

AGENDA
BOARD OF EXAMINERS FOR NURSING
Department of Public Health
410 Capitol Avenue, Hartford, CT
December 16, 2020 - 8:30 AM

Chair Updates
Open Forum
Additional Agenda Items and Reordering of Agenda
National Council of State Boards of Nursing - Update

SCHOOL ISSUES

- *University of Hartford – Continued Accreditation*
- *Porter & Chester*
 - 1) *Clinical Observations*
 - 2) *Request for continuance of online didactic content delivery*
- *Stone Academy*
 - 1) *Request for permanent blended education*
 - 2) *Request for a temporary reduction of clinical hours for select cohorts*
 - 3) *Request for temporary increase of clinical hours achieved via virtual/simulated environment*
- *University of Bridgeport – Approval of the Director of the School of Nursing*

CONNECTICUT LEAGUE FOR NURSING – Monthly Update

SCOPE OF PRACTICE

November 2020 Summary

HAIR TESTING AND PETH TESTING

Lyle Liechty, United States Drug Testing Laboratories

FACT-FINDING

- *Elaine Reynolds, RN* *Petition No: 2018-1301*
- *Karina Francis, RN* *Petition No: 2020-157*

MOTION FOR SUMMARY SUSPENSION

- *Lourdes Mercado, LP RN* *Petition Nos. 2019-1074; 2020-1131* Staff Attorney *Brittany Petano*

PRE-HEARING REVIEW

- *Mary Ann Connelly, RN* *Petition No. 2019-1277* Staff Attorney *Joelle Newton*

CONSENT ORDERS

- *Heather Lucas, RN* *Petition No. 2020-44* Staff Attorney *Diane Wilan*

HEARINGS

- *Jessica D. Vitale, RN* *Petition No. 2020-669* Staff Attorney *Joelle Newton*
- *Stephanie J. Ryan, R.N* *Petition No. 2020-626* Staff Attorney *Joelle Newton*
- *Sandra Blanchette, R.N.* *Petition No. 2020-431* Staff Attorney *Brittany Petano*
- *Teri A. Howell, L.P.N.* *Petition No. 2019-623* Staff Attorney *Joelle Newton*
- *Linda Lee, L.P.N* *Petition No. 2019-362* Staff Attorney *Joelle Newton*
- *Jennifer B. Martin, L.P.N* *Petition No. 2018-142* Staff Attorney *Leslie Scoville*

REVISED 12-11-2020

This meeting will be held by video conference.

Board of Examiners Nursing Meeting/Hearings via Microsoft Teams

Join on your computer or mobile app

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BOEN meeting 12/16/2020

Accreditation- University of Hartford:

The University of Hartford has been granted continued accreditation from the Commission on Collegiate Nursing Education (CCNE) to 2030.

Porter & Chester Institute (PCI) Clinical observations:

Enfield campus: The Department, myself and Dana Dalton, Supervising Nurse Consultant, completed an observation on **11/16/2020**, day program of three Term 5 students and Instructor.

- The instructor and students arrived promptly, were dressed appropriately in the PCI uniform and had PCI identification badges.
- Pre-clinical conference included a detailed discussion of the clinical assignment, review of COVID-19 precautions, process to review medical provider orders both hard copy and electronic records, process to review patient information in the electronic record and report for the patients assigned to the students from the off going nurse.
- The PCI student assignment was posted at the nursing station including student name and the patient room and bed number (that each student is assigned to) and the duties of medication administration, vital signs, treatments, activities of daily living, observations and that consent for a student was obtained.
- The students were observed reviewing the hard copy and electronic records of patients that they were assigned to, including review of the individualized patient care plans.
- Two students were observed obtaining vital signs for all patients on the unit and reporting the results timely to the charge nurse. These students were respectful, pleasant, informative in consistently providing patient education and followed infection control standards including completing hand hygiene, appropriate use of personal protective equipment and cleaning & disinfection of equipment when obtaining the vital signs.
- The students & instructor consistently ensured that patient/resident rights were supported in that each patient and/or family member and/or responsible party had consented in writing to have a student provide care and services, the instructor and students were able to locate those documents, the patient was provided an opportunity to verbally agree and/or refuse to have student provide care and services, knocked on the room doors before entering, greeted each patient by name in a pleasant manner and provided appropriate education when a patient refused care and services.

- The students & instructor were aware of the location of the facility nursing, pharmacy and infection control policy and procedure manuals and demonstrated knowledge of how to “look-up” a policy & procedure.
- The instructor directed the students to collect objective and subjective data for the patient evaluation and was heard re-educating a student who identified that she would be “assessing” a patient.
- All students were observed verify the patient’s identity by reading the information on the patient’s name band, viewing their picture/image in the electronic record and asking them their name and birthdate.
- All Patient Health Protected Information was secured by the students & instructor.
- The students & instructor were not observed using a personal cell phone when on the clinical unit.
- Students consistently reported to the instructor and charge nurse a mechanical issue with a bed and an environmental issue of a “sticky floor” and followed up to ensure that these issues were resolved.
- Medication administration: one student administered medications to five patients during the morning and afternoon.
 - The instructor consistently asked the student questions about the medications including action, use, nursing implications and side effects, the route of administration and the student was able to provide accurate responses.
 - The student verified each patient’s identity by reading the information on the patient’s name band, viewing their picture/image in the electronic record and asking them their name and birthdate prior to administering any medication.
 - The student consistently was respectful, pleasant, informative in consistently providing patient education and followed infection control standards including completing hand hygiene and appropriate use of personal protective equipment when administering medications.
 - The student crushed the medications for two patients prior to administration absent medical provider orders.
 - One patient had a medical provider order that directed the staff may administer medications whole in applesauce/pudding. Subsequently the facility Director of Nursing (DNS) contacted the medical provider and received an order that the staff may crush the medications then administer in applesauce/pudding upon request.
 - One patient had medical provider orders that directed the staff to administer all medications via gastric tube. Review of facility policy and procedure identified that medications are crushed prior to administration via gastric tube. Subsequently the facility DNS contacted the medical provider and received an order that the staff may crush the medications then administer via the gastric tube.

- In addition, the facility Minimum Data Set (MDS) nurse who was working as the charge nurse identified that one of the “standard orders” for all patients during admission to the facility includes that medications may be crushed prior to administration and on these two patient records that standard order was not present.
 - After a patient refused two medications the student re-educated the patient who refused a second time and the student was able to accurately describe the process of the destruction of the medications in accordance with the facility policy and procedure.
 - The instructor accurately documented the administration and/or refusal of medications in accordance with the facility policies and procedures.
- For one patient the student was observed to complete a treatment that was not according to the medical provider order (failed to apply a cream) and completed a treatment (application of a cream and protective dressing) absent a medical provider order.
- For one patient that the students were completing a bed bath for, they failed to rinse off the soap prior to drying the patient’s body then applying lotion and deodorant. After a discussion, the students then re-washed and rinsed that area then completed the bed bath.
- For one patient, the student identified an alteration in skin integrity on the patient’s right foot and reported this immediately to the instructor (present in the room) who completed an assessment of the non-blanchable skin area. The instructor was heard reporting this concern to the charge nurse in a timely manner.
- For one patient that required a chair alarm, the alarm was not observed to be in place and the student could not provide information as to the reason that the alarm was not in place. Subsequently, the facility staff stated that the chair alarm was removed in the morning as it was not working , she was observed to place an alarm to the patient’s chair in the afternoon and stated that the alarm was in working order.
- All students were observed answering call lights and providing assistance with activities of daily living including assistance with meals, personal hygiene & repositioning and were respectful, pleasant, informative in consistently providing patient education and followed infection control standards including completing hand hygiene, appropriate use of personal protective equipment and cleaning & disinfection of equipment.
- The post- clinical conference included a discussion of the clinical experiences, a review of an article from a recent professional nursing journal on the topic of mindfulness and medication administration then an active discussion. The students actively participated in the discussion as they were able to reflect on their clinical experiences of medication administration throughout the program. The instructor discussed the BOEN meetings, program completion and potential job placement opportunities.

Porter & Chester Institute (PCI) Clinical observations:

Rocky Hill campus: The Department, myself and Dana Dalton, Supervising Nurse Consultant, completed an observation on **12/02/2020**, evening program of four Term 5 students and Instructor.

- The instructor and students arrived promptly, were dressed appropriately in the PCI uniform and had PCI identification badges.
- Pre-clinical conference included a detailed discussion of the clinical assignment with each student actively participating, a new patient assignment, process to review patient care needs and medical provider orders and report for the patients assigned to the students from the off going nurse. The instructor also asked each student questions about specific interventions that they could carry out based on identified patient care needs and welcomed input from the student group on additional interventions. The instructor then facilitated a group discussion about the six rights of medication administration and all students actively participated.
- The PCI student assignment was posted at the nursing station including student name and the patient room and bed number (that each student is assigned to) and the duties of medication administration, vital signs, treatments, activities of daily living including feeding, chart review, data collection and that consent for a student was obtained.
- The students were observed reviewing the hard copy and electronic records of patients that they were assigned to, including review of the individualized patient care plans.
- All students were observed obtaining vital signs for their patients. These students were respectful, pleasant, informative in consistently providing patient education and followed infection control standards including completing hand hygiene, appropriate use of personal protective equipment and cleaning & disinfection of equipment when obtaining the vital signs.
- The students & instructor consistently ensured that patient/resident rights were supported in that each patient and/or family member and/or responsible party had consented in writing to have a student provide care and services, the instructor and students were able to locate those documents, the patient was provided an opportunity to verbally agree and/or refuse to have student provide care and services, knocked on the room doors before entering, greeted each patient by name in a pleasant manner and provided appropriate education regarding the care and services that they would be providing.
- The students & instructor were aware of the location of the facility nursing, pharmacy and infection control policy and procedure manuals and demonstrated knowledge of how to “look-up” a policy & procedure.
- The instructor directed the students to collect objective and subjective data for the patient evaluation.
- The students were observed to be entering the vital signs into the patient’s electronic record with instructor supervision and guidance.

- All students were observed to verify the patient's identity by reading the information on the patient's name band, viewing their picture/image in the electronic record and asking them their name and birthdate.
- All Patient Health Protected Information was secured by the students & instructor.
- The students & instructor were not observed using a personal cell phone when on the clinical unit.
- A student reported in a timely manner to the instructor & charge nurse when a patient had a potential change in his condition, the instructor assessed the patient and shared her assessment with the charge nurse immediately.
- Medication administration: all four students administered medications to their assigned patients during the evening.
 - The instructor consistently asked the students questions about the medications including action, use, nursing implications and side effects, the route of administration and the students were able to provide accurate responses.
 - The students verified each patient's identity by reading the information on their name band, viewing their picture/image in the electronic record and asking them their name and birthdate prior to administering any medication.
 - For two patients with complaints of pain, the students were observed evaluating the patient's level of pain appropriately, then administering the ordered as needed pain medication along with educating the patients on the pain medication.
 - For one patient that had a new complaint of a "toothache", the student evaluated the patient's pain, reported the complaint timely to the charge nurse (with the instructor), administered the ordered as needed pain medication along with educating the patient on the pain medication and that the charge nurse stated that he will be seen by the dental team.
 - The students were consistently respectful, pleasant, informative in consistently providing patient education and followed infection control standards including completing hand hygiene and appropriate use of personal protective equipment when administering medications.
 - For one patient the student and instructor identified that the order contained two routes of administration, the charge nurse was informed, and the medication was not administered by the student as the charge nurse would be clarifying that order with the medical provider.
 - The instructor accurately documented the administration in accordance with the facility policies and procedures including the as needed medications.
- All students were observed completing treatments in accordance with the medical provider orders, answering call lights and providing assistance with activities of daily living including assistance with meals, personal hygiene & repositioning and were respectful, pleasant, informative in consistently providing patient education and

followed infection control standards including completing hand hygiene, appropriate use of personal protective equipment and cleaning & disinfection of equipment.

- The post- clinical conference included a discussion of the clinical experience during the evening, interventions that were completed to address patient care needs.

Stone Academy: Requests

1. A permanent addition of blended distance education as a method of delivery for the Practical Nursing Program at the West Haven, East Hartford and Waterbury campuses, as the student population was easily able to engage with this format and faculty was able to amend the lesson plans to the online platform using both synchronous and asynchronous features.
 - a. The plan of study, course content, contact hours and program length will not change.
 - b. Institutional & operational changes to support this method of delivery: Stone Academy has been using the Blackboard learning management system, faculty provided extensive training on that system, additional staff including an Information Technology (IT) support professional and administrator experienced in managing a distance education platform, revision of the annual budget and contracts with Goodwin University, Elsevier, Cengage and Assessment Technologies Institute to provide library resources for students to access remotely. In addition, the institution has created a form and process to ensure that students have the technology and ability to properly engage with their coursework and can provide a device that meets the technical requirements.
 - c. Monitoring of measures for student progress to evaluate educational outcomes: Stone Academy has created a new position of Student Advisor to address the academic progress of the students while engaged with the online platform in areas that include student related, course related and faculty related.
 - d. The curriculum relies on every course offering synchronous learning including the use of quizzes, readings, exams, video content and other resources to engage with the students. The lectures will also be available to the students in a recording which the students can revisit.
 - e. The laboratory and clinical course are being taught as residential delivery.
 - f. The librarian will be attached to each course as a resource including assisting the students & faculty to assess the resources of Goodwin University, Elsevier, Cengage and Assessment Technologies Institute.
 - g. Stone Academy uses Blackboard learning management and Diamond SIS to manage all student data using data encryption, firewalls, access limitations and physical access controls. The Blackboard learning management platform allows for incremental back-ups of all course data.
 - h. Management of the distance education program will include Kathryn Jensen, Online Education Specialist, Keegan Soncha, Online Education Administrator with the Practical Nursing Program Director, Program Site Administrators and Campus Directors.
 - i. Dr. Lisa Manley will serve as a member of the Practical Nursing Advisory Board on behalf of the distance education delivery system.

- j. The faculty has been provided a combination of formal and informal training including self-paced online courses, tutorials, pairing of novice faculty with a seasoned faculty member for a limited time and support from the Program Site Administrator. The maximum student to faculty ratio is 20 students for every faculty member.
2. A temporary reduction of 15% of the required clinical hours (112 hours) for select students that were due to graduate in July, September, October and December 2020.
3. A temporary increase to 50% of the required clinical hours through virtual clinical scenarios and use of a simulated clinical environment.

University of Bridgeport:

The University of Bridgeport is requesting that **Dr. Linda Wagner** be approved as the Director School of Nursing in the College of Health Sciences. Dr. Wagner was appointed to the position on 11/13/2020. Dr. Wagner earned a Bachelor of Science in Nursing from Western Connecticut State University, a Master of Science in Nursing from the University of Pennsylvania in August of 1984 and a Doctor of Educational leadership from the University of Hartford in May of 1997. Her clinical experiences include Children's Hospital of Philadelphia and Newington Children's Hospital. Her educational experiences include Assistant Professor and Instructor at Saint Joseph College, Associate Professor in the Department of Nursing at Southern CT State University, Tenured Full Professor in the Department of Nursing including Department Chair at Central CT State University and Associate Dean RN to BSN Program, Associate Dean, BSN Program and Associate Professor at the School of Nursing at the University of Bridgeport. In addition, Dr. Wagner is adjunct faculty at Yale University, Simmons University and Thomas Edison State University.

Need: BSN transcript.



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SUITE 750
WASHINGTON DC 20001

202-887-6791

CCNEACCREDITATION.ORG

October 22, 2020

Joyce Z. Thielen, PhD, RN
Department Chair, Chief Nurse Administrator
Department of Nursing
University of Hartford
200 Bloomfield Avenue
West Hartford, CT 06117

Dear Dr. Thielen:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on September 22-25, 2020, to grant accreditation to the **baccalaureate degree program in nursing** at University of Hartford for 10 years, extending to December 31, 2030. The accreditation action is effective as of February 3, 2020, which is the first day of the program's recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the spring of 2030.

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there is a compliance concern with respect to Key Element IV-H.

A compliance report must be submitted to demonstrate the program's compliance with the following key element in the *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2018)*:

Demonstrate that aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement (Key Element IV-H). Specifically, demonstrate that:

- faculty outcome data are used for program improvement;
- discrepancies between actual and expected outcomes inform areas for improvement;
- changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness; and
- faculty are engaged in the program improvement process.

The deadline for submitting the compliance report to CCNE is December 1, 2021. Please email the report, along with appendices, if any, as a PDF attachment to ccnereports@ccneaccreditation.org.

As is required for all accredited programs, a continuous improvement progress report (CIPR) must be submitted at the mid-point of the accreditation term. The deadline for submitting the CIPR to CCNE is December 1, 2025.

Please note that each aforementioned report needs to demonstrate the program's compliance with the CCNE standards that are in effect at the time of the report's submission. As a courtesy, CCNE will send a reminder letter to the chief nurse administrator informing the program of the specific standards and/or key elements to be addressed in the report and provide guidance for the preparation of the report. The Report Review Committee, and then the Board of Commissioners, review each report.

For more information about reports and the report review process, please refer to the CCNE procedures.

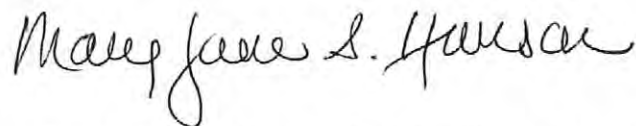
As you know, the team report and the program's response to the team report are available to the institution in the CCNE Online Community. We hope that the results of the self-study process and the team report will be useful to the continued growth and development of the nursing program. Due to limited access to the CCNE office as a result of the COVID-19 pandemic, the certificate of accreditation will be mailed to you when operations permit staff to do so.

In accordance with CCNE policy, if a program or institution elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. Please refer to CCNE's disclosure policy and the statements CCNE has approved for use, as well as information on use of the CCNE accreditation seal, at <http://www.aacnnursing.org/CCNE/Seal-Policy/Baccalaureate-Graduate>. Please ensure that the institution's website and other materials are updated to reflect this language, as appropriate.

As a reminder, programs are expected to comply with the CCNE standards and procedures throughout the period of accreditation. These documents are available at <https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards-Procedures-Guidelines>. Information on advising CCNE in the event of a substantive change affecting the nursing program is available at <https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do/Bacc-Graduate-Change-Notifications>. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the CCNE procedures.

Thank you for your participation in the CCNE accreditation process. The Commissioners join me in expressing our very best wishes as you continue to promote excellence in nursing education.

Sincerely,



Mary Jane S. Hanson, PhD, CRNP, CNS, FNP-BC, ACNS-BC, FAANP
Chair, Board of Commissioners

cc: President Gregory Woodward
CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team

December 2, 2020

Patricia Bouffard, Chairperson
Board of Examiners for Nursing
State of Connecticut Department of Public Health,
410 Capitol Avenue,
PO Box 340308, MS#12HSR
Hartford, CT 06134-0308

Re: Continuance of online didactic content delivery

Dear Ms. Bouffard and Board Members

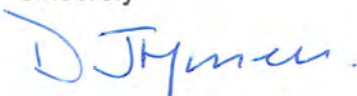
Due to the continuing COVID-19 situation, Porter and Chester Institute campuses are again, seeking the Boards approval and support to continue to offer all didactic content of its Practical Nursing Program in an online/blended format until the pandemic has resolved. This request follows prior letters to the Board from April and June of this year.

The five Porter and Chester Institute campus locations were granted permission to reopen campus labs on June 1st, 2020 at a student to faculty ratio of 9:1 whilst adhering to the CDC guidelines for social distancing, proper PPE and the posting of appropriate signage in all areas. We are still in observance of these precautions and student to faculty ratios for those courses containing a lab component and will continue to do so while permitted under CT guidelines. However, social distancing requirements and the resurgence of COVID-19 in CT necessitates that, for health and safety reasons, didactic material continue to be presented online due to the large number of lecture courses which could not be successfully social distanced on campus.

Currently, Porter and Chester Institute has permission from its academic accreditors, Accrediting Commission of Career Schools and Colleges (ACCSC), to provide online/blended content delivery for their Practical Nursing program until December 31, 2020. We were notified on November 30, 2020 that we are required to submit an application for continuance of this method of delivery during the pandemic, which application must contain approvals from all regulatory agencies, including the Board.

As stated, this request for consideration is due to the current pandemic. Any permanent change to our educational delivery and content would be submitted as a formal, substantive application at a later date once a decision has been made to move forward permanently with the online/blended format.

Sincerely



Debra Hessell MSN Ed.
Acting Director of Nursing



STONE ACADEMY

November 30, 2020

Ms. Helen Smith, Nurse Consultant
State of Connecticut
Department of Public Health
410 Capitol Avenue
PO Box 340308
Hartford, CT 06134

Dear Ms. Smith and Board of Examiners for Nursing:

Please see the requests outlined below from Stone Academy Practical Nursing Program as our students are facing extraordinary challenges for completion of their nursing program.

Stone Academy requests the following:

1. Practical Nursing Program Proposal for permanent addition of blended distance education as a method of delivery
2. A temporary reduction of 15% of required clinical hours for select cohorts to allow the students to successfully graduate the Practical Nursing Program and subsequently sit for the NCLEX-PN
3. A temporary increase to 50% of the required clinical hours can be achieved through virtual clinical scenarios as well through the use of a simulated clinical environment.

1. DISTANCE EDUCATION METHOD OF DELIVERY

The initial basis for the addition of distance education as a method of delivery is a direct response to the COVID-19 health crisis. The inability to offer on-ground courses due to the severe health risks posed with this delivery provoked this institution to seek temporary distance learning solutions.

In seeking and executing a plan for temporarily offering distance education, we discovered that our student population was easily able to engage with this form of academic delivery. It has been the adoption of distance education in both synchronous and asynchronous features that initiated the process of seeking full approval to continue offering blended distance education.

Please see the attached document for your review, it will provide detailed information regarding this proposal.

2. Temporary reduction of 15% of required clinical hours for select cohorts

The impact of the global pandemic has stopped our nursing students' ability to complete the required hands-on 750 clinical hours. The West Haven, Waterbury and East Hartford campuses each have cohorts that have had their graduation dates extended because of the inability to complete their clinical hours. These students are in the final clinical portion of the program, but have been unable to complete the required clinical time. Stone Academy requesting an emergency forgiveness of 112 hours (15%) of the required clinical hours.

- West Haven and East Hartford campus:
 - 04.2018 unable to graduate July 25, 2020
 - 10.2018 unable to graduate September 12, 2020
 - 6.2019 unable to graduate October 24, 2020
 - 09.2019 unable to graduate December 19, 2020
- Waterbury Campus
 - 10.2018 unable to graduate September 12, 1020
 - 01.2019 unable to graduate December 30, 2020

3. A temporary increase to 50% of the required clinical hours can be achieved through virtual clinical scenarios as well through the use of a simulated clinical environment.

Nursing students in programs from practical nursing to advanced practice nursing are facing the lock-out of students in most healthcare system venues used for clinical experiences. As was so aptly stated at the November BOEN meeting, nursing students are stuck in the bottleneck unable to graduate as they wait for opportunities to complete required clinical time.

Our institution makes weekly calls to nursing facilities, requesting our students attend clinical at the institution. Routinely the response to the request is: "We cannot take students at this time" "Not at this time, maybe after the surge". Of the 209 nursing homes in Connecticut, collectively our students have available for attending clinical at 4 long term care facilities. These 4 sites will only allow 1 clinical group of 10 students to attend per day. Knowing we have over 1000 students who need clinical placement, and we can only place 10 student at a time is a tremendous barrier that we need to remove.

Practical Nursing(PN) programs have an additional burden in that PN programs are driven by statutory regulation. In her August 14, 2020 order, the Department of Public Health issued emergency approval for 25% of the required clinical hours to be completed through the use of virtual clinical resources. Stone Academy requests the BOEN recommend to the DPH an additional emergency approval for an additional 25%, for a total of 50% of the required clinical hours completed through the use of virtual simulation resources.

Stone Academy has put in place multiple resources to provide our students a clinically rich virtual environment. We are using Black Board Collaborate sessions, led by a clinical instructor for a scheduled virtual clinical experience. All three campuses have in place a simulation lab for

in person simulation opportunities. These instructor-driven scenarios comply with all COVID-19 safety guidelines per the CDC and provide the student with the hands on opportunities they need.

Thank you Helen for forwarding these requests to the Board of Examiners for Nursing. I look forward to seeing you at the Board meeting on December 16, 2020.

Best regards,

Terry Kinsley

Terry Kinsley, MSN
Practical Nursing Program Administrator
Stone Academy
East Hartford, Waterbury, West Haven
745 Burnside Avenue
East Hartford, CT 06108



STONE ACADEMY

Practical Nursing Program Proposal

for

Distance Education: Blended

December 2020

Proposal for Addition of Distance Education as a Method of Delivery

Rationale for Addition of Distance as a Delivery Method

Stone Academy requests the addition of a blended distance education method of delivery for the Practical Nursing program at the West Haven, East Hartford, and Waterbury campuses. The initial basis for the addition of distance education as a method of delivery is a direct response to the COVID-19 health crisis. The inability to offer on-ground courses due to the severe health risks posed with this delivery provoked the institution to seek temporary distance learning solutions.

In seeking and executing a plan for temporarily offering distance education, we discovered that our student population was easily able to engage with this form of academic delivery. Our faculty were extremely quick to amend their lesson plans to the online platform while utilizing both synchronous and asynchronous features. It has been the adoption of distance education in both of these elements that initiated the process of seeking full approval to continue offering blended distance education.

Institutional and Operational Changes Implemented to Support Distance Method of Delivery

The institution has been utilizing Blackboard learning management system to execute the delivery of distance education for theory classes. All staff has been trained on how to monitor coursework and document student progress. Our faculty received extensive training on the platform, which was inclusive of both synchronous and asynchronous approaches to online

learning. We have hired an additional IT support professional as well as one more administrator experienced in managing a distance education platform.

The institution has revised its annual budgets to incorporate the additional expense of the Blackboard learning management system along with the additional salaries of the two support systems that were hired. We have contracts in place with Goodwin University, Elsevier, Cengage, and Assessment Technologies Institute to provide library resources for students to access remotely.

The deliver platform has been updated with shells for all of the theory courses in the Practical Nursing program. Faculty have updated these shells with content for each course.

To address the adaptation of students to the distance learning platform, the institution has created a form and a process to ensure that students have the technology and ability to properly engage with their coursework.

How will Stone Academy Document and Monitor Qualitative and Quantitative Measures of Student Progress to Evaluate Educational Outcomes

Since being granted temporary authorization for us to deliver education remotely, we have created a new structure to ensure that we accurately and intensively document and monitor qualitative and quantitative measure of student progress. These efforts have been enhanced through the newly created position of Student Advisor.

The role of the Student Advisor is new to the institution and was created specifically to address the academic progress of our students while engaged with our online platform. All of the courses being offered by the institution at any point in time have a specific Student Advisor

that is assigned to students to provide support to them and insight to the faculty members as to the needs of students in the course.

As this model was rolled out with the temporary offering of distance education, we currently have each Student Advisor overseeing no more than four courses. While this may change going forward, at the moment this provides the Advisors with enough bandwidth to adequately address all needs that have arisen. Student Advisors have access to a shared database that encompasses all courses and the students within the courses, an online gradebook that all faculty utilize, and the Blackboard platform in which they have access to all courses that are assigned to them.

The efforts of our Student Advisors are broken up into three categories: student related, course related, and faculty related. This categorization better allows the Advisors to holistically manage each course.

Student Related Tasks:

- Update daily notes for each student. At a minimum, the note should indicate whether a student logged into blackboard, participated in a Collaborate, turned in an assignment, or failed to do any of these tasks.
- Update daily notes for each student the advisor has been in contact with over the course of the day to include any important conversational points.
- Contact at risk students daily to identify whether their performance is related to attendance, lack of engagement with the coursework, or a lack of comprehension of subject matter.
- Create weekly performance plans for students that have been at risk for more than seven days. This includes subject areas that they are weak in, indications of lack of engagement including days without logging in throughout the course, assignments/ tests/quizzes missed, and any other specific comments related to the student's learning style or anecdotal information from student conversations.

Course Related Tasks:

- Determine assignment, quiz, and test dates and input them into the spreadsheet for all students in each course.
- Set appointments in their calendar for each assignment due, test, or quiz. Put a three-day reminder so that interventions can be taken in advance of these markers for students at risk.
- Identify the instructional modality of the faculty member and insert into the header of the course in the excel spreadsheet. This is to include synchronous or asynchronous education.
- Identify daily current at risk students by looking for students with three or more days since their last login to Blackboard, a grade point below a B- or a student that has received a grade on an assignment lower than a B- or an 80.

Faculty Related Tasks:

- Weekly, provide performance plans to faculty via email and follow up with a call to provide clarification and insight based upon the advisors' conversations and work with the student to whom it pertains.
- Weekly, provide a list of all at risk students to the faculty and include the event causing the student to be added to the list or to remain on the list. These reasons would include the student having three or more days since their last login to Blackboard, a grade point average below a B-, or having a grade on an assignment lower than a B or an 80.

Process for Assessing the Effectiveness of the Blended Distance Education Delivery

The curriculum is a straightforward adaptation of the existing curriculum for the program. Within this adaptation, we have made every effort to maintain the consistent interaction between faculty and students which relies upon every course offering synchronous learning. Faculty is compelled to utilize Blackboard Collaborate to provide synchronous training to students. The result has been a course experience that closely mimics the interactions found within our on-ground delivery.

While synchronous learning on behalf of the students is encouraged, our faculty lectures will also be available to students in a recording. This will provide the opportunity for students that were not able to interact with the lecture in real time to have access to the same content in the event of an absence. These lectures will be available for students to revisit as they prepare for quizzes, exams, or homework assignments. This will be a valuable tool for the online students. In addition, faculty will utilize quizzes, readings, examinations, video content and other resources as they see fit to engage with students.

How the Institution Ensures Distance Education Curricula is Comparable to On-Ground

As a direct adaptation of our existing curriculum, we have correlated all course outcomes, textbooks, assignments, quizzes, and examinations with our on-ground program. This leaves our efforts related to the delivery of the course content as our primary focus of ensuring the rigor of the curriculum. Our current experiences with distance education indicate that synchronous delivery is making the delivery of our course content extremely comparable to that of our on-ground courses. Combining our synchronous instructional approach with the correlation of our on-ground activities into a remote learning modality justifies the credits awarded for each course. The Student Advisors are integral to ensuring the academic rigor of each course. Our lab course and clinical courses are being taught as residential delivery.

Technology and Resources

In setting up our online modality to address the current health crisis, we have attached our librarian to each course as a resource. The librarian aids students and faculty in assessing Goodwin University's library resources. These were made available through a contract between

Stone Academy and Goodwin University. Additionally, we are currently contracted with Elsevier, Assessment Technologies Institute and Cengage to provide students an faculty with access to their resources.

As part of the enrollment process, students are required to fill out a Technology Assessment form in which they identify the make and model of any technology they will be utilizing within the program. On this form, students are required to identify the capabilities of the technology including whether it has a microphone, camera, speaker, is web enabled, or has access to the Google Play or Apple App Store.

Students that do not have adequate technology will be provided with a laptop that meets the technical requirements for full participation in synchronous learning, as deemed by our Information Technology Department.

Process to Protect Student Privacy and Infrastructure that ensures Against Data Loss and Service Interruptions

Stone Academy utilizes Blackboard learning management platform and Diamond SIS to manage all of our students' data. Both programs use a combination of data encryption, firewalls, access limitations, and physical access controls that ensure the protection of student data and, thus, student privacy.

The Blackboard learning management platform allows for incremental back-ups of all course data that allows for the restoration of this data at the operating system and database level. In working with Goodwin University, we have been able to verify the scalability of the Blackboard learning management system as the University handles an enrollment vastly larger than ours without any noticeable service interruption issues.

Admission Requirements

The admission requirements are the same as those of the on-ground program. This includes passing the Accuplacer entrance exam that defines the student's academic abilities in the areas of math and English.

In addition to the testing requirements for the program, prospective students must fill out the Technology Assessment Form that will allow the institution to determine whether the technology they have will be adequate to engage with the coursework online. If not, the students are provided a laptop that meets the criteria.

To ensure that students have the skills and competencies to success in distance education, students are required to take and pass Northstar's "Digital Literacy Assessment for Internet Basics prior to the commencement of their distance education courses. This assessment is located at <https://www.digitalliteracyassessment.org/>.

Management of Distance Education

Ms. Kathryn Jensen, the Institution's Online Education Specialist, is responsible for administering the delivery of distance education activities. Ms. Jensen has a Master's Degree in Educational Technology and has developed the delivery of distance education for the University of Bridgeport, the New England college of Business, the Connecticut Distance Learning Consortium, and Goodwin University. (Exhibit 1: Resumé)

Keegan Soncha, Online Education Administrator, is the individual who oversees and will continue developing the delivery of the PN program via distance education. Her resume is attached. (Exhibit 2: Resumé)

While the faculty have the greatest responsibility in the delivery of distance education activities, the Institution's Online Education Administrator, Keegan Soncha will formally occupy this role. She will work in conjunction the PN Director, PN Site Administrators and Campus Directors evaluating and assessing the effectiveness of faculty in the distance education environment.

Advisory Board Member

Lisa Manley, PH. D., serves as a member of the Practical Nursing Advisory Board on behalf of the distance education delivery system. Dr. Manley earned her Doctoral Degree in Education with a Specialization in Instruction Design for Online Learning. She currently serves as the Director on Online Studies and Center for Teaching Excellence at Goodwin University. Her experiences include training students and faculty on Blackboard's learning management system, collaborating with Deans and Faculty on curriculum development, and working on new and revised course designs. She has been working in this capacity for over six years at Goodwin University. Dr. Manley has significant experience teaching within this modality. (Exhibit 3: Resumé)

Faculty

Stone Academy offers a combination of formal and informal training for online faculty. A self-paced online course and module, including how to effectively engage students, keep discussion board conversations on topic, and proctor online exams will be available for faculty prior to teaching online. In addition, a link will be provided to faculty that will include Frequently Asked Questions (FAQ's). Tutorials are available via collaborate that communicate a detailed account of "How To's." Suggestions for effectively using the learning management

system (LMS) and for teaching online courses will be available by the technology coordinator. Novice faculty will be paired with a seasoned faculty member for two weeks, as this will allow for a hands-on approach to learning distance education technologies. Faculty will be provided realistic support from the PN Site Administrator to facilitate quality learning. Faculty will be provided with adequate instructional resources to be successful. Significant time will be provided to faculty in order for faculty to understand the expectations regarding the rigors of online teaching and learning.

The maximum student-faculty ratio is 20 students for every faculty member. We came to this ratio due to insight provided by our non-affiliated advisory board member. Distance education courses are administered in such a way as to ensure proper coordination and provision of adequate resources, training for faculty, and support for students. The Practical Nursing Director, Practical Nursing Site Administrators, Online Education Administrator, along with the Campus Directors regularly reviews its objectives for arrangements for distance education. In addition, the Practical Nursing Director and Practical Nursing Site Administrators control the number of students in distance education courses and ensure that faculty teaching those courses have adequate time for interaction, monitoring, and evaluating student progress and success. Faculty have the support of the Student Advisors, who consistently communicate with both faculty and students daily. Communication is documented on a spreadsheet to ensure that faculty and students are successful.

