

الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties

Adult Critical Care Nursing Diploma





PREFACE

- The primary objective of this document is to enrich the training experience of postgraduate trainees by outlining the learning objectives to become independent and competent future practitioners.
- This curriculum may contain sections outlining some regulations of training; however, such regulations need to be sought from the training's "General Bylaws" and "Executive Policies" published by the Saudi Commission for Health Specialties (SCFHS), which can be accessed online through the official SCFHS website. In the case of discrepancy in regulation statements, the one stated in the most updated bylaws and executive policies will be the reference to apply.
- As this curriculum is subject to periodic refinements, please refer to the electronic version posted online for the most updated edition at www.scfhs.org.sa.

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II. COPYRIGHT STATEMENTS

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III. FOREWORD

The Adult Critical Care Nursing Postgraduate Diploma Curriculum Development team acknowledges valuable contributions and feedback from the scientific committee members in developing this program. We extend special appreciation and gratitude to all the members who have been pivotal in completing this curriculum, especially the Specialty Curriculum Development Group, Curriculum Advisory Committee members, and Nursing Scientific Council. We would also like to acknowledge that the Critical Care Networks-National Nurse framework UK is copyright¹. Many of the descriptions' competencies were acquired from their resources.

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V. INTRODUCTION

1. Context of Practice

Critical care nursing is a booming specialty in Saudi Arabia. Currently, hospitals offer critical care nurses more attractive incentives, including sign-on bonuses, relocation bonuses, and reimbursements for continuing education and certification. Although there are always very ill and severely injured patients, the concept of critical care as a specialty is relatively modern. Given advances in medicine and technology, nursing care for patients has become more complex. To provide appropriate care, nurses require specialized knowledge and skills, as delivery mechanisms evolve to support patients' continuous monitoring and treatment needs.

The practice of intensive care nursing (ICU) for adults has improved over the past few decades. Knowledge of the pathophysiology of life-threatening conditions and the technological capacity to monitor and treat adult patients with these conditions has advanced rapidly during this period.

To meet national and international standards, the SCFHS offers evidence-based training and educational programs tailored specifically to Intensive Care Unit (ICU) nurses. This program focused on nursing care for adult patients with acute and complex health problems. The emphasis is on enhancing the critical thinking skills necessary to make sound nursing judgments and promote self-directed nursing care for patients with acute and complex health problems. This program synthesizes evidence-based data to deliver competent, culturally sensitive, and appropriate holistic care to clients with complex health needs.

2. Goals and Responsibilities of Curriculum Implementation

Ultimately, this curriculum seeks to guide trainees to become competent in their respective specialties. Accordingly, this goal requires a significant amount of effort and coordination from all the stakeholders involved in postgraduate training. As "adult learners," trainees must be proactive, fully engaged, and exhibit the following: a careful understanding of learning objectives, self-directed learning, problem-solving, an eagerness to apply knowledge using reflective practice from feedback and formative assessment, and selfawareness and willingness to ask for support when needed. The program director plays a vital role in ensuring the successful implementation of this curriculum. Moreover, training committee members, particularly the program administrator and chief resident, significantly impact program implementation. Trainees should be called upon to share responsibility in curriculum implementation. The SCFHS applies the best models of training governance to achieve the highest quality of training. Additionally, academic affairs in training centers and the regional supervisory training committee play a significant role in training supervision and implementation. The Critical Care Nursing Scientific Committee will guarantee that the content of this curriculum is constantly updated to match the highest standards in postgraduate education for each trainee's specialty.

3. What is new in this edition?

In this edition, the curriculum is transformed into a competency-based curriculum that explicitly represents the learning domains (knowledge, skills, and behavior). In addition, it grades the responsibility for the trainee, with a clearer demarcation of what should be achieved at each stage of training (milestone) and provides detailed supervisory frameworks that support independent learning within a formal structure and enriches formative assessment.

VI. ABBREVIATIONS USED IN THIS DOCUMENT

Advice for Authors

Try to limit the use of abbreviations to the recognized ones, for examples:

Abbreviation	Description
SCFHS	Saudi Commission for Health Specialties
D1	(First) Year of Training
D2	(Second) year of Training
OSCE	Objective Structured Clinical Examination
SOE	Structured Oral Examination
MDT	Multidisciplinary Team
CBE	Competency-Based Evaluation
ITER	In-Training Evaluation Report
FITER	Final In-Training Evaluation Report
ITC	Institutional Training Committee

VII. PROGRAM ENTRY REQUIREMENTS

Eligible applicants must fulfill the application requirements of the SCFHS (as outlined in the executive policy of acceptance and registration) and meet the following criteria:

- 1. Bachelor of Nursing (BSN) degree.
- 2. At least one year of experience in acute nursing care unit before joining the program.
- English Proficiency Results. Applicant should submit one of the following: (STEP: 64) Valid for three years; (IELTS: 4 goodalid for 2 years; (TOFEL: IBT 48-PBT 458) valid for 2 years
- 4. Pass the interview for admission.
- For more information about registration and acceptance in the program, please visit the SCFHS website (https://www.scfhs.org.sa/MESPS/Pages/admissionregistr ation.aspx).

VIII. LEARNING AND COMPETENCIES

1. Introduction to Learning Outcomes and Competency-Based Education

Training should be guided by well-defined "learning objectives" driven by targeted "learning outcomes" of a particular program to serve specific specialty needs. Learning outcomes are supposed to reflect the professional "competencies" and tasks to be "entrusted" by trainees upon graduation. This will ensure that graduates meet the expected demands of the healthcare system and patient care for their particular specialty. Competency-based education (CBE) is an "adult learning" approach based on achieving predefined, fine-grained, and well-paced learning objectives driven by complex professional competencies.

Professional competencies related to healthcare are usually complex and contain a mixture of multiple learning domains (knowledge, skills, and attitude). CBE is expected to change the traditional method of postgraduate education. For instance, although it is a precious resource, training time should not be considered a proxy for competence (e.g., rotation time in certain hospital areas is not the primary marker of competence achievement). Furthermore, CBE emphasizes the critical role of an informed judgment of learners' competency progress based on a staged and formative assessment driven by multiple workplace-based observations. Several CBE models have been developed for postgraduate healthcare education,

for example, Critical Care Networks – National Nurse Leads (CC3N). The CC3N framework was designed to move the learner through a progressive development process from a novice to a competent and independent practitioner.

The following are concepts to enhance the implementation of CBE in this curriculum:

- Competency: Competency is a cognitive construct that assesses
 the potential to perform efficiently in a given situation based on
 the profession's standard. Professional roles (e.g., experts,
 advocates, communicators, leaders, scholars, collaborators, and
 professionals) are used to define the competency role and make it
 mendable for learning and assessment.
- Milestones: Milestones are the stages of the developmental journey throughout the competency continuum. Trainees throughout their learning journey, from junior and senior levels, will be assisted in transforming from being novice/supervised to master/unsupervised practitioners. This should not undermine the role of supervisory/regulatory bodies toward the malpractice of independent practitioners. Milestones are expected to enhance the learning process by pacing training/assessment to match the developmental level of the trainees (junior vs. senior).
- Learning Domains: Whenever possible, efforts should be directed to annotate the learning outcomes with the corresponding domain (K=Knowledge, S=Skills, and A=Attitude). You may have more than one annotation for a given learning outcome.
- Content-area Categorization: It is advisable to categorize the learning outcomes in a broad content area related to the practice of the profession—for example, diagnostic versus therapeutic, simple versus complex, and urgent versus chronic.

Trainees are expected to progress from the novice to mastery levels in a particular set of professional competencies. This curriculum applies the principles of competency-based medical education.

2. Program Durations

The Advanced Practice Nursing Program in Adult Critical Care is a two-year program.

3. Program Rotations

Hospital rotations

Most critically ill patients are admitted to the ICU. Therefore, to experience the role of adult critical care nurses, trainees are provided with adequate specialty experience, irrespective of the name of the ICU rotations in their respective training centers. Consequently, the following program rotations were considered mandatory.

