

**Oregon Health & Science University School of Nursing
Portland Campus
NRS321: Nursing in Chronic Illness II & End-of-Life**

Description:	This course builds on Foundations of Nursing in Chronic Illness I. The evidence base related to family care giving and symptom management is a major focus and basis for nursing interventions with patients and families. Ethical issues related to advocacy, self determination, and autonomy is explored. Complex skills associated with symptom management, negotiating in interdisciplinary teams, and the impact of individual and family development cultural beliefs are included in the context of client and family centered care. Exemplars include patients with chronic mental illness and well as other chronic conditions and disabilities affecting functional status and family relationships. Includes classroom and clinical learning experiences	
Credit:	9 credits (Theory = 4; Clinical (including simulation) = 5)	
Prerequisites:	Junior standing in OCNE curriculum	
Co-requisites:	None	
Offered:	Winter, 2007 Thursdays, 8-11:50 a.m., SON 107 Clinical and Simulation	
Faculty:	Theresa A. Harvath, PhD, RN Associate Professor Office: SON 630 Phone: (503) 494-3855 FAX: (503) 494-4721 Email: harvatht@ohsu.edu Faculty Exchange Box: 5 North	Lissi Hansen, PhD, RN Assistant Professor Office: SON Phone: (503) 494-3357 FAX: (503) 494-4721 Email: hansenli@ohsu.edu Faculty Exchange Box: 5 North
	Ann Beckett, PhD, RN Assistant Professor Office: SON 532 Phone: (503) 494-5057 FAX: (503) 494-7783 Email: becketta@ohsu.edu Faculty Exchange Box: 5 North	Ruth Tadesse, MS, RN, Instructor Office: SON Phone: (503) 494-8226 FAX: (503) 494-7783 Email: tadesser@ohsu.edu Faculty Exchange Box: 5 North
	Cathy Ahern, MS, RN Instructor Office: SON Phone: (503) 494-7417 FAX: (503) 494-4678 Email: ahernc@ohsu.edu Faculty Exchange Box: 5 North	Clair McKinley, MS, RN Instructor Office: SON Phone: (503) 494-5022 FAX: (503) 494-4678 Email: mckinlec@ohsu.edu Faculty Exchange Box: 5 North

Office Hours:	Although office hours vary, we are generally on campus Monday through Friday, from 9 a.m. to 5:00 p.m. and welcome drop-in visits from students. You can also contact us by e-mail with any questions you have about class work, assignments, or personal concerns about your progress in the course, or to make an appointment.
Course Outcomes:	<ol style="list-style-type: none">1. Conduct in-depth, evidence-based family centered, culturally and age appropriate health assessment, and interpret health data, focusing on.<ol style="list-style-type: none">a. Functional Issues associated with co-morbidities especially as they interact with ADL's and IAD'sb. Manifestations of psychiatric diagnoses and their impact on client self-carec. Psychosocial issues and the impact of the illness on individual development and family functiond. The client's personal, social and cultural interpretation of the meaning of the illness and the impact on the client's family.e. Capacity for and engagement in self-health care management.f. Opportunities for health behavior change2. Develop and use evidence-based interventions, individualized to client and family needs, specifically<ol style="list-style-type: none">a. Support client and family in development of capacity for self health care managementb. Address caregiver needs for preparedness, predictability and enrichmentc. Manage symptoms /manifestations for the specific disorder3. Incorporate measures to enhance quality of life in the plan of care.<ol style="list-style-type: none">a. Facilitating client in personal definition of quality of lifeb. Address client needs for preparedness, predictability and enrichment4. Identify and use community resources to provide support for the client and family care giving<ol style="list-style-type: none">a. Identify and use community resources to provide support for client and family care givingb. Assess appropriateness of in meeting the client/family needs, accessibility, financial feasibility, acceptability of the resourcesc. Understand funding for support of community resourcesd. Support the client in negotiating the health care system.5. Communicate, as appropriate, with all agencies involved in patient care to assure continuity of care across settings (i.e. schools, day care, adult foster care, etc.).