Proposed Program – Delivery Method and Hours for Courses

The chart below indicates the delivery method for each course as well as the number of hours in each course:

Practical Nursing Program

Method of Delivery, Credit Hours and Course Contact Hours

Course Code	Course Name	Method of Delivery	Credit Hours	Course Contact Hours
MED 100	Medical Terminology	Distance	3	45
COM 110	Practical English Communication Skills	Distance	3	45
PHA 110	Practical Mathematics for Healthcare Professionals	Distance	3	45
COM 111*	Communication Skills for Healthcare Professionals	Distance	3	45
PHA 111*	Pharmaceutical Calculations	Distance	3	45
SEM 110*	Seminar I	Distance	3	45
SCI 110*	Life Science	Distance	6.5	100
FUN 102*	Fundamentals of Nursing	Distance	8	120
LAB 101**	Clinical Skills Lab	Residential	1	40
WEL 110*	Wellness Promotion Across the Lifespan	Distance	4	60
CLN 111**	Clinical I: Primary Nursing Skills	Residential	3	90
SUR 111*	Medical Surgical Nursing Across the Lifespan I	Distance	6	90
PHA 112**	Pharmacology	Blended	4	60
CLN 112***	Clinical II: Basic Client Care	Residential	3.5	110
CLN 113***	Clinical III: Advanced Client Care	Residential	4	120
CLN 114***	Clinical IV: Medical Surgical Nursing	Residential	4	120
SUR 112*	Medical Surgical Nursing Across the Lifespan II	Distance	6	90
CLN 115***	Clinical V: Advanced Medical Surgical Nursing	Residential	8	240
SUR 113*	Medical Surgical Nursing Across the Lifespan III	Distance	6	90
SUR 114*	Medical Surgical Nursing Across the Lifespan IV	Distance	6	90
MAT 102*	Maternal – Child Nursing	Distance	6	90
CON 102*	Nursing Concepts	Distance	2	30
CLN 116***	Clinical VI: Transition to Practice	Residential	6	180
SEM 111**	Seminar II	Blended	4	60

Impact of Distance Education on the Current Curriculum/Implementation Date for Blended Practical Nursing Program

The plan of study, course content, contact hours, and program length will not differ from our residential program. Stone Academy will continue to offer the residential Practical Nursing program in addition a blended Practical Nursing program. The currently enrolled residential program students will not experience a change in learning activities since they have

been engaged in online learning due to the COVID pandemic since March. We have begun transitioning students on campus in small groups for the lab component of the program. We monitor the positivity rate daily to plan bringing students back on campus to ensure that students, faculty, and staff have a safe environment.

There is not a specific date for the implementation of the blended Practical Nursing program. The decision will be made once we receive approval from all of our agencies and accreditor, CT Board of Nursing, CT Office of Higher Education, and Accreditation Bureau of Health Education Schools (ABHES).

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

ORDER

Whereas, on March 10, 2020, Governor Ned Lamont (the Governor), in response to the global pandemic of 2019 Coronavirus disease (COVID-19), declared a public health and civil preparedness emergency throughout the State of Connecticut pursuant to sections 19a-131a and 28-9 of the Connecticut General Statutes, to remain in effect through September 9, 2020, unless sooner terminated by the Governor; and

Whereas, the Governor's Executive Order 7K, dated March 23, 2020, authorized the Commissioner of Public Health (the Commissioner) to temporarily waive, modify or suspend any regulatory requirements adopted by the Commissioner or any Boards or Commissions under Chapters 368a, 368d, 368v, 369 to 381a, inclusive, 382a, 383-388, inclusive, 398 to 399, inclusive, 400a, 400c and 474 of the Connecticut General Statutes as the Commissioner deems necessary to reduce the spread of COVID-19 and to protect the public health; and

Whereas, due to the COVID-19 pandemic there is a significant need for the expansion of the healthcare workforce in Connecticut; and

Whereas, section 20-90-55(c) of the Regulations of Connecticut State Agencies requires Practical Nursing Education Programs to be a minimum of fifteen hundred (1500) hours over no less than ten (10) months with fifty percent (50%) of contact hours being in supervised direct client care experiences and observational experiences appropriate to the Program's Educational Outcomes (hereinafter "in-person clinical experiences"); and

Whereas, in response to the Governor's March 20, 2020, Executive Order 7H requiring all businesses to reduce in-person workforces, clinical affiliation agencies cancelled student clinical rotations making it impossible for students in Practical Nursing Programs to complete the required in-person clinical experiences in accordance with § 20-90-55(c) of the Regulations of Connecticut State Agencies; and

Whereas, various Practical Nursing Programs, including Lincoln Technical Institute, Stone Academy, and Porter & Chester Institute developed and presented comprehensive plans to the Connecticut Board of Examiners for Nursing to utilize established virtual clinical resources for replacement of in-person clinical experiences required by § 20-90-55(c) of the Regulations of Connecticut State Agencies; and

Whereas, The Connecticut Board of Examiners for Nursing acknowledged the need for schools to be allowed to provide virtual clinical experiences for students enrolled in Practical Nursing Programs in place of the in-person



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clinical experiences required by § 20-90-55(c) of the Regulations of Connecticut State Agencies to fill the healthcare workforce gap during the pandemic, reviewed the various plans offered by the Practical Nursing Programs, and identified practical nursing programs that developed virtual simulation experiences the Board deemed appropriate substitutions for required in-person clinical experiences; and

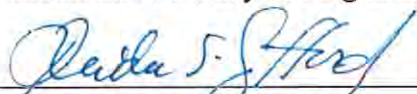
Whereas, the Commissioner finds the need to fill the healthcare workforce gap during the pandemic of significant importance and graduates from Practical Nursing Programs to be a resource to ensure adequate health care staffing; and

Whereas, the Commissioner desires that all Practical Nursing Programs in Connecticut be permitted to provide virtual clinical experiences to enrolled students for up to 25% (twenty five percent) of the in-person clinical experiences required by § 20-90-55(c) of the Regulations of Connecticut State Agencies as long as such virtual clinical experiences are in compliance with the Simulation Guidelines for Prelicensure Nursing Programs established by the National Council of State Boards of Nursing.

Now, therefore, in an effort to reduce the spread of COVID-19 and to protect the public health, and in accord with the authority set forth above, unless sooner modified or terminated by me or unless the Governor sooner repeals or modifies the declared public health and civil preparedness emergency or Executive Order Nos. 7K or 7H, **I hereby order that, effective immediately, for the duration of the public health and civil preparedness emergency:**

Section 20-90-55(c) of the Regulations of Connecticut State Agencies is hereby amended to allow Practical Nursing Programs in Connecticut to use virtual clinical resources in compliance with the Simulation Guidelines for Prelicensure Nursing Programs established by the National Council of State Boards of Nursing as a substitute for up to 25% (twenty five percent) of in-person clinical experiences.

Ordered this 14th day of August 2020



Deidre S. Gifford, MD, MPH

Acting Commissioner

Virtual Clinical Day Plan

The instructor should do the real-life scenario prior to clinical

- 1 clinical per week, day and evening

Ground rules will be set on day 1

- All students must be in attendance by 7am-7:15am (to account for any connectivity issues)
- All students to be dressed and ready to participate
- Video cameras must be on when in large group with instructor
- Professional and respectful behavior at all times

Each scenario will have a lesson plan specific to the particular content covered

Each campus to provide own instructors

AM meeting: 8 - 10 students

Form small groups (4-5 groups of 2, that will ensure all students participate)

Discuss diagnosis: what is the disease, causes, signs/symptoms, treatment, prevention

Can share a video on topic (youtube)

Discuss any skills that will be seen in scenario and show video if necessary (ATI and/or youtube videos)

Discuss diagnostic procedures if pertinent (Complete diagnostic learning template)

Q&A's

Students break to participate in virtual simulation (approx. 60 minutes)

Each student will:

- Take report on virtual patient
- Complete head to toe assessment and document
- Identify at least 2 nursing priorities and create action plan
- Complete SBAR

Meet in small groups

- Compare SBAR and incorporate into 1 document
- Write 3 priority nursing diagnosis
- Write 4 evidence-based interventions with rationales

- Research and complete ATI medication template on assigned medications (each small group can share with larger group)
- Each group to submit work to clinical instructor
- Each group will discuss/teach assigned topic to larger group (ie SBAR, nursing diagnosis, nursing interventions, and medications)

Large group to meet when once work is complete and submitted to instructor (Debriefing)

- Each group will discuss their scenario choices and the results, why they chose the path they did and the result
- Discuss and share SBAR's and care plan
- Discuss types of PNA

- Discuss diagnostic procedures: CBC, chest xray, sputum culture
- Discuss how this diagnosis affect the respiratory system
- Discuss prevention measures
- Share appropriate ATI video case studies and discuss

Suggested videos prior to simulation

PNA Pathophysiology Retrieved from <https://www.youtube.com/watch?v=visUXtMQKVQ>
PNA explained <https://www.youtube.com/watch?v=nqyPECmkSeo>

Sample: Pneumonia Scenario

Preconference:

Brief overview of pathophysiology of PNA

Review signs and symptoms of pneumonia

Review medications commonly used to treat pneumonia (include po and IV, Antibiotics)

Talk about population at high risk for PNA and respiratory complications

Assign each group 3 medications to research and complete ATI medication template for. This will include use, reason for taking, adverse effects, nursing implications, dosage, how it works

Student groups will be assigned a topic to teach when large group reconvenes

Scenario

Watch simulation video

- Take report on virtual patient
- Complete head to toe assessment and document
- Identify 2 priority problems
- Create SBAR

Small groups to meet

- Discuss SBAR's and incorporate into 1 document
- Create 3 nursing diagnosis and with 4 evidence-based intervention including rationales for each
- Complete a medication template for each assigned medication
- Each group will teach their assigned topic

Post Conference Debriefing

- All students reconvene into large group
- Each group to share their SBAR, nursing care plan and have group discussion
- ATI video case study on
- Discuss the effects on PNA the respiratory system
- Discuss types of PNA
- Groups to teach on their assigned topics
- Group chat: if anyone has had a PNA patient or personal experience they can share

CLN115

Scenario Student Learning Outcomes:

- Use clinical reasoning to promote a positive outcome for each client in scenarios
- Prioritize client-based care based on concepts of evidence-based practice.
- Identify evidence-based nursing interventions in the delivery of care for each client in scenarios
- Apply the knowledge, skills, and clinical reasoning required to positively affect outcomes for each client in scenarios
- Further development of skill related to prioritization, decision making, time management, and clinical judgment as appropriate to the PN scope of practice

CLN115 Course Learning Outcomes Alignment

- Collect holistic, relevant (biological and psychosocial) objective and subjective data from various sources (client interview, observations, health care team members, family and significant others, health care and electronic record), contribute to ongoing client assessment
- Plan client care based on nursing diagnoses, protocols, assessment and evaluation data and client preferences
- Implement client care through performance of nursing interventions and therapeutic nursing measure
- Evaluate client's response to nursing interventions and progress toward achievement of goals

Clinical 116

Student Learning Outcomes:

- Use clinical reasoning to promote a positive outcome for the client hospitalized with PNA
- Prioritize client-based care based on concepts of evidence-based practice.
- Identify evidence-based nursing interventions in the delivery of care for each client in scenarios
- Discuss possible respiratory complications
- Document client care in all areas of the nursing process in an accurate and timely manner
- Apply the knowledge, skills, and clinical reasoning required to positively affect outcomes for each client in scenarios
- Further development of skill related to prioritization, decision making, time management, and clinical judgment as appropriate to the PN scope of practice
- Demonstrate professional and ethical behavior while functioning within the legal guidelines of the PN practice act for Connecticut
- Further develop leadership skills through functioning as a team leader during the morning meeting and during debriefing

Virtual Clinical Day Schedule

7:00 – 7:15 – Students log onto zoom meeting, attend to any technical difficulties and prepare for the day

7:15 – 8:15 – Instructor led discussion/review of the day's topic

8:15 – 9:45 – Students view simulation independently and complete required individual assignments (take report, complete head to toe, identify two priorities and create an action plan, SBAR). Student may take a 15-minute break at any point during this time

9:45 – 11 – Students break into groups of two to complete required assignments for the day (creating a single SBAR together, create three priority nursing diagnoses with evidence-based rationale, ATI templates for required medications, diet appropriate for diagnosis).

11 – 11:30 – lunch

11:30 – 11:45 - students and instructor have a brief meeting where students can ask questions/concerns, and instructor can provide any updates on the remainder of the day

11:45 – 12:45 – students reconvene in pairs to complete assignments

12:45 – 2 – Instructor led debriefing, student teaching, post-conference

Virtual Clinical Evening Schedule (may need 2 evenings 1.5 evenings to accomplish all the tasks and review

5-5:15 – Students log onto zoom meeting, attend to any technical difficulties and prepare for the evening

5:15 – 6 – Instructor led discussion/review of the day's topic.

6-7:30– Students view simulation independently and complete required individual assignments (will include some or all of the following, based on which lesson plan is being followed: take report, complete head to toe, identify two priorities and create an action plan, SBAR)

7:30 – 8 – Dinner Break

8 – 9 – Students break into groups of two to create required assignments for the day (to include some or all of the following: creating a single SBAR, create three priority nursing diagnoses with evidence-based rationale, ATI templates for required medications, diet appropriate for diagnosis).

9 – 10 – Instructor led debriefing, student teaching post conference

Medications

Tylenol

Vicodin

Azithromycin

Ceftriaxone

Albuterol

Ondansetron

Ibuprofen

Vancomycin

Amoxicillin

Doxycycline

Meropenem

Real Life 3.0 Scenario as Substitute for Bedside Clinical Practice

PN Medical Surgical: Pneumonia

TIME TO COMPLETE: 6 HOURS

NOTES

Materials

Computer, Internet connection, Real Life Pneumonia scenario, reference books, lab with enough low-fidelity manikins and/or beds for each group of three to four students, classroom with computer and overhead display, i>clickers (if available), Active Learning Templates: Diagnostic Procedure, Medication, System Disorder (Active Learning Templates located on ATI faculty website under "Integration Resources," "Active Learning Templates"; for students these templates are available on their ATI pages under "Product Support Materials," "Active Learning Templates").

Objectives

After completion of the lesson, the student will be able to:

- Use clinical reasoning to promote a positive outcome for the client hospitalized with pneumonia.
- Prioritize care of the newly admitted client.
- Reinforce client teaching for clients who have respiratory complications.
- Perform focused respiratory assessments.
- Use therapeutic communication techniques to develop rapport with a newly hospitalized adult client.

Scenario Overview

This scenario focuses on a 37-year-old female newly admitted with pneumonia and dehydration. It addresses client-centered concepts related to fluid and electrolyte imbalance, respiratory treatments, oxygen therapy, and infection. Nursing-focused concepts include safe medication administration, SBAR report, preparing for a direct admission from a provider's office, care of the client who has community-acquired pneumonia, and prioritizing nursing actions.

Instructional Component

INDIVIDUAL STUDENT ASSIGNMENT

TASKS

- Review content at end of lesson plan.
- Complete Active Learning Templates.
 - Diagnostic Procedure: CBC, blood cultures, sputum culture
 - Medication: Acetaminophen, vicoden, azithromycin, ceftriaxone, albuterol, ondansetron, ibuprofen
 - System Disorder: Community-acquired pneumonia

TIME

3 hours at home

DELIVERABLES

Active Learning
Templates: Diagnostic Procedure, Medication, System Disorder

INDIVIDUAL STUDENT ASSIGNMENT

TASK

Prior to the clinical day, spend at least 60 minutes in the Real Life Pneumonia scenario. Take report in the beginning of the scenario using the SBAR format.

TIME

At least 60 minutes

DELIVERABLES

Individual report
SBAR

SMALL GROUP ASSIGNMENT: REAL LIFE IN SMALL GROUPS OR PAIRS WITH ROLE-PLAYING

TASKS

Students should have access to low-fidelity manikins or beds for simultaneous viewing and practice. Assign the students to peer groups of three or four and have them go through the scenario, deciding together what the nurse should do next.

Have students "take report" as the scenario begins, stopping and replaying as needed. All students should identify two to three priorities noted during report. Then have students compare notes with peers and determine what was missed prior to answering the first question.

Encourage the groups to stop the video and take turns role playing responses to the client as the nurse. For example, when the client expresses her concerns about keeping up with work and when the client needs teaching about the incentive spirometer. Use the low-fidelity manikins for this purpose or have a student play the client.

Have students perform all assessments prompted by the scenario, such as the focused respiratory assessment.

One student should conduct a client teaching session on what to expect during a hospital course for community-acquired pneumonia. Have other students play the client during this and take notes. What did the nurse teacher miss?

Circulate as a "guide on the side" during this exercise, being sure students are staying on task and being kind when critiquing one another.

Gently encourage students to critique each other's performance during the scenario and afterward. What went well? What could have been improved?

Have students discuss their responses to the scenario and share clinical experiences that remind them of the scenario.

Alternative: Use Real Life as part of a simulation lab experience where students move through "stations" (Hayden, 2012) that include:

1. High-fidelity simulation scenario participation.
2. Debriefing from high-fidelity simulation.
3. Real Life in pairs or small groups with role playing.
4. Real Life as a large group exercise.

TIME

1 hour in class

DELIVERABLES

Score report of group

Instructional Component *(continued)*

TEACHER-LED GROUP DEBRIEFING WITH REAL LIFE

TASKS

Back in the large group, guide students through the scenario, choose correct responses, but discuss why answers that were not chosen do not lead to the best client outcomes.

Spend time discussing the choices they made, specifically looking at why they did not choose some answers that are not correct.

Review all medications and diagnostic labs in the video.

As time permits, ask students "what if?" questions, such as: "What if this client had COPD? How would care differ? How would it be the same?" "What if this were a frail, older adult client? What might be different about the care?"

Have students imagine what would happen if this client hadn't gone to see her primary care provider and been hospitalized.

Many hospitalized adults have difficulty letting go of their responsibilities to focus on their own health. Have two student volunteers role play the conversation between a mother of two, who is hospitalized with pneumonia, and a nurse as they discuss the importance of rest in the care of the condition.

Have any of the students seen a scenario like this in their clinical rotations? How did it unfold?

Discuss discharge planning needs of the client who has community-acquired pneumonia.

TIME

2-3 hours

DELIVERABLES

Class participation score

Evaluation

ITEM

CRITERIA

SCORE REPORT: INDIVIDUAL

Usage in minutes/repetitive effort, SBAR in score report

ACTIVE LEARNING TEMPLATES

Completed

SCORE REPORT: SMALL GROUP WORK

Usage in minutes, score

CLASS PARTICIPATION IN DEBRIEF

Actively participating in the debriefing with an attitude of openness, kindness, and civility

Pneumonia Content

**INDEPENDENT REVIEW OF A&P, ASSESSMENTS,
AND DIAGNOSTICS (CBC, SPUTUM CULTURE, BLOOD
CULTURE)**

RESPIRATORY TREATMENTS

Incentive spirometer
Metered dose inhaler

RESPIRATORY DISTRESS

Differences in chronic versus infectious

Nursing care

Monitoring the client who has respiratory complications
Treatment of community-acquired pneumonia,
dehydration
Priority setting for the client who has fatigue

Real Life PN Medical Surgical Scenario (Heart Failure and Hypertension)

(adapted from Assessment Technologies Institute, Inc. (2019). *Real life PN Medical Surgical Scenarios Details*. Received from atitesting.com)

Student Learning Outcomes

- Use clinical reasoning to promote a positive outcome for a client who has heart failure and hypertension (CHF and HTN)
- Determine the correct medications and dosages.
- Prioritize client-based care based on concepts of evidence-based practice.
- Identify appropriate nursing interventions in the delivery of care for a patient who has heart failure
- Apply the knowledge, skills, and clinical reasoning required to positively affect outcomes for a client that has heart failure

Instructor led conversation regarding CHF/HTN

- Brief overview of pathophysiology of heart failure and hypertension.
- Review signs and symptoms of CHF and HTN and medications commonly used to treat both
- Review cardiac diet.
- Assign each student pair a three medications used to treat CHF/HTN. They are to complete an ATI med template for each
- Allow for student Q&A.

Suggested videos prior to simulation

[MedCram - Medical Lectures Explained CLEARLY]. (2017, November 8). *Heart Failure Explained Clearly*. Retrieved from <https://www.youtube.com/watch?v=RiF0CgeuxxM>

Assessment Technologies Institute, Inc. (2020) *Heart Failure*. Retrived from <https://tinyurl.com/ya5r8bq9>

[MedCram – Medical Lectures Explained CLEARLY]. (2017, November 19). *Hypertension Guidelines Explained Clearly – 2017 HTN Guidelines*. Retrieved from <https://www.youtube.com/watch?v=Cg3Z3dF5c0>

Virtual Simulation

- Students will be paired in groups of two but will each watch and complete the actual simulation individually.
- Each student is to “take report.”
- Each student is to complete a “head to toe” assessment based on information from the simulation.
- Each student identifies two priorities noted during the report and creates an action plan.
- Each student is to create an SBAR based on report, to be compared with partner, and the two students will work together for one completed SBAR for submission.
- Each pair of students will write three priority nursing diagnoses with four evidence-based nursing with rationales.
- Each pair will complete a cardiac diet plan for one week.
- Each group will complete an ATI template for assigned medications.
- Students submit all assignments to instructor prior to debriefing.
- Inform students that each group will be teaching the rest of the group about an above subject.

Instructor Led Debriefing

- All students reconvene for debriefing.
- Student groups will share their SBAR and have a group discussion regarding the correct responses.
- Students will share nursing care plans and discuss nursing diagnoses, interventions, and rationale.
- Students groups will each have one aspect of CHF/HTN to teach the rest of the class about (choose between meds, diet, risk factors, symptoms).

- Instructor to discuss the effect CHF/HTN has on the whole person (mind, body, coping strategies).
- Discuss cultural implications.
- Allow students time to discuss any real-life experiences they may have had.

Medications for CHF/HTN

- Carvedilol
- Metoprolol
- Bisoprilol
- Lisinopril
- Captopril
- Losartan
- Entresto
- Spironolactone
- Eplerenone
- Lanoxin
- Apresoline
- Nitrobid
- Imdur
- Isordil
- Furosemide
- Bumetanide
- Torsemide
- metolazone

Real Life PN Medical Surgical Scenario (Kidney Disease)

(adapted from Assessment Technologies Institute, Inc. (2019). *Real life PN Medical Surgical Scenarios Details*. Received from atitesting.com)

Student Learning Outcomes

- Use clinical reasoning to promote a positive outcome for a client who has kidney disease
- Determine the correct medications and dosages.
- Prioritize client-based care based on concepts of evidence-based practice.
- Identify appropriate nursing interventions in the delivery of care for a patient who has kidney disease
- Apply the knowledge, skills, and clinical reasoning required to positively affect outcomes for a client that has kidney disease

Instructor led conversation regarding Kidney Disease

- Brief overview of pathophysiology of kidney disease.
- Review signs and symptoms of kidney disease and medications commonly used to treat both
- Review renal diet.
- Assign each student pair a class of medications used to treat kidney disease. They are to create a med template for three medications in that class assigned (see attached list for classes).
- Allow for student Q&A.

Suggested videos prior to simulation

[Armando Hasudungan]. (2016, July 7). *Chronic Kidney Disease (CKD) Pathophysiology*. Retrieved from <https://www.youtube.com/watch?v=JjcqY95HR1o>

[Armando Hasudungan]. (2014, November 5). *Acute Renal Disease*. Retrieved from <https://www.youtube.com/watch?v=bwwQd7xkHNc>

Virtual Simulation

- Students will be paired in groups of two but will each watch and complete the actual simulation individually.
- Each student is to “take report.”
- Each student is to complete a “head to toe” assessment based on information from the simulation.
- Each student identifies two priorities noted during the report and creates an action plan.
- Each student is to create an SBAR based on report, to be compared with partner, and the two students will work together for one completed SBAR for submission.
- Each pair of students will write three priority nursing diagnoses with four evidence-based nursing with rationales.
- Each pair will complete a renal diet plan for one week.
- Each group will complete an ATI template for assigned medications.
- Students submit all assignments to instructor prior to debriefing.
- Inform students that each group will be teaching the rest of the group about an above subject.

Instructor Led Debriefing

- All students reconvene for debriefing.
- Student groups will share their SBAR and have a group discussion regarding the correct responses.
- Students will share nursing care plans and discuss nursing diagnoses, interventions, and rationale.
- Students groups will each have one aspect of kidney disease (choose between meds, diet, risk factors, symptoms).
- Instructor to discuss the effect kidney disease has on the whole person (mind, body, coping strategies, implications of dialysis).
- Discuss cultural implications.
- Allow students time to discuss any real-life experiences they may have had.

Medication Classes Commonly Used to Treat Kidney Disease

- Ace inhibitors
- Statins
- Urate lowering
- Anticoagulants

Real Life 3.0 Scenario as Substitute for Bedside Clinical Practice PN Medical Surgical: Diabetes

TIME TO COMPLETE: 6 HOURS

NOTES

Materials

Computer, Internet connection, Real Life Diabetes scenario, reference books, lab with enough low-fidelity manikins and/or beds for each group of three to four students, classroom with computer and overhead display, i>clickers (if available), Active Learning Templates: Diagnostic Procedure, Medication, System Disorder (Active Learning Templates located on ATI faculty website under "Integration Resources," "Active Learning Templates"; for students these templates are available on their ATI pages under "Product Support Materials," "Active Learning Templates").

Objectives

After completion of the lesson, the student will be able to:

- Use clinical reasoning to promote a positive outcome for a client who has diabetes mellitus.
- Recognize symptoms of hyperglycemia and hypoglycemia.
- Describe important considerations for client and family diabetic teaching.
- Teach a client how to monitor blood glucose, select appropriate sites, and self-administer insulin.
- Intervene with a client struggling with adherence to diet and lifestyle changes.

Scenario Overview

This scenario focuses on a 56-year-old hospitalized male who has a diagnosis of uncontrolled diabetes. It addresses client-centered concepts related to dietary recommendations, stress management, and lifestyle choices. Nursing-focused concepts include correct procedure for obtaining a blood glucose specimen, signs and symptoms of hypoglycemia and hyperglycemia, interprofessional collaboration, the client's readiness to learn, and therapeutic communication. Students will be expected to be knowledgeable about reinforcing self-monitoring of blood glucose, using a blood glucometer, and administering insulin.

Instructional Component

INDIVIDUAL STUDENT ASSIGNMENT

TASKS

Review content at end of lesson plan.

Complete Active Learning Templates.

- Diagnostic Procedure: Hemoglobin A1c, blood glucose, urinalysis, metabolic panel
- Medication: Insulins
- System Disorder: Diabetes mellitus

TIME

3 hours at home

DELIVERABLES

Active Learning
Templates: Diagnostic
Procedure, Medication,
System Disorder

INDIVIDUAL STUDENT ASSIGNMENT

TASK

Prior to the clinical day, spend at least 60 minutes in the Real Life Diabetes scenario.

TIME

At least 60 minutes

DELIVERABLES

Individual report

SMALL GROUP ASSIGNMENT: REAL LIFE IN SMALL GROUPS OR PAIRS WITH ROLE-PLAYING

TASK

Students should have access to low-fidelity manikins or beds for simultaneous viewing and practice. Assign the students to peer groups of three or four and have them go through the scenario, deciding together what the nurse should do next.

Have all students "take report" as the scenario begins and write the report in SBAR format, stopping and replaying as needed. All students should identify two to three priorities noted during report and state an action plan for these priorities. Then have students compare notes with peers and determine what was missed.

Encourage the groups to stop the video and take turns role-playing responses to the client as the nurse before the next video or decision point comes up. For example, when the client asks, "Sometimes I get these high readings that don't make any sense to me. Do you know why that would happen?" Use the low-fidelity manikins for this purpose or have a student play the client.

Have students conduct aspects of care as if they were taking care of this client first thing in the morning. What else needs to be done?

One student should conduct a client teaching session on using the glucometer, one on site selection and rotation, and one on self-administering insulin. Have the other students play the client and take notes. What did the teacher miss?

Circulate as a "guide on the side" during this exercise, being sure students are staying on task and being kind when critiquing one another.

Gently encourage students to critique each other's performance during the scenario and afterward. What went well? What could have been improved?

Have students discuss their responses to the scenario and share clinical experiences that remind them of the scenario.

Alternative: Use Real Life as part of a simulation lab experience where students move through "stations" (Hayden, 2012) that include:

1. High-fidelity simulation scenario participation.
2. Debriefing from high-fidelity simulation.
3. Real Life in pairs or small groups with role playing.
4. Real Life as a large group exercise.

TIME

1 hour in class

DELIVERABLES

Score report of group

Instructional Component (continued)

TEACHER-LED GROUP DEBRIEFING WITH REAL LIFE

TASK

Back in the large group, guide students through the scenario, choose correct responses, but discuss why answers that were not chosen do not lead to the best client outcomes.

Spend time discussing the choices they made, specifically looking at why they did not choose some answers that are not correct.

Review insulin types, dosing, precautions, and administration.

As time permits, ask students "what if?" questions, such as: "What if this client was unable to read? How would care differ? How would it be the same? What if the client was visually impaired or had dementia? What might be different about the care?"

Have students imagine what would happen if the nurse walked in the room and Mr. Jones's wife was feeding him a large slice of delicious-looking pie. Have a few student volunteers role play that scene (bring pie!).

Have any of the students seen a scenario like this in their clinical rotations? How did it unfold?

TIME

2 to 3 hours

DELIVERABLES

Class participation score

Evaluation

Item	Criteria
SCORE REPORT: INDIVIDUAL	Usage in minutes/repetitive effort
ACTIVE LEARNING TEMPLATES	Completed
SCORE REPORT: SMALL GROUP WORK	Usage in minutes
CLASS PARTICIPATION IN DEBRIEF	Actively participating in the debriefing with an attitude of openness, kindness, and civility

Diabetes Content

INDEPENDENT REVIEW OF A&P, ASSESSMENTS, AND DIAGNOSTICS (BLOOD GLUCOSE, URINE SAMPLE)

INSULIN ADMINISTRATION

Self-monitoring of blood glucose

Calculating insulin

Preparing insulin

Mixing insulin

Site rotation

Client teaching for self-administration

CLINICAL MANIFESTATIONS OF ALTERED BLOOD GLUCOSE

TREATMENT

Priority actions for symptom management

Education

Dietary management

Strategies for a healthier lifestyle

Real Life PN Medical Surgical Scenario (Urinary Tract Infection)

(adapted from Assessment Technologies Institute, Inc. (2019). Real life PN Medical Surgical Scenarios Details. Received from atitesting.com)

Student Learning Outcomes

- Use clinical reasoning to promote a positive outcome for a client who has a urinary tract infection.
- Determine the correct medications and dosages.
- Prioritize client-based care based on concepts of evidence-based practice.
- Identify appropriate nursing interventions in the delivery of care for a patient who has a urinary tract infection.
- Apply the knowledge, skills, and clinical reasoning required to positively affect outcomes for a client that has UTI.

Instructor led conversation regarding UTI

- Brief overview of pathophysiology of UTI.
- Review signs and symptoms of infection.
- Review medications commonly used to treat UTI
- Review dietary considerations for UTI.
- Assign each student pair three medications to create an ATI med template for (see attached list for list of medications).
- Allow for student Q&A.

Suggested videos prior to simulation

<https://www.youtube.com/watch?v=0x2F9sW1vVQ&feature=youtu.be>

<https://www.youtube.com/watch?v=1vIHTAnBmuU>

<https://www.youtube.com/watch?v=l45h072e5bY>

<https://www.youtube.com/watch?v=oZdsv1OlhOk>

Virtual Simulation

- Students will be paired in groups of two, but will each watch and complete the actual simulation individually.
- Each student is to “take report.”
- Each student is to complete a “head to toe” assessment based on information from the simulation.
- Each student identifies two priorities noted during the report and creates an action plan.
- Each student is to create an SBAR based on report, to be compared with partner, and the two students will work together for one completed SBAR for submission.
- Each pair of students will write three priority nursing diagnoses with four evidence-based nursing with rationales.
- Each pair will complete a diet plan for one week.
- Each group will complete an ATI template for assigned medications.
- Students submit all assignments to instructor prior to debriefing.
- Inform students that each group will be teaching the rest of the group about an above subject.

Instructor Led Debriefing

- All students reconvene for debriefing.
- Student groups will share their SBAR and have a group discussion regarding the correct responses.
- Students will share nursing care plans and discuss nursing diagnoses, interventions, and rationale.
- Students groups will each have one aspect of UTI to teach the rest of the class about (choose between po meds, infection control measures, s/s of UTI, diet, and other therapeutic interventions etc).
- Instructor to discuss the effect that a urinary tract infection has on the whole person (mind, body, coping strategies).
- Discuss cultural implications.
- Allow students time to discuss any real-life experiences they
- Review signs and symptoms of UTI.
- Review medications commonly used to treat diabetes (include po and all types of insulin, as well as mixing insulin).
- Review diabetic diet.
- Assign each student pair three diabetes medications to create an ATI med template for (see attached list for list of medications).
- Allow for student Q&A.

List of Medications for the treatment of Urinary Tract Infection:

- Trimethoprim/sulfamethoxazole (Bactrim, Septra, others)
- Fosfomycin (Monurol)
- Nitrofurantoin (Macrochantin, Macrobid)
- Cephalexin (Keflex)
- Ceftriaxone
- Motrin
- Pyridium

The group of antibiotic medicines known as fluoroquinolones — such as ciprofloxacin (Cipro), levofloxacin (Levaquin) and others — isn't commonly recommended for simple UTIs, as the risks of these medicines generally outweigh the benefits for treating uncomplicated UTIs. In some cases, such as a complicated UTI or kidney infection, your doctor might prescribe a fluoroquinolone medicine if no other treatment options exist.

Civility Mentor: Professionalism and Civility in the Academic Environment

Virtual Clinical Replacement Lesson Plan

Time and Materials

Time estimate: 10 hours

Materials: Desktop or laptop computer, Internet connection, online access to Civility Mentor: Professionalism and Civility in the Academic Environment, and student evaluation

NOTES

Objectives

After completion of the virtual experience, the student will be able to:

- Recognize stressors associated with nursing school.
- Use effective communication strategies with peers (classmates) about healthy ways to manage stress.
- If indicated, refer peers to the Counseling Center for additional support.
- Appreciate the importance norms in the academic environment.

Scenario Overview

This virtual learning experience takes place off-campus between two nursing students, Travis and Jesse, who are meeting in Travis's apartment. Jesse and Travis started nursing school together. In the beginning, Travis was really excited to start classes, eventually become a nurse, and work with clients. Lately, Travis has been incredibly stressed by the rigors of nursing school and he is thinking about quitting college altogether. He has stopped hanging out with friends, and even when Jesse runs into him between classes, he barely even nods hello. Last week, Travis lost his temper in skills lab when he yelled at another student, kicked over a chair, and stormed out of the room. As Travis's friend, Jesse wants to intervene by helping Travis cope in a more productive manner. She offers support, suggests ways to deal with stress in a healthy way, and provides Travis with information about accessing campus resources, including the university counseling center.

Instructional Component

SCENARIO REVIEW

Professionalism and Civility in the Academic Environment: Stress and Civility

- Practice: Travis and Practice: Refer Travis
 - The conversations will automatically play.
 - Playing the part of Jesse, the learner uses effective communication skills to help Travis problem-solve, understand how stress affects thinking and behavior, and access resources if indicated.
 - Use the virtual coach and thought bubbles to enhance learning.
- Feedback Summary: View Feedback on Communication Techniques.
- Managing Stress: Learn how to manage stress in healthy ways and communicate with peers who may be feeling stressed and overwhelmed.
- Resources and Acknowledgements: Browse resources. Select three from the list to read and study in greater depth.
- Save and Email/Post to Instructor: Certificate of Completion

TIME

1 hour

DELIVERABLE

Certificate of successful simulation completion

Individual reflection exercise

The purpose of this reflection activity is to better understand the link between stress and incivility. Heightened levels of stress and the lack of self-care can take a significant toll on personal, physical, emotional, and spiritual well-being. While completely eliminating stress is impossible, minimizing it and using healthy coping strategies can be extremely helpful in achieving an overall state of wellness.

Respond to the following Reflection Questions.

- What did you learn from this scenario? Identify your biggest takeaways. Explain the factors that influenced this decision.
- What are some of the main problems or key issues expressed in the scenario?
- What were some of the challenging decisions the classmates needed to make? Describe the rationale behind these decisions. Provide evidence-based resources to support your decision.
- What factors influenced your decisions and responses during the scenario?
- If you did not move through the scenario successfully, what were you thinking that led you down an unsuccessful pathway? Explain why.
- How will you respond if this scenario presents again in the future?
- Have you experienced similar situations in your academic environment? Please explain.
- Describe successful communication strategies you have used or experienced during conversations with classmates.

TIME

2 hours

DELIVERABLE

Reflection exercise

Instructional Component (continued)

ONLINE GROUP WORK

NOTE TO INSTRUCTORS: This learning experience requires faculty to be actively engaged with all aspects of the virtual learning experience. The following activities are recommended to be completed in online groups. However, they can be adapted for completion by each student individually.