See Appendix A for further description of each rotation.

Training Year	Mandatory Core Rotation *	Duration per Week	Setting
	Orientation	2	Critical Care Settings
	Module 1: Foundations of Intensive Care Nursing	8	Critical Care Settings
D1	Module 2: Intensive Care Nursing 1	7 blocks with each block 4 to 6 weeks duration	
	Respiratory System 1	6	Critical Care
	Respiratory System 2	6	Settings
	Cardiovascular System 1	6	
	Cardiovascular System 2	6	
	Renal System 1	4	

Training Year	Mandatory Core Rotation *	Duration per Week	Setting
	Renal System 2	4	
	Gastrointestinal System	5	
	Total	47	
	Module 3: Intensive Care Nursing 2 (Systems- based approach including Advanced Health Assessment, Pathophysiology, Pharmacology, and Nursing Management) for the following systems:	7 blocks with each block 4 to 6 weeks duration	
	Neurological System 1	4	
	Neurological System 2	4	
	Endocrine System	4	Critical Care
D2	Hematologic and Immune Systems	4	Settings
	Integumentary System	4	
	Multisystem Dysfunction	4	
	Special Situations in Critical Care	6	
	Module 4: Nursing Research and Evidence- Based Practice in Nursing	8	
	Module 5 : Leadership and Management	8	
	Total	47	
	Annual Vacation: 30 days	4	
D1 and D2	Eid Vacation: One of the two Eid holidays according to the training institution standards.	1	

(*Mandatory core rotation: Set of rotations that represent program core components and are mandatory

**Elective rotation: Set of rotations related to the specialty, as determined by the scientific council/committee, and the trainee must do some of them.

***Selective rotation: Set of other rotations that are selected by the trainee, directed by the mentor/program director, to enhance competency acquisition of the specialty.)

4. Mapping of learning objectives and competency roles to program rotations:

This section aims to match the competencies and objectives of each rotation. Trainees and trainers should work together to achieve these objectives during teaching and formative assessment. Expectations should evolve as the training level progresses (training stage and milestones).

See Appendix A

Steps 1 and 2 Competency-Metrix: to map Competency, Learning Domain, and Milestones

IX. CONTINUUM OF LEARNING

This includes learning that should take place at each key stage of progression within the specialty. Trainees are reminded of lifelong continuous professional development (CPD). Trainees should keep in mind the necessity of CPD for every healthcare provider to meet the demands of their vital profession. The following table shows how this role is progressively expected to develop throughout the junior, senior, and consultant levels of practice.

Undergradu ate	D1 (Junior Level)	D2 (Senior Level)	(Expert Level)
Nonpracticin g	Dependent/sup ervised practice	Minimum supervision and guidance, attaining competence in related knowledge /skills	Independent practice/provide supervision
Obtain basic health science and foundational level to core discipline knowledge	Obtain fundamental knowledge related to core clinical problems of the specialty	Demonstrate skilled performance in the activity with enhanced theoretical knowledge and understanding giving rationale for practice Demonstrate application of knowledge and understanding in relation to relevant policies, procedures and guidelines	Demonstrate competent performance in all the activities specified without direct supervision based on independently problem-solve complex situations and offer solutions through critical

Undergradu ate	D1 (Junior Level)	D2 (Senior Level)	(Expert Level)
		Participate in problem-solving through critical analysis and	analysis and
		evaluation of more complex situations	evaluation
Internship to the practice of discipline	Apply clinical skills such as physical examination and practical	Analyze and interpret the findings	Supervise and instruct others in a range of activities related to their role and responsibilities
	procedures related to the core presenting problems and procedures of the specialty	from clinical skills to develop appropriate Nursing diagnoses and Nursing care plans for the patient	Apply knowledge, demonstrate, and research to relevant policies, procedures, and guidelines to critically analyze and improve practice

X. TEACHING METHODS

The teaching process in postgraduate diploma training programs is based mainly on the principles of adult learning theory. The trainees felt the importance of learning and played an active role in the content and learning processes. The training programs implement the adult learning concept on each feature of the activities in which the trainees are responsible for their learning requirements. The formal training time includes the following three formal teaching activities:

- Program-Specific Learning Activities
- Universal Topics
- General Learning Opportunities

1.1. Program-Specific learning activities:

Program-specific activities are educational activities specifically designed and intended to teach trainees during their training time. Trainees are required to attend these activities, and noncompliance can subject trainees to disciplinary actions. Program administration should support these activities by providing a specific time for trainees to attend and participate in such activities.

Time Frame for Completion of Program Activities

Year	Modules	Outlines
	Orientation	 Program introduction General hospital orientation Program Hospital mandatory training courses e.g., infection control, safety course, as per center admission policies and protocols
MODULES OF FIRST YEAR TRAINING	Module 1: Foundations of Intensive Care Nursing Module 2: Intensive Care Nursing 1 (Systems-based approach including Advanced Health Assessment, Pathophysiology, Pharmacology, and Nursing Management) for the following systems: Respiratory System Cardiovascular System Renal System Gastrointestinal System	See Appendix A for further modules discerption and specific outlines
MODULES OF SECOND YEAR TRAINING	Module 3: Intensive Care Nursing 2 (Systems-based approach including Advanced Health Assessment, Pathophysiology, Pharmacology, and Nursing Management) for the following systems: Neurological System Endocrine system Hematologic and Immune Systems Integumentary System Multisystem Dysfunction Special Situations in Critical Care Module 4: Nursing Research and Evidence-Based Practice in Nursing Module 5: Leadership and Management	See Appendix A for further modules discerption and specific outlines

1. Program Academic half day:

The trainee must complete 40 hours of clinical practice each week. In addition, 8 hours of formal training time (commonly referred to as academic half day) should be reserved. Formal teaching time is an activity planned with an assigned tutor, time slots, and venue. Formal teaching time excludes bedside teaching and clinic postings. The academic half day covers the core specialty topics determined and approved by the specialty's scientific committee, aligned with the specialty-defined competencies and teaching methods. The core specialty topics will ensure that important clinical problems in critical care nursing are taught well. It is recommended that lectures be conducted in an interactive case-based discussion format. The learning objectives of each core topic need to be clearly defined, and the use of pre-learning material. The trainee should be actively involved in the development and delivery of the topics under faculty supervision; involvement might be in the form of delivery, content development, research, and so forth. The supervisor's educator should ensure that the discussion of each topic is stratified into three categories in the learning domain: knowledge, skill, and attitude.

2. Practice-based learning:

Training exposure occurs mainly during critical care rotations, bedside teaching during daily rounds, and other work-related activities such as courses and workshops. These activities allow the educator to supervise trainees to ensure that they become competent in practical skills, fulfilling knowledge, psychomotor, and attitude learning domains. Please refer to the formative assessment section for details on competency requirements.