	<ul style="list-style-type: none"> a. Negotiates with others to modify care b. Advocate for clients <p>6. Support patients and families across the life-span who choose palliative care or are experiencing transitions at the end of life.</p> <ul style="list-style-type: none"> a. Negotiates with others to develop or modify client care b. Describe the epidemiology of dying: where, when, how people die; dying trajectories across the lifespan. c. Use age and culturally appropriate communication with patients and families at EOL. d. Establish meaningful relationships with pts/families. e. Use appropriate assessment techniques for individuals and families experiencing life threatening illness. f. Assess family capacity to provide care, care giving strain, strengths, and resources. <p>7. Analyze impact of health care delivery system issues, policy and financing on individual and family care</p> <ul style="list-style-type: none"> a. Compare basic funding mechanisms for chronic illness b. Identify decision-making issues for chronic care based on funding resources
Methods of Instruction	Lecture, in-class writing and discussion, small group discussions, assigned readings, before class assignments, assigned projects, and audiovisual presentations. Students should expect to spend an average of 16 hours each week on the theory portion of this course.
Professional Nursing Practice Standards	This course is consistent with the principles of the Professional Nursing Practice Standards outlined in the Student Handbook. (See the Student Handbook for these standards.)
Class Attendance And Participation	Students are expected to attend class regularly, complete assigned readings and participate in all learning activities. Students' contributions to in-class discussions are important to individual as well as group learning.
Required Texts:	Kneisl, Carol R., Wilson, Holly S., & Trigoboff, Eileen.(2004). <u>Contemporary Psychiatric-Mental Health Nursing</u> . Upper Saddle River, New Jersey:Person/Prentice Hall.
Clinical Application:	You will have clinical experience and assignments in NRS321 that will give you opportunities to integrate in practice what you are learning in this course.
Inclement Weather Policy	In the event of inclement weather, students are advised to consult the University website regarding inclement weather. If Portland Public Schools are closed or if the buses are not coming up the hill, class will be canceled. If PPS has a late start (e.g., starting at 10:00 a.m.) we will also start late, but 30 minutes after PPS starts. This will allow time for those of us with children to get them to school and then get to OHSU.

<p>School of Nursing Policies</p>	<p>Students are responsible for keeping copies of course syllabi as part of their personal records. At a minimum, course descriptions and objectives or competencies should be saved. (The School of Nursing retains course syllabi for a limited time only.)</p>								
<p>Students with Established or Potential Disabilities</p>	<p>Our program is committed to all students achieving their potential. If you have a disability or think you may have a disability (physical, learning disability, hearing, vision, psychological) which may need a reasonable accommodation please contact Martha Smith in the Office for Student Access at (503) 494-0082 or email at smitmart@ohsu.edu, to discuss your needs. Because accommodations can take time to implement, it is important to have this discussion as soon as possible. All information regarding a students disability is kept in accordance with relevant state and federal laws.</p>								
<p>Learning Activities</p>	<p>Included in this course are graded and un-graded learning activities intended to enhance students' comprehension of the material. These activities are designed to assist students to actively integrate course content in meaningful ways beyond rote memorization of dry "facts." These exercises may involve thinking and reflective writing or discussions during class. It is hoped that completion of these learning activities will assist you in completion of required assignments.</p>								
<p>Grading</p>	<p>Research shows that positive reinforcement is stronger than negative reinforcement. Therefore, students are eligible for bonus points for each assignment turned in by the published due date. In the event of a personal crisis or illness that interferes with timely completion of required assignments, students are expected to contact the faculty as soon as possible to make necessary arrangements. Students who are unable to turn in assignments on time will forfeit the bonus for on-time submission. <i>Students who fail to notify me (email or phone message) ahead of time regarding a late assignment will automatically receive at most a C for the assignment without opportunity to improve the grade. Any assignment that remains outstanding and incomplete by the last day of class will automatically revert to a failing grade.</i> According to the OHSU Student Handbook, the following interpretations are used for the letter grades:</p> <table data-bbox="609 1606 1372 1753"> <tr> <td>A = 4.0 = 90-100</td> <td>Outstanding</td> </tr> <tr> <td>B = 3.0 = 80-89</td> <td>Above average</td> </tr> <tr> <td>C = 2.0 = 70-79</td> <td>Meets minimum standards</td> </tr> <tr> <td>N = 0.0 = 69 or lower</td> <td>Not Passing</td> </tr> </table>	A = 4.0 = 90-100	Outstanding	B = 3.0 = 80-89	Above average	C = 2.0 = 70-79	Meets minimum standards	N = 0.0 = 69 or lower	Not Passing
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Assignments	<u>Theory Portion (45% of grade)</u>
	Mega Case Write-up..... 10%
	Intervention Critique..... 10%
	Clinical Assessment Paper 30%
	End-of-Life exam 20%
	In-Class Writing Portfolio 20%
	Attendance & Participation..... 10%
	<u>Clinical Portion (55% of grade)</u>
	Clinical Competencies 60%
	Site-Specific Activities..... 20%
Clinical Preparation..... 10%	
Integration from prior classes.... 10%	