Student tasks

<ul style="list-style-type: none"> • Assemble into small groups. Each student in the group will share their individual responses to the reflection exercise. • Using information obtained from the reflection exercise, collaborate within your small group to develop a cohesive, collective summary of your reflection exercise. • Each student in the group will respond to the following questions and post their individual responses to the discussion board. • Reflect on the most stressful (or one of the most stressful) experiences that you have encountered during your nursing program. Describe the stressful experience (what happened, who was involved). • How did the stressful experience affect you and others (if applicable)? • How did you respond (or avoid responding) to the stressful experience? • How satisfied are you with your initial response (or lack of response)? • If confronted with a similar stressful experience, how might you respond? • Work with your student group to create a list of healthy coping strategies to mitigate stress. Using the online discussion board, post your group response, then review the response with another small group. Compare responses providing evidence-based rationale to support the position. • Following group discussions, edit and submit your group's final reflection summary and healthy coping strategies as a group assignment. 	<p>TIME 3 hours</p> <p>DELIVERABLES</p> <ul style="list-style-type: none"> • Reflection Exercise Summary • Healthy coping strategies • Discussion postings
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DISCUSSION BOARD

NOTE TO INSTRUCTORS: To facilitate online discussions, pose questions to students to promote learning and the development of clinical judgment. Ask the following questions to students using an online discussion board.

- What did you identify as some of the main problems and issues in the scenario? Explain the factors that influenced this decision.
- What stressors did you recognize in the scenario? How were the stressors manifested? What effect did they have on each character in the scenario?
- What communication strategies were used in the scenario? How might you implement similar strategies with classmates and peers?
- What healthy coping strategies can you use in your nursing practice?
- What effect does the establishment of classroom and clinical norms have on fostering a healthy learning environment?

Student tasks

<p>Discuss instructor-posted questions in your small group and collaborate as a team to write a response and post on the discussion board.</p>	<p>TIME 2 hours</p> <p>DELIVERABLES Group response posted for each instructor question</p>
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Instructional Component (continued)

REFLECTION

Individual student assignment

Write a response to each question below.

- Reflect on any ethical dilemmas uncovered during the scenario and describe how you might respond differently based on the situation. Provide evidence-based resources to support your response.
- Describe an "Aha" moment you experienced during this learning experience and how it will expand your nursing care. What will you do differently in response to this situation?
- Describe three important concepts you learned from the scenario, then describe how you will apply your knowledge of each concept to future situations. Provide evidence-based resources to support your response.

TIME

2 hours

DELIVERABLES

Individual assignment

Evaluation

ACTIVITY	CRITERIA	COMPLETED
CERTIFICATE OF COMPLETION: INDIVIDUAL	Completed	
REFLECTION EXERCISE	Completed	
REFLECTION SUMMARY	Completed	
HEALTHY COPING STRATEGIES	Completed	
ONLINE DISCUSSION	Create and post detailed, well organized, thoughtful responses to instructor questions/activities	
INDIVIDUAL REFLECTION ASSIGNMENT	Displays insight and of acceptable length	

Materials

Materials

- Computer
- Internet connection
- Video Case Studies
- Reference books

NOTES

Online Engagement

This learning experience requires faculty to be actively engaged with all aspects of the virtual learning experience. The following group activities are recommended to be completed in online groups. However, they can be adapted for completion by each student individually. Assign students to small groups. An alternative method to online group discussion includes using videoconferencing to facilitate synchronous group discussions for the related challenge question and case study activities.

Virtual Case Study: Medication Interactions

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

FACULTY FACILITATION

TIME

5 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

Identify concerns related to prescription and over-the-counter medication interaction.

- Guidelines for safe medication administration
- Interactions between prescription medications and common over-the-counter medications
- Clinical practice guidelines related to hypertension and the nurse's role
- Assessment of potential medication interactions

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Note to Instructor: Assign students to small groups. Assign three different medication classifications (e.g., cardiac glycosides, diuretics, ACE inhibitors) to each group.

Meet with your group and develop a drug information sheet using the ATI Medication Active Learning Template for each of the three assigned medication classifications. Post your drug information sheet and provide evidence-based feedback to one other group assigned by your instructor.

TIME

3 hours

DELIVERABLE

- Medication Active Learning Template
- Posted Feedback to One Other Group

VIDEO CHALLENGE QUESTION

In addition to a cardiac glycoside and diuretic, a provider prescribes an ACE inhibitor to treat a client's heart failure. The nurse should teach the client that what over-the-counter medications can reduce the effectiveness of the ACE inhibitor? What other interactions with the ACE inhibitor should the nurse teach the client about?

EVALUATION

Activity	Criteria	Completed
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized thoughtful responses to questions.	

Virtual Case Study: Pharmacology Across the Lifespan

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

FACULTY FACILITATION

TIME

6 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

- Understand the phases of pharmacokinetics: absorption, distribution, metabolism, and excretion.
- What is the first-pass effect?
- Implications across the lifespan.

VIDEO CHALLENGE QUESTION

A nurse is caring for an older adult client who is to undergo total hip arthroplasty. What physiological changes should the nurse consider when administering medications to the client?

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Develop a table that addresses the phases of pharmacokinetics (absorption, distribution, metabolism, excretion) for the following developmental stages. Include vulnerable stages of development for an embryo/fetus and potential congenital defects that could result. Post your table and then provide evidence-based feedback to one other group assigned by your instructor.

- Pregnant clients (embryo/fetus)
- Lactating clients
- Children
- Older adults

TIME

4 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

EVALUATION

Activity	Criteria	Completed
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized thoughtful responses to questions.	

Virtual Case Study: Safe Dosage

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY 1

Meet with your assigned group and write an evidence-based response to each question below. Post your response and then provide evidence-based feedback to one other group assigned by your instructor.

- What are the dosing instructions on extra-strength acetaminophen? What is an example of a combination medication (one that contains more than one medication) that also contains acetaminophen?
- How much acetaminophen can a person who has a fever and cold symptoms take when following the dosage instructions? Provide your medication calculations.
- What is acute fulminant hepatitis? Describe how acetaminophen can lead to this disorder and what can be done to prevent it.

TIME

2 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

FACULTY FACILITATION

TIME

8 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

Apply medication knowledge during the administration process.

- Identify potential safety concerns with prescribed medications.
- Describe the manifestations of acetaminophen toxicity.
- Explore the nurse's role in caring for a client who has a cumulative effect or medication interaction.

VIDEO CHALLENGE QUESTION

The nurse administered acetaminophen to the client for an elevated temperature of 38.33° C (101° F). After reviewing the electronic medical record, what potential safety concerns should the nurse be aware of prior to administering other medications to Ms. Goodman?

Virtual Case Study: Safe Dosage, continued

STUDENT GROUP VIDEO CASE STUDY ACTIVITY 2

Meet with your assigned group and write evidence-based response to each question below. Post your response and then provide evidence-based feedback to one other group assigned by your instructor.

- Clients who have liver and/or kidney disease are at high risk for medication accumulating in the body, causing cumulative and often toxic adverse effects.
 - Describe how liver disease can predispose a client to cumulative and toxic adverse effects of medications. Provide a table or image that illustrates how this occurs.
 - Describe how kidney disease can predispose a client to cumulative and toxic adverse effects of medications. Provide a table or image that illustrates how this occurs.
 - What is the nurse's role in preventing a client who has liver or kidney disease from experiencing toxic adverse effects secondary to the cumulative effect of a medication?
- Clients who are prescribed several medications at one time run the risk of experiencing a drug-drug interaction.
 - Describe what a drug-drug interaction is.
 - Describe what polypharmacy is and how it contributes to increased risk of a drug-drug interaction.
- Identify five medication combinations that can cause a drug-drug interaction.
 - Describe the effects of the medication interaction.
 - What nurse actions should the nurse anticipate if caring for a client who has one of these described medication interactions occurs?

TIME

4 hours

DELIVERABLE

- Posted Group Written Response
- Liver Metabolism of Medications Table/Image
- Kidney Excretion of Medications Table/Image
- Posted Feedback to One Other Group

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY 1	Create and post detailed, well organized thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY 2	Create and post detailed, well organized thoughtful responses to questions.	

Virtual Case Study: Polypharmacy

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your group and develop a medication information sheet using the ATI Medication Active Learning Template for each of the three assigned medication classifications. Post your medication information sheet and provide evidence-based feedback to one other group assigned by your instructor.

Research polypharmacy using evidence-based websites. Answer the following questions based upon your research.

- Why are older adults more susceptible to polypharmacy?
- What is the health concern for older adults with polypharmacy?
- What is medication reconciliation and when should it be done? How does medication reconciliation relate to polypharmacy?
- Describe the Beers Criteria. How can nurses use the Beers Criteria to keep older adult clients safe?
- How does polypharmacy contribute to the development of iatrogenic events in older adults? How can the nurse intervene to disrupt the iatrogenic cascade?

FACULTY FACILITATION

TIME

5 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

To facilitate knowledge of polypharmacy and the means by which it can be prevented.

- Nurse's role in identifying and preventing polypharmacy.
- The role of the interprofessional team in preventing polypharmacy.
- The relationship of polypharmacy prevention to quality and safety.
- Evidence-based tools and protocols for preventing polypharmacy.

VIDEO CHALLENGE QUESTION

How can older adults avoid polypharmacy? What is the nurse's role in preventing polypharmacy?

TIME

1 hour

DELIVERABLE

Individual Video Response

TIME

1 hour

DELIVERABLE

Posted Group Written Response

TIME

3 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

Virtual Case Study: Polypharmacy, continued

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized thoughtful responses to questions.	

Virtual Case Study: Mixing Insulins

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY 1

Meet with your assigned group and write an evidence-based response to each question below. Post your response and then provide evidence-based feedback to one other group assigned by your instructor.

- Describe the types of insulins included in the list below, including onset, peak, and duration.
 - Lispro
 - Glargine
 - Humulin N
 - Humulin R
 - Insulin aspart injection
 - Humalog 50/50
- Identify which type of insulins can be mixed and why.
- What safety considerations must be taken when administering insulin?
- What information should you include in a teaching plan on self-administering insulin?
- What information should you include in a teaching plan for a client who has a new prescription for regular insulin?

TIME

3 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

FACULTY FACILITATION

TIME

8 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

- Discuss the steps required to correctly mix two types of insulin.
- Understand the role of the nurse in the prevention of medication error.
- Review the types of insulin including onset peaks and durations.

VIDEO CHALLENGE QUESTION

After checking the expiration date of the insulin vials and reviewing the prescription for regular and NPH insulin, you need to draw up the insulin. What is the correct procedure for drawing up mixed insulin?

Virtual Case Study: Mixing Insulins, continued

STUDENT GROUP VIDEO CASE STUDY ACTIVITY 2

Provide evidence-based responses for the questions related to the below clinical scenario and post your response. Then provide evidence-based feedback to one other group.

TIME

3 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

CLINICAL SCENARIO

You are caring for a client who has a new diagnosis of type 2 diabetes mellitus and a new prescription for insulin to manage blood sugar. The client current serum blood glucose level is 589 mg/dL.

- What assessment findings would you anticipate with this client?
- What questions would you ask to gain more information about the client's health status?
- What instructions would you provide to this client who has a new prescription for a fast-acting insulin with meals?
- What instructions would you provide to this client who has a new prescription for a long-acting insulin?

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY 1	Create and post detailed, well organized thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY 2	Create and post detailed, well organized thoughtful responses to questions.	

Real Life 3.0 Scenario as Substitute for Bedside Clinical Practice

PN Medical Surgical: Kidney Disease

TIME TO COMPLETE: 6 HOURS

NOTES

Materials

Computer, Internet connection, Real Life Kidney Disease scenario, reference books, lab with enough low-fidelity manikins and/or beds for each group of three to four students, classroom with computer and overhead display, i>clickers (if available), Active Learning Templates: Diagnostic Procedure, Medication, System Disorder (Active Learning Templates located on ATI faculty website under "Integration Resources," "Active Learning Templates"; for students these templates are available on their ATI pages under "Product Support Materials," "Active Learning Templates").

Objectives

After completion of the lesson, the student will be able to:

- Recognize alterations in fluid balance, regulation of electrolytes, and blood pressure in a client who has renal impairment.
- Prioritize care of the client who has postoperative complications.
- Implement client teaching for clients with renal biopsy.
- Accurately identify and calculate oral and parenteral medication doses.
- Respond with empathy to clients with life-changing conditions.
- Describe the purpose of various diagnostic tests for kidney function.

Scenario Overview

This scenario focuses on a 41-year-old female newly diagnosed with renal failure with a recent history of motor vehicle crash with subsequent exploratory laparotomy, splenectomy, left thoracotomy, and an adverse reaction to IV contrast dye. It addresses client-centered concepts related to fluid and electrolyte imbalance, symptomatic arrhythmia, and dialysis education. Nursing-focused concepts include safe medication administration, dosage calculation, client identification, client teaching related to laboratory and diagnostic tests, communication techniques, and prioritizing nursing actions.

Instructional Component

INDIVIDUAL STUDENT ASSIGNMENT

TASKS

Review content at end of lesson plan.

Complete Active Learning Templates.

- Diagnostic Procedure: Renal biopsy, laboratory tests (CBC, BMP, PT INR, PTT, type and screen)
- Medication: Lisinopril, captopril, lorazepam
- System Disorder: Renal Failure

TIME

3 hours at home

DELIVERABLES

Active Learning
Templates: Diagnostic
Procedure, Medication,
System Disorder

INDIVIDUAL STUDENT ASSIGNMENT

TASK

Prior to the clinical day, spend at least 60 minutes in the Real Life Kidney Disease scenario.

TIME

At least 60 minutes

DELIVERABLES

Individual report
SBAR in score report

SMALL GROUP ASSIGNMENT: REAL LIFE IN SMALL GROUPS OR PAIRS WITH ROLE-PLAYING

TASKS

Students should have access to low-fidelity manikins or beds for simultaneous viewing and practice. Assign the students to peer groups of three or four and have them go through the scenario, deciding together what the nurse should do next.

Have students "take report" as the scenario begins, stopping and replaying as needed. All students should identify two to three priorities noted during report and state an action plan for these priorities. Then have students compare notes with peers and determine what was missed.

Encourage the groups to stop the video and take turns role-playing responses to the client as the nurse. Use the low-fidelity manikins for this purpose or have a student play the client. Have students perform assessments prompted by the scenario.

One student should conduct a client teaching session on what to expect during the kidney biopsy; another student should conduct a session on postoperative teaching. Have the other students play the client during these sessions and take notes. What did the teacher miss?

Circulate as a "guide on the side" during this exercise, being sure students are staying on task and being kind when critiquing one another.

Gently encourage students to critique each other's performance during the scenario and afterward. What went well? What could have been improved?

Have students discuss their responses to the scenario and share clinical experiences that remind them of the scenario.

Alternative: Use Real Life as part of a simulation lab experience where students move through "stations" (Hayden, 2012) that include:

1. High-fidelity simulation scenario participation.
2. Debriefing from high-fidelity simulation.
3. Real Life in pairs or small groups with role playing.
4. Real Life as a large group exercise.

TIME

1 hour in class

DELIVERABLES

Score report of group

Instructional Component *(continued)*

TEACHER-LED GROUP DEBRIEFING WITH REAL LIFE

TASKS

Back in the large group, guide students through the scenario, choose correct responses, but discuss why answers that were not chosen do not lead to the best client outcomes.

Spend time discussing the choices they made, specifically looking at why they did not choose some answers that are not correct.

Review all medications and diagnostic labs in the video.

As time permits, ask students "what if?" questions, such as: "What if this client was immunocompromised? How would care differ? How would it be the same? What if this was a frail, older adult client? What might be different about the care?"

Have students imagine what would happen if the biopsy report contained very bad news. Who would give the client that information? How would the nurse support the client?

Have any of the students seen a scenario like this in their clinical rotations? How did it unfold?

Discuss discharge planning needs of the client after a kidney biopsy.

TIME

2 to 3 hours

DELIVERABLES

Class participation score

INDIVIDUAL STUDENT ASSIGNMENT

TASK

Reflect on ethical dilemmas uncovered during scenario watching or debriefing. Describe an "Aha" moment you experienced during the simulation. What are some of the aspects of the client's care you didn't feel prepared for?

TIME

1 hour

DELIVERABLES

Paper or web-based course discussion post, 250 to 500 words

Evaluation

ITEM	CRITERIA
SCORE REPORT: INDIVIDUAL	Usage in minutes/repetitive effort, SBAR in score report
ACTIVE LEARNING TEMPLATES	Completed
SCORE REPORT: SMALL GROUP WORK	Usage in minutes, score
CLASS PARTICIPATION IN DEBRIEF	Actively participating in the debriefing with an attitude of openness, kindness, and civility

Kidney Disease Content

**INDEPENDENT REVIEW OF A&P, ASSESSMENTS,
AND DIAGNOSTICS (CBC, BMP, PT INR, PTT, TYPE &
SCREEN)**

NEW DIAGNOSTICS

Renal biopsy

RENAL FAILURE

Causes

Differences in renal insufficiency and failure

Nursing care

 Clinical manifestations

 Treatment

 Obtaining a urine sample

Real Life 3.0 Scenario as Substitute for Bedside Clinical Practice

PN Medical Surgical: Urinary Tract Infection

TIME TO COMPLETE: 6 HOURS

NOTES

Materials

Computer, Internet connection, Real Life Urinary Tract Infection scenario, reference books, lab with enough low-fidelity manikins and/or beds for each group of three to four students, classroom with computer and overhead display, i>clickers (if available), Active Learning Templates: Diagnostic Procedure, Medication, System Disorder (Active Learning Templates located on ATI faculty website under "Integration Resources," "Active Learning Templates"; for students these templates are available on their ATI pages under "Product Support Materials," "Active Learning Templates").

Objectives

After completion of the lesson, the student will be able to:

- Apply the knowledge, skills, and clinical reasoning required to positively affect outcomes for a client who has urinary tract infection.
- Apply therapeutic communication skills to positively affect outcomes of clients and their families.
- Educate clients and families about urosepsis care and potential complications.
- Describe nursing considerations for medications used in the treatment of urosepsis.

Scenario Overview

This scenario focuses on an 81-year-old male being admitted from a provider's office after presenting with symptoms of difficulty urinating and dysuria. It addresses client-centered concepts related to infection, fluid imbalance, pain management, and blood cultures. Nursing-focused concepts include receiving report using SBAR, prioritizing care based on data collection, and coordinating medication administration based on the client's orders and the timing of the last dose.

Instructional Component

INDIVIDUAL STUDENT ASSIGNMENT

TASKS

Review content at end of lesson plan.

Complete Active Learning Templates.

- Diagnostic Procedure: Blood culture, urine culture, obtaining a sterile specimen from an indwelling catheter
- Medication: Ciprofloxacin, phenazopyridine, metoprolol, lanoxin, famotidine, morphine, ondansetron, low-dose aspirin 81 mg, atorvastatin
- System Disorder: Urinary tract infection, urosepsis, benign prostatic hypertrophy

TIME

3 hours at home

DELIVERABLES

Active Learning
Templates: Diagnostic Procedure, Medication, System Disorder

INDIVIDUAL STUDENT ASSIGNMENT

TASK

Prior to the clinical day, spend at least 60 minutes in the Real Life Urinary Tract Infection scenario.

TIME

At least 60 minutes

DELIVERABLES

Individual report

SMALL GROUP ASSIGNMENT: REAL LIFE IN SMALL GROUPS OR PAIRS WITH ROLE-PLAYING

TASKS

Students should have access to low-fidelity manikin or beds for simultaneous viewing and practice. Assign the students to peer groups of three or four and have them go through the scenario, deciding together what the nurse should do next.

Have students "take report" when Larry does, stopping and replaying as needed. All students should identify two to three priorities noted during report and state an action plan for these priorities. Then have students compare notes with peers and determine what was missed.

Encourage the groups to stop the video and take turns role playing responses to the client as the nurse.

Stop the video when Larry and Mr. White discuss his blood pressure. One student should play the nurse and one Mr. White and role play the nurse explaining to Mr. White why his blood pressure is low and he can't take his metoprolol. Have students compare answers with Larry's answer.

Stop the scenario when Larry needs to insert a Foley catheter and obtain a sterile urine sample. Use the low-fidelity manikins for this purpose or have one student catheterize the client and one obtain a sample. The remaining students should critique the performance of the skills.

Have students perform assessments prompted by the scenario using the low-fidelity manikin.

One student should conduct a client teaching session when Larry's son asks to understand why his father is so dizzy. Students should include information on urosepsis and its possible complications. Have the other students play the son during this session and take notes. What did the teacher miss?

Circulate as a "guide on the side" during this exercise, being sure students are staying on task and being kind when critiquing one another.

Gently encourage students to critique each other's performance during the scenario and afterward. What went well? What could have been improved?

Have students discuss their responses to the scenario and share clinical experiences that remind them of the scenario.

Alternative: Use Real Life as part of a simulation lab experience where students move through "stations" (Hayden, 2012) that include:

1. High-fidelity simulation scenario participation.
2. Debriefing from high-fidelity simulation.
3. Real Life in pairs or small groups with role playing.
4. Real Life as a large group exercise.

TIME

1 hour in class

DELIVERABLES

Score report of group

Instructional Component *(continued)*

TEACHER-LED GROUP DEBRIEFING WITH REAL LIFE

TASKS

Back in the large group, guide students through the scenario, choose correct responses, but discuss why answers that were not chosen do not lead to the best client outcomes.

Spend time discussing the choices they made, specifically looking at why they did not choose some answers that are not correct.

Review all medications and labs in the video.

As time permits, ask students "what if?" questions, such as: "What if this client had MRSA? How would care differ? How would it be the same? What if Mr. White had dementia? What might be different about the care?"

Have students imagine what would happen if they were unable to insert the catheter?

Have any of the students seen a scenario like this in their clinical rotations? How did it unfold?

Discuss the discharge planning needs of the client after experiencing urosepsis.

TIME

2-3 hours

DELIVERABLES

Class participation score

Evaluation

ITEM	CRITERIA
SCORE REPORT: INDIVIDUAL	Usage in minutes/repetitive effort
ACTIVE LEARNING TEMPLATES	Completed
SCORE REPORT: SMALL GROUP WORK	Usage in minutes, score
CLASS PARTICIPATION IN DEBRIEF	Actively participating in the debriefing with an attitude of openness, kindness, and civility

Urinary Tract Infection Content

INDEPENDENT REVIEW OF A&P, ASSESSMENTS, AND DIAGNOSTICS (UA AND URINE CULTURES, BLOOD CULTURES)

NEW DIAGNOSTICS

Obtaining a sterile urine specimen from an indwelling catheter

UROSEPSIS

Causes, including outlet obstruction in males

Septic shock

Nursing care

Clinical manifestations

Treatment

IV fluid bolus

Pain management

Medication management

Real Life PN Medical Surgical Scenario (Diabetes)

(adapted from Assessment Technologies Institute, Inc. (2019). *Real life PN Medical Surgical Scenarios Details*. Received from atitesting.com)

Student Learning Outcomes

- Use clinical reasoning to promote a positive outcome for a client who has diabetes mellitus (DM).
- Determine the correct medications and dosages.
- Prioritize client-based care based on concepts of evidence-based practice.
- Identify appropriate nursing interventions in the delivery of care for a patient who has DM.
- Apply the knowledge, skills, and clinical reasoning required to positively affect outcomes for a client that has DM.

Instructor led conversation regarding DM

- Brief overview of pathophysiology of DM.
- Review signs and symptoms of hyper/hypoglycemia.
- Review medications commonly used to treat diabetes (include po and all types of insulin, as well as mixing insulin).
- Review diabetic diet.
- Assign each student pair three diabetes medications to create an ATI med template for (see attached list for list of medications).
- Allow for student Q&A.

Suggested videos prior to simulation

[RegisteredNurseRN]. (2016, May 18). *Diabetes Mellitus Pathophysiology & Nursing*. Retrieved from

<https://www.youtube.com/watch?v=Ek6hnu1zaog>

Assessment Technologies Institute, Inc. (2020) *Mixing Insulins*. Retrieved from <https://tinyurl.com/ydbkwd9u>

[University College London Hospitals NHS Foundation Trust]. (2013, August 16). *How to do a blood glucose test*. Retrieved from <https://www.youtube.com/watch?v=GoV2p1y6fll>

Virtual Simulation

- Students will be paired in groups of two, but will each watch and complete the actual simulation individually.
- Each student is to “take report.”
- Each student is to complete a “head to toe” assessment based on information from the simulation.
- Each student identifies two priorities noted during the report and creates an action plan.
- Each student is to create an SBAR based on report, to be compared with partner, and the two students will work together for one completed SBAR for submission.
- Each pair of students will write three priority nursing diagnoses with four evidence-based nursing with rationales.
- Each pair will complete a complex CHO diet plan for one week.
- Each group will complete an ATI template for assigned medications.
- Students submit all assignments to instructor prior to debriefing.
- Inform students that each group will be teaching the rest of the group about an above subject .

Instructor Led Debriefing

- All students reconvene for debriefing.
- Student groups will share their SBAR and have a group discussion regarding the correct responses.
- Students will share nursing care plans and discuss nursing diagnoses, interventions, and rationale.
- Students groups will each have one aspect of diabetes to teach the rest of the class about (choose between po meds, insulins, s/s of hyper or hypoglycemia, diet, etc).

- Instructor to discuss the effect diabetes has on the whole person (mind, body, coping strategies).
- Discuss cultural implications.
- Allow students time to discuss any real-life experiences they may have had.

List of Diabetic Medications

- Metformin
- Glucophage
- Acarbose
- Bromocriptine
- metformin-rosiglitazone
- linagliptin
- sitagliptin
- sitagliptin-metformin
- Dulaglutide
- Exenatide
- Liraglutide
- Semaglutide
- Repaglinide
- Empagliflozin
- Glimepiride
- Glipizide
- Rosiglitazone
- Pioglitazone
- Humulin and Novolin
- insulin aspart
- insulin glulisine
- insulin lispro
- insulin degludec
- insulin detemir
- insulin glargine
- insulin glargine
- Pramlintide

Real Life 3.0 Scenario as Substitute for Bedside Clinical Practice

PN Medical Surgical: Heart Failure

TIME TO COMPLETE: 6 HOURS

NOTES

Materials

Computer, Internet connection, Real Life Heart Failure scenario, reference books, lab with enough low-fidelity manikins and/or beds for each group of three to four students, classroom with computer and overhead display, i>clickers (if available), Active Learning Templates: Diagnostic Procedure, Medication, Nursing Skill, System Disorder (Active Learning Templates located on ATI faculty website under "Integration Resources," "Active Learning Templates"; for students these templates are available on their ATI pages under "Product Support Materials," "Active Learning Templates").

Objectives

After completion of the lesson, the student will be able to:

- Use clinical reasoning to promote a positive outcome for a client who has heart failure.
- Discuss laboratory results found in heart failure clients.
- Reinforce client teaching regarding the treatment of heart failure.
- Safely administer medications to the client who has heart failure.

Scenario Overview

This scenario focuses on a 60-year-old male who has a diagnosis of hypertension and heart failure. It addresses client-centered concepts related to contributing factors for heart failure, laboratory tests for heart failure, and dietary management. Nursing-focused concepts include priority actions for a newly admitted client, identification of lung sounds, and respiratory assessment. Students will be expected to be able to prepare a hospital room for the client's arrival and to evaluate learner readiness.

Instructional Component

INDIVIDUAL STUDENT ASSIGNMENT

TASKS

Review content at end of lesson plan.

Complete Active Learning Templates.

- Diagnostic Procedure: ECG, laboratory tests (complete metabolic panel, cardiac markers, complete blood count)
- Medication: Enalapril, furosemide, potassium chloride, aspirin
- Nursing Skill: Respiratory assessment
- System Disorder: Heart failure

TIME

3 hours at home

DELIVERABLES

Active Learning
Templates: Diagnostic
Procedure, Medication,
System Disorder

INDIVIDUAL STUDENT ASSIGNMENT

TASK

Prior to the clinical day, spend at least 60 minutes in the Real Life Heart Failure scenario.

TIME

At least 60 minutes

DELIVERABLES

Individual report

SMALL GROUP ASSIGNMENT: REAL LIFE IN SMALL GROUPS OR PAIRS WITH ROLE-PLAYING

TASK

Students should have access to low-fidelity manikins or beds for simultaneous viewing and practice. Assign the students to peer groups of three or four and have them go through the scenario, deciding together what the nurse should do next.

Have students "take report" when Carmen gives it to the RN in the second scene, stopping and replaying as needed. Discuss which information represents abnormal findings.

Answer the question in writing: "Why would someone develop heart failure after being healthy for so long?"

Write a plan for the client's first 15 minutes on the unit. Students should compare notes with a peer and determine what was missed.

Encourage the groups to stop the video and take turns role-playing responses to the client as the nurse. Use the low-fidelity manikins for this purpose or have a student play the client. Have students perform assessments prompted by the scenario.

One student should conduct a client teaching session on a low-sodium diet, one on medications for heart failure, and one on discharge instructions. Have the other students play the client during these sessions, and they should take notes. What did the teacher miss?

Circulate as a "guide on the side" during this exercise, being sure students are staying on task and being kind when critiquing one another.

Gently encourage students to critique each other's performance during the scenario and afterward. What went well? What could have been improved?

As time permits, have students discuss their responses to the scenario and share clinical experiences that remind them of the scenario

Alternative: Use Real Life as part of a simulation lab experience where students move through "stations" (Hayden, 2012) that include:

1. High-fidelity simulation scenario participation.
2. Debriefing from high-fidelity simulation.
3. Real Life in pairs or small groups with role playing.
4. Real Life as a large group exercise.

TIME

1 hour in class

DELIVERABLES

Score report of group

Instructional Component (continued)

TEACHER-LED GROUP DEBRIEFING WITH REAL LIFE

TASK

Back in the large group, guide students through the scenario, choose correct responses, but discuss why answers that were not chosen do not lead to the best client outcomes.

Spend time discussing the choices they made, specifically looking at why they did not choose some answers that are not correct.

Review all medications (enalapril, furosemide, potassium, aspirin) and lab tests (CBC, CMP, cardiac markers) used in treatment of the client.

Review aspects of the disease that present during the video.

Ask students to volunteer answers to the question: "Why would someone develop heart failure after being healthy for so long?" Discuss the differences between symptoms and causes (etiologies) of diseases.

Have volunteers demonstrate client teaching of low-sodium diet, discharge instructions, medication teaching, etc.

As time permits, ask students "what if?" questions, such as: "What if this client also had diabetes? How would care differ? How would it be the same? What if the client had dementia? What might be different about the care?"

Have any of the students seen a scenario like this in their clinical rotations? How did it unfold?

Discuss discharge planning needs of the client with heart failure.

TIME

2 to 3 hours

DELIVERABLES

Class participation score

Evaluation

ITEM	CRITERIA
SCORE REPORT: INDIVIDUAL	Usage in minutes/repetitive effort
ACTIVE LEARNING TEMPLATES	Completed
SCORE REPORT: SMALL GROUP WORK	Usage in minutes; score
CLASS PARTICIPATION IN DEBRIEF	Actively participating in the debriefing with an attitude of openness, kindness, and civility

Heart Failure Content

**INDEPENDENT REVIEW OF A&P, ASSESSMENTS,
MEDICATIONS, AND LABORATORY TESTS FOR HEART
FAILURE**

ASSESSMENT TECHNIQUES

Identifying lung sounds

Assessments for fatigue and shortness of breath

HEART FAILURE

Causes

Prioritizing actions and medication in treatment

Nursing care

 Clinical manifestations

 Reporting clinical findings

 Promoting adherence

 Fluid restriction

 Low-sodium diet

Civility Mentor: Foundations of Professionalism and Civility

Virtual Clinical Replacement Lesson Plan

Time and Materials

Time estimate: 10 hours

Materials: Desktop or laptop computer, Internet connection, online access to Civility Mentor: Foundations of Professionalism and Civility, and student evaluation

NOTES

Objectives

After completion of the virtual experience, the student will be able to:

- Recognize the impact of uncivil behavior on client safety.
- Understand the role nurses play in addressing incivility to protect client safety.
- Empathize with client concerns and advocate for client safety.
- Appreciate the importance of team norms to ensure quality client care.

Scenario Overview

This virtual learning experience emphasizes the importance of client safety, self-reflection, empathy, and how norm setting supports teamwork and safe client care. The simulation takes place between two nurses discussing the arrival of a client being transferred from the emergency department (ED) to the medical-surgical unit. Nurse Rio is aggravated about the pending transfer and blaming the ED nurses for poor client handoffs or providing no handoff at all. Rio is disgruntled because the transfer is occurring close to change-of-shift and while the unit is shorthanded. Her colleague, Amy, helps Rio focus on the importance of quality client care while preparing for the client's arrival. Rio continues to disparage the ED team and bemoan the fact that their colleague, Morgan, has once again called in sick. Rio suggests that Morgan has partied too much and consequently has left the team shorthanded. Amy refocuses Rio's attention on the team norms they have created, which emphasize quality care, avoiding workplace drama, and supporting their teammates by giving them the benefit of the doubt.

Instructional Component

SCENARIO REVIEW

Foundations of Professionalism and Civility: Understanding Civility

- Practice: Rio
 - The conversation will automatically play.
 - Playing the part of Nurse Amy, help Rio focus on client care, team norms, and seeing her situation in a more positive light.
 - Use the virtual coach and thought bubbles to enhance learning.
- Feedback Summary: View Conversation Highlights
- Team Norms: Learn how norms help to create civility in a stressful work environment.
- Resources and Acknowledgements: Browse resources. Select three from the list to read and study in greater depth.
- Save and Email/Post to Instructor: Certificate of Completion

TIME

1 hour

DELIVERABLE

Certificate of successful simulation completion

Individual reflection exercise

The purpose of this reflection exercise is to help the student think more deeply about the client experience, empathize with their situation, understand the impact of incivility on client safety, and appreciate the importance of team norms.

TIME

2 hours

DELIVERABLE

Reflection exercise

Respond to the following Reflection Questions.

- What did you learn from this scenario? Identify your biggest takeaways. Explain the factors that influenced this decision.
- What are some of the main problems or key issues expressed in the scenario?
- What were some of the challenging decisions the nurses needed to make? Describe the rationale behind these decisions. Provide evidence-based resources to support your decision.
- What factors influenced your decisions and responses during the scenario?
- If you did not move through the scenario successfully, what were you thinking that led you down an unsuccessful pathway? Explain why.
- How will you respond if this scenario presents again in the future?
- Have you experienced similar situations in your clinical rotations? Please explain.
- Describe successful communication strategies you have used or experienced during uncivil encounters in the clinical setting.

Instructional Component (continued)

ONLINE GROUP WORK

NOTE TO INSTRUCTORS: This learning experience requires faculty to be actively engaged with all aspects of the virtual learning experience. The following activities are recommended to be completed in online groups. However, they can be adapted for completion by each student individually.

Student tasks

- Assemble into small groups. Each student in the group will share their individual responses to the reflection exercise.
- Using information obtained from the reflection exercise, collaborate within your small group to develop a cohesive, collective summary of your reflection exercise.
- Synthesize your reflection summary into a single Pearl of Wisdom to discuss with another small group. This might be a provocative question for further discussion, a key concept or learning discovery, or an interesting idea to engage the group in deeper discussion. The goal is to synthesize—not simply summarize the small group discussion. This is an opportunity to create new knowledge out of existing knowledge, and to use this new information to develop a cogent argument or unique perspective.
- Using the online discussion board, share your collective Pearl of Wisdom with one other online student group. Each online student group should respond to the Pearl of Wisdom using evidence-based rationale to support their position.
- Following group discussions, edit and submit your group's final reflection summary and response to the Pearl of Wisdom as a group assignment

TIME

3 hours

DELIVERABLES

- Reflection Exercise Summary
- Response to Pearl of Wisdom
- Discussion postings

DISCUSSION BOARD

NOTE TO INSTRUCTORS: To facilitate online discussions, pose questions to students to promote learning and the development of clinical judgment. Ask the following questions to students using an online discussion board.

- What did you identify as some of the main problems and issues in the scenario? Explain the factors that influenced this decision.
- What role do nurses play in preventing and addressing incivility?
- How is client safety affected by acts of incivility in the client care setting? Provide evidence-based rationale to support your position.
- How was empathy expressed in the scenario? Identify other ways to express empathy for clients and their families.
- What effect does the establishment of team norms have on teamwork?
- Share some of the issues that affected your clinical reasoning during the scenario.

Student tasks

Discuss instructor-posted questions in your small group and collaborate as a team to write a response and post on the discussion board.

TIME

2 hours

DELIVERABLES

Group response posted for each instructor question

REFLECTION

Individual student assignment

Write a response to each question below.