No.	Top Core Specialty Procedures
1.	Assessment: General Survey
2.	Assessment: Vital Signs and Pain
3.	Assessment: Thorax and Lungs
4.	Oxygen Therapy and Oxygen Delivery
5.	Oral Airway Insertion
6.	Endotracheal Tube Care and Management
7.	Tracheostomy Tube Care and Management
8.	Endotracheal Tube and Tracheostomy Tube: Suctioning Open and Closed Procedures
9.	Oral Care (e.g., Oral Hygiene)
10.	Obtaining Blood Gas Sample and Blood Gas Interpretation
11.	Care of patient on Mechanical Ventilation
12.	Chest Tube Insertion (assist), Removal, and Care and Management
13.	Assessment: Cardiovascular
14.	Cardiac Monitor Setup and Lead Placement
15.	Electrocardiogram: 12 Lead
16.	Basic ECG/ Arrhythmia Interpretation
17.	External Defibrillator
18.	Cardioversion
19.	Code Management

No.	Top Core Specialty Procedures
20.	Arterial Catheter Insertion (Assisting), Care, Removal, and Blood Sampling
21.	Central Venous Catheter Insertion (assisting), Blood Sampling, Removal, and Site Care
22.	Hemodynamic Monitoring: Transducer System Setup and Zeroing
23.	Intravenous Therapy: Dose and Flow-Rate Calculations
24.	Blood and Fluid Pressure Infusers
25.	Blood and Blood Products Administration
26.	Blood Specimen Collection: Blood Cultures
27.	Eye Care for Unconscious Patients
28.	Assessment: Abdomen, Genitalia, and Rectum
29.	Assessment: Nutrition Screening
30.	Nasogastric Tube: Insertion, Irrigation, and Removal
31.	Feeding Tube: Enteral Nutrition
32.	Total Parenteral Nutrition (TPN) Administration
33.	Intra-abdominal Pressure Monitoring
34.	Assessment: Intake and Output
35.	Continuous Renal Replacement Therapy (CRRT)
36.	Preoperative Care
37.	Pressure Ulcer: Risk Assessment and Prevention
38.	Assessment: Wound

No.	Top Core Specialty Procedures
39.	Assessment: Neurologic System
40.	Intracranial Pressure Monitoring: External Ventricular Drain Care and Management
41.	Restraint Use
42.	Fall Prevention
43.	VTE assessment
44.	Sedation Assessment

1.2 Universal Topics

Universal topics are educational activities developed by the SCFHS and are intended for all specialties. Priority will be given to the following topics:

- High value
- Interdisciplinary and integrated
- Require expertise that might be beyond the availability of the local clinical training sites

Universal topics have been developed by the SCFHS and are available as e-learning via personalized access for each trainee (to access online modules). Each universal topic will have a self-assessment at the end of the module. As indicated in the executive policies of continuous assessment and annual promotion, universal topics are a mandatory component of the criteria for the annual promotion of trainees from their current level of training to the subsequent level. Universal topics were distributed throughout the training period. Instructors and trainees must refer to the Saudi Commission for

Health Specialties Online Universal Topics, which can be accessed at https://www.scfhs.org.sa/MESPS/PME/Pages/UniversalTopics.aspx (A total of 20 topics must be completed according to SCFHS standards.)

Level	Module	Universal Topics
		Blood Transfusion
		Hospital-Acquired Infections
	Module 1: Medical	Antibiotic Stewardship
	Fundamentals	Sepsis, Systemic Inflammatory Response
		Syndrome (SIRS), DIVC
		Safe Drug Prescribing
		Introduction
	Module3: Diabetes and	Diabetic Emergencies
	Metabolic Disorder	Management of Diabetic Complications
		Obesity
		Introduction
		Acute Chest Pain
D1 and D2		Acute Breathlessness
		Altered Sensorium
	Module4: Medical and	Hypotension
	Surgical Emergencies	Hypertension
		Upper GI Bleeding
		Lower GI Bleeding
		Abnormal ECG
		Medical and Surgical Emergencies Assessment
		Preoperative Assessment
		Post-operative Care
	Module5: Acute Care	Fluid Management in the Hospitalized Patient
		Management of Electrolyte Imbalances
		Acute Care Assessment

Level	Module	Universal Topics
		Introduction
		Occupational Hazards of Healthcare Workers
		Evidence-based Approach to Smoking
		Cessation
	Module 7: Ethics and	Patient Advocacy
	Healthcare	Organ Transplantation
		Autonomy and Treatment Refusal
		Death and Dying
		Ethics and Healthcare Assessment
		Ethics and Healthcare

1.3 General Learning Opportunities:

Formal training time should be supplemented by other practice-based learning (PBL), such as:

- Journal club
- Involvement in quality improvement committees and meeting
- Continuous professional activities (CPD) relevant to specialties (conferences and workshops) approved by the program director.

XI. ASSESSMENT AND EVALUATION

1. Purpose of Assessment

Assessment plays a vital role in the success of postgraduate training. Assessment guides trainees and trainers to achieve defined standards, learning outcomes, and competencies. However, the evaluation will provide feedback to learners and faculty regarding curriculum development, teaching methods, and quality of the learning environment. A reliable and valid assessment is an excellent tool for assessing curriculum alignment between objectives, learning methods, and assessment methods. Finally, assessment assures patients and the public that health professionals are safe and competent to practice.

Assessment can serve the following purposes:

- a. Assessment for learning: Trainers use information from trainees' performance to improve their learning. This enables educators to use information about trainees' knowledge, understanding, and skills to provide feedback to trainees about learning and how to improve.
- b. Assessment of learning involves trainees in the learning process, which enables them to monitor their progress. Trainees use self-assessment and educators' feedback to reflect on their progress. It develops and supports the trainees' metacognitive skills. Assessment of learning is crucial in helping residents/fellows become lifelong learners.

- c. The assessment of learning demonstrates learning achievement. This is a graded assessment and usually counts toward the trainee's end-of-training degree.
- d. Feedback and evaluation, as assessment outcomes, represent quality metrics that can improve the learning experience.

2. Formative Assessment

2.1 General Principles

Trainees, as adults, should strive for feedback throughout their journey of competency from novice to mastery levels. Formative assessment (also referred to as continuous assessment) is an assessment component distributed throughout the academic year to provide trainees with effective feedback.

Trainers and trainees were directed to follow the recommendations of the scientific council regarding the updated forms, frequency, distribution, and deadlines related to the implementation of evaluation forms.

2.2 Formative Assessment Tools

Domain: Knowledge						
No.	Instrument Assessment method		D1	D2		
	Academic Activities	Quizzes	End of each	End of each		
			theoretical module or	theoretical module		
			as per needs	or as per needs		
			assessment	assessment		
1.		Special Assignments	One assignment to be	One assignment to		
			submitted every	be submitted every		
			month (to be	month (to be		
			determined by PD or	determined by PD or		
			faculty members)	faculty members)		

Domain: Knowledge							
No.	Instrument	Assessment method	D1	D2			
		Case Study (Presentation)	Two per year (Topics / Cases to be determined by PD or faculty members)	Two per year (Topics / Cases to be determined by PD or faculty members)			
		Case-based Evaluation (CBE)	Every month: a minimum of (10) CBEs should be completed per year	Every month: a minimum of (10) CBEs should be completed per year			
		Universal Topics (Online modules)	A total of 20 topics must be completed per training period				
2.	End-of-year Progress Test	Exam	Promotion exam	Not applicable			
Domai	n: Skills						
3.	Clinical Competency (Top Core Specialty Procedures)	Direct Observation	Competencies checkoff (each competency to be evaluated 3 times at 3 different sessions) *	Competencies checkoff (each competency to be evaluated 3 times at 3 different sessions) *			
4.	Research	Self- assessment	Not applicable	Submitting minimum of proposal			
Domai	Domain: Attitude						
5.	ITER	Direct Observation	Every month: a minimum of (10) ITER should be completed per year	Every month: a minimum of (10) ITER should be completed per year			

- * Program director/trainer may, however, use the following to support their decision if the trainee needs to complete the three checkoffs for each competency:
- Demonstrate skilled performance in the activity with enhanced theoretical knowledge and understanding, giving rationale for practice.
- Demonstrate competent performance in all procedures without direct supervision.

The evaluation of each component will be based on the following equation:

Percentage	< 50%	50-59.4%	60-69.4%	>70%
Description	Clear fail	Borderline	Borderline	Clear
Description		fail	pass	pass

To achieve unconditioned promotion, the candidate must score a minimum of "borderline pass" for all five components.

- The program director can still recommend the promotion of candidates if the above is not met in some situations.
- If the candidate scored "borderline failure" in one or two components at maximum, these scores should not belong to the same area of assessment (for example, both borderline failures should not belong to both skills).
- The candidate must have passed all other components and scored a minimum of precise passes in at least two components.