NRS321: Chronic Illness II & End-of-Life Clinical Assessment Paper

The purpose of this assignment is to help students integrate the theory portion of the course with their clinical experiences. Please select a patient/client/resident from your clinical setting. Identify a complex patient care issue and use this as the basis for the paper. Use the assessment template to gather the relevant clinical data you will need to write this paper. This template may be more exhaustive than you need to use. Please use your judgment regarding what data is necessary to understand this situation and to intervene with this specific patient (as opposed to patient who may generally have this problem). This paper is worth 30% of your grade and is due **Thursday, February 21, 2008 at 8am**. Papers turned in on time will receive 2 bonus points. Papers turned in after the due date will forfeit those points.

Please use the following outline for the paper:

- I. Introduction: Description of Patient situation
- II. Assessment Data
- III. Interpretation of Assessment Data
- IV. Review of Relevant Intervention Literature
- V. Implications for Practice
- VI. Conclusion/Summary

Total paper length is a maximum of **8 pages**, double-spaced using Ariel 10-point or Times Roman 12-point fonts and 1-inch margins. Please turn in your assessment template as an appendix (does not count in the page total) so that we can look at the decisions you made regarding pertinent assessment data to be included in the paper. Turn in a hard copy (not electronic). Staple in upper left corner and do not use a folder or binder.

**NRS321: Chronic Illness II & End-of-Life
Chronic Illness Assessment Template¹**

Student Name:	Date:
Client Pseudonym:	Date of Birth:
Sources of Information (interview with client, relatives, chart...)	
Identifying Data (age, marital status, race, gender, occupation)	
I. History of Chronic Illness	
II. Mental Health History	
III. Family/Support Network	
IV. Personal/Social History	
V. Substance Use History	
VI. Medical History	
VII. Current Medications	
VIII. Mental Status (decisional-capacity) <ul style="list-style-type: none">• Appearance• Thought processes• Judgment/insight• Safety• Overview of MMSE results	
IX. Diagnostic Impression	
X. Nursing Problem List & Teaching Needs (include short- and long-term goals)	
XI. Evidence-Based Nursing Interventions Considered/Recommended (include citations)	

¹ Depending on your clinical setting, there may be additional assessment data or details that will be required. Please check with your clinical instructor for these details.