- Reflect on any ethical dilemmas uncovered during the scenario and describe how you might respond differently based on the situation. Provide evidence-based resources to support your response.
- Describe an "Aha" moment you experienced during this learning experience and how it will expand your nursing care. What will you do differently in response to this situation?
- Describe three important concepts you learned from the scenario, then describe how you will apply your knowledge of each concept to future client situations. Provide evidence-based resources to support your response.

TIME

2 hours

DELIVERABLES

Individual assignment

Evaluation

ACTIVITY	CRITERIA	COMPLETED
CERTIFICATE OF COMPLETION: INDIVIDUAL	Completed	
REFLECTION EXERCISE	Completed	
REFLECTION SUMMARY	Completed	
PEARL OF WISDOM	Completed	
ONLINE DISCUSSION	Create and post detailed, well organized, thoughtful responses to instructor questions/activities	
INDIVIDUAL REFLECTION ASSIGNMENT	Displays insight and of acceptable length	

Materials

Materials

- Computer
- Internet connection
- Video Case Studies
- Reference books

NOTES

Online Engagement

This learning experience requires faculty to be actively engaged with all aspects of the virtual learning experience. The following group activities are recommended to be completed in online groups. However, they can be adapted for completion by each student individually. Assign students to small groups. An alternative method to online group discussion includes using videoconferencing to facilitate synchronous group discussions for the related challenge question and case study activities.

Virtual Case Study: Acid-Base Imbalances

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

FACULTY FACILITATION

TIME

8 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

To facilitate knowledge and understanding of acid-base balance and appropriate nursing care.

- Laboratory values representing acid-base balance
- Acid-base imbalances
 - Metabolic alkalosis
 - Metabolic acidosis
 - Respiratory alkalosis
 - Respiratory acidosis
- Compensated and uncompensated
- Health issues/medical problems that lead to acid-base imbalances
- Care of clients who have various types of acid-base imbalance

VIDEO CHALLENGE QUESTION

Which two major body systems help regulate acid-base balance in the body? Provide an example of how each of these systems accomplishes this task.

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a detailed, well organized, thoughtful response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- Describe the pathophysiology related to acid-base imbalance.
- What are the expected reference ranges for arterial blood gas values?
- How would arterial blood gas values fluctuate in a client who has the following?
 - Metabolic alkalosis
 - Metabolic acidosis
 - Respiratory alkalosis
 - Respiratory acidosis
- What possible medical conditions could cause the following acid-base imbalance conditions? Provide an evidence-based rationale to support your response.
 - Metabolic alkalosis
 - Metabolic acidosis
 - Respiratory alkalosis
 - Respiratory acidosis
- What teaching should be provided to the client?

TIME

6 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

(List continues on next page.)

Virtual Case Study: Acid-Base Imbalances, continued

(List continued from previous page.)

- Explain the concept of compensation with regard to acid-base balance. What does it mean to be uncompensated? What does it mean to be compensated?
- In the Video Case Study, what was the client's primary problem related to acid-base imbalance? Provide an evidence-based rationale to support your response.
- What assessment findings (vital signs, laboratory results, diagnostic test results, subjective and objective assessment) do you anticipate related to this client's primary problem?
- Identify a minimum of three nursing actions that should be included in a plan of care to address the client's primary problem. Provide an evidence-based rationale for each action.
- For which potential complications (vital signs, symptoms, medication side effects) should the nurse monitor?
- Discuss important safety considerations that need to be implemented to achieve optimal outcomes. Provide evidence-based resources to support your response.

EVALUATION

Activity	Criteria	Completed
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Virtual Case Study: Fluid Volume

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual
Video
Response

FACULTY FACILITATION

TIME

6 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

To facilitate knowledge and understanding of the effects chronic kidney disease has on fluid volume.

- Fluid volume
- Elimination
- Impaired oxygenation
- Priority nursing actions

VIDEO CHALLENGE QUESTION

What are the priority nursing actions you would anticipate implementing when caring for Mr. Jones and why?

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group
Written
Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- Describe the pathophysiology related to hyper- and hypovolemia.
- In the Video Case Study, what was the client's primary problem related to fluid volume? Provide an evidence-based rationale to support your response.
- What assessment findings (vital signs, laboratory results, diagnostic test results, subjective and objective assessment) do you anticipate related to this client's primary problem?
- Identify a minimum of three nursing actions that should be included in a plan of care to address the client's primary problem. Provide an evidence-based rationale for each action.
- What teaching should be provided to the client?
- What resources are available to help the client obtain prescribed medications?
- For which potential complications (vital signs, symptoms, medication side effects) should the nurse monitor?
- Discuss important safety considerations that need to be implemented to achieve optimal outcomes. Provide evidence-based resources to support your response.

TIME

4 hours

DELIVERABLE

- Posted Group
Written Response
- Posted Feedback to
One Other Group

Virtual Case Study: Fluid Volume, continued

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Virtual Case Study: Heart Failure

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

FACULTY FACILITATION

TIME

6 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

To facilitate knowledge and understanding of perfusion related to heart failure and appropriate nursing care.

- Pathophysiology of heart failure
- Impaired cardiac output
- Assessment data
- Medications
- Nursing interventions
- Laboratory data
- Diagnostic data

VIDEO CHALLENGE QUESTION

Why did Mr. Jones develop heart failure?

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- Describe the pathophysiology related to heart failure.
- In the Video Case Study, what was the client's primary problem related to heart failure? Provide an evidence-based rationale to support your response.
- Based on the Video Challenge, what interventions should you anticipate and prepare for upon Mr. Jones' arrival to the unit?
- What assessment findings (vital signs, laboratory results, diagnostic test results, subjective and objective assessment) do you anticipate related to this client's primary problem?
- Identify a minimum of three nursing actions that should be included in a plan of care to address the client's primary problem. Provide an evidence-based rationale for each action.
- For which potential complications (vital signs, symptoms, medication side effects) should the nurse monitor?
- What teaching should be provided to the client?
- Discuss important safety considerations that need to be implemented to achieve optimal outcomes. Provide evidence-based resources to support your response.

TIME

4 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

Virtual Case Study: Heart Failure, continued

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Virtual Case Study: Enteral Nutrition

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

FACULTY FACILITATION

TIME

6 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

To facilitate students' exploration of the concept of enteral nutrition.

- Data collection methods for correct tube placement and the relationship to client safety
- Nursing considerations/interventions for a client receiving enteral nutrition (intermittent/bolus and continuous)
- Care planning for a client receiving enteral nutrition
- Potential complications of enteral nutrition and corresponding nursing interventions

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- Describe enteral tube feeding and indications for use. Provide an evidence-based rationale to support your response.
- Identify two potential client problems associated with receiving enteral tube feedings. Provide a rationale to support your response.
- Discuss data collected and priority nursing interventions in the care of a client receiving enteral tube feedings. Provide a rationale to support your response.
- Identify potential complications of enteral nutrition and discuss the related pathophysiology. Provide a rationale to support your response.
- Discuss three priority nursing interventions that should be performed to manage each complication identified above. Provide a rationale to support your response.

TIME

4 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

VIDEO CHALLENGE QUESTION

What pH value should the nurse expect when confirming placement of the nasogastric tube using the pH method? What pH value should the nurse expect for respiratory or small intestine secretions?

Virtual Case Study: Enteral Nutrition, continued

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Virtual Case Study: Hand-Off Reports

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- Describe variables that influence the way nurses and other health care providers communicate to each other or the client.
- Below are examples of communication styles that can occur within a health care organization. Define each style and provide an example of effective versus ineffective communication that can affect client care.
 - Formal
 - Informal
 - Assertive
 - Passive-aggressive
- Informative Describe potential safety issues that can result from ineffective communication. Provide evidence-based resources to support your response.
- What actions can a nurse take to ensure effective communication in a health care setting?
- Discuss two strategies a nurse might use to intervene when there is concern about communication during a hand-off report (incomplete information, uncivil behavior)? Provide evidence-based resources to support the strategies.

FACULTY FACILITATION

TIME

6 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

- Apply effective assertive communication techniques.
- Describe how to standardize communication methods for safe client care.
- Define the components of SBAR for safe clinical practice when reporting client conditions from one professional health care provider to the other.
- Determine ineffective communication patterns when providing client information.
- Describe the nurse's role when completing a client report.

VIDEO CHALLENGE QUESTION

What information should the nurse include when using the SBAR technique?

TIME

1 hour

DELIVERABLE

Individual Video Response

TIME

1 hour

DELIVERABLE

Posted Group Written Response

TIME

4 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

Virtual Case Study: Hand-Off Reports, continued

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Virtual Case Study: Oxygenation

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

FACULTY FACILITATION

TIME

4 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

- Identify the indications for oxygen therapy.
- Outline the benefits and hazards of oxygen therapy.
- Select the appropriate equipment and supplies necessary for initiating oxygen therapy.
- Use the nursing process when caring for clients receiving oxygen therapy.
- Evaluate the client's response to oxygen therapy.
- Reinforce teaching provided by RNs to clients receiving oxygen therapy.

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- What are the essential elements that should be documented in an electronic health record when a client is receiving oxygen? Provide a rationale for the response.
- What is the purpose of adding humidification with oxygen therapy?
- What interventions must the nurse perform when administering oxygen? (Include safety considerations.)
- Describe the following oxygen delivery methods, providing indications for their use, and the liters per minute range setting for each.
 - Facemask
 - Nonrebreather facemask
 - Nasal prongs

TIME

2 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

VIDEO CHALLENGE QUESTION

How does the respiratory system provide oxygen to the body?

Virtual Case Study: Oxygenation, continued

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Virtual Case Study: Urinary Tract Infection

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- Review the signs and symptoms of urinary tract infections and the pathophysiology associated with urosepsis.
- Describe the pathophysiology related to urinary tract infections.
- In the Video Case Study, what was the client's primary problem related to the urinary tract infection? Provide evidence-based rationale to support your response.
- What subjective and objective assessment findings (vital signs, laboratory results, diagnostic test results, subjective and objective assessment) do you anticipate related to this client's primary problem?
- Identify a minimum of three nursing actions that should be included in a plan of care to address the client's primary problem. Provide evidence-based rationale for each action.
- For which potential complications (vital signs, symptoms, medication side effects) should the nurse monitor?
- What follow-up care is necessary after treatment for a urinary tract infection? Provide an evidence-based rationale to support your response.
- Describe client education to help prevent the recurrence of urinary tract infections.

TIME

4 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

FACULTY FACILITATION

TIME

6 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

- Define the difference between upper and lower urinary tract infections.
- Describe symptoms associated with urosepsis.
- Discuss the risk factors associated with urinary tract infections among older adult clients.
- Determine the nursing interventions needed for clients presenting with a urinary tract infection.
- Understand the use of antibiotics for clients who have urinary tract infections.

VIDEO CHALLENGE QUESTION

What are the types and classifications of antibiotics and their actions? What type of antibiotic should the nurse administer for this client and why?

Virtual Case Study: Urinary Tract Infection, continued

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Virtual Case Study: Pain Management

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

FACULTY FACILITATION

TIME

8 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

To facilitate students' understanding of pain management.

- Reassessment of pain after intervention
- Addiction, physical dependence, and medication tolerance
- Pain management clinical practice guidelines
- Pharmacologic vs. nonpharmacologic pain management
- The chronic pain experience from the client's point of view
- Opioid use at the end of life
- Complementary therapies for pain

VIDEO CHALLENGE QUESTION

What elements are included in a pain assessment (i.e., what would you assess)?

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- Describe factors that influence a client's experience of pain.
 - Physiological factors
 - Social factors
 - Cultural factors
- What questions would you ask to assess a client experiencing pain?
- What are the clinical practice guidelines for treatment of chronic pain? Provide a rationale for your response that is supported by evidence-based rationale.
- Why is reassessment of pain important after a nursing intervention to relieve pain? Provide a rationale for your response that is supported by evidence-based resources.
- What should the nurse do if pain is not relieved after an intervention? Provide a rationale for your response that is supported by evidence-based resources.
- Identify two complementary (nonpharmacologic) therapies for pain management. Discuss their use and benefit. Provide an evidence-based rationale for your response.

TIME

6 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

(List continues on next page.)

Virtual Case Study: Pain Management, continued

(List continued from previous page.)

- What is the difference between addiction, physical dependence, and medication tolerance? Provide a rationale for your response that is supported by evidence-based resources.
- Should addiction concerns routinely affect the nurse's decisions about administering opioids for pain management? Why or why not? Provide a rationale for your response that is supported by evidence-based resources.
- Consider a client situation involving a 43-year-old construction foreman who has been on disability for 2 years due to neck and back pain. He is married and has three young children. He spends his days attempting to relieve his pain by taking pain medication and visiting his health care providers.
 - How do you think the client feels? Why do you think he feels this way? How might the nurse assess the client to gain accurate health information?
 - How do you feel about the client? What prior life events could have contributed to your feelings? How can you effectively address these feelings to provide unbiased, optimal client care?
- Consider a clinical situation with a terminally ill client who is close to natural death and receiving increased doses of an opioid medication for pain relief but is experiencing significant respiratory depression due to the medication. Provide evidence-based rationale for your responses to the questions below.
 - Would you give the next dose of opioid medication? What factors influenced your decision?
 - What would be the consequences of your decision for you as the nurse?
 - What would be the consequences of your decision for the client and the client's family?

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Virtual Case Study: Palliative and Hospice Care

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

FACULTY FACILITATION

TIME

6 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

To facilitate and increased knowledge and understanding of palliative care.

- Definition of palliative care
- Definition of hospice
- Purpose of palliative/hospice care
- The nurse's role in palliative/hospice care
- The role of the interprofessional health care team in palliative/hospice care

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- What are some ways that the nurse can ensure that a client receiving palliative/hospice care is kept comfortable? Provide an evidence-based rationale for your response.
- What are some ways that the nurse could provide for the psychosocial and spiritual comfort of the client? Provide an evidence-based rationale for your response.
- How can the nurse provide support for the family/loved ones of the dying client? Provide an evidence-based rationale for your response.

TIME

4 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

VIDEO CHALLENGE QUESTION

What are the priority nursing actions you would anticipate implementing when caring for Mr. Jones and why?

(List continues on next page.)

Virtual Case Study: Palliative and Hospice Care, continued

(List continued from previous page.)

- Describe signs of impending death and the related underlying pathophysiology. Provide an evidence-based rationale for your response.
- Share a time that you were involved with a person who had a life-limiting illness. This involvement could be as a professional caregiver or as a family member. Discuss the following questions with your group. Then select one situation and post it along with responses to the following questions.
 - How did interactions with the person who had a life-limiting illness make you feel?
 - Did you feel equipped to adequately handle the feelings and emotions that were expressed? Explain your response.
 - Did you feel equipped to adequately communicate with the person who had a life-limiting illness? Explain your response.
 - How do you think the person with a life-limiting illness felt during the interactions?
 - Could the interactions have been improved in any way? How? Be specific about the strategies you would implement to improve the interactions.

EVALUATION

Activity	Criteria	Completed
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Virtual Case Study: Wound Evisceration

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

FACULTY FACILITATION

TIME

5 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

To facilitate knowledge and understanding of tissue integrity regarding postsurgical wound complications.

- Wound dehiscence and evisceration
- Causes of postsurgical wound complications
- Medical care of postsurgical wound complications
- Nursing care of postsurgical wound complications

VIDEO CHALLENGE QUESTION

What are two common causes of postoperative wound evisceration? Why might these causes lead to wound evisceration?

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- Why is wound evisceration a serious health alteration? What could potentially happen to a client who has wound evisceration? Provide an evidence-based rationale to support your response.
- What data should be collected preoperatively related to the potential for postoperative wound complications? Provide an evidence-based rationale to support your response.
 - What data is needed to prevent complications in postoperative healing? Provide an evidence-based rationale to support your response.

TIME

3 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

(List continues on next page.)

Virtual Case Study: Wound Evisceration, continued

(List continued from previous page.)

- Describe postoperative wound dehiscence and the related underlying pathophysiology of evisceration. Provide an evidence-based rationale to support your response.
 - What assessment data should be collected?
 - Describe priority nursing interventions for the treatment of wound dehiscence. Provide an evidence-based rationale to support your responses.
 - Identify follow-up care for a client who experienced wound dehiscence. Provide an evidence-based rationale to support your response.
- Describe postoperative wound evisceration and the related underlying pathophysiology of evisceration. Provide an evidence-based rationale to support your response.
 - What assessment data should be collected?
 - Describe priority nursing interventions for the treatment of wound dehiscence? Provide an evidence-based rationale to support your responses.
 - Identify follow-up care for a client who experienced wound dehiscence. Provide an evidence-based rationale to support your response.

EVALUATION

Activity	Criteria	Completed
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Virtual Case Study: Nursing Informatics

INDIVIDUAL STUDENT ASSIGNMENT

RESPONSE TO VIDEO CHALLENGE QUESTION

Select the assigned video case and complete the following.

- View the Video Challenge.
- Submit a response to Video Challenge Question.
- View the Expert Response.

TIME

1 hour

DELIVERABLE

Individual Video Response

FACULTY FACILITATION

TIME

5 hours

PURPOSE OF ACTIVITY AND LEARNING POINTS OVERVIEW

To facilitate an understanding of informatics and how it affects nursing care.

- Definition of informatics
- Effect of informatics on nursing care and health care
- Informatics technologies that affect safety and quality
- Information literacy
- Electronic medical record and electronic health record

VIDEO CHALLENGE QUESTION

How are safety and cost affected by the use of informatics at the point of care? Give two to three specific examples.

ONLINE ENGAGEMENT

STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION

- Share your response to the Video Challenge Question with your small group.
- Compare your response to the response of others in your small group.
- Create a collaborative group response for the Video Challenge Question. Write the response and submit the response to your instructor.

TIME

1 hour

DELIVERABLE

Posted Group Written Response

STUDENT GROUP VIDEO CASE STUDY ACTIVITY

Meet with your assigned group and write a response to each question below. Post your response and then provide feedback for responses of one other group assigned by your instructor.

- How can the use of medication barcode scanning improve safety and quality in health care? Give some examples of how this technology has affected client safety. Provide evidence-based rationale to support your responses.
- Research a health care topic and find the best related current evidence. Respond to the following questions related to your research.
 - What was your search strategy?
 - What are your search parameters (date, search terms, databases)
 - How many databases did you initially find?
 - How did you decide which databases to use for information?
 - What is your topic?
 - What is the best current evidence that you found on your topic?
 - How did it feel to research this information? Did you find that your topic was too broad? Too narrow?
 - If you were researching this topic to access best practices at the point of care, would you have done anything differently? Why or why not?
- Describe the potential benefits and risks of using an electronic health record in relation to the potential for a breach in client privacy. Present an evidence-based rationale to support your responses.

TIME

3 hours

DELIVERABLE

- Posted Group Written Response
- Posted Feedback to One Other Group

EVALUATION

<i>Activity</i>	<i>Criteria</i>	<i>Completed</i>
INDIVIDUAL STUDENT RESPONSE TO VIDEO CHALLENGE QUESTION	Response submitted in Video Case Study. Time spent in Video Case Study.	
STUDENT GROUP RESPONSE TO VIDEO CHALLENGE QUESTION	Create and post detailed, well organized, thoughtful responses to questions.	
STUDENT GROUP VIDEO CASE STUDY ACTIVITY	Create and post detailed, well organized, thoughtful responses to questions.	

Kathryn L. Jensen
371 Brewster Rd. Bristol, CT 06010
860-335-9197 | kayljens@gmail.com

TEACHING AND TRAINING EXPERIENCE

- Train students and faculty on Blackboard and other technologies
- Introductory night of course at Albertus Magnus College for all degree programs
- Freshman Experience courses at University of New Haven
- Substitute Teacher in Connecticut and Massachusetts

INSTRUCTIONAL DESIGN

- Create courses in chorus with Subject Matter Experts (faculty and non-faculty)
- Knowledge and use of theories such as Adult learning, UDL and backward design
- Apply Bloom's Taxonomy to create learning objectives
- Completed Applying the Quality Matters Rubric and Peer Reviewer courses
- Ensure alignment of topics to course content to assessments
- Assist Professors with navigating and editing courses in Blackboard, Canvas and Moodle

TECHNOLOGY

Blackboard, Canvas, Moodle, Panopto, Zoom, PowerPoint, Captivate, Lectora, Audition, Snag-it, Screencast-o-matic, Audacity, Respondus, Premiere Pro, Raptivity, Photoshop, Presenter, MSOffice Suite

EXPERIENCE

Stone Academy, March 2020 – Present
Distance Education Specialist

- Contracted to evaluate and assess the effectiveness of the distance education environment

Goodwin College, November 2018 – Present

Instructional Designer

- Migrated courses from Canvas to Blackboard
- Completed training with CAST on Universal Design for Learning
- Advise Subject Matter Experts on course design for Associates, Bachelors and Masters courses
- Troubleshoot issues with Blackboard that faculty are experiencing
- Oversee course developments, decide what Instructional Designer and SME will work together
- Work with faculty to incorporate Cengage's Mindtap into their courses
- Member of the Funeral Service Advisory Board
- Reviewed portfolios for the Masters in Organizational Leadership

Post University, October 2019 – Present (Dates vary)

Adjunct Instructional Designer

- Utilized Samepage to maintain course development
- Advised SME on designing a Masters level course
- Assured alignment of Outcomes to assessments was present

Lincoln College of New England, Southington, CT December 2017 – August 2018

Instructional Designer

- Redeveloped courses for Funeral Service Management and Introduction to Marketing, acting as Subject Matter Expert and Designer
- Assisted faculty in updating and maintaining their master shells in Canvas
- Worked with Corporate to obtain course shells for upcoming terms
- Trained faculty on Canvas

University of Bridgeport, Bridgeport, CT September 2017 – November 2017

Online Learning Specialist

- Advised faculty on the redevelopment of their courses
- Created faculty training on Accessibility in Canvas
- Updated Master shells for School of Professional Studies and Dental Hygiene
- Reviewed courses for consistency and quality

New England College of Business, Boston, MA December 2016 – September 2017

Contract Instructional Designer

- Worked with Subject Matter Experts to create curriculum for online courses
- Created videos with voiceover from lectures written by the SME
- Constructed courses using Canvas

Lincoln College of New England, Southington, CT November 2016 – August 2017

Instructional Designer (part-time)

- Developed and implemented template for master course shells for consistency
- Assisted faculty in updating and maintain their master shells in Canvas
- Designed STU101 An Introduction to LCNE which all students were asked to take
- Redeveloped TCH101 An Introduction to Teaching Online at LCNE
- Developed FERPA and Title IX trainings
- Created a template for new course development
- Utilized Respondus to upload quizzes and exams

Connecticut Distance Learning Consortium, Newington, CT April 2016 – October 2016

Assistant Director, Instructional Design

- Revised Lectora courses and documents within the course to ensure ADA compliance, including utilizing Jaws
- Edited audio and video files in Audition and Premiere Pro
- Worked with Subject Matter Experts from departments within the state of Connecticut to create courses
- Co-presented to higher education faculty on best practices for online learning

Charter Oak State College, New Britain, CT July 2015 – March 2016

(Grant Funded) Assistant Director, Instructional Design/Course Coordinator CAMI

- Managed the course development process working with faculty and SMEs in manufacturing to redevelop and create courses in hybrid and online formats for Manufacturing
- Developed and created a mini-course on career development and professional skills in Lectora geared towards manufacturing
- Assisted Charter Oak State College faculty to redevelop and/or edit their courses in Blackboard, specifically in General Studies

- Suggested changes to the course based on best practices of Quality Matters.

Goodwin College, East Hartford, CT January 2014 – July 2015

Instructional Designer

- Acted as a trusted advisor to Instructors and Subject Matter Experts to create online courses for Nursing, General Studies, Business and Health Sciences
- Utilized concept maps in working with instructors to ensure alignment
- Completed all courses within deadline
- Created courses by applying Backward and Universal Design theories and using Bloom's Taxonomy
- Created Job Aides/Tutorials for Faculty regarding the use of Blackboard
- Performed Administrator tasks in Blackboard
- Responded to Professor requests with regard to their courses in Blackboard
- Reviewed completed courses for quality
- Utilized Respondus to put quizzes and exams into Blackboard and Moodle

Albertus Magnus College, East Hartford, CT March 2006 – August 2013

Academic Advisor, School of New Dimensions

- Co-presented "Communicating With and Empowering Students: Best Practices in Advising the Adult Learner" -- June 2010 CAAHE Conference
- Counseled Undergraduate and Graduate students on completing their online, on-ground or hybrid degree program, offered suggestions of courses and alternate routes to obtain credits
- Reviewed student evaluations to ensure all coursework has been completed for degree conferral
- Listened and made suggestions to students with learning team issues
- Suggested and implement improvements to policies, procedures and forms
- Instructed the first night of first program for both online and on-ground programs
- Trained new staff on processes, procedures, Moodle and Datatel
- Worked closely with Financial Aid, Accounting, instructors and others

Kelly Services, CT October 2005 – February 2006

Substitute Teacher

- Assisted students with assignments left by teachers
- Ensured students completed necessary work

Quinnipiac University, Hamden, CT September 2004-July 2005

Associate Director of Admissions and Advising, College of Professional Studies

- Recruited and interviewed prospective students
- Advised new and current students on choosing courses to complete their degree
- Performed transfer credit evaluations to determine credits students needed to complete their degree and input transfer credits into Datatel/Colleague.
- Trained staff members on Colleague, process and procedures
- Initialized partnerships with and visited corporations, chambers of commerce, community colleges and state agencies

University of New Haven, West Haven, CT

Associate Director of Career Development October 2001-September 2004

Assistant Director of Career Development November 2000-September 2001

- Supervised a Secretary and a part-time Graduate Assistant

- Counseled students and alumni individually and in groups on resume and cover letter writing, interviewing skills, and hiring practices of companies
- Established and cultivated relationships with various stakeholders within a company
- Coordinated on-campus interviews and information sessions for employers

EDUCATION

MS Educational Technology

Central Connecticut State University, New Britain, CT

MS Labor Relations

University of New Haven, West Haven, CT

BA Psychology

Marist College Poughkeepsie, NY



Keegan Soncha

Educational Technology and Training Specialist

Profile

A dynamic and experienced educational technology specialist with a demonstrated history of working in education online course creation, training environments, and information technology. Skilled in technology, coaching, teaching, event planning, customer service, lesson planning, instructional design, and public speaking.

Employment History

Manager of Product Education at Finalsite, Glastonbury, CT

January 2015 — Present

I created Finalsite's first predominant Product Education team. Using a variety of tools such as our CMS, Zendesk's Guide, Pendo, Go to Webinar and Screencast-o-matic, we have created series of videos, live webinars, training events and articles to guide our clients to be self-sufficient and successful with our software. I also launched our Thought Industries training LMS with my team in 53 days.

Previous positions at the company include Assistant Manager of Product Education, Support Education Coordinator, and LMS Education Specialist. In these positions, I worked with our support team for direct client support and training through tickets and phone calls.

Upper School Science Faculty at Cheshire Academy, Cheshire, CT

August 2011 — December 2014

At Cheshire Academy I taught IB Chemistry SL, IB Chemistry HL, and three sections of general inorganic chemistry. I was the Community Service Coordinator. I was the faculty adviser for the Ich Dien Society--a community service organization. I was apart of the iPad roll-out for the 2014-2015 school year and have been a part of CA's participation in the LMS early adopter program with Blackbaud K-12.

Quantitative Learning Center Chemistry Specialist at University of Connecticut, Storrs, CT

August 2009 — May 2011

At UConn, as a graduate student, I assisted in the day-to-day running of the Quantitative Learning Center as a Chemistry Specialist. I managed a team of undergrads who tutored others in Math, Science, and other technical specialties. I wrote curriculum, hosted study sessions, and assisted the tutors with cultivating their tutoring skills.

Education

M.S., Chemistry, University of Connecticut, Storrs, CT

August 2008 — May 2011

B.S., Chemistry, University of Georgia, Athens, GA

August 2004 — May 2008

Details

63 Whippoorwill Hollow Rd,
Franklin, CT, 06254, 404-987-4063
keegan.soncha@gmail.com

Skills

Effective Teaching

Educational Technology

Lesson Planning

Event Planning

Computer and Internet Skills

Google Suite

Information Technology

Instructional Design

Interpersonal and written communication

Fast learning

CMS

LMS/TI, SkillJar, Etc.

Hobbies

Bullet Journaling, Video Games, Crafting, Hiking, Blogging, Volunteering

Links

[LinkedIn](#)

[Personal Blog](#)

CURRICULUM VITAE

LISA COOLIDGE MANLEY Ph.D.

76 Turnbull Road, Manchester CT. 06042

Phone (860) 208-1245

Email: lmanley@goodwin.edu

EDUCATION

- 2012 **Doctoral Degree in Education**, Capella University, Minneapolis, MN
Specialization in Instructional Design for Online Learning
Dissertation Title: In Search of Higher-order Thinking: Examining a Secondary Physics I Web-enhanced Instructional Design.
- 2003 **Master of Science**, Central Connecticut State University, New Britain, CT
Educational Technology
- 1990 **Bachelor of Arts**, Worcester State College, Worcester, MA.
Media Communication
- 1987 **Business Management Courses** Quinebaug Valley Community College, Dayville, CT

PUBLICATIONS

Coolidge Manley L. (2013). In Search of Higher-order Thinking: Examining a Secondary Physics I Web-enhanced Instructional Design. *Dissertation:* Capella University

Coolidge Manley L. (2013). An Analysis of Higher-Order Thinking: Examining a Secondary Physics I Web-Enhanced Instructional Design. *Issues and Trends in Educational Technology*, Vol. 1, No. 1. The University of Arizona
<https://journals.uair.arizona.edu/index.php/itet/index>

RELATED EXPERIENCE

Goodwin College, East Hartford CT. **January 2014-PRESENT**
Director Online Studies and Center for Teaching Excellence (CTE)

Responsibilities

- Supervisor of Online Studies and CTE Team
- Managing Learning Management System (BlackBoard)
- Collaborate with Deans and Faculty on curriculum development, promotions, interviews, trainings, etc.
- Training students and faculty
- Instructional Designer-working on new and revised course design.
- Conduct yearly performance evaluations for staff

- Academic Leadership Team working with Provost, Deans, VP Student Affairs and Senior Director Institutional Effectiveness.
- Collaborate with Director of IT coordinating technology and training for campus.
- SIP Grant Committee working on implementing Student Retention Initiative.
- Collaborate with Librarians to offer students and faculty resources for research and writing support.
- Coordinating Evaluation Process for Course Shells

TEACHING EXPERIENCE

Goodwin College, East Hartford CT. January 2014-PRESENT
Director Online Studies and Center for Teaching Excellence (CTE)

Courses Taught/Teaching:

- OL660 – Leading Organizational Change
- OL525 – Special Topics in Leadership
- IDA120 – Intellectual Discovery Strategies
- CAP110 – Computer Applications – On Ground, Hybrid and Online

Central Connecticut State University, New Britain, CT. 2003-PRESENT

Courses Taught:

- EDT210 - Introduction to Educational Technology
- EDT415 - Developing Instructional Materials
- EDT315 - Educational Technology in the Secondary School Classroom
- EDTE430 - Topic Seminar in Leadership and Learning Communities
- EDT490 - Instructional Computing for Jamaica Educators
- EDT531 - Interactive Multimedia for Instruction II

Quinnebaug Valley Community College, Danielson, CT. 2012-PRESENT

Courses Taught:

- CS-105 – Intro to Software Application
- CE-CB - Computer Basics

Mitchell College, New London, CT.

2004

- S199 - Special Topics In Computer and Information Systems

TRAINING EXPERIENCE

Central Connecticut State University, New Britain, CT.

- Taught CCSU faculty on multimedia production and design as part of the PT3 federal Grant. Other responsibilities include material design, handouts, lab / equipment set-up Faculty Training at Naylor School on multimedia production

Lebanon School District, Lebanon, CT.

- Trained both students and faculty in video production using VHS and digital cameras, analog and digital editing, and scriptwriting

Cox Communications/CableRep Advertising, Manchester, CT.

- Trained staff on use of equipment and software.
- Trained Sales Reps on creative scriptwriting.

Tele-Media / Charter Communications, Willimantic, CT.

- Trained interns twice a year on video production and the various equipment and software
- Taught video production to individuals and special groups

PRESENTATIONS

BbWorld2017- Institutional Shift: 100% Faculty Use of Blackboard LMS Tools – Phase I

AWARDS / CERTIFICATES

Telly Award – 1 st Place Local Commercial Category	1999
UDL Fellow – Completed One Year Training for Universal Design for Learning	2019
LEAD Cohort – In the process of Leadership Training Program	2020



UNIVERSITY OF BRIDGEPORT

**University of Bridgeport
College of Health Science**

Helen M. Smith
410 Capital Avenue
PO box 340308 MS# 12HSR
Hartford CT 06134

November 24, 2020

Dear Ms. Smith,

I am writing to inform you that Dr. Linda Wagner was appointed as Director, School of Nursing at the University of Bridgeport commencing November 13, 2020. She will serve as the chief academic officer for the School of Nursing in the College of Health Sciences.

Sincerely,

A handwritten signature in cursive script that reads "Michael A. Ciolfi D.C.".

Michael A. Ciolfi, HBPE, BSc, DC, MBA, DBA
Interim Dean, College of Health Sciences
Director, School of Chiropractic
University of Bridgeport
30 Hazel St.
Bridgeport, CT 06604
203-576-4278
mciolfi@bridgeport.edu



**University of
Bridgeport**

Office of Human Resources

November 25, 2020

Dr. Linda D. Wagner
276 1st Avenue
Milford, CT 06460

Dear Dr. Wagner:

I am pleased to confirm your appointment as Director School of Nursing in the College of Health Sciences. Your appointment is subject to satisfactory performance of the Job Description attached to this letter, and the following terms and conditions:

Position:	Director School of Nursing
Division:	College of Health Sciences
Commencing:	November 13, 2020
Annual Rate of Salary:	XXXXXXXXXX

You will report to the Dean of the College of Health Sciences or designee and perform duties as stated in the attached job description. The first six months of your new appointment will be considered a probationary period; you will receive a review at its conclusion.

Position:	Associate Professor of Nursing
Division:	College of Health Sciences

The terms of your faculty appointment are detailed in Section 7.1 of the University of Bridgeport Faculty Handbook, Revised and approved on November 15, 2002. You will be on leave from your faculty appointment during the time that you serve in the administrative capacity of Director. During this time, you will earn no credit toward tenure or seniority. If your administrative appointment ends and you choose to return to a faculty position, appropriate compensation will be negotiated between you, your Dean and the Vice President for Academic Affairs.

Your appointment is "at-will" and may be terminated by either party with or without cause at any time. During the period of your employment, you will receive the standard benefits package provided to administrators. Human Resources can provide you with specific details of the current programs (203-576-4588).

This appointment is subject to the provisions of the University's policies, which may be amended by the University from time to time, and which does not create a contract between you and the University. In accordance with University policy, by executing this agreement, you consent to the performance of drug

toxicology and/or criminal and other background checks by the University any time before or during your employment. Please sign the enclosed Disclosure and Authorization form. Any falsification, misrepresentation or omission of information relating to your applying for this position could be grounds for termination.

Further, you agree to uphold ethical standards appropriate to your position, including, but not limited to, complying with all applicable laws, rules, regulations, and conflict of interest policies, and all other policies, as amended from time to time. You also agree to meet obligations imposed by federal and state law and university policies including the obligation to report information regarding violations.

You agree that this letter agreement constitutes the entire agreement and fully supersedes any and all prior representations that may have been made orally or in writing. An original and one copy of this letter agreement bearing my signature are enclosed. If the terms set forth in this letter are acceptable to you, please execute fully both copies, retain the original for your records and return the other copy to me within seven days. This appointment shall be valid only when signed by all parties and delivered to my office, and shall be void if not returned by this date.

Sincerely,



Melitha Przygoda, Ed.D
Director of Human Resources

I accept the appointment and agree to all terms and conditions stated above. I certify that all information which I have provided to the University of Bridgeport is true and accurate.


Linda D. Wagner

11-25-2020
Date

UNIVERSITY OF BRIDGEPORT POSITION DESCRIPTION

Title: Director School of Nursing

Department: School of Nursing

Supervisor: Dean of College of Health Sciences

The Director of the School of Nursing is responsible for the operations and strategic planning for the School of Nursing and has teaching responsibilities. The director will be responsible for the promotion of nursing research proposals, publications, grant writing and interprofessional education and practice among the nursing and college faculty.