3. Summative Assessment

3.1 General Principles

Summative assessment is a component of assessment that aims primarily to make informed decisions about trainees' competency. Compared to formative assessment, the summative assessment does not aim to provide constructive feedback. Please refer to the General

Bylaws and Executive Policy of Assessment (available online: www.scfhs.org). To be eligible to sit for the final exams, trainees will be granted unk>unk > certification of training completion upon completing all training rotations.

3.1 Final In-training Evaluation Report (FITER)

In addition to the approval of the completion of clinical requirements by the supervising committee, FITER was also prepared by program directors for each trainee at the end of their final year of training. This report shall be the basis for obtaining the Certificate of Training Program Completion and the qualification to sit for the Final Specialty Exams.

3.4 Certification of Training Completion

To be eligible for the final specialty examinations, each trainee is required to obtain "Certification of Training Completion." Based on the training bylaws and executive policy (please refer to www.scfhs.org) trainees will be granted "Certification of Training Completion" once the following criteria are fulfilled:

- a) Successful completion of all training rotations.
- b) Completion of training requirements (e.g., logbook, research, and others), as outlined in FITER, approved by the scientific committee of specialty.
- c) Clearance from SCFHS training affairs ensures compliance with tuition payments and the completion of universal topics.
- d) Passing first part examination (whenever is applicable).

"Certification of Training Completion" will be issued and approved by the supervisory committee or its equivalent according to SCFHS policies.

3.5 Final Specialty Examinations

The final specialty examination is the summative assessment component that grants trainees the certifications of the Specialty. It has two elements:

- A. Final written exam: The final written examination shall consist of one paper of multiple-choice questions (single best answer out of four options); trainees are required to have the "Certification of Training Completion" to be eligible for this exam.
- B. Final clinical/practical exam: Trainees are required to pass the final written exam to be eligible to sit for the final clinical/practical exam.

The examination format (including the number of questions, eligibility, and scores required to pass) will be based on the Saudi Commission Examination Rules and Regulations.

Available from the Saudi Commission website:

https://www.scfhs.org.sa/MESPS/TrainingProgs/RegulationBoard/Pages/default.aspx.

Blueprint Outlines:

For further details on the final examinations (Promotion Exam, Final Written Exam, and Clinical Exams), please refer to the most updated version published on the SCFHS website.

https://www.scfhs.org.sa/en/MESPS/TrainingProgs/List%20graduat e%20programs/Pages/default.aspx

Example of Final Written Exam Blueprint (Promotion Exam)

	Propor	Number	Blooms Taxonomy					
Section	tions (100%)	of the Question	Knowled ge	Compre hension	Applica tion	Analy sis	Synth esis	Evalua tion
Module 1: Foundations of Intensive Care Nursing	20 %	20	4	3	10	2	-	1
Module 2: Intensive Care Nursing 1: (Systems-based approach including Advanced Health Assessment, Pathophysiology, Pharmacology, and Nursing Management) for the following systems Respiratory system	25%	25	5	6	6	6		2
Cardiovascular System	25%	25	5	6	6	6		2
Renal System	15%	15	4	3	5	2		1
Gastrointestinal System	15%	15	4	3	5	2		1
	Total	100%	22	21	32	18		7

Example of Final Clinical Exam Blueprint

			DIMENSIONS OF CARE				
			Health Promotion & Illness Prevention	Acute	Chronic	Psychosocial Aspects	Total
		Patient Care		1	1		
DOMAINS FOR INTEGRATED CLINICAL	ENCOUNTER	Patient Safety & Procedural Skills	1	1			
		Communication & Interpersonal Skills					
OMAINS FO		Professional Behaviors					
		Total Stations	1	2	1		4

XII. PROGRAM AND COURSES EVALUATION

The SCFHS applies variable measures to evaluate its implementation. Training outcomes of this program will follow the quality assurance framework endorsed by the Central Training Committee at the SCFHS. Trainees' assessment (both formative and summative) results will be analyzed and mapped to the curriculum content. Other indicators that will be incorporated are as follows:

- Report of the annual trainees' satisfaction survey.
- Reports from trainees' evaluation of faculty members.
- Reports from trainees' evaluation of rotations.
- Reports from the annual survey of program directors.
- Data are available from program accreditations.
- Reports from direct field communications with trainees and trainers.

Goal-based evaluation: The achievement of the intended milestones will be evaluated at the end of each stage to assess the progress of curriculum delivery. Any deficiencies will be addressed in the following phase, utilizing the time devoted to trainee-selected topics and professional sessions. In addition to subject-matter opinions and best practices from benchmarked international programs, SCFHS will apply a robust method to ensure that this curriculum will utilize all the data available during the revision of this curriculum in the future.

XIII. POLICIES AND PROCEDURES

This curriculum represents the means and materials that outline the learning objectives with which trainees and trainers interact to achieve the identified educational outcomes. The SCFHS has a complete set of "General Bylaws" and "Executive Policies" (published on the official SCFHS website) that regulate all training-related processes. The general bylaws of training, assessment, accreditation, and executive policies on admission, registration, continuous assessment and promotion, examination, trainees' representation and support, duty hours, and leaves are examples of regulations that need to be implemented. Under this curriculum, trainees, trainers, and supervisors must comply with the most updated bylaws and policies that can be accessed online (via the official SCFHS website).

XIV. APPENDICES

- A. Step 1 and Step 2 Competency-Metrix
- B. Session plan
- C. Universal Topics Modules
- D. Nursing Research Project Guidelines (available as PDF doc. From ONE45 to be added)
- E. Glossary
- F. References

Appendix A

Steps 1 and 2 Competency-Metrix: to map Competency, Learning Domain, and Milestones

Appendix B

Universal Topics

Universal Topics - First Year

Module 1: Introduction

- 1. Safe drug prescribing
- 2. Hospital-acquired infections (HAI)
- 3. Sepsis, SIRS, Disseminated Intravascular Coagulation (DIVC)
- 4. Antibiotic Stewardship
- 5. Blood Transfusion

Safe drug prescription

At the end of the learning unit, you should be able to:

- 1. Recognize the importance of safe drug prescribing in healthcare.
- 2. Describe various adverse drug reactions with examples of commonly prescribed drugs that can cause such reactions.
- 3. Apply principles of drug-drug interactions, drug-disease interactions, and drug-food interactions in common situations.
- 4. Apply principles of prescribing drugs in special situations, such as renal failure and liver failure.
- 5. Apply principles of prescribing drugs in elderly and pediatric patients, and in pregnancy and lactation.
- 6. Promote evidence-based cost-effective prescribing.
- 7. Discuss the ethical and legal framework governing safe drug prescribing in Saudi Arabia.

Healthcare-associated infections (HAI)

At the end of the learning unit, you should be able to:

- Discuss the epidemiology of HAI with special reference to HAI in Saudi Arabia.
- 2. Recognize HAI as one of the major emerging threats in healthcare.
- 3. Identify the common sources and presentation of HAI.
- 4. The risk factors of common HAIs include ventilator-associated pneumonia, Methicillin-resistant Staphylococcus aureus (MRSA), central line-associated bloodstream infection (CLABSI), and vancomycin-resistant enterococcus (VRE).
- 5. Identify the role of healthcare workers in the prevention of HAI.
- 6. Determine appropriate pharmacological (e.g., selected antibiotic) and non-pharmacological (e.g., removal of an indwelling catheter) measures in the treatment of HAI.
- 7. Propose a plan to prevent HAI in the workplace.

Sepsis, SIRS, DIVC

At the end of the learning unit, you should be able to:

- 1. Explain the pathogenesis of sepsis, SIRS, and DIVC.
- 2. Identifying patient-related and non-patient-related predisposing factors for sepsis, SIRS, and DIVC.
- 3. Recognize a patient at risk of developing sepsis, SIRS, and DIVC.
- 4. Describe the complications of sepsis, SIRS, and DIVC.
- Apply the principles of management to patients with sepsis, SIRS, and DIVC.
- 6. Describe the prognosis of sepsis, SIRS, and DIVC.