NURS321 Patient Assessment Grading Rubric

Paper Section	Meets Minimum Standards	Above Average	Outstanding
Description of Patient Situation	<ul style="list-style-type: none"> • Patient situation not well-described. • Factors contributing to complexity not discussed. 	<ul style="list-style-type: none"> • Description of patient clear. • Identifies some factors that contribute to complexity. 	<ul style="list-style-type: none"> • Patient situation well-described . • Keen insight into factors that contribute to its complexity
Assessment Data	<ul style="list-style-type: none"> • Includes data that is not clearly relevant or related to patient situation 	<ul style="list-style-type: none"> • Assessment data is appropriate and relates well to patient situation 	<ul style="list-style-type: none"> • Insightful regarding assessment, capturing nuances and complex issues relevant for patient and family.
Interpretation of Assessment Data	<ul style="list-style-type: none"> • Concrete or simplistic interpretation of assessment data. 	<ul style="list-style-type: none"> • Appropriate interpretation of assessment data. 	<ul style="list-style-type: none"> • Integrates interpretation, attending to contradictions or complex issues.
Review of relevant intervention literature	<ul style="list-style-type: none"> • Includes citations that are not research-based (e.g., reviews) or not interventions 	<ul style="list-style-type: none"> • Citations are appropriate to the patient situation • Includes intervention research relevant to patient situation 	<ul style="list-style-type: none"> • Insightful understanding of how the patient situation does or doesn't match the literature cited. • Evidence-based interventions adapted to patient situation
Implications for Practice	<ul style="list-style-type: none"> • Dogmatic or rigid statements about practice. • Lacks insight into how to take into account weaknesses in the evidence 	<ul style="list-style-type: none"> • Describes major or obvious implications for practice. • Demonstrates some insight into evaluating the strength of the evidence. 	<ul style="list-style-type: none"> • Identifies implications for multiple areas of practice (e.g., assessment, intervention), taking into account limitations of the evidence. • Demonstrates clear understanding of how research should inform practice.
Writing Style & Mechanics	<ul style="list-style-type: none"> • Paper has errors of grammar, spelling and/or syntax. Sentence structure awkward. 	<ul style="list-style-type: none"> • Paper uses proper English, but may lack clarity or have occasional errors in grammar, spelling and syntax. 	<ul style="list-style-type: none"> • Paper is clearly organized with excellent use of grammar, spelling and syntax. Sentence structure clear.

Student Name _____

NUR322 Case Study Preparation Guidelines

This preparation is worth 10% of your Grade. It is due **Thursday, January 31, 2008 at 8am.**

1. Preparation for case studies will occur **prior** to class with **typewritten** answers in size 12 font.
2. During the in-class case discussion, additional comments **are to be handwritten** into the document to further learning. Utilize spacing / margins that will accommodate this activity.
3. The document will be submitted to faculty immediately following the in-class case discussion.

Case study patient's name: **Michael Wells**

<u>Topic or Issue</u> (at least 5)	<u>What do I know?</u>	<u>What do I need To know?</u>	<u>What have I learned?</u>	<u>Sources of literature & Evidence</u>

Prioritize your topic/issue and provide your rationale.

NRS321: Chronic Illness II and End-of-Life Critiquing Intervention Research

The purpose of this assignment is to help students understand how to evaluate nursing intervention research for adoption into practice. A critique of intervention research should be balanced, identifying both strengths and weaknesses. This format for critiquing intervention research is adapted from Tanner, C.A., Imle, M. & Stewart, B. (1989). Guidelines for evaluation of research for use in practice. Chapter in, C. A. Tanner & C.A. Lindeman (Eds.) *Using nursing research*. National League for Nursing. In your critique, you should consider the following questions. It is not necessary to address each question individually. Instead, these questions are designed to help you think through your evaluation.

Select a citation that you plan to use in your clinical assessment paper. Using the questions cited below, write up a **2-page** critique of this intervention. The assignment is worth 10% of your grade. It is due Thursday, **February 14th at 8:00am**.

Evaluation for Clinical Relevance

Potential Use in Practice

1. What was the clinical problem that was studied?
2. Does this study have the potential to help solve a problem which you currently face in practice?
3. Does the study help you with any of the following types of decisions?
 - Deciding on appropriate observations to make about a patient's problems and/or strengths? In other words, does this study help you identify aspects of the patient care situation that you should assess or take into consideration?
 - Identifying the extent to which patients may be at risk for certain problems or complications? Does this study identify specific risk factors that should be assessed?
 - Deciding on the intervention most likely to produce desired outcomes and/or reduce the probability of complications? Is there an intervention tested in the study? Should the intervention (or elements of it) be something that you should consider? Why or why not?
4. Is a theory or proposition which might serve to guide practice generated, developed or tested by the study?
5. What kind of clinical nursing decision might be guided by this theory?
6. How did the investigator measure the dependent variables (i.e., the outcomes)?
7. Do you see any potential for using any of the measures in your practice?

Other uses for Research: Enlightenment

8. Please describe any other aspect of the research report which you particularly appreciate or find enlightening.
9. What applications of the research do you see that the investigator did not see?
10. What applications other than the categories described above?