Reporting to the Dean of the College of Health Sciences, the Director of the School of Nursing is its Chief Academic Officer. Working collaboratively with the faculty, the Director is responsible for the effective delivery of educational programs ensuring that they are consistent with the mission of the University of Bridgeport, College of Health Sciences, and the School of Nursing.

Qualifications:

- Earned Doctorate in Nursing or Ed D with a master's in nursing;
- Participated in nursing research projects, with a progressive track record of seeking external funding;
- Minimum of 5 years of nursing leadership such as a dean/director/associate director in a college, university or equivalent institution;
- High level of knowledge and skills in every aspect of budget management, fund raising, curriculum development, educational effectiveness assessment, program strategic planning, research, grant writing, accreditation compliance, faculty and student issues, and enrollment management;
- Eligible for rank of Assistant Professor.

Skills and Abilities:

- Solid interpersonal communication skills and the ability to work on cross functional teams in both leadership and member roles;
- Strong presentation, writing and research skills;
- Proven ability to work in complex, collaborative environments;
- Self-motivated and an independent thinker who can meet deadlines, deal with conflicting priorities and have very strong interpersonal skills;
- Ability to solicit cooperation from persons and departments throughout the University;
- Ability to work with ethnically, culturally, and socially diverse students, staff, faculty and other constituencies required.

NOTE: The above description is intended to describe the general nature and level of work to be performed by the Director School of Nursing. It is not intended to be an exhaustive list of all responsibilities of the position. You will devote your full time and best efforts to the performance of your various job duties and will observe any and all policies, rules and regulations that the University may now have or shall hereafter establish.

Employee Signature

Date

LINDA D. WAGNER, ED.D., M.S.N., R.N.

Cell phone:

Email:

SUMMARY OF QUALIFICATIONS

Expert university professor with extensive experience in nursing program development, curriculum and online instruction, and community engagement. Accomplished leader proficient in program assessment, evaluation, and partnership development. Innovative and forward thinker in regard to education and practice. Strong advocate for student diversity, student success and social justice.

Selected accomplishments include:

Management of Nursing Program

- Provided leadership for curriculum development and implementation of two new BSN programs.
- Development of clinical sites for new BSN program.
- Advocated for and oversaw increase in budget and personnel for implementation of new BSN program at CCSU.
- Associate Dean of RN-BSN program and Associate Dean/ Director of Traditional BSN program
- Online RN-BSN program development

Oversight of Accreditation and Assessment Activities

- Commission on Collegiate Nursing Education (CCNE), Substantive Change and 5-year Accreditation Report, Central CT State University.
- Commission on Collegiate Nursing Education (CCNE) initial accreditation report for University of Bridgeport
- Initial and 5-year Connecticut State Board of Nurse Examiners for Nursing Program Report, Central CT State University.
- Assessment Report and Annual Report for Department of Nursing, Central CT State University, University of Bridgeport
- CCNE on-site accreditation evaluator.

Leadership in Community Engagement and Global Health

- Initiated partnership with New Britain EMS Academy to share simulation center.
- Develop and expand clinical partner relationships
- Initiated several Health Fairs at local high school and elementary schools for nursing students.
- Supported faculty initiation and participated in *Community Central*, a health promotion clinic in a New Britain Storefront at CCSU.
- Lead faculty member in developing Course Abroad to Montego Bay, Jamaica with nursing students for five years while at CCSU.
- Lead nursing faculty member to travel with Physician Assistant Students to Guatemala for service-learning trip at University of Bridgeport
- Lead faculty member in developing Course Abroad to Pecs, Hungary for BSN students on Health Policy at the University of Bridgeport

EDUCATION

UNIVERSITY OF HARTFORD, Hartford, CT

Doctor of Educational Leadership

Dissertation: Caring and leadership in female baccalaureate nursing students: A group process experience

UNIVERSITY OF PENNSYLVANIA, Philadelphia, PA

Master of Science in Nursing, Nursing of Children

WESTERN CONNECTICUT STATE UNIVERSITY, Danbury, CT

Bachelor of Science in Nursing

PROFESSIONAL HISTORY

UNIVERSITY OF BRIDGEPORT, Bridgeport, CT 2015- present

Director, School of Nursing (2020-)

Associate Professor, School of Nursing

- Teach online in the RN-BSN and MSN in nursing education/ leadership programs
- First Year Seminar, BSN nursing courses as needed

Associate Dean, BSN Program, School of Nursing (2017- 2019)

- Provide leadership to new undergraduate faculty and program oversight of BSN program
- Assist the Dean to develop, review and assess academic plans, curriculum programs, schedules, faculty evaluation, and budget for the BSN program
- Oversee student advising, academic progress, retention, and probation for over 200 students
- Assist in development of master's degree in Nursing and Accelerated BSN proposal
- Initiate a faculty led course abroad to Pecs, Hungary for Health Policy Course

Associate Dean, RN to BSN Program, School of Nursing (2015-2017)

- Provide leadership and support in the development of RN to BSN online program
- Provide leadership and management in the areas of enrollment/admissions, retention, advisement, and student outcomes to facilitate student success
- Develop a systematic plan for evaluation that meets licensure and accreditation standards
- Assist the Dean to develop review and assess academic plans, curriculum, programs, schedules and budgets within the School of Nursing
- Wrote Self-study and facilitated a successful CCNE Site visit for Accreditation
- Teach courses in capstone and leadership and management for online program

CENTRAL CONNECTICUT STATE UNIVERSITY, New Britain, CT

2007- 2015

Tenured Full Professor, Department of Nursing, School of Education and Professional Studies

In the role as Department Chair for 5 years:

- Instrumental in writing the state and national accreditation reports to seek approval for new BSN program.
- Provided administrative leadership for department policy, curriculum, accreditation, budget, personnel and assessment.
- Expanded RN/BSN program to on-site locations and transitioned these courses to hybrid model.
- Initiated partnership with New Britain EMS Academy to share simulation center.
- Developed and initiated a course abroad to Jamaica, taking 11-16 nursing students to provide health care and partner with a local Jamaican Nursing program for 5 years in a row.
- Facilitated several community engagement activities and partnerships in the community and local school

- systems such as homeless shelter, and Community Central, a store front in New Britain.
- Submitted a proposal for master's degree in Nursing Leadership Program.

Faculty Activities:

- Teach BSN courses in leadership and issues, child health, health promotion and theory.
- Teach RN/BSN courses in theory, leadership, community health and final Synthesis course in on-ground and hybrid format.
- Mentor junior faculty.
- Engage in ongoing development of community engagement activities and global health activities.

SOUTHERN CONNECTICUT STATE UNIVERSITY, New Haven, CT

2001- 2007

Associate Professor, Department of Nursing, School of Health and Human Services

- Served as a tenured professor with primary specialty focus on children's health, family nursing and leadership.
- Practiced as clinical faculty member in pediatric and community health care settings.
- Maintained expertise in online instruction and taught RN/BSN and MSN courses online.
- Advised Master's Thesis and Special Projects for graduate students.
- Served as RN/BSN Program Coordinator.

SAINT JOSEPH COLLEGE, West Hartford, CT

1988- 2000

Assistant Professor, Division of Nursing (1996- 2000)

Instructor, Division of Nursing (1988- 1996)

Director, Nursing Learning Center (1994- 1998)

NEWINGTON CHILDREN'S HOSPITAL, Newington, CT

CHILDREN'S HOSPITAL OF PHILADELPHIA, Philadelphia, PA

ADJUNCT

YALE UNIVERSITY, GEPN, Adjunct, Community Health Clinical faculty

SIMMONS UNIVERSITY, MSN, Adjunct online faculty 2015- 2018

THOMAS EDISON STATE UNIVERSITY, MSN, Adjunct online faculty 2020

AWARDS AND RECOGNITION

- University of Bridgeport Competitive Poster Award. "Families in Transition: The Lived Experience of Parenting a Transgender Child." E. Armstrong, L. Wagner. University of Bridgeport, Faculty Research Day, Poster presentation. March 29, 2019
- Terry Bosworth Global Nursing Award, Sigma Theta Tau, Iota Upsilon-chapter-at-large, 2014, 2019
- Honor Roll for Central Connecticut State University, Outstanding Teacher Award, 2013
- Nightingale Award for Excellence in Nursing, Hartford, CT, 2010

MEMBERSHIPS

Member, Connecticut Nurses Association

Member, American Nurses Association

Member, Sigma Theta Tau

PUBLICATIONS AND PRESENTATIONS

Research in Progress

- “Stigma and uncertainty experienced by adults and families/ social supports living with sickle cell disease in the US, Jamaica and Nigeria.”

Publications

2020. Reviewer for manuscript submitted to *Value in Health*

2020. Reviewer for manuscript submitted to *Journal of Health Psychology*

2020. Reviewer for an Integrative Review article for *Journal of Family Nursing*.

Christensen, S. & Wagner, L. (2020). Disaster response nurses: Exploring the impetus to respond to multiple relief efforts. Accepted to *Nursing Science Quarterly*.

Wagner, L. & Armstrong, E. (2020). Families in Transition: The Lived Experience of Parenting a Transgender Child. *Journal of Family Nursing*, published online, 1-9. <https://doi.org/10.1177/1074840720945340>

Leger, R., Wagner, L., & Odesina, V. (2018). Stigma in adults with Sickle Cell Disease and family members: Scale development and pilot study in the USA and Nigeria. *International Journal of Africa Nursing Sciences*, 9, 23-29, <https://doi.org/10.1016/j.ijans.2018.06.003>

Blake, A., ... Wagner, L. & Asnani, M. (2018). Stigma and Illness Uncertainty: Adding to the burden of Sickle Cell Disease, *Hematology*. 23(2), 122-130, <https://doi.org/10.1080/10245332.2017.1359898>

2017. Reviewer for *Nursing Delegation and Management of Patient Care (2nd ed.)*. K. Motacki and K. Burke, Elsevier.

Christensen, S., Wagner, L., Coleman, M., & Appell, D. (2017). The lived experience of having a rare medical disorder: Hermansky-Pudlak syndrome. *Chronic Illness*. 13(1), 62-72, <https://doi.org/10.1177%2F1742395316655854>

Wagner, L. & Christensen, S. (2015). Establishment of a short-term global health nursing education experience: Impact on students' ways of knowing. *Journal of Nursing Education*, 54 (5), 295-299, <https://doi.org/10.3928/01484834-20150417-09>

2016. Reviewer for *Family Focused Nursing Care*. S. Denham, S. Eggenberger, P. Young, & N. Krunwiede. F.A. Davis.

Leger, R., Wagner, L., & Odesina, V. (2009). Evidence-based practice with community participants: Select experiences with patients with Spina Bifida and Sickle Cell Disease. *International Journal of Nursing in Intellectual and Developmental Disabilities*. 5(1). Available from: <http://journal.ddna.org/volumes/volume-5-issue-1>

Madara, B., Avery, C., Denino, V., Wagner, L., & Leger, R. (2008). *Quick Look Nursing: OB/Pedi Pathophysiology*. Sudbury, MA: Jones and Bartlett Publishers.

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Wagner, L. (2005). Using group process to develop caring leaders. In H. Feldman & M. Greenberg (Eds.), *Educating for Leadership*, (pp. 126-135). New York: Springer Publishing.

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- Halstead, R., & Wagner, L., (2001). A consideration of caring in counseling practice, *dialog*, 32, Winter 2001, 5-14.
- Wagner, L. D. (1997). Caring and leadership in female baccalaureate nursing students: A group process experience. University of Hartford, Hartford, CT (Unpublished doctoral dissertation).
- Leichtner, A.M., Banta, J.V., Etienne, N., Schwartz, A.N., Renshaw, T.S., Solari, L.D., Ascione, J., and Hyams, J.S. (1991). Pancreatitis following scoliosis surgery in children and young adults. *Journal of Pediatric Orthopedics*, 11(5), pp. 594-598.

Presentations

- November 2019 "Stigma in adults with sickle cell disease and family members: Scale development and pilot study in the USA and Nigeria." V. Odesina, R. Leger, L. Wagner. 10th Annual Scientific Conference on Global Health, National Association of Nigerian Nurses in North America (NANNNA), Chicago, IL.
- July 2019 "Families in Transition: The Lived Experience of Parenting a Transgender Child." L. Wagner, E. Armstrong. Sigma Theta Tau 30th International Nursing Research Congress, Calgary, Alberta. Podium presentation.
- March 2019 "Families in Transition: The Lived Experience of Parenting a Transgender Child." E. Armstrong, L. Wagner. University of Bridgeport, Faculty Research Day, Poster presentation.
- March 2017 "The Lived Experience of having a Rare Medical Disorder: Hermansky-Pudlak Syndrome." S. Christensen, L. Wagner, M. Coleman. Poster Presentation. CSCU Faculty Research Conference, Central Connecticut State University, New Britain, CT.
- September 2015 "The future of healthcare and leadership challenges". Shared Governance Retreat Day, Greenwich Hospital.
- July 2015 "The lived experience of having a rare medical condition: Hermansky-Pudlak syndrome." L. Wagner, S. Christensen, M. Coleman. Sigma Theta Tau 26th International Nursing Research Congress, San Juan, PR. Podium presentation.
- June 2015 "The lived experience of having a rare medical condition: Hermansky-Pudlak syndrome." S. Christensen, M. Coleman, L. Wagner. American Association of Nurse Practitioners National Conference, New Orleans, LA. Poster presentation.
- June 2014 "Global health and nursing education: Partnering with Jamaica to care for diverse populations from a social justice framework." S. Christensen, L. Wagner. Association of Community Health Nurse Educators Institute. San Antonio, TX. Podium presentation.
- July 2013 "Stigma in Sickle Cell Disease Scale Development: A Pilot Study in adults and family/caregivers in the US and Nigeria." L. Wagner, R. Leger, V. Odesina. Sigma Theta Tau 24th International Nursing Research Congress, Prague. Podium presentation.
- November 2011 "Mutual Benefits of Shared Simulation Resources: An interdisciplinary Partnership." L. Wagner and S. Christensen. AACN Baccalaureate Nursing Conference, St. Louis, MO. Podium presentation.
- Summer 2010 First Global Congress on Sickle Cell Disease. "Stigma in adults living with Sickle Cell Disease and their family caregivers in the US and Nigeria: Stigma in SCD scale pilot." R. Leger, V. Odesina, L. Wagner, V. Knowlden. Accra, Ghana. Podium presentation.
- June 2009 State of Connecticut, Department of Public Health. Keynote Address at: Public Health Nursing 2010: Portals to Excellence in Practice – Part 2, Alumni Hall, CCSU.
- November 2009 "Promoting Community Engagement through an Interdisciplinary Family Health Fair." L. Wagner and S. Bochain. Podium Presentation. AACN Baccalaureate Nursing Conference, Chicago, IL.

- April 2008 "Stigma in adults living with sickle cell disease and their family/caregivers' experience in the US and Nigeria: Stigma scale development and pilot." Leger, R. Odesina, V., Wagner, L., & Knowlden, V. Poster presentation at Lautech Hospital Osogbo, OsunState, Nigeria.
- April 2008 "Stigma in adults living with sickle cell disease and their family/caregivers' experience in the US and Nigeria: Stigma scale development and pilot." Leger, R. Odesina, V., Wagner, L., & Knowlden, V. Poster presentation at Athena: UCONN Nursing Research Day, Storrs, CT
- September 28, 2007 "Facilitating Transitions: The experience of young women with Sickle Cell Disease." First Annual Pediatric Nursing Conference, Pediatric Nursing: Changing culture and practice. Connecticut Children's Medical Center, Hartford, CT.
- September 2002 "Looking to the Future: Socializing Nursing Students as Caring Leaders." Paper Presentation at the National League for Nursing Education Summit, Anaheim, CA.
- August 2002 Pediatric Issues for Medical Interpreters. Workshop presented at Medical Interpreters Workshop, Bridgeport, CT.
- April 2002 Pediatric Assessment in Training Students in Collaborative Preschool Assessment. Presented at SCSU workshop, New Haven CT.
- April 2000 "Transition into Practice: Where have the graduates gone?" Paper Presentation at the Eastern Nursing Research Society Conference, Newport, RI.
- April 1998 "Caring and Leadership in Female Baccalaureate Nursing Students: A Group Process Experience." Paper Presentation at International Caring Conference, Philadelphia, PA.
- October 1996 "Caring and Leadership in Female Baccalaureate Nursing Students: A Group Process Experience." Paper Presentation at "Making Connections: Communication in Nursing" Conference, East Stroudsburg, PA.

GRANTS

- 2015 CCSU Faculty Development Grant. "The Power of Story." Awarded \$1300.00
- 2012 Program Administrator for CCSU site, Capital Workforce Partners, "Healthcare Careers Project."
- 2012 CCSU Faculty Development Grant. "Achieving Academic Success in Nursing, Part II." Awarded \$1500.00
- 2011 CCSU Faculty Development Grant. "Achieving Academic Success in Nursing." Awarded \$2000.00
- 2011 CCSU Summer Curriculum Development Grant. "There's an app for that: Hand-held devices in nursing education." Awarded \$2000.00
- 2010 CCSU Community Engagement Grant. "Undergraduate Nursing and Social Work student engagement with underserved high school students at the Opportunity High School, Hartford, CT: Helping urban youth: the physical, social and emotional challenges." S. Bochain, L. Wagner, P. Hensley. Awarded \$2750.00
- 2009 CCSU Summer Curriculum Grant. "Bridging the Gap: A summer program of academic and social support for a diverse cohort of local nursing students during their transition from high school to university education." L. Wagner and S. Bochain. Awarded \$2600.00
- 2009 CCSU Faculty Development Grant. "Technology: Transforming Nursing Education." \$1500.00 awarded to attend AACN Hot Issues Technology conference
- 2008 CCSU Summer Curriculum Grant "Caring and Community: Service Learning in Nursing." Awarded \$1600.00
- 2008 CCSU UBPC Grant. "Promoting Community Engagement through an Interdisciplinary Family Health Fair at Dr. James H. Naylor School in Hartford, CT." S. Bochain, PI, L. Wagner, K. Riem, M. Voight, CO-PI. Awarded \$5020.00
- 2008 CSU AAUP University Research Grant. "Transition of chronic illness: A metasynthesis." Awarded \$1800.00

- 2007 CSU AAUP University Research Grant. "Family Realities of Living with a chronic genetic condition: An exploration of transition, uncertainty, and stigma." Awarded \$4200.00
- 2005 SCSU Faculty Development Grant. Wagner, L., Santavenere, O., Lacey, K. "Improving best practice in the SCSU online RN/BSN program." Awarded \$2000.00
- 2005 CSU AAUP University Research Grant recipient. "Transition Experiences in Young Women with Sickle Cell Disease." Awarded \$3290.00
- 2005 "The relationship between functional independence, quality of life, and parental stress for adolescents with disabilities." R. Leger (PI), T. Spencer (Co-PI), L. Wagner (Co-PI)
- 2004 SCSU Assessment Grant, "Assessment of a part-time cohort of nursing students." L. Wagner, S. Bochain, M. Glendon, Awarded \$1500.00
- 2003 Grant awarded to attend North Carolina National Training Institute's Training of trainers in child care health consultation, October 2003, March 2004. Awarded \$2000.00
- 2000 Saint Joseph College Technology grant to attend a 4-day workshop on "Designing Courses for the World Wide Web." Indiana University, Awarded \$1500.00
- 1995 Helene Fulde Grant for Nursing Learning Center, co-author, awarded \$25,000 for Department of Nursing, Saint Joseph College

PRACTICE ACTIVITIES AND TRAINING

- 2004 North Carolina Training Institute for Child Health Care Consultation
- 2000 Designing courses for the World Wide Web, 5-day training at Indiana University School of Nursing
- 1994-2013 Medication administration course for daycare providers
- 1990 Presentation "Techniques in Orthopedic Nursing" Staff workshop at Middlesex Hospital
- 1985-1988 Speaker's Bureau at Newington Children's Hospital: "School Screening and Scoliosis."
- 1988 NCAST II (Nursing Child Assessment Satellite Training)
- 1986 CT School Health Task Force to evaluate school screening
- 1986 Brochure Publication- Home Traction for Congenital Dislocation of the Hip.
- 1985 Developed Home Traction Program for infants with Congenital Dislocated Hips
- 1984 Developed "Straight Talk for Brace Wearers", an instructional booklet for patients receiving boston braces for scoliosis

PROFESSIONAL SERVICE

- 2013- present CCNE on-site accreditation evaluator
- 2017- Bridgeport Department of Public Health Advisory Committee
- 2013- Scholarship Committee for Dr. Lorraine Spranzo Scholarship Award
- 2016- 2017 CT Community Nursing Program Articulation Advisory Committee
- 2014-2015 Three Rivers Community College Nursing Program Advisory Board
- 2014- 2015 Southern Connecticut State University Nursing Program Advisory Board
- 2013 Faculty Preceptor for Doctoral Student doing education practicum from the EdD program at Southern Connecticut State University
- 2009- 2015 New Britain High School Health Academy Advisory Committee
- 2008- present Hospital for Special Care Nursing Leadership Lecture Series Planning Committee
- 2010- present yearly presentations to local high schools on nursing career opportunities

- 2008- 2012 CNA Approver and Provider Committee
- 2008- 2013 CLN Dean's and Director's Council
- 2009- 2012 Secretary for Dean's and Director's Council
- 2007 LPN State-wide advisory Committee, appointed
- 2006, 2009 Faculty Preceptor for master's graduate student doing education practicum from the University of Hartford
- 2006 Participation in Monroe School System Health Curriculum Audit
- 2005 Dissertation Committee, University of Hartford. Deborah Wheeler, "Special Education Administrator' perceptions of the social supports that ameliorate the stress inherent in their professional role."
- 2004- 2007 Gateway Community College Department of Nursing Advisory Board
- 2004-2007 Bridgeport Hospital School of Nursing Advisory Board
- Fall 2005 Book review for leadership and management. Pearson Publishing
- 2005 Qualitative Research Consultation to medical students at UConn Health Center
- 2001 Connecticut Nurses Association Delegate to Annual Nurses Convention
- 2001 Manuscript reviewer for Applied Nursing Research
- 2000 Region 5 Information Technology Award Chair, Sigma Theta Tau
- 1998-2000 Student Nurses Association, Faculty Adviser
- 1996-1998 Sigma Theta Tau, Faculty Adviser, Eligibility Committee
- 1996-1997 Connecticut Nurses Association Delegate to Annual Nurses Convention
- 1996-1997 Connecticut Nurses Association-Regional Council representative, Finance Committee

SIGNIFICANT SERVICE AT UNIVERSITY LEVEL

University of Bridgeport

- 2019- present Faculty Affairs Committee
- 2018, 2019 Faculty Course lead for health policy course to Pecs, Hungary
- 2018-present Faculty Research Day Committee, oversee external judging
- 2018 UBSN Strategic Planning Committee
- 2018 Member of College of Health Sciences Directors Committee
Chair, CHS Interprofessional undergraduate Committee
- 2018 NECHE Standard 6: Teaching, Learning and Scholarship Committee
- 2017 Faculty adviser to Guatemala with Physician Assistant Students
- 2016 Faculty Advisory Board for Online Programs

Central Connecticut State University

- 2014 CCSU Human Studies Council
- 2012-13 Search Committee for Dean of School of Education and Professional Studies
- 2010-2012 Faculty adviser, Student Nurses Association
- 2009- 2015 Nurse Consultant for CCSU Day Care
- 2007- 2008 Faculty Senate
- 2007 Search Committee for Associate Dean
- 2007- 2008 Sigma Theta Tau, Faculty Adviser

2012- present Sigma Theta Tau, Awards Committee
2007- 2015 Department Evaluation Committee, 2013- Chair

Southern Connecticut State University

2006-2007 CSU- AAUP Blue Ribbon Committee
2003- 2006 Department Personnel Committee, Chair
2005- 2008 Department Evaluation Committee, Co- Chair, 2006-2007
2003-2006 Academic Standards Committee
2001-2003 Sigma Theta Tau, Faculty Adviser
2002-2004 Faculty Academic Strategic Planning Committee, SCSU- appointed
2002- 2007 Faculty Senate, SCSU

Saint Joseph College

1998-1999 College Benefits Committee-appointed
1998-2000 College Nominating Committee
1998 Search Committee for Director of Beach Park School, Chair
1998 Sub-Committee to evaluate Freshman Seminar
1997-2000 Committee for development of Beach Park School-SJC Lab School-appointed
1996-1998 College Information Technology Committee, Chair
Search Committee for Director of Information Technology
Su 1997 Covered duties of Department Chair, Nursing
1993-1995 NEASC subcommittee of Library and Information Services
1995-1997 College Faculty Development Committee
Faculty Mentor

RECORD OF: DOLMANISTH LINDA
(LAST NAME FIRST)

HOME ADDRESS 20 W MONTGOMERY AVE ARDMORE PA 19003

BIRTHDATE:
SECONDARY SCHOOL OR COLLEGE:

UNIVERSITY of PENNSYLVANIA
PHILADELPHIA


MATRICULATED: SEPT 1982

COURSE DESCRIPTION	DEPT.	COURSE NUMBER	CREDIT	GRADE
FALL 1982-NURSING GRADUATE DIVISION BIO ASP REP/DEV TERM AVG 3.00	NURS	684	1.0#	B
CUM AVG 3.00				
SPRING 1983-NURSING GRADUATE DIVISION CURR ISSUES-PROB CON SYMS NURS TERM AVG 3.50	NURS	603	1.0#	A
	NURS	611	1.0#	B
CUM AVG 3.33				
SUMMER1 1983-NURSING GRADUATE DIVISION INTRO TO RSCH MT * TERM AVG 0.00	NURS	637	1.0#	P
CUM AVG 3.33				
SUMMER2 1983-NURSING GRADUATE DIVISION APP PHARM NS PRA * TERM AVG 0.00	NURS	508	1.0#	P
CUM AVG 3.33				
FALL 1983-NURSING GRADUATE DIVISION NSG CHLD:THEORY CL DEC PRI CARE TERM AVG 4.00	NURS	720-A	1.0#	A
	NURS	720-B	1.0#	A
CUM AVG 3.60				
SPRING 1984-NURSING GRADUATE DIVISION MANAGMT NUR PRA NUR CHILD II NUR CHILD CL II TERM AVG 4.00	NURS	578	1.0#	A
	NURS	721-A	1.0#	A
	NURS	721-B	1.0#	A
CUM AVG 3.75				
SUMMER1 1984-NURSING GRADUATE DIVISION NRSG OF CHLD III CLIN PRACTICUM TERM AVG 4.00	NURS	723-A	1.0#	A
	NURS	723-B	1.0#	A
CUM AVG 3.80				
NO OFFICIAL ENTRIES BEYOND THIS POINT				

COURSE DESCRIPTION	DEPT.	COURSE NUMBER	CREDIT	GRADE	ACTIONS
NO OFFICIAL ENTRIES THIS SIDE					MAJOR-NURSING OF CHILDREN ***** GRADUATED 08/84 WITH MASTER OF SCIENCE IN NURSING

OFFICE OF THE UNIVERSITY REGISTRAR

Ronald V. Sanders
RONALD V. SANDERS
UNIVERSITY REGISTRAR



MAR 22 2007

UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA, PA 19104

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UNIVERSITY OF HARTFORD
200 BLOOMFIELD AVENUE
WEST HARTFORD, CT 06117

Student No:

Date of Birth:

Date Issued: 20-OCT-2020

Record of: Linda D Wagner
 Current Name: Linda D Wagner
 Issued To: Helen Smith
 Parchment DocumentID: 30958831

O F F I C I A L

Page: 1

Course Level: Graduate
 Advisor:

Current Program
 Doctor of Education
 College : Educ., Nursing & Health Prof.
 Major : Educational Leadership

Degrees Awarded Doctor of Education 18-MAY-1997
 Primary Degree
 Major : Educational Leadership

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
INSTITUTION CREDIT:			
Fall Term 1989			
NUR 615	Theories Learning & Tech	3.00 B+	9.99
	Ehrs: 3.00 GPA-Hrs: 3.00 QPts:	9.99 GPA:	3.33
Spring Term 1992			
EDA 610	Adminstrtve Behavior	3.00 A	12.00
	Ehrs: 3.00 GPA-Hrs: 3.00 QPts:	12.00 GPA:	4.00
Summer 1993			
EDD 820	Children, Famly, Community	3.00 A-	11.01
EDD 821	Educational Policy Study	3.00 A-	11.01
EDD 840	Rsch Skills For Ed Ldrs	3.00 B	9.00
	Ehrs: 9.00 GPA-Hrs: 9.00 QPts:	31.02 GPA:	3.44
Fall Term 1993			
EDD 822	Sem.In Org.Theory In Ed.	3.00 A	12.00
EDD 823	Educ.Org.Impr.& Change	3.00 A-	11.01
	Ehrs: 6.00 GPA-Hrs: 6.00 QPts:	23.01 GPA:	3.83
Spring 1994			
EDD 824	Curriculum Theory&Resear	3.00 A	12.00

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Institution Information continued:			
EDD 825	Seminar In Instr.Develop	3.00 B+	9.99
	Ehrs: 6.00 GPA-Hrs: 6.00 QPts:	21.99 GPA:	3.66
Summer Term 1994			
EDD 826	Prof & Ethical Issues	3.00 A	12.00
EDD 827	Sem In Educ Leadership	3.00 A	12.00
	Ehrs: 6.00 GPA-Hrs: 6.00 QPts:	24.00 GPA:	4.00
Fall Term 1994			
EDD 830	Advanced Planning	3.00 B+	9.99
	Ehrs: 3.00 GPA-Hrs: 3.00 QPts:	9.99 GPA:	3.33
Spring Term 1995			
EDD 842	Qualitative Resrch Meth	3.00 A	12.00
EDD 850	Doct.internship-One	3.00 A	12.00
	Ehrs: 6.00 GPA-Hrs: 6.00 QPts:	24.00 GPA:	4.00
Summer Term 1995			
EDD 832	Human&Fiscal Res Mgmt	3.00 A-	11.01
EDD 851	Doct.internship - Two	3.00 A	12.00
	Ehrs: 6.00 GPA-Hrs: 6.00 QPts:	23.01 GPA:	3.83
Fall Term 1995			
EDD 844	Quantitative Research	3.00 A	12.00
EDD 860	Dissertation Proposal Seminar	3.00 A	12.00
	Ehrs: 6.00 GPA-Hrs: 6.00 QPts:	24.00 GPA:	4.00
Spring Term 1996			
EDD 831	Empowerment Professional Staff	3.00 A	12.00
	Ehrs: 3.00 GPA-Hrs: 3.00 QPts:	12.00 GPA:	4.00

***** CONTINUED ON NEXT COLUMN *****

***** CONTINUED ON PAGE 2 *****

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Natalie N. Durant

NATALIE N. DURANT
 DIRECTOR, REGISTRATION AND RECORDS

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UNIVERSITY OF HARTFORD

200 BLOOMFIELD AVENUE
WEST HARTFORD, CT 06117

Student No:

Date of Birth:

Date Issued: 20-OCT-2020

Record of: Linda D Wagner
Level: Graduate

O F F I C I A L

Page: 2

SUBJ NO.	COURSE TITLE	CRED GRD	PTS	R
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Institution Information continued:

Summer Term 1996

EDD 862	Doctoral Dissertation-Phase 2	3.00 A	12.00	
Ehrs: 3.00	GPA-Hrs: 3.00	QPts: 12.00	GPA: 4.00	

Fall Term 1996

EDD 861	Doctoral Dissertation-Phase I	3.00 A	12.00	
Ehrs: 3.00	GPA-Hrs: 3.00	QPts: 12.00	GPA: 4.00	

Spring Term 1997

EDD 863	Doctoral Dissertation-Phase 3	1.00 A	4.00	
Ehrs: 1.00	GPA-Hrs: 1.00	QPts: 4.00	GPA: 4.00	

***** TRANSCRIPT TOTALS *****

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	64.00	64.00	243.01	3.79

TOTAL TRANSFER	0.00	0.00	0.00	0.00
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OVERALL	64.00	64.00	243.01	3.79
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***** END OF TRANSCRIPT *****

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NATALIE N. DURANT
DIRECTOR REGISTRATION AND RECORDS

**UNIVERSITY OF HARTFORD
WEST HARTFORD, CONNECTICUT 06117
OFFICE OF THE REGISTRAR**

The University of Hartford is an independent co-educational institution of higher learning and is accredited by the New England Association of Schools and Colleges.

ACADEMIC CREDIT

The academic year is composed of a fall semester, winter term, a spring semester, and two summer terms. Academic credit is awarded in terms of semester hours. Regardless of the length of the semester or term, the same academic credit is given for a course and a standing number of contact hours is maintained. Each course listed on the transcript will include the following information: Subject and Course Number, Descriptive Title, Semester Hours of Credit, and Grade.

COURSE NUMBERING SYSTEM

In addition to the alphabetic code designating an area of instruction, each course is assigned a three digit number.

9/1/1957-5/13/1984: The first and third digits are for institutional classification purposes only. The second (or middle) digit indicates the level of work as follows: 1-4 level courses are undergraduate only; 5 level courses are graduate level courses intended primarily for graduate students but which are open by special permission to advanced undergraduates; 6 and above level courses are for graduate students only; a zero (0) in the middle position indicates a non-credit course.

5/14/1984-Present: The University's course numbering system was changed effective for the Summer 1984 and subsequent terms. Under the current numbering system, the first digit identifies the course level as follows:

- 0 = Non-credit course
- 1, 2, 3, or 4 = Undergraduate level course
- 5 = Graduate level course which may be taken by advanced undergraduates
- 6, 7, 8, or 9 = Graduate level course open only to graduate students

EXPLANATION OF GRADES

OTHER CURRENT SYMBOLS

GRADE	DEFINITION	GRADE POINTS PER CREDIT HOUR		
		AS OF 9/1/82	1/1/66-8/31/82	9/1/57-12/31/65
A	Excellent (9/1/57-8/31/82)	4.00	4.00	4.00
A-		3.67	4.00	NA
B+	Good (9/1/57-8/31/82)	3.33	3.50	NA
B		3.00	3.00	3.00
B-	Satisfactory (9/1/57-8/31/82)	2.67	3.00	NA
C+		2.33	2.50	NA
C	Poor (9/1/57-8/31/82)	2.00	2.00	2.00
C-		1.67	2.00	NA
D+	Failure	1.33	1.50	NA
D		1.00	1.00	1.00
D-		0.67	1.00	NA
F		0	0	0

Prior to Summer 1984:

If an asterisk appears to the left of the course code, the student has repeated that course. A student repeating a course he/she has previously Failed will receive additional credits attempted, credits earned, and grade points. A student repeating a course he/she has previously Passed will receive additional credits attempted and grade points, but will not receive additional credits earned.

P Pass "P" is counted in hours earned but excluded from hours attempted and from computation of grade points.

NP No Pass "NP" is not counted in hours attempted, hours earned, or in the grade points.

W Withdrawn is not counted in hours passed or grade points.

WF Withdrawn Failure is treated as an "F."

I Incomplete is not counted in hours attempted, hours earned, or grade points. Converted to mandatory "F" for undergraduates if course is not completed by the end of the next regular semester while in residence. This policy became effective in the fall semester of 1969. There is no time restriction for graduate students to make up the incompletes.

AUDIT will not be calculated into semester or cumulative totals.

V If a "V" appears to the left of the course code, the credits and grade points of this course do not enter directly into general University summaries and grade point averages.

NG No Grade is issued by the instructor... It is not counted in hours attempted, hours earned, or grade points. This is a temporary code until a grade is issued.

NR No Report on entire class is issued by the instructor... It is not counted in hours attempted, hours earned, or grade points. This is a temporary code until the report is issued.

Effective Summer 1984 to present:

P Pass "P" is calculated into the semester and cumulative earned hours.

NP No Pass "NP" will not be calculated into semester or cumulative totals.

W Withdrawn will not be calculated into semester and cumulative totals.

I Incomplete "I" will not be calculated into semester and cumulative totals.

NG No Grade Issued "NG" will not be calculated into semester and cumulative totals.

AU Audit "AU" will not be calculated into semester and cumulative totals.

V Void If "V" appears to the left of the grade, the credits and grade points of this course do not enter into University summaries and grade point averages.

SP Special Program These courses are non-credit and grades are not given.

Repeat Course Indicators

If "X" appears next to the course code: Student has repeated a previously passed course. Grade points are computed into semester and cumulative totals.