Antibiotic stewardship

At the end of the learning unit, you should be able to:

- Recognize antibiotic resistance as one of the most pressing public health threats globally.
- 2. Describe the mechanism of antibiotic resistance.
- 3. Determine the appropriate and inappropriate use of antibiotics.
- 4. Develop a plan for safe and proper antibiotic use, including correct indications, duration, types of antibiotics, and discontinuation.
- 5. Appraise local guidelines in the prevention of antibiotic resistance.

Blood transfusion

At the end of the learning unit, you should be able to:

- Review the different components of blood products available for transfusion.
- 2. Recognize the indications and contraindications of blood product transfusion.
- 3. Discuss the benefits and risks of and the alternatives to transfusion.
- 4. Undertake consent for specific blood product transfusion.
- 5. Perform the steps necessary for safe transfusion.

- 6. Develop an understanding of the special precautions and procedures necessary during massive transfusions.
- 7. Recognize transfusion-associated reactions and provide immediate management.

Module 3: Diabetes and Metabolic Disorders

- 1. Recognition and management of diabetic emergencies
- 2. Management of diabetic complications
- 3. Comorbidities of obesity

Recognition and management of diabetic emergencies

At the end of the learning unit, you should be able to:

- 4. Describe the pathogenesis of common diabetic emergencies, including their complications.
- 5. Identify risk factors and groups of patients vulnerable to such emergencies.
- 6. Recognize a patient presenting with a diabetic emergency.
- 7. Institute immediate management.
- 8. Refer the patient to the appropriate next level of care.
- 9. Counsel patients and families to prevent such emergencies.

Management of diabetic complications

At the end of the Learning Unit, you should be able to:

- Describe the pathogenesis of important complications of Type 2 diabetes mellitus.
- 2. Screen patients for such complications.
- 3. Provide preventive measures for such complications.
- 4. Treat such complications.
- 5. Counsel patients and families with special emphasis on prevention.

Comorbidities of obesity

At the end of the learning unit, you should be able to:

- Screen patients for the presence of common and important comorbidities of obesity.
- 2. Manage obesity-related comorbidities.
- Provide dietary and lifestyle advice for the prevention and management of obesity.

Module 7: Ethics and Healthcare

- 1. Occupational hazards of healthcare workers (HCWs)
- 2. Evidence-based approach to smoking cessation
- 3. Patient advocacy
- 4. Ethical issues: transplantation/organ harvesting; withdrawal of care
- 5. Ethical issues: treatment refusal; patient autonomy
- 6. Role of doctors in death and dying

Occupation hazards of HCWs

At the end of the learning unit, you should be able to:

- Recognize common sources and risk factors of occupational hazards among HCWs.
- 2. Describe common occupational hazards in the workplace.
- 3. Develop familiarity with legal and regulatory frameworks governing occupational hazards among HCWs.
- 4. Develop a proactive attitude to promoting workplace safety.
- 5. Protect yourself and colleagues against potential occupational hazards in the workplace.

Evidence-based approach to smoking cessation

At the end of the learning unit, you should be able to:

- Describe the epidemiology of smoking and tobacco usage in Saudi Arabia.
- 2. Review the effects of smoking on the smoker and family members.

- 3. Effectively use pharmacological and non-pharmacological measures to treat tobacco usage and dependence.
- 4. Effectively using pharmacological and non-pharmacological measures to treat tobacco use and dependence among special population groups, such as pregnant women, adolescents, and patients with psychiatric disorders.

Patient advocacy

At the end of the learning unit, you should be able to:

- 1. Define patient advocacy.
- 2. Recognize patient advocacy as a core value governing medical practice.
- 3. Describe the role of patient advocates in the care of patients.
- 4. Develop a positive attitude toward patient advocacy.
- 5. Be a patient advocate in situations of conflict.
- 6. Be familiar with local and national patient advocacy groups.

Ethical issues: transplantation/organ harvesting; withdrawal of care

At the end of the learning unit, you should be able to:

- Apply key ethical and religious principles governing organ transplantation and withdrawal of care;
- 2. Be familiar with legal and regulatory guidelines regarding organ transplantation and withdrawal of care;
- 3. Counsel patients and families in the light of applicable ethical and religious principles; and
- 4. Guide patients and families to make informed decisions.

Ethical issues: treatment refusal and patient autonomy

At the end of the learning unit, you should be able to:

- Predict situations in which a patient or family member is likely to decline the prescribed treatment.
- 2. Describe the concept of the "rational adult" in the context of patient autonomy and treatment refusal.
- 3. Analyze key ethical, moral, and regulatory dilemmas in treatment refusal.
- 4. Recognize the importance of patient autonomy in the decisionmaking process.
- Counsel patients and families declining medical treatment in light of the patient's best interests.

Role of doctors in death and dying

At the end of the learning unit, you should be able to:

- Recognize the important role a doctor can play during a dying process.
- 2. Provide emotional as well as physical care to a dying patient and family.
- 3. Provide appropriate pain management in a dying patient.
- 4. Identify suitable patients and refer them to palliative care services.

Appendix D

Nursing Research Project Guidelines

Under the guidance of an adviser, the trainees are allowed to work in research as individuals or in groups. The clinical research project falls under the supervision of a faculty member and uses a scientific process to analyze clinical problems or issues related to advanced nursing practice. Emphasis is on a project that has a tangible application in the practice setting. The trainee must submit a written proposal/research report and complete a clinical research project. The maximum score for this study is 100 points (see the project assessment tool below). Each

item is weighted in terms of its importance in fulfilling the purposes of the project.

Research project assessment tool available as a pdf file on the One45 system

To be attached here

Appendix-E

Glossary

	Glossary	
Blueprint	Description correlating educational objectives with assessment contents. For example, a test blueprint defines the proportion of test questions allocated to each learning domain and/or content.	
Competency	Capability to function within a defined professional role that implies entrustment of a trainee by the graduation of the program with the required knowledge, skills, and attitude needed to practice unsupervised.	
Specialty Core Content	Specific knowledge or skill, or professional attitude	
(Skills, Knowledge, and Professional Attitude)	that is specific and integral to the given specialty.	
Formative Assessment	An assessment is used to inform the trainer and learner of what has been taught and learned, respectively, to improve learning. Typically, the results of formative assessment are communicated through feedback to the learner. Formative assessments are not intended primarily to make judgments or decisions (though it can be as a secondary gain).	
Mastery	Exceeding the minimum level of competency to the proficient level of performance indicates rich experience with excellent knowledge, skills, and attitude.	

Glossary			
	A collection of evidence of progression toward		
	competency. It may include both constructed		
Portfolio	components (defined by mandatory continuous		
	assessment tools in the curriculum) and unconstructed		
	components (selected by the learner).		
	An assessment that describes the composite		
	performance of the development of a learner at a		
Summative Assessment	particular point in time and is used to inform judgment		
	and make decisions about the level of learning and		
	certification.		
	A knowledge, skills, or professional behavior that is not		
Universal Topic	specific to the given specialty but universal for the		
	general practice of a given healthcare profession.		