In-Class Writing Portfolio

“A journal is a record of experiences and growth, not a preserve of things well done or said... The charm of the journal must consist in a certain greenness, through freshness, and not in maturity. Here I cannot afford to be remembering what I said or did...but what I am and aspire to become.” (H. Thoreau, January, 24, 1856)

According to Emig (1977), “writing allows us to manipulate thought in unique ways because writing makes our thoughts visible and concrete and allows us to interact with and modify them. Writing progresses as an act of discovery and re-vision.” The purpose of the in-class writing portfolio is to provide opportunities for students to interact with material presented in class. This moves the material from rote memory to integration and synthesis. This assignment is based on some assumptions we hold regarding the connections between thought, language, and writing:

- When people articulate connections between new information and what they already know, they learn and understand the new information better (Bruner, 1966).
- When people use all of the modes of language (reading, writing, speaking, listening), they integrate their understanding of the material more completely (Emig, 1977).
- When people care about what they write and see how the information connects to their own lives, they learn and understand better (Moffett, 1968).

Throughout the term, you will be asked to respond to course materials (lecture, readings, videos) in writing. These exercises will be turned in that day so that we can review them. My review will give me insight into how you are integrating the material. Any writing that I review will be returned to you for insertion into your portfolio. **At the end of the term, you will collate your writings, type a brief introduction and conclusion to the entire body of work. Include a table of contents listing each writing (be creative in titling them!).** If you are absent on a day when we do an in-class writing, it is your responsibility to contact a classmate to try to make up the writing.

Please be sure to include your full name on each entry. Spelling, grammar, and other writing mechanics will not be graded on these assignments. The intent is for them to move your thinking forward. The portfolio will be worth 30 points. Completion of the portfolio with table of contents, introduction, entries, and conclusion will result in full award of points. The portfolio is to reflect your thoughts and therefore will not be judged on the quality of the content. Portfolios are worth 20% of your grade and are due **Thursday, March 13th at 8:00am**. Portfolios turned in on time will receive 1 bonus point. Portfolios turned in late will forfeit this bonus. Late portfolios may result in students receiving a failing grade for the assignment or an incomplete for the term until it can be reviewed.

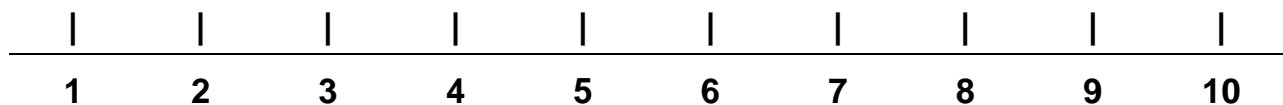
Attendance & Participation Log

Name: _____

Date & Initials	Major Topics	Take-Home Messages
Week 1 1-10-08	<ul style="list-style-type: none"> • Concepts of increased complexity in chronic illness 	
Week 2 1-17-08	<ul style="list-style-type: none"> • Ethical & Legal Considerations 	
Week 3 1-24-08	<ul style="list-style-type: none"> • Palliative Care & End-of Life 	
Week 4 1-31-08	<ul style="list-style-type: none"> • Palliative Care & End-of Life 	
Week 5 2-7-08	<ul style="list-style-type: none"> • Palliative Care & End-of Life 	
Week 6 2-14-08	<ul style="list-style-type: none"> • Case/Care Management • Chronic Mental Illness 	
Week 7 2-21-08	<ul style="list-style-type: none"> • Chronic Mental Illness 	
Week 8 2-28-08	<ul style="list-style-type: none"> • Substance Abuse & Addictions 	
Week 9 3-6-08	<ul style="list-style-type: none"> • Chronic Mental Illness 	
Week 10 3-13-08	<ul style="list-style-type: none"> • Course Integration 	Please turn in at beginning of class

Take time at the end of each class period to jot just a few notes about what stood out as most important or interesting to YOU during the day's activities. Turn in on the last day of the quarter. Please highlight any days you were absent from class, tardy or left early. Your honesty in filling this out is of utmost importance. This is worth 10% of your grade and is **Due Thursday, March 13, 2008 at 9am.**

On a scale of 1-10, please rate your participation in small and large group discussions (include your active listening as well as active sharing).