If "R" appears next to the course code: Student has repeated a previously failed course. Credits and grade points are computed into semester and cumulative totals.

If "*" appears to the right of the grade, and the grade is a D+ or lower, the credits and grade points do not enter into University summaries and grade point averages.

As of January 1987

These symbols appear under the "R" column:

I: The grade is included in the grade point average.

E: The grade is excluded in the grade point average.

GRADE	DEFINITION	GRADE POINTS PER CREDIT HOUR		
		AS OF 9/1/82	9/1/66-8/31/82	9/1/57-8/31/66
A	Outstanding (9/1/61-8/31/82)	4.00	4.00	NA
A-		3.67	NA	NA
B+	Good (9/1/61-8/31/82)	3.33	NA	NA
B		3.00	3.00	NA
B-	Pass (9/1/61-8/31/82)	2.67	NA	NA
C+		2.33	NA	NA
C	Poor (9/1/61-8/31/82)	2.00	2.00	NA
C-		1.67	NA	NA
D+	Failure	1.33	NA	NA
D		1.00	NA	NA
D-		0.67	NA	NA
F		0	0	NA
H	Honors	NA	NA	*
G	Graduate Credit	NA	NA	*
N	Not Accepted for Graduate Credit	NA	NA	*

NA: Grade NOT used in Grading System for period shown.

*: Grade used, but no grade point equivalent assigned.

Effective 9/1/82: The policy for assigning plus and minus grades or grades lower than C in schools offering graduate programs is to be determined by the individual school or college. Grades in the A range are excellent, in the B range are good, in the C range fair, and in the D range poor. F is failure.

UNIVERSITY
OF HARTFORD

Record of: John G. Public

Date Issued: 09-SEP-2017

UNOFFICIAL

Student No:

PAGE: 1

Course Level: Undergraduate
Matriculated: Fall Term 2004

Current College(s): College of Arts and

Current Major(s): Psychology

Degree(s) awarded:
Major:

SUBJ COURSE NO. COURSE TITLE CRED GRD PTS R

TRANSFER CREDIT: Contains name of transfer institution, attendance period, and transfer credits for that attendance period.

Fall Term 2004

College of Arts and Sciences

No Major

Undergraduate

BIO 110 Intro to Biology 4.00 B 12.00

ENG 120 English Composition & Writing 3.00 A 12.00

PSY 110 Psychology I 3.00 A- 11.01

SOC 110 Basics of Sociology 3.00 B+ 9.99

Ehrs: 13.00 GPA-Hrs: 13.00 Pts: 45.00 GPA: 3.46

TRANSCRIPT TOTALS

	Earned Hrs	GPA Hrs	Points	GPA
INSTITUTIONAL TOTAL	56.00	56.00	185.33	3.30
TRANSFER TOTALS	0.00	0.00	0.00	0.00
OVERALL TOTALS	56.00	56.00	185.33	3.30

END OF TRANSCRIPT

EXPLANATION OF TRANSCRIPT KEY

- 1 Date transcript was produced
- 2 Student's name
- 3 Student's ID number
- 4 COLLEGE: indicates the college in which the student is currently enrolled
- 5 MAJOR: indicates the major in which the student is enrolled.
- 6 Degree information pertaining to the student including the name of the degree, date, any honors, and the major in which the degree was earned
- 7 Repeat course
- 8 TRANSFER CREDIT: contains transfer credit information including: transfer institution name, institution attendance period, and transfer credits for that attendance period.
- 9 Semester in which the courses immediately following were taken
- 10 College in which student is enrolled in particular semester
- 11 Subject area of course
- 12 Course number
- 13 Course title
- 14 Course credits
- 15 Grade earned
- 16 Grade points earned
- 17 E HRS: earned hours
- 18 GPA-HRS: grade point average hours
- 19 PTS: cumulative grade points
- 20 GPA: semester grade point average
- 21 Cumulative earned points
- 22 Cumulative GPA hours
- 23 Cumulative grade points
- 24 Cumulative grade point average
- 25 Cumulative transfer hours
- 26 Overall total hours

THIS RECORD MAY NOT BE RELEASED TO ANY OTHER PARTY WITHOUT THE WRITTEN CONSENT OF THE STUDENT, PER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974.



TRANSCRIPT IS OFFICIAL AND VALID ONLY WITH MULTICOLORED SIGNATURE AND SEAL

NATALIE N. DURANT
DIRECTOR, REGISTRATION AND RECORDS

PHONE CALLS/SCOPE OF PRACTICE QUESTIONS SUMMARY – MONTH: November 2020 (52 calls)

Answered with or without written documents

APRNs 13 calls:

- 3-Request information on collaborative practice agreements. *Refer to the Department website, Practitioner Licensing and APRN Collaborative Agreements.*
- 4-Request a copy of the APRN scope of practice. *Refer to the Board of Examiners for Nursing (BOEN) website and the Connecticut (CT) Nurse Practice Act (NPA).*
- 3-Can an APRN certified in one practice area, practice in a “new” area with education, verification of competency and a collaborative agreement with a CT licensed physician in the “new” practice area? *Yes.*
- 2-APRN requesting an update on license renewal application. *Refer to the Department’s licensing unit (provided e-mail address).*
- Can a CT licensed APRN provide care and services to a patient who lives outside the United States? *Would need to contact the location where the patient now lives.*

RNs 16 calls:

- 3-Request a copy of the RN scope of practice. *Refer to the BOEN website and the CT NPA.*
- 2-Is the CT RN license a compact license? *No.*
- RN licensed in CT requesting information on how to set up a business. *The Department would not be able to provide that information.*
- 4-RN requesting an update on license renewal application. *Refer to the Department’s licensing unit (provided e-mail address).*
- 4-Can a RN complete a “medical evaluation” of a patient? *No, refer to the CT NPA.*
- 2-Can a RN prescribe medications? *No, refer to the CT NPA.*

LPNs 7 calls:

- 2-Request a copy of the LPN scope of practice. *Refer to the BOEN website and the CT NPA.*
- Can a current LPN student be “granted a work permit” to work as a LPN? *Refer the caller to a Supervisor in the Licensing Unit.*
- 4-LPN requesting an update on license renewal application. *Refer to the Department’s licensing unit (provided e-mail address).*

ULAP 2 calls:

- Can a Medical Assistant (MA) or an Unlicensed Staff administer medications? *No, may want to refer to the BOEN website and the Declaratory Ruling of Delegation to ULAP.*
- Request a copy of the scope of a MA. *As the Department does not license MA the Department cannot provide a scope but may want to refer to the BOEN website and the Declaratory Ruling of Delegation to ULAP.*

Schools 6 calls:

- Troy University, Alabama: Does the BOEN or Department have oversight of post-licensure programs? *No.*
- 3-Arizona College- Second request for information for establishing a RN nursing program based in CT (previous request 1 year prior). *Provided the Feasibility Study document and the Nursing Education Programs and Licensure Requirements General (the Regulations), referral to the CT BOEN website then discussion of information submission process (multiple calls).*
- Yale School of Nursing: discussion regarding previous BOEN program review process. *Discussed the comprehensive retrospective program review that was completed every 5 years & is no longer completed for Nursing Programs that having ongoing accreditation as the Yale School of Nursing program.*
- CVS Healthcare: request information on the qualifications of a preceptor with students enrolled in a post-licensure RN to BSN program (the caller identified the Regulations that pertain to the role of a preceptor in a pre-licensure program). *The BOEN or Department does not have oversight of post-licensure programs (as the RN to BSN program).*

Guidelines/Other 8 calls:

- 4-Request information on Medical Protocols. *Refer to the BOEN website, refer to Declaratory Rulings/Guidelines and "Guidelines for use of Medical Protocols".*
- Request information on Certified Nursing Assistant programs in CT. *Refer to Department staff who works with the CNA programs in CT (provide e-mail address).*
- CT Judicial Branch Law Librarian: Request information for a patron regarding the State Scholarship for Nursing Education & Program Loan forgiveness. *Refer to the Board of Regents for Higher Education, the agency responsible for administering the program.*
- NCSBN call to discuss APRN collaborative practice agreements. *Refer to the Department website, Practitioner Licensing and APRN Collaborative Agreements.*
- NCSBN survey: cost recoupment for administrative hearings.



United States Drug Testing Laboratories, Inc.
1700 S. Mount Prospect Road | Des Plaines, IL | 60018
Main: 847.375.0770 | www.USDTL.com | Fax: 847.375.0775

Phosphatidylethanol: Recent Developments

December 16, 2020



A microscopic view of numerous red blood cells, appearing as biconcave discs, scattered across a dark red background. The cells are rendered in various sizes and orientations, creating a sense of depth and movement.

Objectives

- COVID-19

- Hematocrit

- Mouthwash

- Waterless hand sanitizer

Resources

[RSA White Paper](#)[Members - Be Counted](#)[Webinars](#)[Affiliated Societies](#)[Jobs & Training](#)

Webinars

Open Access:

9/15/2020 - COVID-19 and Alcohol Use: Speakers' Slides

[Dr. George Koob](#)

[Dr. Carolina Barbosa](#)

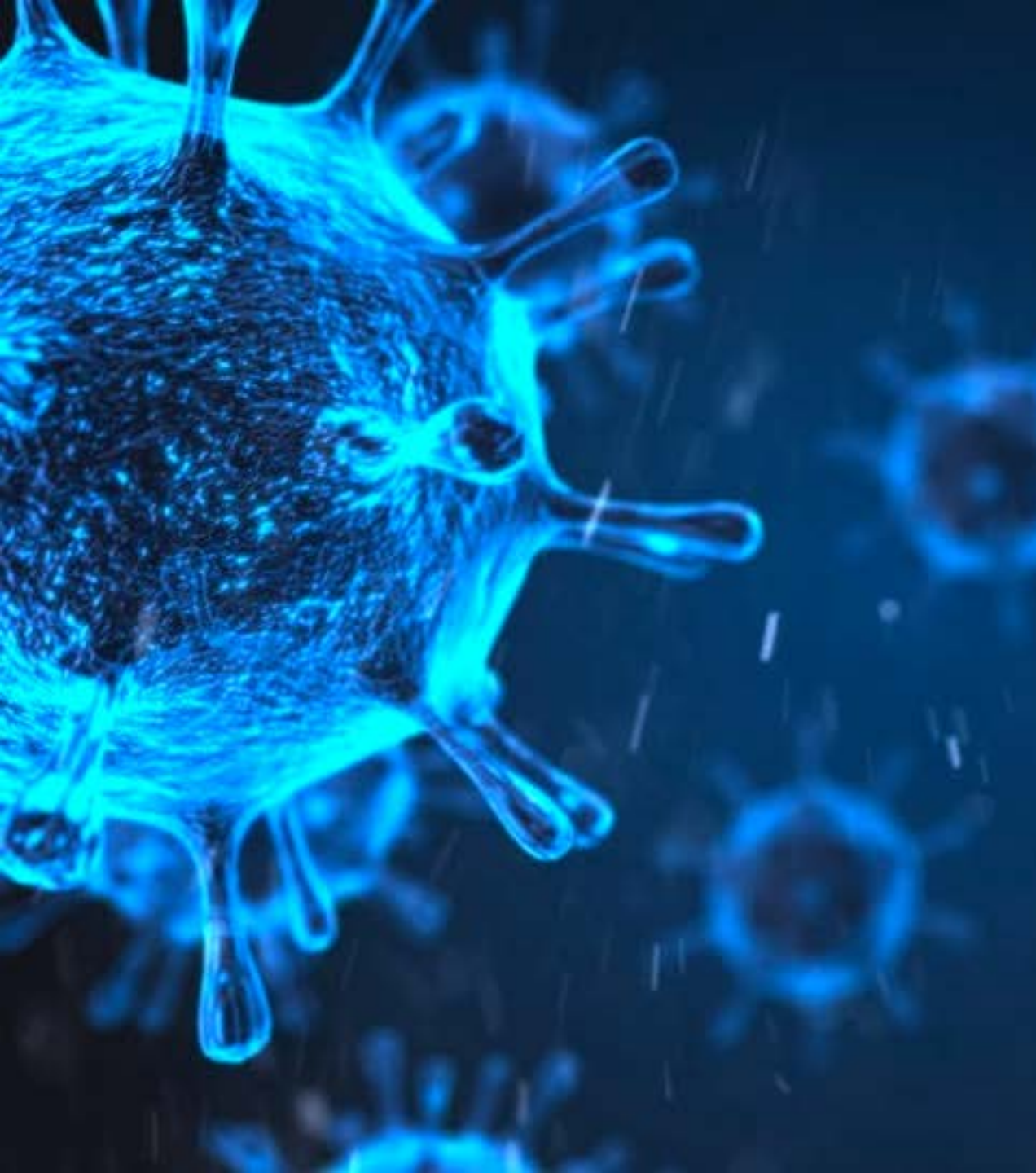
[Dr. Connie Horgan](#)

[Dr. Jennifer Thomas](#)

COVID Related Distress and Alcohol Use

Outcome Variable	Rate Ratio (95% CI)
# Drinks on One Occasion	1.07 (1.03 1.11)
# Drinks on Typical Occasion	1.08 (1.04, 1.12)
# Drinking Days	1.08 (1.03, 1.13)
# Heavy Drinking Days	1.08 (1.08, 1.14)

Participant inclusion: > 18 years old, Self-reported at least 12 drinks in the past 12 months, Worked at least 20 hours per week; Cohabiting with romantic partner



The RTI Survey on Alcohol Consumption During the COVID-19 Pandemic

Carolina Barbosa, Alexander Cowell, and William Dowd (September 2020). How has drinking behavior changed during the COVID-19 Pandemic? Research Society on Alcoholism webinar.

Average Drinks per day

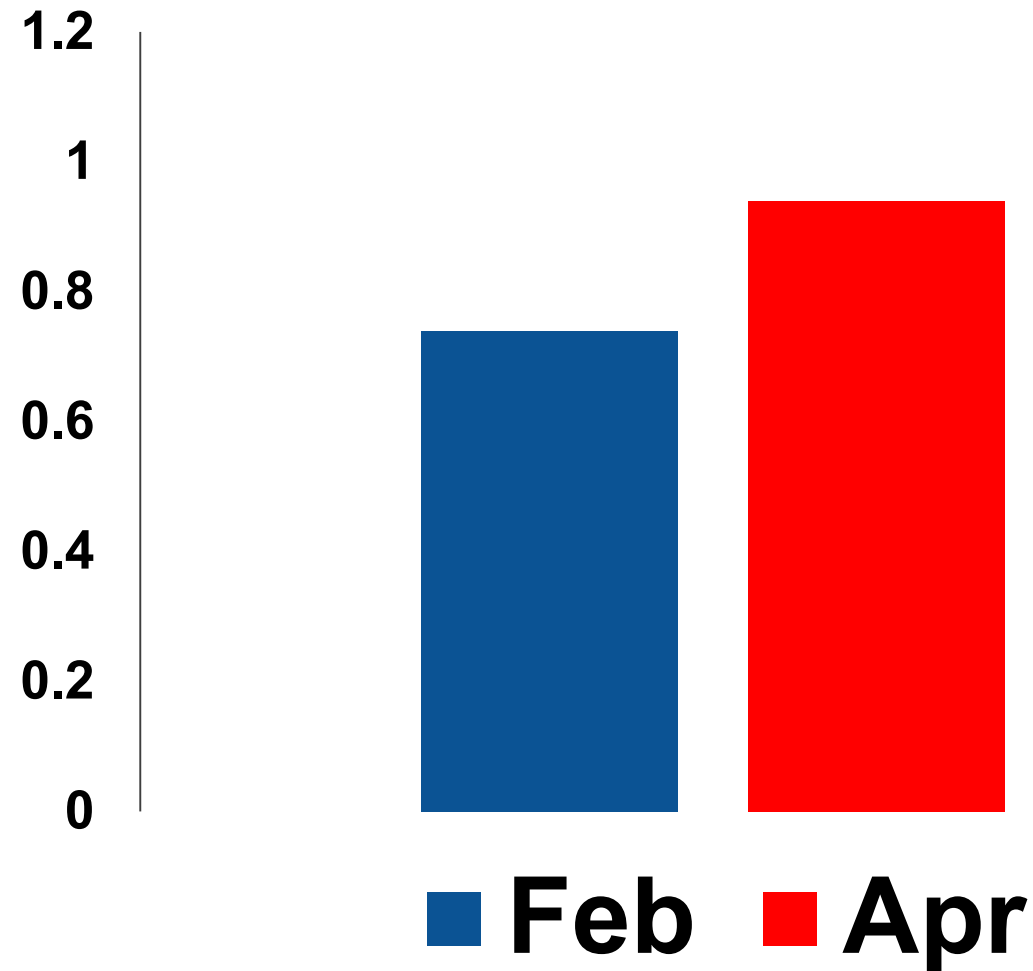
February: 0.74 per day

April: 0.94 per day

Result: +27%, $p < 0.001$

Carolina Barbosa, Alexander Cowell, and William Dowd (September 2020). How has drinking behavior changed during the COVID-19 Pandemic? Research Society on Alcoholism webinar.

Average Drinks per Day



Binge Drinking

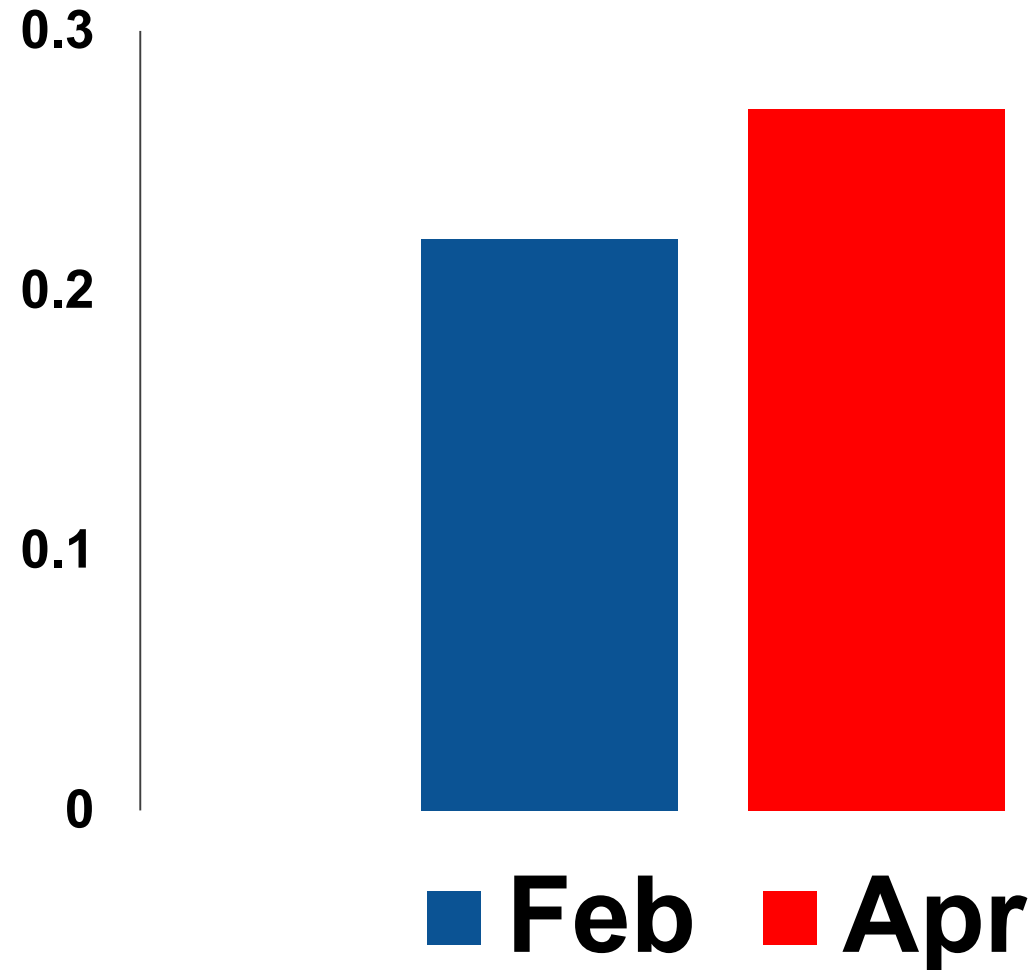
February: 22%

April: 27%

Result: +26%, $p < 0.001$

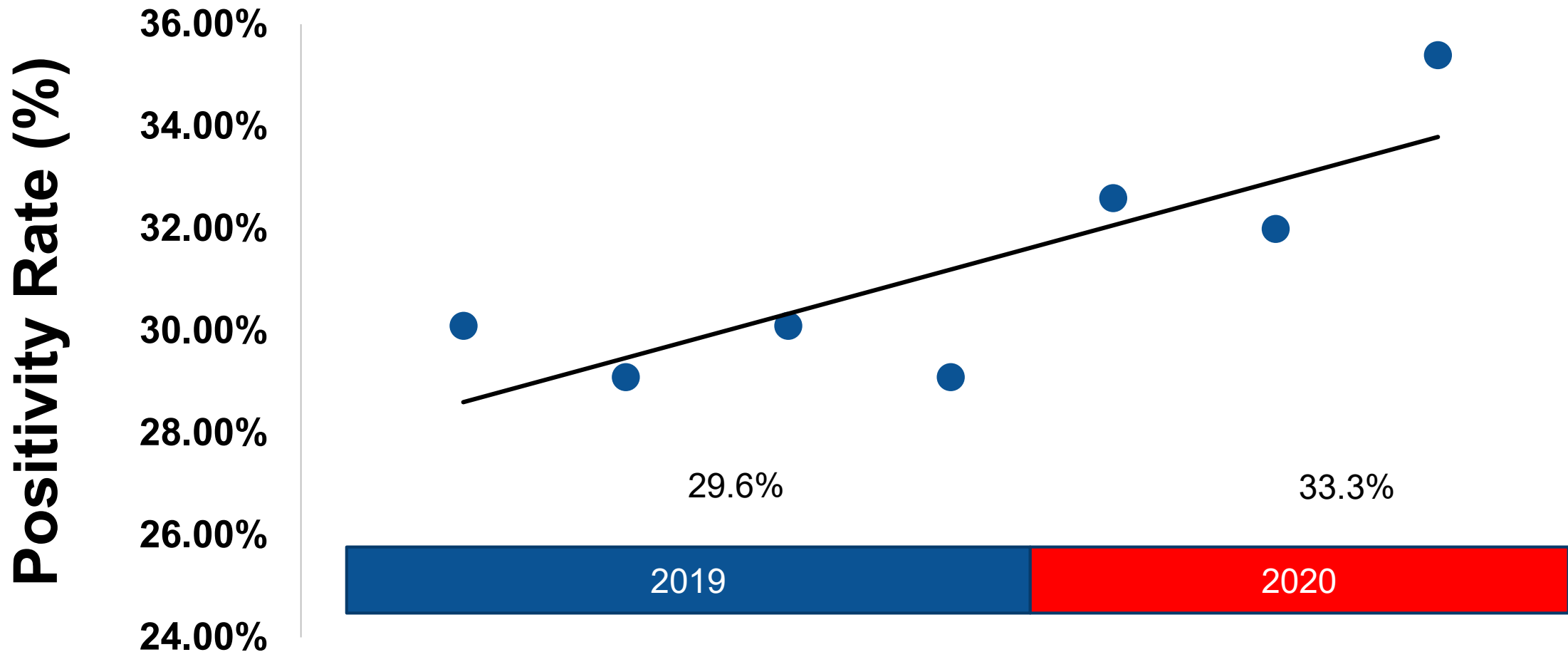
Carolina Barbosa, Alexander Cowell, and William Dowd (September 2020). How has drinking behavior changed during the COVID-19 Pandemic? Research Society on Alcoholism webinar.

Binge Drinking



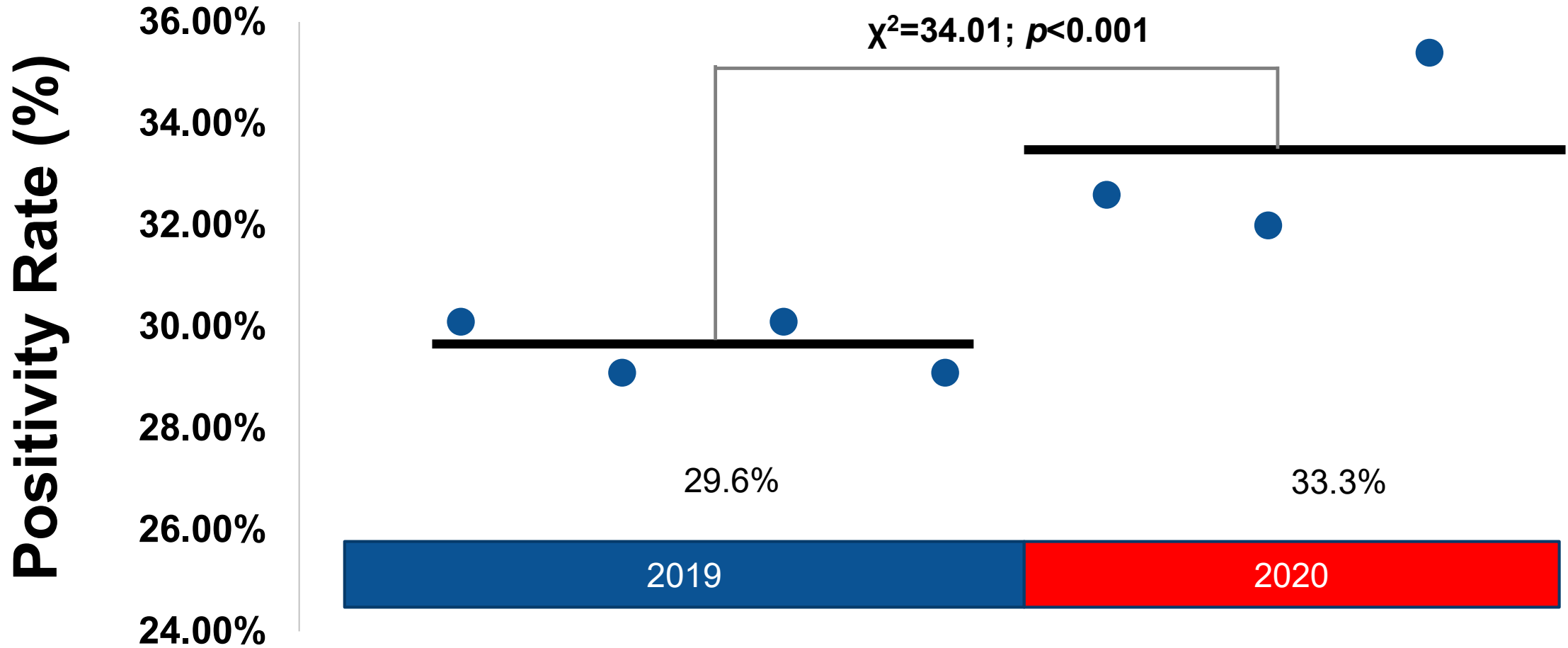
What Are We Seeing at USDTL?

PEth DBS Quarterly Positivity Rates

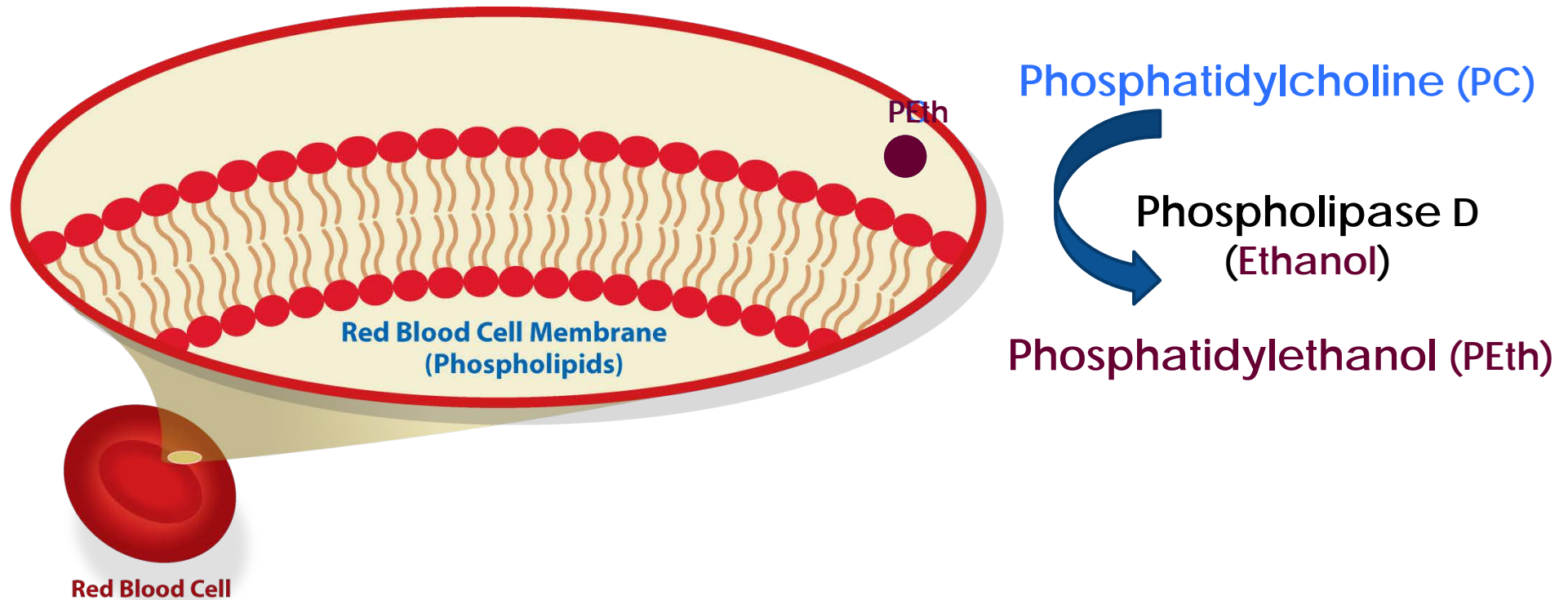


What Are We Seeing at USDTL?

PEth DBS Quarterly Positivity Rates



Phosphatidylethanol Updates

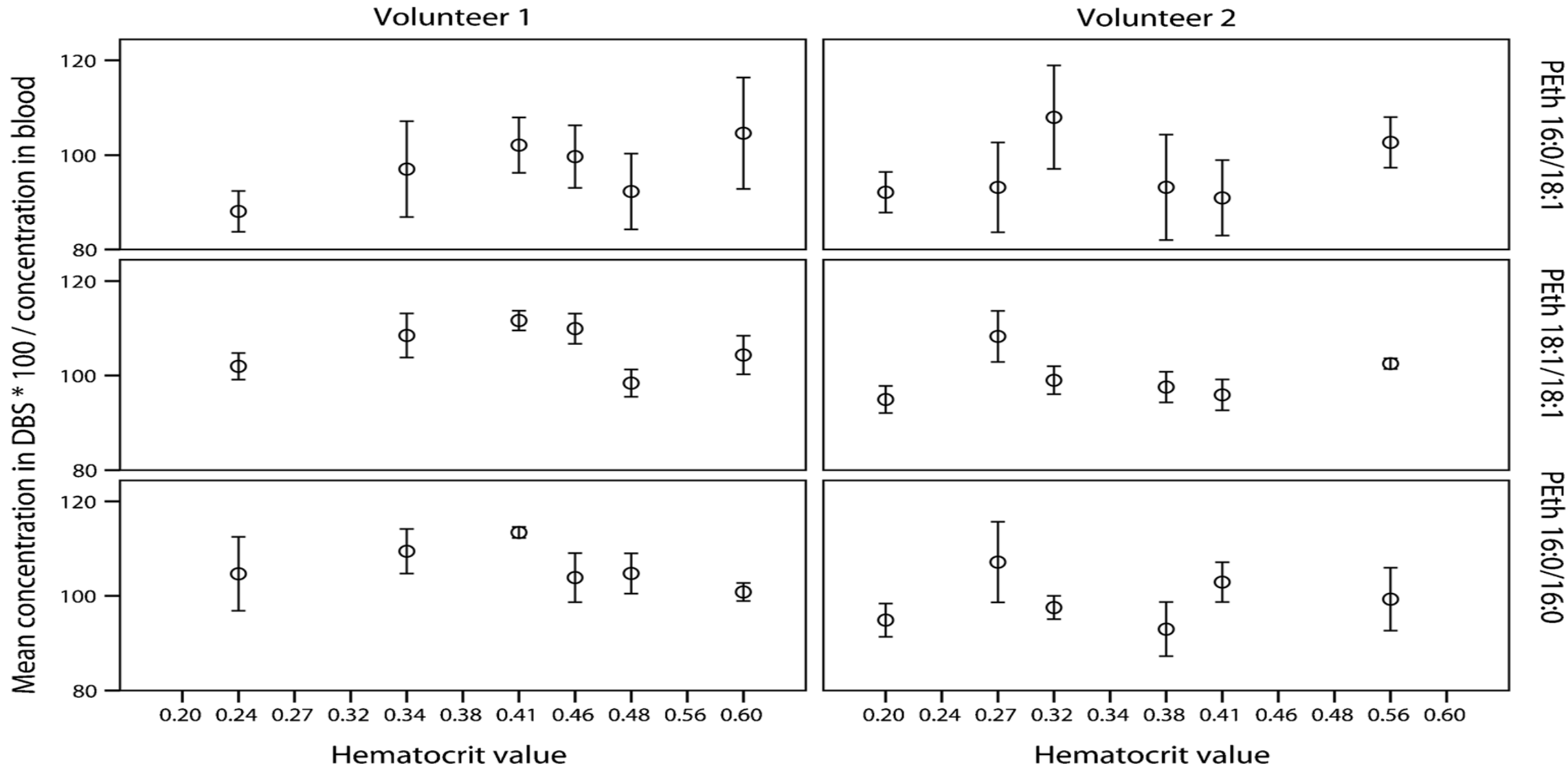


Does Hematocrit Effect [PEth]

Kummer, N., Ingels, A. S., Wille, S. M., Hanak, C., Verbanck, P., Lambert, W. E., ... & Stove, C. P. (2016). Quantification of phosphatidylethanol 16: 0/18: 1, 18: 1/18: 1, and 16: 0/16: 0 in venous blood and venous and capillary dried blood spots from patients in alcohol withdrawal and control volunteers. *Analytical and Bioanalytical chemistry*, 408(3), 825-838.

- Normal Ranges
 - Men – 0.41 to 0.50
 - Women – 0.36 to 0.48
- 2 Volunteers – Inpatients in withdrawal
- Adjusted hematocrit by adding or removing plasma
- Hematocrit tested ranged from 0.2 to 0.6

Effect of the hematocrit on the DBS concentration



Can Mouthwash Produce Peth?

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ACCEPTED MANUSCRIPT

Blood Phosphatidylethanol (PEth) Concentrations Following Regular Exposure to an Alcohol-Based Mouthwash

Gary M Reisfield, Scott A Teitelbaum, Joseph T Jones, Dana Mason, Max Bleiweis, Ben Lewis

Journal of Analytical Toxicology, bkaa147, <https://doi.org/10.1093/jat/bkaa147>

Published: 07 October 2020 **Article history** ▼

Can Mouthwash Produce Peth?

- 15 Volunteers
- Abstinence
 - 5 Days prior to study
 - 12-13 Days during the study
- Prefilled bottles Listerine[®] Cool Mint[®]
 - 21.6% Ethanol
 - 4 times daily
- Collected urine and DBS

Can Mouthwash Produce Peth?