Appendix-F

References:

 Critical Care Networks- National Nurse framework UK: https://www.cc3n.org.uk/

Appendix A: Steps 1 and 2 Competency-Metrix: Map Competency, Learning Domain, and Milestones

Adapted from Critical Care Networks- National Nurse framework UK 1

Module 1: Foundation of Critical Care Nursing

Description: This module is designed to understand the concepts, principles, and practices of biological and behavioral sciences in caring for critically ill patients

Teaching/Learning Strategies

- Lectures
- Case studies
- Discussion
- Reflective exercises
- Mentor support
- Demonstration observation and supervised practice

Suggested Reference

- Critical Care Nursing Diagnosis and Management, Linda D. Urden, Kathleen M. Stacy, Mary E. Lough. 7th edition. 2017
- 2. Critical Care Nursing: A Holistic Approach. Morton, P., Fontaine, D., 11th edition, Lippincott. 2018
- 3. The Saudi Commission for Health Specialties Department of Medical Education & Postgraduate Studies, Code of Ethics for Healthcare Practitioner, (2014)

Learning Outcomes

Module 1: Foundation of Critical Care Nursing

At the end of the module, the trainee will be able to:

- Describe the concepts, principles of critical care nursing
- Describe the functions and responsibilities of the professional critical care nurse
- Identify the sources of stress and manage burnout syndrome among healthcare providers
- Identify the psychosocial problems of patients and family members in the critical care setting and provide holistic care
- Discuss the physical and emotional responses to stress, including the local and general adaptation syndromes, anxiety, coping, and defense mechanisms
- Identify various coping strategies to assist in relieving emotional and spiritual distress among patient and family members
- Apply nursing process in providing comprehensive care to critically ill patients
- Discuss the ethical and legal contexts of professional nursing practice
- Use ethical reasoning to synthesize standards of practice, ethical principles, and legal/regulatory requirements in the resolution of ethical dilemmas
- Identify ethical and cultural life-and-death considerations encountered in the Kingdom of Saudi Arabia

Knowledge		
Step 1 Competency-Metrix	Skills	
Critical Care Nursing Practice		
Critical Care Nursing Roles, Practice		
Critical Care Professional Accountability		
Interprofessional Collaborative Practice		
Interdisciplinary Care Management Models		
Quality, Safety, and Regulatory Issues in		
Critical Care		
Privacy and Confidentiality		
Healthy Work Environment		
Ethical Issues		

Module 1: Foundation of Critical Care Nursing

- Differences Between Morals and Ethics
- Ethical Principles
- Negligence and Professional Malpractice
- Withholding and Withdrawing Treatment
- Ethics as a Foundation for Nursing Practice
- Strategies for Promotion of Ethical Decision-Making in Critical Care
- Organ Donation and Organ Procurement

Psychosocial and Spiritual Alterations and Management

- Stress and Psychoneuroimmunology
- Post-Traumatic Stress Reactions
- Coping with Stress and Illness
- Anxiety, Delirium
- Promoting Sleep
- Crisis management
- Palliative and end-of-life care

The trainee will be able to: *

- Effectively communicate with the patient and family throughout the end-of-life stages. Refer to competency Step 1:13.2 and Step 1:13.3.
- Implement aspects of the individualized end-of-life care and treatment plan promptly, in the correct sequence, and at the earliest possible opportunity.
- Demonstrate an understanding of the emotional and spiritual support the patient and family may require.
- Ensure the safety of individuals as they progress toward their end of life.
- Demonstrate understanding of the families religious and spiritual needs immediately following death (including but not limited to):
- Assemble all relevant equipment and assist with last offices
- Respect for privacy

Module 1: Foundation of Critical Care Nursing

- Following the death of a patient, facilitate processes after death (including but not limited to):
- Collection of the death certificate and patient property
- Provision of support documents
- Discussions with regards to tissue and/or organ donation

Patient and Family Education in Critical Care

- Standards of Patient and Family Education
- Education, Teaching, and Learning
- Three Domains of Learning
- Adult Learning Principles
- The Process of Adult Education
- Assessing Learning Needs in a Time of Crisis
- Assessing Learning Needs for End-of-Life Care
- Effective Teaching Strategies
- Learning Opportunities
- Barriers to Teaching and Obstacles to Learning
- Critical Illness and Stress
- Prolonged Illness and Stress
- Environmental Stress
- Cultural and Language Differences
- Low Health Literacy
- Sensory Deficits
- Evaluating the Teaching and Learning Process
 - *: Skills to be evaluated as observation in the clinical setting
 - **: Skills to be assessed as a competency checkoff (Refer to clinical keys for detailed competency checklist and Formative Assessment Tools)

Module 2: Intensive Care Nursing 1 Respiratory System

Description:

This module aims to provide the trainee with the required physiology, pathophysiology, pharmacology, and nursing management knowledge and skills needed for critically ill patients. The skills associated with each section will help the trainee to provide holistic nursing care for patients in the critical care nursing unit

Teaching/Learning Strategies

- Lectures
- Case Studies
- Discussion
- Reflective Exercises
- Mentor Support
- Observation and Supervised Practice

Suggested References

- 1. Critical Care Nursing: A Holistic Approach. Morton, P., Fontaine, D., 11th edition, Lippincott. 2018
- Critical Care Nursing Diagnosis and Management, Linda D. Urden, Kathleen M. Stacy, Mary E. Lough. 7th edition. 2017
- 3. BLAINE, Pharmacology for Nurses.2nd edition. 2021
- ClinicalKey for Nurses, 2020 Elsevier: https://service.elsevier.com/app/home/supporthub/epm/

Common Respiratory Problems include (Etiology, Pathophysiology, Assessment, Management)

The trainee will be able to demonstrate through discussion essential knowledge and its application.

- Pneumonia
- Pleural Effusion
- Pneumothorax
- Pulmonary Embolism
- Chronic Obstructive Pulmonary Disease
- COPD Exacerbations
- Acute Asthma
- Acute Respiratory Failure
- Acute Respiratory Distress Syndrome

Knowledge Skills

Module 2: Intensive Care Nursing 1				
Step 1 - Competency-Metrix	Step 2- Competency-Metrix			
1. Patient Assessment, Monito				
The trainee will be able to:	The trainee will be able to	The trainee will be able to:		
> Discuss essential knowledge	describe the steps of:	Perform a full respiratory		
and its application.	Conducting a respiratory	assessment and document		
Observe and monitor the	system physical	the findings correctly,		
patient requiring respiratory	assessment to evaluate a	including**		
care including:	patient's respiratory	- Rate/Depth/pattern of		
- Normal parameters for	status includes:	respiration		
respiratory observations	Assessing the patient	- Pulse rate		
- Rate/Depth respiration	(including color,	- Skin color		
- Pulse rate	respiratory workload,	- Pulse oximetry		
- Skin Color, peripheral and	respiratory pattern, use	- Use of accessory muscles		
central cyanosis	of supplementary oxygen, demeanor,	- EtCO2		
- Indications for and	responsiveness)	- Sputum		
limitations of pulse	Assessment and	Demonstrate an appropriate		
oximetry	interpretation of altered	intervention to the		
- Use of accessory muscles	respiratory observations	assessment that you have		
- Sputum assessment	 Recognition of normal and 	recorded, including**		
Basic ABG analysis	abnormal Lung sounds	ABG's		
- Normal values	Assessing Arterial Blood	- Safely perform ABG sampling		
- Respiratory/Metabolic	Gas:	and report results to an		
Acidosis/alkalosis	- ABGs analysis	appropriate team member		
Common causes of airway	Indications	- Offer basic interpretation		
obstruction	- ABGs abnormalities	- Suggest actions following		
	- Nursing care plan for	interpretation		
	abnormal ABGs results	Prepare the required		
	- Common causes of	equipment to administer		
	acidosis and alkalosis	oxygen therapy via:**		
	Patient positioning:	- A simple face mask		
	, ,	- A venture system		

Module 2: Intensive Care Nursing 1 Respiratory System

- Discuss the benefits and risks of different patient positions
- Explain nursing interventions that done to position
- Effects of positioning on the respiratory system
- How positioning is used to optimize respiratory function

- Nasal cannula
- Reservoir mask
- Set up and use humidification methods**
- Set up and use pulse oximetry**
- Appropriately select probe site
- Provide appropriate intervention for patients experiencing airway problems:**
- Position
- Head tilt/chin lift/jaw thrust
- Insertion of airway
- Manual ventilation

2. Non-Invasive and Invasive Ventilation

The trainee will be able to demonstrate through discussion essential knowledge and its application.