Low
Participation

High
Participation

Didactic Course Schedule and Assigned Readings

Week	Module	Course Content	Readings & Assignments
1 1/10/08	M#1: Concepts of increased complexity in chronic illness	<ul style="list-style-type: none"> • Course Introduction (review Chronic I concepts) • Chronic Illness Case Studies • Pretest for ECLEPS 	<ul style="list-style-type: none"> • http://www.npr.org/templates/story/story.php?storyId=5220119 • http://www.npr.org/templates/story/story.php?storyId=4658784 • http://www.npr.org/templates/story/story.php?storyId=10264040 • Preparation questions (on Sakai)
2 1/17/08	M#7: Ethical & Legal Considerations	<ul style="list-style-type: none"> • Overview of these concepts • Advanced Directives in end-of-life; POLST • Civil Commitment, duty to warn, advanced directives • Childhood issues of assent in medical health, sexual health and mental health services • Case study discussion • 1 hour of post-clinical seminar 	<ul style="list-style-type: none"> • Case studies • Readings to be determined. • Handouts on civil commitment. • Older adult DVD on advanced directives. • Kneisl, Wilson, & Trigoboff, (pp 186-200)

Week	Module	Course Content	Readings & Assignments
3 1/24/08	M#3: Palliative Care & End-of Life	<ul style="list-style-type: none"> • Hospice Video • Imminent death, interdisciplinary teams, family dynamics ... • Spirituality/Religion 	<ul style="list-style-type: none"> • Egan K. A. & Labyak, M. J. (2006). Hospice palliative Care: A model for quality end-of-life care. In B. R. Ferrell and N. Coyle (Eds.), <i>Textbook of palliative nursing</i> (pp. 31 - 37). New York: Oxford University Press. • Chapter 25: Peri-Death Nursing Care (pages 499 – 512; 524 - 533) • Moneymaker, K. A. (2005). Understanding the dying process: Transitions during final days to hours. <i>Journal of Palliative Medicine</i>, 8(5), 1079. • Discussion about the video • Chapter 25: (pages 512 – 521)
4 1/31/08	M#3: Palliative Care & End-of Life	<ul style="list-style-type: none"> • Michael Wells mega case • Palliative Care for Children • 1 hour post-clinical seminar 	<ul style="list-style-type: none"> • Pediatrics, Respiratory Distress Syndrome http://www.emedicine.com/EMERG/topic398.htm • Near Drowning http://www.emedicine.com/ped/topic2570.htm • Providing Pediatric Palliative Care Through a Pediatric Supportive Care Team http://www.medscape.com/viewarticle/507390_print • Himelstein, B. P. et al. (2004). Medical progress: Pediatric palliative care. <i>New England Journal of Medicine</i>, 350(17), 1752-1760 • Mega Case Preparation due

Week	Module	Course Content	Readings & Assignments
5 2/7/08	M#3: Palliative Care & End-of Life	<ul style="list-style-type: none"> • Communication & exercises • Physician assistant suicide • Cultural perspectives in death & dying 	<ul style="list-style-type: none"> • Kristjanson, L. J. (2001). Establishing goals: Communication traps and treatment lane changes. In B. R. Ferrell and N. Coyle (Eds.), <i>Textbook of palliative nursing</i> (pp. 331-338). New York: Oxford University Press. • Harvath, T.A., Miller, L.L., Smith, K.A., Clark, L.D., Jackson, A., & Ganzini, L. (2006). Dilemmas encountered by hospice workers when patients wish to hasten death. <i>Journal of Hospice & Palliative Nursing</i>, 8(4), 200-209. • Chapter 25: Peri-death Nursing Care (pages 521 – 524). •
6 2/14/08	M#4: Case/Care Management (1 hour)	<ul style="list-style-type: none"> • Transitions in care (across the continuum and with developmental changes in kids) • Look at the different roles of nurses in different levels of care. Discuss the Division 47 regulations related to delegation. Explore the clinical issues that are salient to the transitions across the continuum of care. • What are the regulatory issues that relate to level of care? 	<ul style="list-style-type: none"> • Intervention Critique due • Coleman, E.A. (2003). Falling through the Cracks. <i>Journal of the American Geriatric Society</i>, 51, 549-555. (available online through OHSU ejournals)
	M#5: Chronic Mental Illness (2 hours)	<ul style="list-style-type: none"> • Psychotic disorders and aggressive behavior and treatments • 1 hour post-clinical seminar 	<ul style="list-style-type: none"> • Kneisl, Wilson, & Trigoboff, (pp 304 – 331)

