a decision on whether to let my father pass. I am incredibly sad and depressed to be meeting with you all today; I

didn't want to come, as avoiding these moments makes it a bit easier. As you may know, my father has been battling this lung cancer for years now; in and out of remission. We thought he was in the clear, but he always knew this would be the way he goes. He seems to be at peace, and it is no surprise to me that he wants to leave modern medicine out of these final moments.

Seth: Yes, I spoke with your father quite a bit when he was at the hospital and helped him find a lawyer to talk to about setting up his will and advance directive. He made it abundantly clear that he did not want to prolong the inevitable when the time came.

Reggie: Yeah, he would talk about that a lot ever since he left the hospital. As he fell deeper and deeper into the abyss, he was ready to take matters into his own hands. Did he ever mention that to any of you? The desire to go quickly and quietly?

Sam: You mean, assisted death?

Reggie: Yes.

Leslie: Reggie, your father did mention that to me and others in this circle when he was at the hospital. Being in Oregon, he does have that option and although I am a woman of faith and I have feelings about that matter, it is up to you to make your father's wish a reality.

Reggie: Yeah, I am really struggling with the idea of helping my father die. It's one thing to have cancer kill him, it's another having me sign off on assisted death.

Sam: I have worked with Christine for years and I can assure you your father is in good hands, no matter what decision you make. There are a couple of options: one being a slow, but painless death or one that is a bit quicker and still painless. I want to assure you that we have the means to make the last moments of your father's life as painless as possible. He will not be on a ventilator, but he will be medicated and will not be struggling.

Christine: Sam is correct. No matter the choice you make, Connell will not be in pain.

Reggie: I understand that. There is some gray area within his directive and that is what is making this so much harder.

Chris: This decision is never easy, but we are here for you no matter what. I do want you to know that your father's health is quickly declining. Sam has reported to me that his lungs are quickly filling up with fluid and that he is showing signs of severe infection all over his body. We are treating your father with morphine to reduce the pain, but there is not much more we can do to fight the infections. With cancer, it is typically the infections that kill our patients and your father is no different. Before you know it, he will enter a state of shock and he will pass. We can make that as peaceful as possible.

Seth: Reggie, I know this is hard, but what do you chose to do in terms of letting him go naturally or with assistance?

Reggie: I spoke with my father once about that matter, and I just do not have the power to make that call. If he had been explicit in his orders to let you guys assist in his death, then I couldn't argue with that, but he didn't. So if your team can help make his last moments as peaceful as possible, I would appreciate it.

Leslie: Reggie, your father is in the hands of some of the best people I have met. (Agreed, Sam the Nurse!) I want you to know that we all appreciate your ability to make decisions in a situation like this.

Chris: Yes, Reggie you are being so strong and courageous. Sam and I will do everything within our power to keep your dad in a comfortable state over the next couple of days. I don't anticipate him lasting much longer. With the end of life decision being made, I want to thank you for your time and your strength. I need to head out as I have more patients to see, but I am with your family every step of the way.

*****Chris is departing to see other patients*****

Reggie: Thank you, Chris. You have been wonderful, and my family wants to thank you for everything! I do have a question for you, Seth.

Seth: Of course, how can I help Reggie?

Reggie: I have spoken to the funeral home and we will be cremating my father per his wishes. But how does all of that happen once he goes? Do we have time to be by his side or is it all so immediate?

Seth: First off, you and your family can have as much time as needed to be by your father's side. There is no rush. Secondly, I have been in touch with the funeral home as well and will help arrange the death certificate. Once Connell passes, I will help you get everything squared away.

Sam: Reggie, I will also be there for you and your family. We do not want your family to be bogged down with all the logistics of this sad situation, so I will coordinate with the hospital on how we can get all the medical supplies out of your spare room. There is an organization called Project CURE that accepts surplus medical supplies and redistributes them globally to vetted areas of need.

Reggie: Thank you guys so much! I mean, I don't know where we would be without all of you.

Leslie: Reggie, your father has been an amazing man to care for. He has been so cheerful and exuberant even with the illness he has faced. We are all so lucky to have met Connell. I know your father was a man of faith, did you say how he wanted the church to be involved?

Reggie: He has talked about that a lot, and he wanted to have a small service at All Saints Parish, his Parish. We were then going to spread his ashes at Manzanita beach; we have a vacation home there. It's all pretty simple, just how my father would like it.

Leslie: That is wonderful. I know the pastor at All Saints, your family is in great hands.

Sam: Reggie, is there anything else you would like to discuss today?

Reggie: No, I think we have covered it all. It was so hard to make that decision, but you were all so supportive and gave me all the information I needed to make the right decision. My father is in good hands and I know he will pass peacefully. Thank you all so much! We consider you all part of our family.

Seth: I feel like I speak for the whole team when I say that we feel the same way. We will always remember Connell and your family.

CONTACT:

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Sam: OK, Reggie. Over the next few days we will monitor Connell's health and we will be by his side every step of the way. We will reconvene and take care of the proceedings once that moment arises. Thank you for your time. We will speak again soon.