- Care and management of the patient requiring Non-Invasive ventilation (NIV)
- Indications
- Contraindications
- Modes/settings used
- Process of intubation, including equipment and medications required
- Use of capnography
- Causes for emergency re-

The trainee will be able to demonstrate knowledge using a rationale for:

- Benefits of NIV over invasive ventilation
- Correctly assemble and apply NIV circuits/equipment
- Manage the patient on NIV
- Adjust therapy in response to patient's condition
- Correctly troubleshoot equipment
- Physiological effects of

Skills

The trainee will be able to undertake the following safely and professionally manage the patient who requires:**

- Non-invasive ventilation
- Accurately monitors & documents ventilator observations
- Seek support & advice as appropriate
- Set alarm limits
 appropriately for specific
 patients
- Intubation**

Module 2: Intensive Care Nursing 1

Respiratory System

- intubation
- Care and management of a patient requiring mechanical ventilation (to include basic modes of mechanical ventilation):
- Indications
- Contraindications
- Modes of ventilation used in the clinical area including:
- Spontaneous modes
- Pressure controlled ventilation
- Volume or time cycled ventilation
- Methods of humidification
- Normal parameters of ventilation including:
- Rate
- Tidal volume
- Minute volume
- Set pressures
- PEEP
- I: E Ratio
- Pressure support
- Triggers
- Indications for weaning and extubation
- Management of Secretions including:
- Physiotherapy
- Indications for suctioning
- Appropriate monitoring and

- the NIV on the patient
- Psychological impact on the patient of NIV
- Endotracheal Intubation
- Nursing care for a patient requiring endotracheal intubation:
- The role of the nurse during the intubation procedure
- Indications, advantages, and disadvantages of endotracheal intubation
- How to manage Difficult
 Airway according to the
 policy and procedures of
 the hospital
- Process of endotracheal intubation
- Correctly identify and assemble equipment required
- Correctly identify and prepare medications required
- Correct application of cricoid pressure
- Causes for emergency reintubation and actions to minimize risk
- Plan care according to the patient's need

- Complete ABCDE assessment of the patient about to undergo a rapid sequence induction
- Identify and discuss the role
 of airway adjuncts, intubation
 equipment, complex airway
 equipment, and specific
 medications
- Prepare patient
- Prepare medications
- Assist during procedure
- Secure ETT/tracheostomy tube
- Check and confirm the position of the tube
- Document length and position of the tube
- Check cuff pressure
- Invasive ventilation**
- Accurately monitor & document ventilator observations
- Seek support & advice as appropriate
- Set alarm limits
 appropriately for specific
 patients
- Adhere to the Ventilator Care bundle
- Monitor Et CO2
- Appropriately care for a



Module 2: Intensive Care Nursing 1				
Respiratory System				
observations during the procedure • Potential complications associated with suctioning - Correct pressure - Correct sized suction catheter - Correct procedure - Sub-glottic suctioning		patient during weaning Recognize when extubation is appropriate With support, extubate the patient Care for the patient post-extubation Suctioning** Select appropriate suction pressures Select appropriate catheter size Suction using the correct technique via: Naso-oropharyngeal ET tube Tracheostomy Monitor the patient before, during, and after suctioning** Accurately monitor & chart findings* Inform/liaise with relevant MDT members* Practice in a manner that will		
	bundle	minimize cross-infection* - Correctly and safely dispose of container/contents/suction equipment as per local policy*		
3. Tracheostomy Care		Skills		

Module 2: Intensive Care Nursing 1 Respiratory System

The trainee will be able to demonstrate through discussion essential knowledge and its application.

- Anatomical position of tracheostomy
- Indications for insertion of a tracheostomy
- Types of tracheostomies
- Percutaneous tracheostomy
- Surgical tracheostomy
- Mini tracheostomy
- Knowledge of tracheostomy care bundle and
- NCEPOD best practice standards
- Importance of:
- Securing tube safely
- Changing/cleaning inner tube
- Checking cuff pressures
- Wound care management
- Tracheostomy emergency algorithm and best practice standards, including bedside safety equipment, escalation for blocked tube, unplanned decannulation (Refer to national and local guidelines)

The trainee will be able to demonstrate knowledge using a rationale through discussing the following:

- Common types of tubes used:
- Cuffed / Uncuffed
- Adjustable flange
- Fenestrated / Nonfenestrated
- Tubes with inner tube
- Potential hazards associated with tracheostomies:
- During insertion
- Following insertion
- Psychological effects of tracheostomy

The trainee will be able to undertake the following in a safe and professional manner:

- Care for the stoma site**
- Clean and change the inner tube**
- Observe an insertion of a percutaneous tracheostomy
- Appropriately monitor the patient following tracheostomy insertion
- Observe a decannulation
- Appropriately monitor the patient following decannulation*
- Appropriately plan & deliver care in line with national/local guidelines
- Nursing care for a patient with a tracheostomy:**
- Assist with insertion of percutaneous tracheostomy
- Preparation of equipment
- Observe the patient pre-/peri-/post-procedure
- Care pre-/peri-/postprocedure
- Assess the potential physical and psychological effects of tracheostomies and provide care accordingly:**
- Change /clean of inner tubes

Module 2: Intensive Care Nursing 1				
Respiratory System				
		 Manage of speaking valves Plan and provide care according to the hospital policy and procedure Identify the time to de- cannulate correctly Assess the patient for potential complications post decannulation 		
4. Chest Drains		Skills		
The trainee will be able to demonstrate through discussion essential knowledge and its application. Indications for chest drain insertion including: Pneumothorax Hemopneumothorax Pleural effusion Empyema General care and management: Indications for the use of chest drain clamps Drainage Swinging Bubbling Bottle changes	 The trainee will be able to demonstrate knowledge using a rationale through discussion of the following: Anatomy & physiology related to chest tube insertion: The chest tube physiological effect Nursing care for a patient who requires a chest tube Chest tube insertion indications Prepare the required equipment for a chest tube insertion Care for a patient with a chest tube Change therapy according 	The trainee will be able to undertake the following in a safe and professional manner** • Manage the patient with a chest drain in situ • Prepare the equipment ready for insertion • Observe and assist with chest drain insertion • Perform routine respiratory observations • With support, undertake correct action if: - Drain blocks/falls out - There is an air leak from around the stoma site - Bubbling stops - The underwater seal is lost		
- Dressings - Removal	to the patient's condition Troubleshoot equipment	Tension pneumothorax developsEffectively manage the drain:		

Module 2: Intensive Care Nursing 1 **Respiratory System** Application of low thoracic Chest tube removal Position of bottle suction to a chest drain Appropriate/cautionary use Potential complications of drain clamps, in line with associated with chest drains local guidance **Dressings** Changing/disposal of bottles Monitoring drainage Application of low suction Skills 5. Associated Pharmacology The trainee will be able to The trainee will be able to The trainee will be able to demonstrate through discussion demonstrate knowledge undertake the following in a safe essential knowledge and its using a rationale through and professional manner application. discussion of the following: Safely prepare and - The most common administer medications to The most common medications for respiratory medications for support the respiratory respiratory care, system by following the 10 care: indications. rights of medication Bronchodilators/Nebulizers administration** mechanism of action, and **Steroids** potential side effects. Monitor effects of Sedation/paralyzing agents medication* - Nursing care for a patient Analgesia requiring medications to treat the respiratory system problems: - Prepare and administer respiratory medications by following 12 rights of medication administration - Monitor the patient during administration for any potential side effect Adjust the medication

Module 2: Intensive Care Nursing 1		
Respiratory System		
	does according to the order (e.g., sedation score to aid compliance to mechanical ventilation)	

^{*:} Skills to be evaluated as observation in the clinical setting

**: Skills to be assessed as a competency checkoff (Refer to clinical keys for detailed competency checklist and Formative Assessment Tools)

Module 2: Intensive Care Nursing 1 Cardiovascular System

 Common Cardiovascular Problems Include (Etiology, Pathophysiology, Assessment, Management)

The trainee will be able to demonstrate through discussion essential knowledge and its application.