Week	Module	Course Content	Readings & Assignments
7 2/21/08	M#5: Chronic Mental Illness	<ul style="list-style-type: none"> • Major depressive disorders and suicide assessment? • Bipolar disorder • Anxiety disorders 	<ul style="list-style-type: none"> • Clinical Assessment Paper due • Kneisl, Wilson, & Trigoboff, (pp 366-388, 425-449, & 526-534)
8 2/28/08	M#6: Substance Abuse & Addictions	<ul style="list-style-type: none"> • Chemical dependency and substance • 1 hour post-clinical seminar 	<ul style="list-style-type: none"> • Kneisl, Wilson, & Trigoboff, (pp 260 – 302)
9 3/6/08	M#5: Chronic Mental Illness	<ul style="list-style-type: none"> • Somataform disorders, eating disorders • Personality & conduct disorders 	<ul style="list-style-type: none"> • Kneisl, Wilson, & Trigoboff, (pp pp 389 - 394, 478 - 504, & 594-595)
10 3/13/08	Course Integration	<ul style="list-style-type: none"> • Tying up loose ends • Current events discussion • 1 hour post-clinical seminar 	<ul style="list-style-type: none"> • In-Class Exam • In-Class Writing Portfolios due • Class Attendance & Participation due

Oregon Health & Sciences University
 N321 Chronic Illness Clinical Sections
 Winter 2008

Shriners Hospital for Children	Parry Center for Children Mental Health	Faulkner Adult Mental Health
Sheau Chan	Amy Ciecko	Michael Bush
Emily Fitzgerald	Julie DeBoer	Kristen Bonczkowski
Lindsey Kennedy	Amber Madsen	Nina Katovic
Jennifer Miller	Tera Roberts	Spring Aemi
Jessica Westrick		
Angel Williamson		

LTC Cedar Sinai (Rose Schnitzer Manor Assisted Care Living)	LTC Town Center Village Skilled Nursing Facility
Michelle Benjamin	Robyn Alper
Tawnya Bradfield	Susan Castillo
Jennifer Dongilli	Nadia Fursov
Getachew Haile	Jennifer Holt

Simulation & Clinical Learning Center (SCLC)

2525 SW First Ave
 Suite 100
 Portland, OR 97201

Simulation Dates:

- January 23rd
- February 6th
- February 20th

Simulation Group 1 (8:00am – 12:00pm)	Simulation Group 2 (1:00pm – 5:00pm)
Kristen Bonczkowski	Sheau Chan
Nina Katovic	Emily Fitzgerald
Spring Aemi	Lindsey Kennedy
Michelle Benjamin	Jennifer Miller
Tawnya Bradfield	Jessica Westrick
Jennifer Dongilli	Angel Williamson
Robyn Alper	Michael Bush
Susan Castillo	Amy Ciecko
Nadia Fursov	Julie DeBoer
Jennifer Holt	Amber Madsen
	Tera Roberts

Note: if you would like to switch to another group, please make arrangements and let the Faculty know.

In-Class Discussion Groups[†]

Mary Eliza Mahoney	James Derham	Dorothea Dix
Sheau Chan	Lindsey Kennedy	Jessica Westrick
Emily Fitzgerald	Jennifer Miller	Angel Williamson
Julie DeBoer	Amber Madsen	Tera Roberts
Michael Bush	Nina Katovic	Spring Aerni
Kristen Bonczkowski	Tawnya Bradfield	Amy Cieko
Michelle Benjamin	Jennifer Dongilli	Nadia Fursov
Robyn Alper	Susan Castillo	Jennifer Holt

[†] Trivia: who are these nurses from our past?