Study Design

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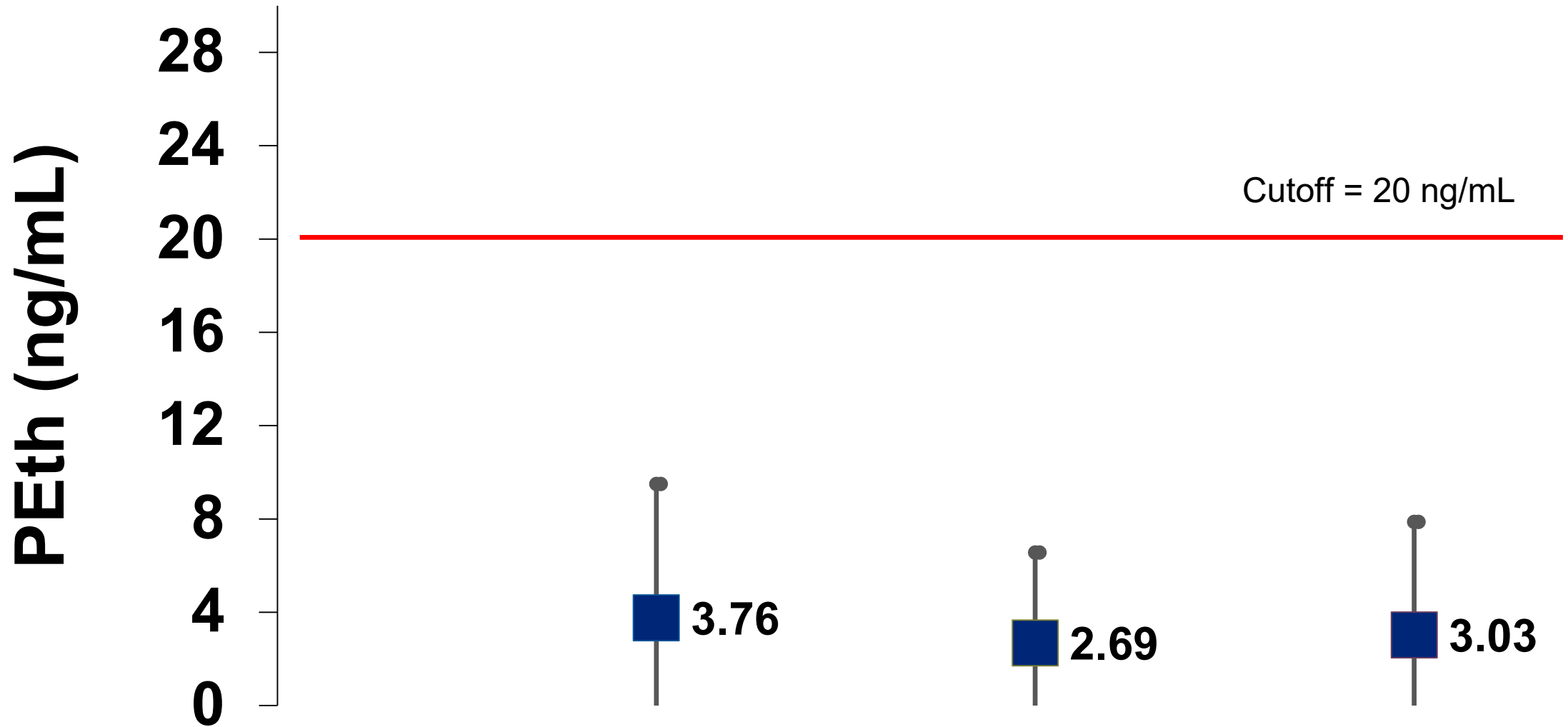
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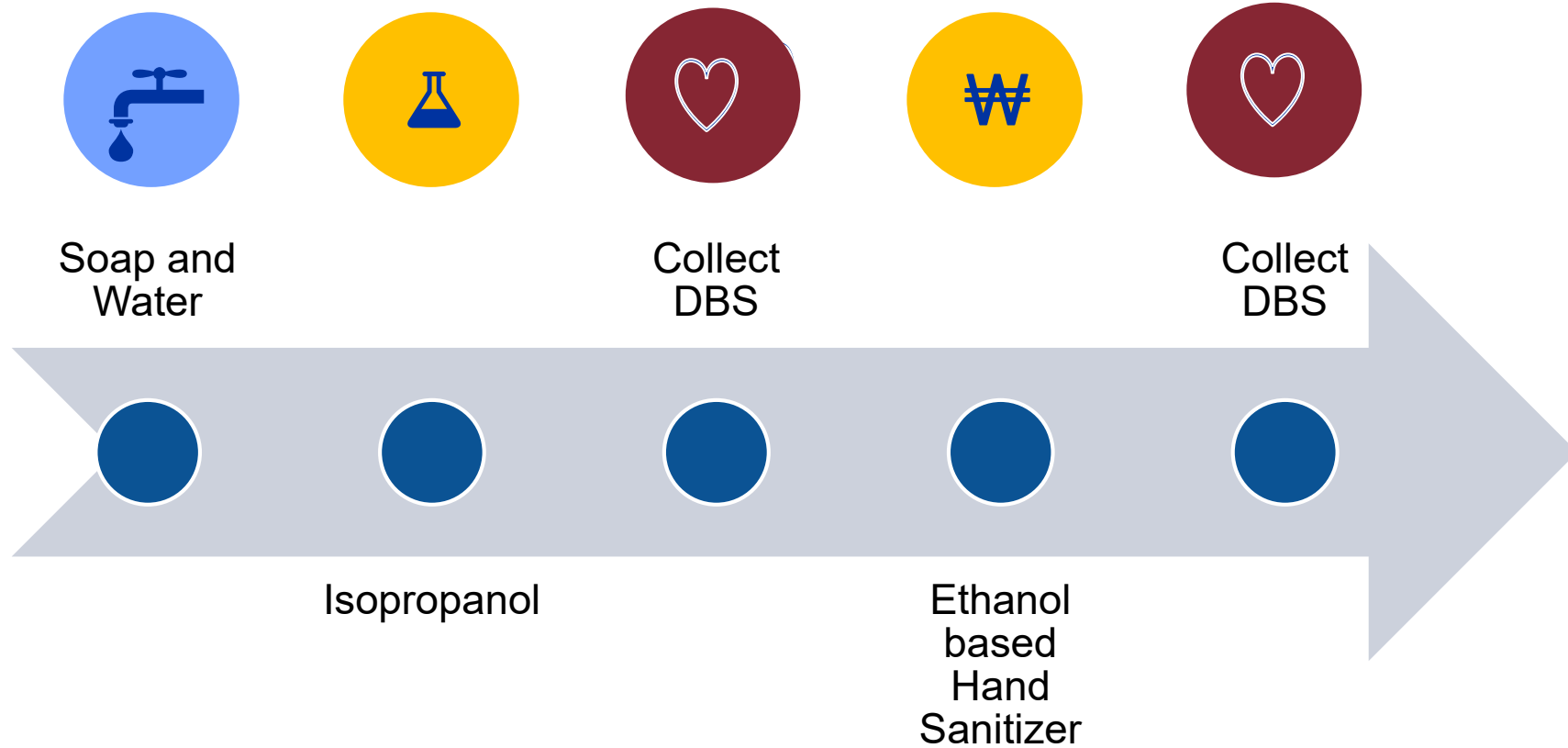
Can Mouthwash Produce Peth?



Can Ethanol-based Waterless Hand Sanitizer Produce a Positive PEth?

- 4 Volunteers
- 3 Social Drinkers, 1 Teetotaler
- Washed Hands with soap and water
- Used isopropanol disinfecting wipe on puncture site
- Collected base line DBS
- Sanitized hands with ethanol based waterless hand sanitizers
- Collected DBS while skin still moist

Can Ethanol-based Waterless Hand Sanitizer Produce a Positive PEth?



Can Ethanol-based Waterless Hand Sanitizer Produce a Positive PEth?

Donor	Before	After
Teetotaler 1	Not Detected	Not Detected
Social Drinker 1	Not Detected	4 ng/mL
Social Drinker 2	28 ng/mL	26 ng/mL
Social Drinker 3	Not Detected	Not Detected

Lower Limit of Quantitation = 3.2 ng/mL

Cutoff = 20 ng/mL

Can Ethanol-based Waterless Hand Sanitizer Produce a Positive PEth?

- 15 Volunteers
- Abstinence
 - 5 Days prior to study
 - 12-13 Days during the study
- Purell® Advanced Hand Sanitizer Refreshing Gel
 - 70% Ethanol
 - 1 pump = 1.75 mL
 - 24 - 100 times daily
 - Maintain a participant log
- Collected urine and DBS

Can Ethanol-based Waterless Hand Sanitizer Produce a Positive PEth?

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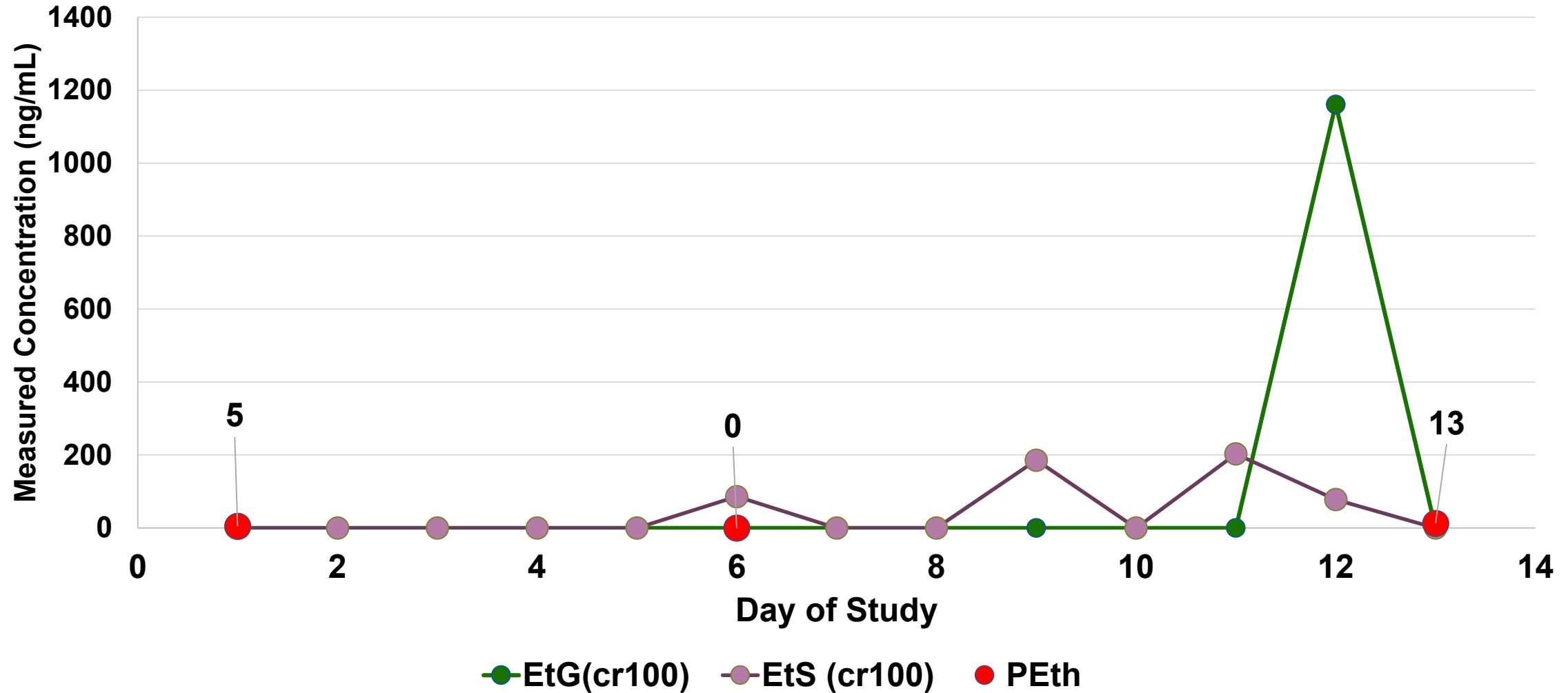
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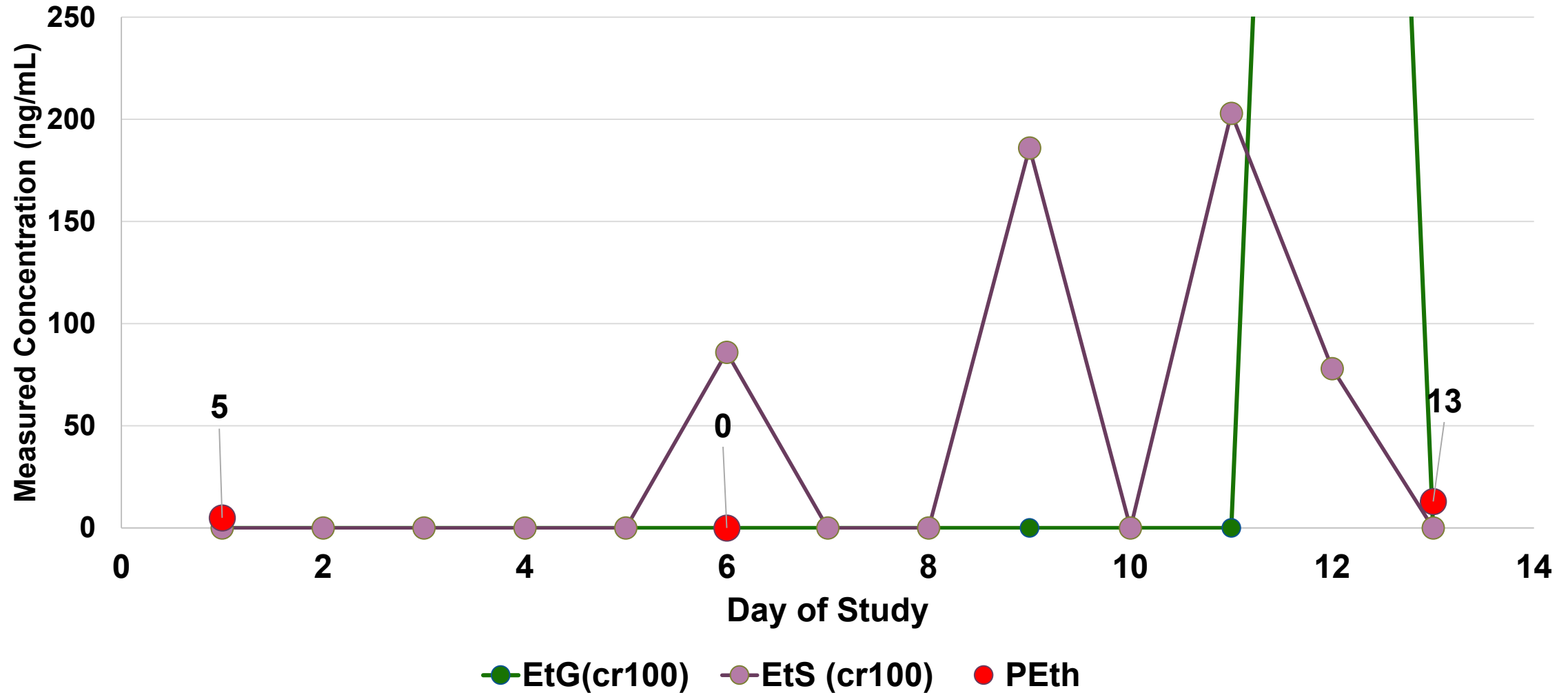
Can Ethanol-based Waterless Hand Sanitizer Produce a Positive PEth?

- 10 out of 15 participants completed
- 9 out of 10 produced positive urine, as expected
- No Participant provided a Positive PEth
- One participant was detected at 13 ng/mL PEth

Can Ethanol-based Waterless Hand Sanitizer Produce a Positive PEth?



Can Ethanol-based Waterless Hand Sanitizer Produce a Positive PEth?





STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH

BOARD Exhibit
/

In re: Elaine Reynolds, R.N.

Petition No. 2018-1301

STATEMENT OF CHARGES

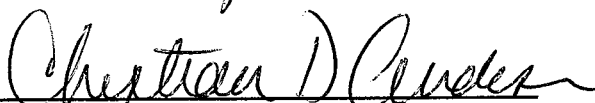
Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Elaine Reynolds:

1. Elaine Reynolds of Glastonbury, Connecticut is, and has been at all times referenced, the holder of Connecticut registered nurse license number E56789.
2. On various occasions during the course of 2018, respondent practiced beyond her registered nursing scope of practice when engaging in the practice of acupuncture without being supervised by a physician or in a designated practice setting established pursuant to Connecticut General Statutes §20-206bb(h).
3. The above facts constitute grounds for disciplinary action pursuant Connecticut General Statutes §20-99(b), including but not limited to, §20-99(b)(2).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by Connecticut General Statutes §§20-99(b) and 19a-17, revoke or order other disciplinary action against respondent's nursing license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 21st day of June 2019.


Christian D. Andresen, Section Chief
Practitioner Licensing & Investigations Section
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING

Elaine Reynolds
19 Stonecress Lane
Glastonbury, CT 06033

CMRRR# 91 7199 9991 7038 3996-1428
and VIA EMAIL



RE: Elaine Reynolds, RN - Petition No. 2018-1301

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you **at 9:00 AM** at the **Legislative Office Building, Conference Room 2-A, 300 Capitol Avenue, Hartford, Connecticut** on **October 16, 2019**. The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It is your responsibility to bring the witnesses and documents you wish to present at the hearing.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health ***within 14 days from the date of this Notice of Hearing***. ***Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.***

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information must be blacked out as follows:

- a. First, make a photocopy of the original document. **DO NOT MARK THE ORIGINAL IN ANY WAY.**
- b. Secondly, **if any of the following information appears on any page of the document, on the photocopy**, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)

- c. Next, paginate each document in the lower right hand corner of each page *of the redacted photocopy*.
- d. Finally, any documentation offered into evidence must be accompanied by (8) photocopies of the redacted and paginated copy to provide to the Board and the Department at the hearing.
- e. Please note: you must also bring the original to the hearing.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Order Re: Filings

The Department and Respondent are hereby ordered when submitting any pleadings, documents, motions or other papers to the Board to file an original plus fifteen (15) copies with Jeffrey A. Kardys, agent of the Board and custodian of the record, at the following address:

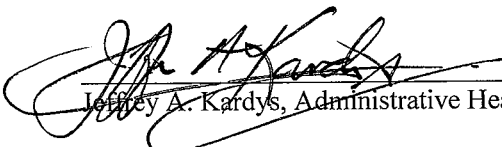
Department of Public Health
Public Health Hearing Office
410 Capitol Avenue, MS#13PHO
P. O. Box 340308
Hartford CT 06134-0308

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 29th day of July, 2019.

For the Connecticut Board of Examiners for Nursing



Jeffrey A. Kardys, Administrative Hearings Specialist

- c: Henry Salton, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Matthew Antonetti, Principal Attorney, Office of Legal Compliance
Joelle Newton, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

Kardys, Jeffrey

To: Kahyonha@yahoo.com
Subject: FW: Hearing - Board of Examiners for Nursing
Attachments: Elaine Reyonilds, RN - NOH, SOC 07-29-2019.pdf

RE: Elaine Reynolds, RN - Petition No. 2018-1301

Attached is Notice of Hearing in the referenced matter.

Jeffrey A. Kardys
Administrative Hearings Specialist
State of Connecticut
Department of Public Health
Legal Office/Public Health Hearing Office
410 Capitol Avenue, MS 13PHO
PO Box 340308
Hartford, CT 06134-0308
860-509-7566 Fax 860-707-1904
Jeffrey.kardys@ct.gov

www.ct.gov/dph/hearingoffice



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Tracking Number: 9171999991703839961428

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Feedback

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August 3, 2019 at 10:34 am
Delivered
GLASTONBURY, CT 06033

Tracking History

Product Information

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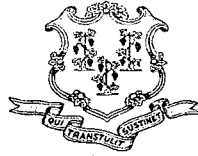
Go to our [FAQs](#) section to find answers to your tracking questions.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

BOARD Exhibit

4

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

September 23, 2019

Elaine Reynolds
19 Stonecress Lane
Glastonbury, CT 06033

CMRRR# 91 7199 9991 7038 3996-1299
and VIA EMAIL

Joelle Newton, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY


RE: Elaine Reynolds, RN - Petition No. 2018-1301

NOTICE OF RESCHEDULED HEARING

The hearing in the above-referenced matter, is rescheduled to **Wednesday, December 18, 2019, at 9:00 a.m.** at the Legislative Office Building, 300 Capitol Avenue, Hartford, Connecticut in conference room 2-A.

FOR: BOARD OF EXAMINERS FOR NURSING

BY:


Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904

c: Matthew Antonetti, Principal Attorney



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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Tracking Number: 9171999991703839961299

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Your item was delivered to an individual at the address at 2:28 pm on September 24, 2019 in GLASTONBURY, CT 06033.

Feedback

Delivered

September 24, 2019 at 2:28 pm
Delivered, Left with Individual
GLASTONBURY, CT 06033

Tracking History

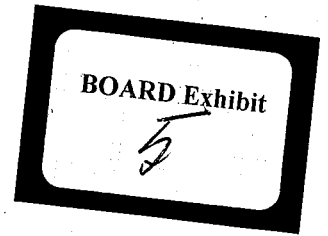


Product Information



See Less ^

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH



In re: Elaine Reynolds, R.N.

Petition No. 2018-1301

STATEMENT OF CHARGES

Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Elaine Reynolds:

1. Elaine Reynolds of Glastonbury, Connecticut is, and has been at all times referenced, the holder of Connecticut registered nurse license number E56789. *Admit*
2. On various occasions during the course of 2018, respondent practiced beyond her registered nursing scope of practice when engaging in the practice of acupuncture without being supervised by a physician or in a designated practice setting established pursuant to Connecticut General Statutes §20-206bb(h). *Admit*
3. The above facts constitute grounds for disciplinary action pursuant Connecticut General Statutes §20-99(b), including but not limited to, §20-99(b)(2). *I do not agree*

Elaine S. Reynolds RN, BSN

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by Connecticut General Statutes §§20-99(b) and 19a-17, revoke or order other disciplinary action against respondent's nursing license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 21st day of June 2019.

Christian D. Andresen
Christian D. Andresen, Section Chief
Practitioner Licensing & Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Karina Francis, R.N.

Petition No. 2020-157

STATEMENT OF CHARGES


Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Karina Francis:

1. Karina Francis of Colchester, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut registered nursing license number 084101.
2. On or about November 20, 2019, the Connecticut Board of Examiners for Nursing approved a Consent Order in Petition Number 2019-845 ("Consent Order") that placed respondent's license on probation for four (4) years with concurrent six (6) month suspension. Such disciplinary action was based upon respondent's abuse and/or utilization to excess of controlled substances.
3. Said Consent Order specifically provides, in part, that respondent shall submit to random urine screens for the presence of alcohol and drugs. In addition, the Consent Order provides that respondent shall engage in therapy with a licensed therapist approved by the Department.
4. Respondent failed to engage in therapy with an approved therapist.
5. Respondent failed to submit to random urine screens.
6. Respondent's abuse and/or utilization to excess of controlled substances does, and/or may, affect her practice as a nurse.
7. Respondent's conduct as described above constitutes a violation of the terms of probation as set forth in the Consent Order, and subjects respondent's license to revocation or other disciplinary action authorized by the General Statutes of Connecticut, §§19a-17 and 20-99(b).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by the General Statutes of Connecticut, §§20-99(b) and 19a-17, revoke or order other disciplinary action against the nursing license of Karina Francis as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 9th day of March 2020.



Christian D. Andresen, MPH, Section Chief
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH

In re: **Karina Francis, RN**

Petition No. 2020-157

SUMMARY SUSPENSION ORDER


WHEREAS, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and

WHEREAS, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

NOW, THEREFORE, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

4. That license number 084101 of **Karina Francis**, to practice as a registered nurse in the State of Connecticut is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
5. That said license shall be ***immediately surrendered*** to the Department of Public Health, Public Health Hearing Office, 410 Capitol Avenue, MS#13PHO, P.O. Box 340308, Hartford, CT 06134-0308 upon notification of this Order, and
6. That a hearing in this matter is scheduled for the 15th day of April 2020, at 9:00 a.m., at the Department of Public Health Complex, Room 470-A/B, 470 Capitol Avenue, Hartford, CT.

Dated at Hartford, Connecticut this 18th day of March, 2020.


Patricia C. Bouffard, D.N.Sc., RN, Chair
Connecticut Board of Examiners for Nursing

**STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Karina C. Francis
2A Westchester Hills
Colchester, CT 06415

**Service by State Marshal
and First Class Mail
and Via Email (kfrancis033@yahoo.com)**

RE: Karina C. Francis, RN - Petition No. 2020-157

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM at the Department of Public Health Complex, Conference Room A/B, 410-470 Capitol Avenue, Hartford, Connecticut on April 15, 2020. The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It is your responsibility to bring the witnesses and documents you wish to present at the hearing.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health within 14 days from the date of this Notice of Hearing. Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. DO NOT MARK THE ORIGINAL IN ANY WAY.
- b. Secondly, if any of the following information appears on any page of the document, on the photocopy, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)

- c. Next, paginate each document in the lower right hand corner of each page *of the redacted photocopy*.
- d. Finally, any documentation offered into evidence must be accompanied by (9) photocopies of the redacted and paginated copy to provide to the Board and the Department at the hearing.
- e. Please note: you must also bring the original to the hearing.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. The Board may hold a fact-finding meeting immediately following the close of the record.

Order Re: Filings

The Department and Respondent are hereby ordered when submitting any pleadings, documents, motions or other papers to the Board to file an original plus nine (9) copies with Jeffrey A. Kardys, agent of the Board and custodian of the record, at the following address:

Department of Public Health
Public Health Hearing Office
410 Capitol Avenue, MS#13PHO
P. O. Box 340308
Hartford CT 06134-0308

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 19th day of March, 2020.

For the Connecticut Board of Examiners for Nursing



Jeffrey A. Kardys, Administrative Hearings Specialist

- c: Henry Salton, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Brittany Allen, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

April 13, 2020

Karina Francis
2A Westchester Hills
Colchester, CT 06415

VIA EMAIL ONLY (kfrancis033@yahoo.com)

Brittany Allen, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG PO
Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Karina Francis, RN - Petition No. 2020-157

RULING ON REQUEST FOR CONTINUANCE

Respondent emailed the Board office on April 9, 2020, requesting a continuance of the hearing scheduled for April 15, 2020. Without objection from the Department of Public Health, respondent's request is granted.

The hearing has been rescheduled for Wednesday, May 20, 2020, at 9:00 a.m. at the Department of Public Health Complex, 470 Capitol Avenue, Hartford, Connecticut in conference room 470-A/B.

The Summary Suspension of respondent's registered nurse license remains in effect.

FOR: BOARD OF EXAMINERS FOR NURSING

BY: *Jeffrey A. Kardys*

Jeffrey A. Kardys, Administrative Hearings Specialist / Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
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Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer



SUMMARY SUSPENSION COVER SHEET

In re: Lourdes Mercado, L.P.N.

Petition No. 2019-1074

Petition No. 2020-1131

1. Lourdes Mercado of Willimantic, Connecticut (hereinafter "respondent") was issued license number 036248 on July 19, 2011 by the Department of Public Health (hereinafter "the Department") to practice as a licensed practical nurse. Respondent graduated from Lincoln Technical Institute in 2011
2. On August 3, 2016, the Connecticut Board of Examiners for Nursing (hereinafter "the Board") issued a Memorandum of Decision ("MOD1") in Petition Number 2015-512 which placed respondent's license on probation for three years based on a finding that respondent diverted oxycodone tablets, failed to completely, properly and/or accurately document Medical Administration Records, and falsified one or more Controlled Substance Disposition Records. Respondent's probationary terms included coursework, eight hours of one-on-one supervised medication administration, and employer reports.
3. Respondent violated MOD1 and the Board held a hearing on the violations. On August 14, 2019, the Board issued a second Memorandum of Decision ("MOD2"), in Petition Number 2016-1279, replacing the terms of MOD1, and placed respondent's license on probation for two years with coursework, eight hours of one-on-one supervised medication administration and employer reports.
4. At the hearing in Petition Number, 2016-1279, respondent admitted and testified that she had substance abuse issues, was seeking treatment, and had been placed on methadone. As a result, the Department opened a new petition, Petition Number 2019-1074, to address respondent's substance abuse.
5. On September 29, 2020, respondent informed the Department that her address had changed, but did not provide the updated address. The Department requested the updated address and informed the respondent her address of record still shows an address in Pennsylvania. The Department did not receive respondent's new address in Connecticut until November 5, 2020.
6. On November 13, 2020, the Department learned that the respondent had been employed as a nurse at Vanderman Place in Willimantic, CT from August 11, 2020 to November 11, 2020. Respondent was terminated during her working test period for tardiness, conflicts with staff, failure to undergo a mandatory COVID test, and not completing daily nursing tasks.
7. Respondent violated MOD2 (Petition Number 2016-1279) in one or more of the following ways:

- a. On or about August 11, 2020, respondent returned to the practice of nursing without notice and pre-approval from the Department, as required by paragraph 1B;
 - b. Respondent failed to provide her employer with a copy of the MOD within thirty (30) days of the commencement of employment, as required by paragraph 1D;
 - c. Respondent failed to provide employer reports as required by paragraph 1E;
 - d. Respondent failed to inform the Department of involuntary termination of her employment as a nurse, as required by paragraph 1G; and/or
 - e. Respondent failed to inform the Department of her change of address as required by paragraph 1J.
8. Respondent has failed to provide sufficient documentation of her sobriety and/or substance abuse treatment.
 9. Respondent's abuse and/or utilization to excess of controlled substances does and/or may affect her practice as a nurse.
 10. For the foregoing reasons, the Department believes that respondent's continued practice as a nurse represents a clear and immediate danger to the public health and safety. The Department respectfully requests that this Board summarily suspend respondent's license until a full hearing on the merits can be held.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Lourdes Mercado, L.P.N.


Petition No. 2019-1074

Petition No. 2020-1131

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with the General Statutes of Connecticut §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend the license of Lourdes Mercado to practice nursing in Connecticut. This motion is based on the attached Statement of Charges, Affidavits and on the Department's information and belief that the continued practice of nursing represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 10th day of December 2020.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Lourdes Mercado, L.P.N.

Petition No. 2019-1074

Petition No. 2020-1131

STATEMENT OF CHARGES

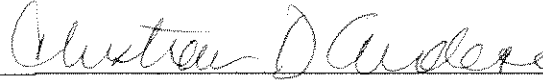
Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Lourdes Mercado:

1. Lourdes Mercado of Willimantic, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut nursing license number 036248.
2. On August 14, 2019, the Connecticut Board of Examiners for Nursing (hereinafter "the Board") issued a Memorandum of Decision in Petition Number 2016-1279 that placed respondent's license on probation for a period of two years. Such disciplinary action was based upon respondent's violations of a previous Memorandum of Decision finding that respondent diverted oxycodone tablets, failed to completely, properly and/or accurately document Medical Administration Records, and falsified one or more Controlled Substance Disposition Records.
3. Respondent violated the Memorandum of Decision in Petition Number 2016-1279, in one or more of the following ways:
 - a. On or about August 11, 2020, respondent returned to the practice of nursing without pre-approval from the Department, as required by paragraph 1B;
 - b. Respondent failed to provide her employer with a copy of the decision within thirty days of the commencement of employment, as required by paragraph 1D;
 - c. Respondent failed to provide monthly employer reports from her supervisor, as required by paragraph 1E;
 - d. Respondent failed to notify the Department of her involuntary termination from her nursing employment, as required by paragraph 1G; and/or
 - e. Respondent failed to notify the Department prior to changing her address, as required by paragraph 1J.
4. On or about March 6, 2019, at a hearing before the Board, respondent admitted and/or testified to one or more of the following:
 - a. Respondent has substance abuse issues;
 - b. Respondent sought treatment for substance abuse; and/or
 - c. Respondent was placed on methadone.
5. Respondent's conduct as described above constitutes grounds for disciplinary action pursuant to the General Statutes of Connecticut §§19a-17 and 20-99(b).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by the General Statutes of Connecticut, §§20-99(b) and 19a-17, revoke or order other disciplinary action against the license of Lourdes Mercado as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 10th day of December 2020.



Christian D. Andresen
Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH

In re: Mary Ann Connelly, R.N.

Petition No. 2019-1277

PREHEARING REVIEW COVER SHEET

1. Mary Ann Connelly of Madison, Connecticut (hereinafter "respondent") is the holder of Connecticut registered nurse license number R55979.
2. At all times herein mentioned, respondent was working as a school nurse at Guilford High School ("school") in Guilford, Connecticut.
3. On various occasions in September 2018; October 2018, November 2018 and/or April 2019, respondent charted that student #1 was absent from school. In fact, student #1 was present at school, and respondent failed to administer his prescribed Ritalin.
4. On or about March 20, 2019, respondent documented receiving 18 Ritalin tablets from student #1's parent when respondent actually received 19 Ritalin tablets from the parent.
5. On or about April 1, 2019, respondent failed to document the administration, waste, and/or return of one student/patient #1's Ritalin.
6. On or about October 10, 2018, respondent failed to document the administration, waste, and/or return of student #2's Ritalin.
7. On or about October 17, 2018, respondent failed to document administering a scheduled dose of student #2's Ritalin.
8. On or about April 4, 2019, respondent failed to document the correct quantity of student #3's Vyvanse tablets.

9. On or about March 11, 2019, April 25, 2019 and/or May 17, 2019, respondent charted that student #4 was absent from school. In fact, student #4 was present at school and respondent failed to administer his prescribed dose of Ritalin.
10. On or about May 17, 2019, respondent failed to document the correct quantity of student #4's Ritalin on the proof of use sheet.
11. On or about October 9, 2018, respondent failed to document the administration, waste, and/or return of one of student #5's amphetamine tablet.
12. On or about January 22, 2019, respondent failed to document the administration, waste, and/or return of two of student #5's amphetamine tablets.
13. On or about April 3, 2019 respondent failed to document the correct quantity of student #5's amphetamine tablets on the medication administration record.
14. On or about May 16, 2019 respondent failed to correctly document the appropriate quantity of student #5's amphetamine tablets on the medication administration record.
15. On several occasions from approximately August 30, 2018 through October 11, 2019, respondent failed to correctly document the appropriate quantity of student #6's dextroamphetamine on the medication administration record.
16. On or about August 30, 2018 and/or October 11, 2018, respondent failed to document the administration, waste, and/or return six of student #6's dextroamphetamine.
17. On or about January 22, 2019, respondent failed to document the administration of student #6's prescribed Ritalin.
18. On or about February 1, 2019, respondent failed to document the administration of student #6's scheduled dose of dextroamphetamine.

19. On or about April 8, 2019, respondent failed to document the correct quantity of student #6's dextroamphetamine.
20. On various occasions between October 2018 and April 2019 respondent failed to document the administration of student #7 's Ritalin.
21. On or about October 11, 2018, October 26, 2018 and/or December 13, 2018, respondent failed to document the administration, waste, and/or return of student #7's Ritalin.

The Department and respondent, through her attorney, respectfully request the Board to review the attached documents and provide a recommendation regarding this petition.

CONFIDENTIALITY NOTICE:

This document and all attachments may contain information that is confidential or privileged; this may include patient names which were not redacted to provide clarity. Please do not further disseminate, distribute, or copy the contents or discuss with parties who are not directly involved in this petition. Thank you.

CONSENT ORDER COVER SHEET

Heather Lucas, L.P.N.

Petition No. 2020-44

1. Heather Lucas of Stratford, Connecticut (hereinafter “respondent”) was issued license number 040202 on May 3, 2016 to practice as a licensed practical nurse.
2. Respondent graduated from Lincoln Tech in 2016.
3. At all relevant times, respondent was employed as a home health nurse by Amedisys Home Health located in Shelton, Connecticut.
4. On August 7, 2019 and August 8, 2019, respondent authored patient notes which purported to document two home visits to Patient #1 which she did not, in fact, perform.
5. Respondent has no history of disciplinary actions.
6. The proposed Consent Order requires 1) a reprimand; 2) a six-month probation; 3) monthly employer reports; 4) coursework in professional ethics and documentation standards; and 5) no solo practice during the probationary period. Respondent and the Department respectfully request that the Board of Examiners for Nursing approve and accept this Consent Order.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Jessica D. Vitale, R.N.

Petition No. 2020-669

STATEMENT OF CHARGES

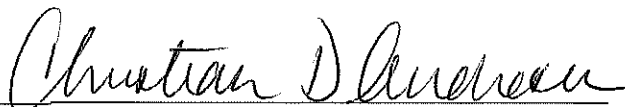
Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Jessica D. Vitale:

1. Jessica D. Vitale of Wallingford, Connecticut (hereinafter "respondent") is the holder of Connecticut registered nursing license number 076296.
2. On or about July 18, 2019, respondent fraudulently and inappropriately signed a physician's name on a prescription form made out to individual #1 for oxycodone ("fraudulent prescription"). Respondent thereafter attempted to fill the fraudulent prescription at a local pharmacy.
3. The above-referenced conduct does and/or may, affect respondent's practice of nursing.
4. The above facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99 including but not limited to §20-99(b)(2).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing as authorized by Connecticut General Statutes §§20-99(b) and 19a-17, revoke, or order other disciplinary action against respondent's nursing license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 30th day of October 2020.


Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

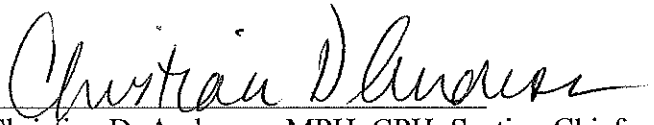
In re: Jessica D. Vitale, R.N.

Petition No. 2020-669

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with Connecticut General Statutes §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend respondent's nursing license in Connecticut. This motion is based on the attached Statement of Charges, the Department's investigation and on the Department's information and belief that respondent's continued nursing practice represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 30th day of October, 2020.


Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

In re: **Jessica D. Vitale, RN**

Petition No. 2020-669

SUMMARY SUSPENSION ORDER

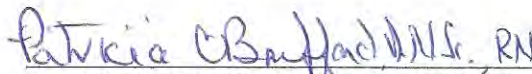
WHEREAS, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and,

WHEREAS, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

NOW, THEREFORE, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

1. That license number 076296 of **Jessica D. Vitale**, to practice as a registered nurse in the State of Connecticut is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
2. That said license shall be **immediately surrendered** to the Department of Public Health, Public Health Hearing Office, 410 Capitol Avenue, MS#13PHO, P.O. Box 340308, Hartford, CT 06134-0308 upon notification of this Order, and
3. That a hearing in this matter is scheduled for the 16th day of December 2020, at 9:00 a.m. The hearing will be held by video conference.

Dated at Waterbury, Connecticut this 18th day of November, 2020.


Patricia C. Bouffard, D.N.Sc., RN, Chair
Connecticut Board of Examiners for Nursing



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308



**STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Jessica D. Vitale
12 Kingsland Avenue
Wallingford, CT 06429

VIA EMAIL ONLY (Vitjd0328@gmail.com)

RE: Jessica D. Vitale, RN - Petition No. 2020-669

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM on **December 16, 2020**. The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It will be your responsibility to provide the hearing connection link to any witnesses you may call.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health within 14 days from the date of this Notice of Hearing. *Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.*

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

Exhibits should be pre-marked for identification (i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted.

The following information shall be redacted.

- (1) Date of birth
- (2) Mother's maiden name
- (3) Motor vehicle operator's license number
- (4) Social Security Number
- (5) Other government-issued identification number
- (6) Health insurance identification number
- (7) Financial account number
- (8) Security code or personal identification number (PIN)

Order Re: Filings

In preparation for this hearing you must, no later than November 4, 2020, provide the information specified in the attached Notice for Submissions.

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 21st day of November, 2020.

For the Connecticut Board of Examiners for Nursing

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist

c: Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Joelle Newton, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

Notice for Submissions

The hearing in the matter of **Jessica D. Vitale, RN** has been scheduled for **December 16, 2020** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **December 2, 2020**, you must provide the following by electronic mail response to the hearing office at phho.dph@ct.gov

1. Electronically Pre-filed exhibits – Exhibits should be pre-marked for identification (i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted. *Parties and/or counsel should stipulate to any exhibits and facts not in dispute, and provide any objections to proposed exhibits.* All exhibits also must be sent to the opposing party or counsel.
2. Witness List – identify any persons expected to be called to testify. Be sure to notify your witnesses that they will be required to remain available and in attendance for the full duration of the hearing. (This will eliminate the difficulty of trying to reach witnesses again for rebuttal or additional examination later in the hearing). Witness lists also must be sent to the opposing party or counsel.
3. Photo Identification: a copy of a government-issued photo identification of the parties and witnesses.
4. Electronic Mail (“e-mail”) addresses for parties, counsel and witnesses. All e-mail addresses must be current and able to receive all notices relating to this matter.
5. Cellphone numbers for all parties, counsel, and witnesses at which they can be reached and respond to text message during the hearing (in the event a connection is lost).
6. A statement whether executive session may be required to receive testimony containing personal protected information, and if so, what that information may be (treatment records, patient records, therapy reports). Parties or counsel should identify any witnesses listed in response to #2 above who may provide testimony relating to personal protected information requiring executive session.
7. A statement whether an interpreter will be needed for the proceeding.

This is a formal public hearing. It will be video recorded and posted on the DPH website for public viewing. All hearing participants should appear in proper attire, in proper surroundings, and remove any potential distractions.

In preparation, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking. Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing.

Should you have any question please contact the hearing office at phho.dph@ct.gov.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Stephanie Ryan, RN

Petition No. 2020-626

STATEMENT OF CHARGES

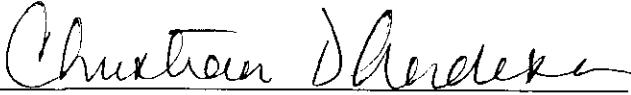
Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Stephanie Ryan:

1. Stephanie Ryan of Windsor, Connecticut (hereinafter "respondent") is the holder of Connecticut registered nursing license number 113444.
2. On or about August 9, 2020, respondent abused and/or utilized alcohol and nitrous oxide.
3. On or about August 29, 2018, respondent abused and/or utilized alcohol.
4. On or about March 12, 2019, respondent abused and/or utilized marijuana.
5. From approximately November 2017 through the present, respondent has been diagnosed with multiple emotional disorders and/or mental illnesses ("diagnoses").
6. Respondent's diagnoses and/or abuse and/or excessive use of alcohol, marijuana and/or nitrous oxide does, and/or may, affect her practice of nursing.
7. The above facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99 including but not limited to
 - a. §20-99(b)(2)
 - b. §20-99(b)(4) and/or
 - c. §20-99(b)(5).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing as authorized by Connecticut General Statutes §§20-99(b) and 19a-17, revoke or order other disciplinary action against respondent's nursing license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 20th day of October 2020.


Christian D. Andresen, MPH, CPH Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

In re: **Stephanie Ryan, RN**

Petition No. 2020-626

SUMMARY SUSPENSION ORDER

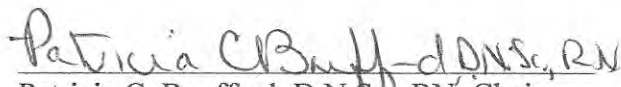
WHEREAS, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and,

WHEREAS, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

NOW, THEREFORE, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

1. That license number 11344 of **Stephanie Ryan**, to practice as a registered nurse in the State of Connecticut is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
2. That said license shall be *immediately surrendered* to the Department of Public Health, Public Health Hearing Office, 410 Capitol Avenue, MS#13PHO, P.O. Box 340308, Hartford, CT 06134-0308 upon notification of this Order, and
3. That a hearing in this matter is scheduled for the 18th day of November 2020, at 9:00 a.m. The hearing will be held by video conference.

Dated at Waterbury, Connecticut this 21st day of October, 2020.


Patricia C. Bouffard, D.N.Sc., RN, Chair
Connecticut Board of Examiners for Nursing



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308



**STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Stephanie Ryan
305 High Path Road
Windsor, CT 06095-4121

VIA EMAIL ONLY (sjryan69@gmail.com)

RE: Stephanie Ryan, RN - Petition No. 2020-626

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM on **November 18, 2020**. The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It will be your responsibility to provide the hearing connection link to any witnesses you may call.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health within 14 days from the date of this Notice of Hearing. *Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.*

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

Exhibits should be pre-marked for identification (i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted.

The following information shall be redacted.

- (1) Date of birth
- (2) Mother's maiden name
- (3) Motor vehicle operator's license number
- (4) Social Security Number
- (5) Other government-issued identification number
- (6) Health insurance identification number
- (7) Financial account number
- (8) Security code or personal identification number (PIN)

Order Re: Filings

In preparation for this hearing you must, no later than November 4, 2020, provide the information specified in the attached Notice for Submissions.

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 22nd day of October, 2020.

For the Connecticut Board of Examiners for Nursing

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist

c: Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Joelle Newton, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

Notice for Submissions

The hearing in the matter of **Stephanie Ryan, RN** has been scheduled for **November 18, 2020** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **November 4, 2020**, you must provide the following by electronic mail response to the hearing office at phho.dph@ct.gov

1. Electronically Pre-filed exhibits – Exhibits should be pre-marked for identification (i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted. *Parties and/or counsel should stipulate to any exhibits and facts not in dispute, and provide any objections to proposed exhibits.* All exhibits also must be sent to the opposing party or counsel.
2. Witness List – identify any persons expected to be called to testify. Be sure to notify your witnesses that they will be required to remain available and in attendance for the full duration of the hearing. (This will eliminate the difficulty of trying to reach witnesses again for rebuttal or additional examination later in the hearing). Witness lists also must be sent to the opposing party or counsel.
3. Photo Identification: a copy of a government-issued photo identification of the parties and witnesses.
4. Electronic Mail (“e-mail”) addresses for parties, counsel and witnesses. All e-mail addresses must be current and able to receive all notices relating to this matter.
5. Cellphone numbers for all parties, counsel, and witnesses at which they can be reached and respond to text message during the hearing (in the event a connection is lost).
6. A statement whether executive session may be required to receive testimony containing personal protected information, and if so, what that information may be (treatment records, patient records, therapy reports). Parties or counsel should identify any witnesses listed in response to #2 above who may provide testimony relating to personal protected information requiring executive session.
7. A statement whether an interpreter will be needed for the proceeding.

In preparation for the remote hearing, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking.

Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing.

Should you have any questions regarding the above, please contact the hearing office.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

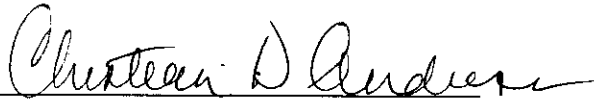
In re: Stephanie Ryan, RN

Petition No. 2020-626

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with Connecticut General Statutes §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend respondent's nursing license in Connecticut. This motion is based on the attached Statement of Charges, Affidavits and on the Department's information and belief that respondent's continued nursing practice represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 20th day of October 2020.


Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

From: [Dennis Mancini](#)
To: [Newton, Joelle](#)
Cc: [Kardys, Jeffrey](#)
Subject: Re: Stephanie Ryan (2020-626)
Date: Wednesday, November 04, 2020 3:02:53 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good afternoon Mr. Kardys:

I don't know if you need anything more formal in terms of my request for a continuance, but I am going to request an initial 30 day continuance with respect to Ms. Ryan's matter.

I had discussed a longer continuance with Attorney Newton, but after speaking with my client she asked that I request a shorter continuance, at least initially.

Warm regards,
-Dennis

Dennis Mancini
Attorney
Ruane Attorneys

1290 Silas Deane Highway, Suite 3F
Wethersfield, CT 06109
(860) 263-0394

On Nov 4, 2020 at 2:46:37 PM, Newton, Joelle <Joelle.Newton@ct.gov> wrote:

Mr. Kardys,

Attorney Mancini indicated he plans on filing a continuance. If he does, the Department has no objection.

Thank you for your attention.

Joelle C. Newton, Staff Attorney
State of Connecticut Department of Public Health
410 Capitol Avenue, MS 12 LEG
Hartford, CT 06143
Email: joelle.newton@ct.gov
Telephone: 860-509-7600
Fax: 860-509-7650

NOTICE OF CONFIDENTIALITY This e-mail (including attachments) is covered by the Electronic Communications Privacy Act 18 U.S.C. Sec 2510-2521 and is confidential. This confidential transmission may include attorney-client privilege, attorney work product, privileged medical, psychiatric, and/or drug treatment information intended only for the recipient(s) names above. If you are not the intended recipient, reading, disclosure, discussion, dissemination, distribution or copying of this information by anyone other than the intended recipient or their legal agent(s) is strictly prohibited.

From: Kardys, Jeffrey <Jeffrey.Kardys@ct.gov>
Sent: Wednesday, November 4, 2020 2:23 PM
To: 'Dennis Mancini' <dennis@ruaneattorneys.com>
Cc: Newton, Joelle <Joelle.Newton@ct.gov>
Subject: RE: In re: Stephanie Ryan (2020-626)

Attorney Mancini,

The DPH Staff Attorney that is prosecuting this matter is Joelle Newton. She can be contacted at Joelle.newton@ct.gov

Jeffrey A. Kardys
Administrative Hearings Specialist
State of Connecticut
Department of Public Health
Legal Office/Public Health Hearing Office
410 Capitol Avenue, MS 13PHO
PO Box 340308
Hartford, CT 06134-0308
860-509-7566 Fax 860-707-1904
Jeffrey.kardys@ct.gov

www.ct.gov/dph/hearingoffice



From: Dennis Mancini <dennis@ruaneattorneys.com>

Sent: Wednesday, November 04, 2020 2:15 PM

To: Kardys, Jeffrey <Jeffrey.Kardys@ct.gov>

Subject: In re: Stephanie Ryan (2020-626)

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good afternoon Mr. Kardys:

My name is Dennis Mancini, and I have been retained by Ms. Stephanie Ryan in connection with her Summary Suspension Order. I am not certain who is handling her hearing on behalf of the DPH, but I am reaching out to you in order to effectuate contact regarding Ms. Ryan's matter. I appreciate any assistance you might be able to provide. I did attempt to contact the DPH Public Health Hearing Office, but I was only able to leave a message.

Warm regards,
-Dennis

Dennis Mancini
Attorney
Ruane Attorneys

1290 Silas Deane Highway, Suite 3F
Wethersfield, CT 06109
(860) 263-0394

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

November 4, 2020

Dennis Mancini, Esq.
1290 Silas Deane Highway, Suite 3F
Wethersfield, CT 06109

VIA EMAIL ONLY (dennis@ruaneattorneys.com)

Joelle Newton, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Stephanie Ryan, RN - Petition No. 2020-626

RULING ON REQUEST FOR CONTINUANCE

In an email dated November 4, 2020, counsel for respondent requested a postponement of the hearing in the referenced matter scheduled for November 18, 2020. Without objection from the Department of Public Health, respondent's request is granted.

The hearing is rescheduled to **Wednesday, December 16, 2020 at 9:00 a.m.** In addition, the deadline for the submission of pre-field exhibits is extended to December 2, 2020,

FOR: BOARD OF EXAMINERS FOR NURSING

BY: /s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

In re: **Sandra J. Blanchette, RN**

Petition No. 2020-431

SUMMARY SUSPENSION ORDER


WHEREAS, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and

WHEREAS, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

NOW, THEREFORE, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

1. That license number 134577 of **Sandra J. Blanchette**, to practice as a registered nurse in the State of Connecticut is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
2. That said license shall be ***immediately surrendered*** to the Department of Public Health, Public Health Hearing Office, 410 Capitol Avenue, MS#13PHO, P.O. Box 340308, Hartford, CT 06134-0308 upon notification of this Order, and
3. That a hearing in this matter is scheduled for the 19th day of August 2020, at 9:00 a.m., at the Department of Public Health 410 Capitol Avenue, Hartford, CT.

Dated at Waterbury, Connecticut this 15th day of July, 2020.


Patricia C. Bouffard, D.N.Sc., RN, Chair
Connecticut Board of Examiners for Nursing



Phone: (860) 509-7566 • Fax: (860) 707-1904
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Hartford, Connecticut 06134-0308
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**STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Sandra J. Blanchette
229 Southridge Drive
Willimantic, CT 06226

Via Email (sblanchette05@yahoo.com)

RE: Sandra J. Blanchette, RN - Petition No. 2020-431

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM on **August 19, 2020**. The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It will be your responsibility to provide the hearing connection link to any witnesses you may call.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health within 14 days from the date of this Notice of Hearing. Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. **DO NOT MARK THE ORIGINAL IN ANY WAY.**
- b. Secondly, if any of the following information appears on any page of the document, on the photocopy, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)
- c. Next, paginate each document in the lower right hand corner of each page of the redacted photocopy.

Order Re: Filings

In preparation for this hearing you must, no later than August 1, 2020, (1) notify this office if you plan on calling any witnesses; (2) any documents you will be submitting as evidence must be scanned and emailed to Department of Public Health, Public Health Hearing Office at phho.dph@ct.gov.

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 17th day of July, 2020.

For the Connecticut Board of Examiners for Nursing

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist

- c: Christian Andresen, Section Chief, Practitioner Licensing and Investigations
- Brittany Allen, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**


In re: Sandra Jeannine Blanchette R.N.

Petition No. 2020-431

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with the General Statutes of Connecticut §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend the license of Sandra Jeannine Blanchette to practice registered nursing in Connecticut. This motion is based on the attached Statement of Charges, Affidavits and on the Department's information and belief that the continued practice of registered nursing represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 8TH day of July 2020.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Sandra Jeannine Blanchette R.N.

Petition No. 2020-431

STATEMENT OF CHARGES

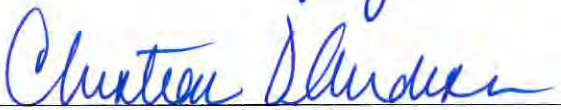
Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Sandra Jeannine Blanchette:

1. Sandra Jeannine Blanchette of Willimantic, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut registered nursing license number 134577.
2. During the course of approximately November 2019 through May 2020, respondent abused and/or utilized to excess alcohol.
3. Respondent's abuse and/or utilization to excess of alcohol does, and/or may, affect her practice as a registered nurse.
4. In or around April 2020, respondent abused and/or utilized to excess hydromorphone.
5. Respondent's abuse and/or utilization to excess of hydromorphone does, and/or may, affect her practice as a registered nurse.
6. The above describe facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(5).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by the General Statutes of Connecticut, §§20-99(b) and 19a-17, revoke or order other disciplinary action against the license of Sandra Jeannine Blanchette as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 8th day of July 2020.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

September 30, 2020

Sandra J. Blanchette
229 Southridge Drive
Willimantic, CT 06226

VIA EMAIL ONLY(sblanchette05@yahoo.com)

Brittany Allen, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Sandra Blanchette, RN – Petition No. 2020-431

NOTICE OF CONTINUED HEARING

The hearing in the above referenced matter, is rescheduled to October 21, 2020.

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing at the following:

[BOARD OF EXAMINERS FOR NURSING - Meeting/Hearings via Microsoft Teams](#)
[+1 860-840-2075](tel:+18608402075) - Conference ID: 674 246 556#

FOR: BOARD OF EXAMINERS FOR NURSING

/s/ *Jeffrey A. Kardys*

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

September 30, 2020

Sandra J. Blanchette
229 Southridge Drive
Willimantic, CT 06226

VIA EMAIL ONLY(sblanchette05@yahoo.com)

Brittany Petano, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Sandra Blanchette, RN – Petition No. 2020-431

NOTICE OF CONTINUED HEARING

The hearing in the above referenced matter, is rescheduled to December 16, 2020.

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing at the following. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

In preparation for this hearing you must, no later than December 2, 2020, you must submit by email to the phho.dph@ct.gov any additional information you wish to be entered as exhibits.

FOR: BOARD OF EXAMINERS FOR NURSING

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
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**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In Re: Teri Howell, L.P.N.

Petition No. 2019-623

STATEMENT OF CHARGES


Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Teri Howell:

1. Teri Howell of East Haven, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut licensed practical nurse license number 033846.
2. At all times mentioned herein, respondent was practicing nursing at Apple Rehab Saybrook, a long term care facility, in Old Saybrook, Connecticut. During said time period, respondent was caring for resident #1, a 94-year old, cognitively impaired, female "(resident)".
3. Resident #1's care plan identified, in part, that the resident suffered with difficulty communicating needs. Interventions, in part, included approaching the resident warmly and positively, offer gentle reminders, allow time for response and anticipate and meet needs.
4. On or about October 19, 2017, respondent failed to conform to the accepted standard of the nursing profession when she spoke to resident #1 in a loud, hostile and/or threatening manner. This included, in part, threatening resident #1 with physical harm and that would "end up in the hospital."
5. The above facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §§19a-14a and 20-99(b), including but not limited to §20-99(b)(2).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by Connecticut General Statutes §§20-99(b), 19a-14a and 19a-17, revoke or order other disciplinary action against respondent's nursing license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 30th day of October 2019.



Christian D. Andresen, MPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Teri Howell
500 Main Street, Apt. 209
East Haven, CT 06512-2756

CMRRR# 91 7199 9991 7038 3995 5748
First Class Mail
and Via EMAIL (thowell234@yahoo.com)

RE: Teri Howell, LPN - Petition No. 2019-623

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM at the Department of Public Health Complex, Conference Room A/B, 410-470 Capitol Avenue, Hartford, Connecticut on March 18, 2020. The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It is your responsibility to bring the witnesses and documents you wish to present at the hearing.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health within 14 days from the date of this Notice of Hearing. Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. DO NOT MARK THE ORIGINAL IN ANY WAY.
- b. Secondly, if any of the following information appears on any page of the document, on the photocopy, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)

- c. Next, paginate each document in the lower right hand corner of each page *of the redacted photocopy*.
- d. Finally, any documentation offered into evidence must be accompanied by (9) photocopies of the redacted and paginated copy to provide to the Board and the Department at the hearing.
- e. Please note: you must also bring the original to the hearing.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. The Board may hold a fact-finding meeting immediately following the close of the record.

Order Re: Filings

The Department and Respondent are hereby ordered when submitting any pleadings, documents, motions or other papers to the Board to file an original plus nine (9) copies with Jeffrey A. Kardys, agent of the Board and custodian of the record, at the following address:

Department of Public Health
Public Health Hearing Office
410 Capitol Avenue, MS#13PHO
P. O. Box 340308
Hartford CT 06134-0308

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 27th day of FEBRUARY, 2020.

For the Connecticut Board of Examiners for Nursing



Jeffrey A. Kardys, Administrative Hearings Specialist

- c: Henry Salton, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Matthew Antonetti, Principal Attorney, Office of Legal Compliance
Joelle Newton, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In Re: Teri Howell, L.P.N.

Petition No. 2019-623

March 10, 2020


MOTION TO CONTINUE

The Department of Public Health (hereinafter "the Department") respectfully moves the Connecticut Board of Examiners for Nursing ("the Board") to continue the hearing in the above-referenced petition scheduled on March 18, 2020 based on the following:

1. On or about October 30, 2019, the Department filed a Statement of Charges.
2. On or about February 27, 2020 the Department received notice that a hearing was scheduled on March 18, 2020.
3. The Department has been informed that its sole witness is unavailable on March 18, 2020 due to being out of state.
4. Respondent's license remains unrestricted and will not be prejudiced by a continuance.

WHEREFORE, The Department respectfully requests the Board to continue the hearing presently scheduled on March 18, 2020.

Respectfully submitted,
THE DEPARTMENT OF PUBLIC HEALTH



Matthew S. Antonetti, Principal Attorney
Office of Legal Compliance

ORDER

The foregoing motion having been duly considered by The Connecticut Board of Examiners for Nursing is hereby GRANTED/DENIED.

Dated at Hartford, Connecticut this _____ day of _____, 2020.

The Connecticut Board of Examiners for Nursing

CERTIFICATION

This certifies that on March 10, 2020 the original of this motion was delivered to the Department of Public Health, Public Health Hearing Office, 410 Capitol Avenue, Hartford, Connecticut and mailed to respondent, Teri A. Howell, LPN, 500 Main St., Apt 209, East Haven, CT 06512-2756.



Joelle C. Newton, Staff Attorney

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

March 12, 2020

Teri Howell
500 Main Street, Apt. 209
East Haven, CT 06512-2756

**First Class Mail
and Via EMAIL (thowell234@yahoo.com)**

Joelle Newton, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Teri Howell, LPN - Petition No. 2019-623

NOTICE OF CONTINUED HEARING


On March 10, 2020, the Department of Public Health filed a motion requesting a continuance of the hearing in the referenced matter, scheduled for March 18, 2020, because of witness unavailability.

The Department of Public Health's motion is **GRANTED**.

The hearing is rescheduled to **Wednesday, May 20, 2020, at 9:00 a.m.** at the Legislative Office Building, 300 Capitol Avenue, Hartford, Connecticut.

FOR: BOARD OF EXAMINERS FOR NURSING

BY:



Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
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www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

April 23, 2020

Teri Howell
50 Main Street, Apt. 209
East Haven, CT 06512-2756

VIA EMAIL ONLY (thowell234@yahoo.com)

Joelle Newton, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Teri Howell, LPN - Petition No. 2019-623

NOTICE OF HEARING POSTPONEMENT

The hearing in the above referenced matter, scheduled for May 20, 2020, is postponed, due to the necessary measures being implemented in response to the public health and civil preparedness emergency declared by Governor Ned Lamont on March 10, 2020.

Notification of a new hearing date will be sent when determined.

FOR: BOARD OF EXAMINERS FOR NURSING

BY: *Jeffrey A. Kardys*

Jeffrey A. Kardys, Administrative Hearings Specialist / Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

September 29, 2020

Teri Howell
50 Main Street, Apt. 209
East Haven, CT 06512-2756

VIA EMAIL ONLY (thowell234@yahoo.com)

Joelle Newton, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Teri Howell, LPN - Petition No. 2019-623

NOTICE OF HEARING

The hearing in the above referenced matter, is rescheduled to December 16, 2020.

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing.

In preparation for this hearing you must, no later than December 1, 2020, you must provide the information specified in the attached Notice for Submissions.

FOR: BOARD OF EXAMINERS FOR NURSING

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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Notice for Submissions

The hearing in the matter of: **Teri Howell, LPN - Petition No. 2019-623** has been scheduled for **December 16, 2020** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **December 1, 2020**, you must provide the following by electronic mail response to the hearing office at poho.dph@ct.gov

1. **Electronically Pre-filed exhibits** – Exhibits should be pre-marked for identification (i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted. *Parties and/or counsel should stipulate to any exhibits and facts not in dispute, and provide any objections to proposed exhibits.* All exhibits also must be sent to the opposing party or counsel.
2. **Witness List** – identify any persons expected to be called to testify. Be sure to notify your witnesses that they will be required to remain available and in attendance for the full duration of the hearing. (This will eliminate the difficulty of trying to reach witnesses again for rebuttal or additional examination later in the hearing). Witness lists also must be sent to the opposing party or counsel.
3. **Photo Identification**: a copy of a government-issued photo identification of the parties and witnesses.
4. **Electronic Mail (“e-mail”) addresses** for parties, counsel and witnesses. All e-mail addresses must be current and able to receive all notices relating to this matter.
5. **Cellphone numbers** for all parties, counsel, and witnesses at which they can be reached and respond to text message during the hearing (in the event a connection is lost).
6. **A statement whether executive session may be required** to receive testimony containing personal protected information, and if so, what that information may be (treatment records, patient records, therapy reports). Parties or counsel should identify any witnesses listed in response to #2 above who may provide testimony relating to personal protected information requiring executive session.
7. **A statement whether an interpreter will be needed** for the proceeding.

In preparation for the remote hearing, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking.

Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing.

Should you have any questions regarding the above, please contact the hearing office.

**STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Linda Lee
52 Dyer Avenue
Canton, CT 06019

CMRRR# 91 7199 9991 7038 3995 5748
First Class Mail
and Via EMAIL (linda.lee09@hotmail.com)

RE: Linda Lee, LPN - Petition No. 2019-362

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM at the Department of Public Health Complex, Conference Room A/B, 410-470 Capitol Avenue, Hartford, Connecticut on April 15, 2020. The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It is your responsibility to bring the witnesses and documents you wish to present at the hearing.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health within 14 days from the date of this Notice of Hearing. Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. DO NOT MARK THE ORIGINAL IN ANY WAY.
- b. Secondly, if any of the following information appears on any page of the document, on the photocopy, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)

- c. Next, paginate each document in the lower right hand corner of each page *of the redacted photocopy*.
- d. Finally, any documentation offered into evidence must be accompanied by (9) photocopies of the redacted and paginated copy to provide to the Board and the Department at the hearing.
- e. Please note: you must also bring the original to the hearing.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. The Board may hold a fact-finding meeting immediately following the close of the record.

Order Re: Filings

The Department and Respondent are hereby ordered when submitting any pleadings, documents, motions or other papers to the Board to file an original plus nine (9) copies with Jeffrey A. Kardys, agent of the Board and custodian of the record, at the following address:

Department of Public Health
Public Health Hearing Office
410 Capitol Avenue, MS#13PHO
P. O. Box 340308
Hartford CT 06134-0308

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 4th day of MARCH, 2020.

For the Connecticut Board of Examiners for Nursing



Jeffrey A. Kardys, Administrative Hearings Specialist

- c: Henry Salton, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Matthew Antonetti, Principal Attorney, Office of Legal Compliance
Joelle Newton, Staff Attorney, Office of Legal Compliance
Lois Donnelly (Via Email)

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In Re: Linda Lee, L.P.N.

Petition No. 2019-362

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Linda Lee:


1. Linda Lee of East Hartford, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut practical nurse license number 034478.
2. At all times mentioned herein, respondent was practicing nursing at The Orchards at Southington Assisted Living Mulberry Gardens and was responsible for administering Patient #1's medications. Said medications included Levetiracetam 1000 mg to be given in the morning and evening ("Levetiracetam").
3. From approximately August 17, 2018, through and/or including approximately August 21, 2018 respondent failed to chart administration of Patient #1's morning and/or evening dose(s) of Levetiracetam.
4. Subsequent to approximately August 22, 2018, respondent inappropriately and/or falsely signed and backdated Patient #1's medication administration records to reflect administration of Patient #1's Levetiracetam without documenting that she was making late entries.
5. The above described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99(b) including, but not limited to:

§20-99(b)(2);
§20-99(b)(6); and/or
§20-99(b)(7).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by Connecticut General Statutes §§20-99(b) and 19a-17, revoke or order other disciplinary action against respondent's nursing license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 12th day of December 2019.



Barbara S. Cass, RN, Branch Chief
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

April 7, 2020

Linda Lee
52 Dyer Avenue
Canton, CT 06019

VIA EMAIL ONLY (linda.lee09@hotmail.com)

Joelle Newton, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Linda Lee, LPN – Petition No. 2019-362

NOTICE OF HEARING POSTPONEMENT

The hearing in the above referenced matter, scheduled for April 15, 2020, is postponed, due to the necessary measures being implemented in response to the public health and civil preparedness emergency declared by Governor Ned Lamont on March 10, 2020.

Notification of a new hearing date will be sent when determined.

FOR: BOARD OF EXAMINERS FOR NURSING

BY: *Jeffrey A. Kardys*

Jeffrey A. Kardys, Administrative Hearings Specialist / Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904

c: Lois Donnelly (via email)



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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

September 29, 2020

Linda Lee
52 Dyer Avenue
Canton, CT 06019

VIA EMAIL ONLY (linda.lee09@hotmail.com)

Joelle Newton, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Linda Lee, LPN - Petition No. 2019-362

NOTICE OF HEARING

The hearing in the above referenced matter, is rescheduled to December 16, 2020.

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing.

In preparation for this hearing you must, no later than December 1, 2020, you must provide the information specified in the attached Notice for Submissions.

FOR: BOARD OF EXAMINERS FOR NURSING

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
PO Box 340308
Hartford, CT 06134-0308
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



Notice for Submissions

The hearing in the matter of: Linda Lee, LPN - Petition No. 2019-362 as been scheduled for December 16, 2020 and will be conducted remotely through Microsoft Teams/teleconference.

On or before **December 1, 2020**, you must provide the following by electronic mail response to the hearing office at poho.dph@ct.gov

1. Electronically Pre-filed exhibits – Exhibits should be pre-marked for identification (i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted. *Parties and/or counsel should stipulate to any exhibits and facts not in dispute, and provide any objections to proposed exhibits.* All exhibits also must be sent to the opposing party or counsel.
2. Witness List – identify any persons expected to be called to testify. Be sure to notify your witnesses that they will be required to remain available and in attendance for the full duration of the hearing. (This will eliminate the difficulty of trying to reach witnesses again for rebuttal or additional examination later in the hearing). Witness lists also must be sent to the opposing party or counsel.
3. Photo Identification: a copy of a government-issued photo identification of the parties and witnesses.
4. Electronic Mail (“e-mail”) addresses for parties, counsel and witnesses. All e-mail addresses must be current and able to receive all notices relating to this matter.
5. Cellphone numbers for all parties, counsel, and witnesses at which they can be reached and respond to text message during the hearing (in the event a connection is lost).
6. A statement whether executive session may be required to receive testimony containing personal protected information, and if so, what that information may be (treatment records, patient records, therapy reports). Parties or counsel should identify any witnesses listed in response to #2 above who may provide testimony relating to personal protected information requiring executive session.
7. A statement whether an interpreter will be needed for the proceeding.

In preparation for the remote hearing, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking.

Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing.

Should you have any questions regarding the above, please contact the hearing office.

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Jennifer B. Martin, L.P.N.

Petition No. 2018-142

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Jennifer B. Martin:

1. Jennifer B. Martin of Milford, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut licensed practical nursing license number 026303.
2. During about April 2017, respondent was employed as a licensed practical nurse for Almost Family, located in New Haven, Connecticut ("Almost Family").
3. On or about April 16 and/or 17, 2017, respondent provided home care to patient A.N. in Orange, Connecticut.
4. On or about April 17, 2017, respondent removed three clonazepam pills from A.N.'s medication administration area and placed the pills in her pocket.
5. The above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2).

THEREFORE, the Department prays that:

The Connecticut State Board of Examiners for Nursing, as authorized by the General Statutes of Connecticut, §§20-99(b) and 19a-17, revoke or order other disciplinary action against the license of Jennifer B. Martin as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 21st day of February 2020.



Christian D. Andresen, Section Chief
Practitioner Licensing & Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Jennifer Martin
66 Oak Bluff Road
Milford, CT 06461

CMRRR# 91 7199 9991 7038 3995 5830
First Class Mail
and Via EMAIL (nursejenn7112@gmail.com)

RE: Jennifer Martin, LPN - Petition No. 2018-142

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM at the Department of Public Health Complex, Conference Room A/B, 410-470 Capitol Avenue, Hartford, Connecticut on April 15, 2020. The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It is your responsibility to bring the witnesses and documents you wish to present at the hearing.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health *within 14 days from the date of this Notice of Hearing*. Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. DO NOT MARK THE ORIGINAL IN ANY WAY.
- b. Secondly, if any of the following information appears on any page of the document, on the photocopy, black out the following information using a black marker:
 - (1) Date of birth
 - (2) Mother's maiden name
 - (3) Motor vehicle operator's license number
 - (4) Social Security Number
 - (5) Other government-issued identification number
 - (6) Health insurance identification number
 - (7) Financial account number
 - (8) Security code or personal identification number (PIN)

- c. Next, paginate each document in the lower right hand corner of each page *of the redacted photocopy*.
- d. Finally, any documentation offered into evidence must be accompanied by (9) photocopies of the redacted and paginated copy to provide to the Board and the Department at the hearing.
- e. Please note: you must also bring the original to the hearing.

Failure to Appear:

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. The Board may hold a fact-finding meeting immediately following the close of the record.

Order Re: Filings

The Department and Respondent are hereby ordered when submitting any pleadings, documents, motions or other papers to the Board to file an original plus nine (9) copies with Jeffrey A. Kardys, agent of the Board and custodian of the record, at the following address:

Department of Public Health
Public Health Hearing Office
410 Capitol Avenue, MS#13PHO
P. O. Box 340308
Hartford CT 06134-0308

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 5th day of MARCH, 2020.

For the Connecticut Board of Examiners for Nursing



Jeffrey A. Kardys, Administrative Hearings Specialist

- c: Henry Salton, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations
Matthew Antonetti, Principal Attorney, Office of Legal Compliance
Leslie Scoville, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,
please contact the Public Health Hearing Office at 860-509-7566.*

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

BOARD OF EXAMINERS FOR NURSING

April 7, 2020

Jennifer Martin
66 Oak Bluff Road
Milford, CT 06461

VIA EMAIL ONLY (nursejenn7112@gmail.com)

Leslie Scoville, Staff Attorney
Department of Public Health
410 Capitol Avenue, MS #12LEG
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Jennifer Martin, LPN – Petition No. 2018-142

NOTICE OF HEARING POSTPONEMENT

The hearing in the above referenced matter, scheduled for April 15, 2020, is postponed, due to the necessary measures being implemented in response to the public health and civil preparedness emergency declared by Governor Ned Lamont on March 10, 2020.

Notification of a new hearing date will be sent when determined.

FOR: BOARD OF EXAMINERS FOR NURSING

BY: *Jeffrey A. Kardys*

Jeffrey A. Kardys, Administrative Hearings Specialist / Board Liaison
Department of Public Health
410 Capitol Avenue, MS #13PHO
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