- Infection and Inflammation of the Heart
- Pericarditis
- Myocarditis
- Endocarditis
- Cardiomyopathies
- Dilated Cardiomyopathy
- Hypertrophic Cardiomyopathy
- Peripheral Vascular Disease
- Peripheral Arterial Disease
- Venous Disease
- Aortic Disease
- Aortic Aneurysm
- Aortic Dissection
- Hypertensive Crisis
- Heart Failure
- Definition of Heart Failure
- Classification of Heart Failure

- Acute Versus Chronic Heart Failure
- Left-Sided Heart Failure Versus Right-Sided Heart Failure
- Acute Decompensated Heart Failure
- Acute Myocardial Infarction
- Acute Coronary Syndrome
- Angina Pectoris
- Dysrhythmia
- Cardiac Surgery

Cardiac Surgery				
Knowle	Skills			
Step 1 - Competency-Metrix	Step 2- Competency- Metrix			
2. Assessment, Monitoring & (Observation			
The trainee will be able to:	The trainee will be able to:	The trainee will be able to:		
 Discuss the indications for the critically ill adult hemodynamic monitoring: Invasive Non-Invasive Sepsis identification criteria: SIRS criteria Sepsis criteria (2 SIRS criteria + actual or presumed infection) Severe sepsis criteria (Sepsis + evidence of organ dysfunction) 	 Demonstrate knowledge using a rationale through discussion, and practice application Describe the Normal Cardiac Cycle of Cardiac Output CO = HR (Autonomic control) x SV (Preload, afterload, contractility) Explain the measurement of Blood Pressure BP= CO x SVR 	 Perform a full cardiovascular assessment and document the findings correctly Assess the patient requiring cardiovascular support** Accurately perform a full cardiovascular assessment and correctly document the findings of the following: ** - Pulse/ECG - Blood pressure, including MAP Temperature 		
	Determine Central	- Urine output		

Venous Pressure

- Normal Cardiac
 Conduction Pathway
- Effects of ventilation on the cardiovascular system
- Recognize when advanced cardiac support is required to correct hemodynamic instability
- Discuss the Indications for hemodynamic monitoring about the critically ill adult:
- Invasive
- Non-invasive
- Describe how to conduct a full cardiovascular assessment, document findings, provide treatment within prescribed limits, and report any abnormal findings to the team members:
- Pulse/ECG
- Capillary refill
- Limb temperature

- Fluid therapies
- Capillary refill time
- Skin turgor
- Limb temperature
- Blood results
- Biochemical markers

Module 2: Intensive Care Nursing 1		
	Cardiovascular System	
	- Skin turgor	
	- Neurological status	
	- Blood pressure with	
	specific reference to	
	MAP	
	- Interpretation of	
	arterial waveforms	
	- Interpretation of	
	central venous	
	pressure values and	
	waveforms	
	- Recognize the	
	significance of a	
	distended JVP	
	- Renal function & urine	
	output	
	- Cardiac output	
	measurements	
	- Fluid therapies	
	- Blood results	
3. Arterial Access		Skills

The trainee will be able to demonstrate through discussion essential knowledge and its application.

- Selection of arterial cannula sites
- complications of arterial cannulas/lines
- Normal and abnormal arterial waveform patterns
- Reasons for the removal of an arterial cannula
- How a transducer system works

The trainee will be able to undertake the following safely and professionally: **

- Prepare the required equipment for insertion of an arterial cannula
- Assist in the safe insertion of an arterial cannula
- Prepare and prime a transducer system by following the steps provided in the checklist
- Attach a transducer to an arterial cannula correctly by following the steps provided in the checklist
- Zero a transducer system
 by following the steps
 provided in the checklist
- Identify when re-zeroing is required by following the steps provided in the checklist
- Set appropriate alarm limits
- Apply an appropriate dressing following the hospital policy
- Obtain a blood sample from the arterial cannula

Module 2: Intensive Care Nursing 1					
	Cardiovascular System				
		by following the steps provided in the checklist Remove an arterial cannula by following the steps provided in the checklist			
4. Central Venous Access		Skills			
demonstrate through discussion essential knowledge and its application. Sites for central venous access How a transducer system works Complications of central venous catheters Normal and abnormal waveform patterns Reasons for the removal		 undertake the following safely and professionally ** Prepare the required equipment for insertion of a central venous catheter Assist with the insertion of a central venous catheter Position the patient for insertion/removal of a central venous catheter to minimize hazards but maintain safety at all times 			
of a central catheter		Check the line position before use following the hospital policy			

Module 2: Intensive Care Nursing 1			
Cardiovascular System			
 Prime/prepare a transducer system Attach a transducer to a central venous catheter Zero a transducer system correctly Identify when re-zeroing is required Set appropriate alarm limits Apply an appropriate dressing following hospital policy Obtain a venous sample from the central line Remove a central line safely 			
Skills			
The trainee will be able to undertake the following in a safe and professional manner:* Correctly follow hospital and national treatment protocols for the management of shock Assess the effectiveness of the prescribed			

Module 2: Intensive Care Nursing 1				
Cardiovascular System				
- Septic Shock		interventions and escalate		
- Neurogenic Shock		any concerns		
- Anaphylactic Shock		appropriately		
Recognize and interpret				
signs and symptoms of all				
the above				
6. Cardiac Rhythms		Skills		
The trainee will be able to	The trainee will be able to	The trainee will be able to		
demonstrate through	demonstrate knowledge	undertake the following safely		
discussion essential	using a rationale through	and professionally: **		
knowledge and its	discussion of the	Attach the patient to a		
application.	following:	cardiac monitor correctly		
Normal cardiac	Identify Factors that	by following the provided		
conduction pathway	confirm sinus rhythm	checklist - Perform a 12 lead ECG		
Steps in Monitoring and	Nursing management	correctly by following the		
interpretation of basic 3	for the following	provided checklist check		
or 5 lead ECG	cardiac dysrhythmias: - Bradycardia	"emergency" equipment,		
Normal sinus rhythm	- Tachycardia	including the defibrillator		
Life-threatening cardiac	- Ectopic beats	correctly by following the		
dysrhythmias	- Atrial fibrillation	procedure checklist		
- Atrial Fibrillation	- Supraventricular	Use ECG analysis steps to		
- Ventricular Tachycardia	arrhythmias	identify the following		
- Ventricular Fibrillation	- Heart blocks	abnormalities:		
- Asystole	- Atrial flutter	- Bradycardia		
- Pulseless Electrical	- Sinus arrhythmias	- Tachycardia		
Activity (PEA)		- Ectopic beats		
Other common cardiac	Differences between	- Atrial fibrillation		
dysrhythmias	cardioversion and	- Atrial flutter		
Nurse role within the	defibrillation and when	• Follow BLS/ACLS guidelines		
Rapid Response team or	each would be	galasiiies		

Code team

- Identify the Key resuscitation equipment
- Location of equipment
- Application and use of resuscitation equipment
- List the common
 Emergency drugs used in cardiac arrest

indicated

- Managing lifethreatening cardiac dysrhythmias (including pacing)
- Recognize and follow BLS/ACLS guidelines where appropriate with particular focus on:
- Asystole
- Pulseless Electrical
 Activity (PEA)
- Ventricular tachycardia
- Ventricular fibrillation
- Identify and outline management options for Shockable and nonshockable rhythms (as per AHA / Saudi Heart Resuscitation Guidelines)
- Identify Potential causes of a cardiac arrest
- 4 "H"s
- 4 "T"s
- List medications used in cardiac arrest
- Explain Post arrest management strategies

to manage the following lifethreatening dysrhythmias:

- Asystole
- Pulseless Electrical
 Activity (PEA)
- Ventricular tachycardia
- Ventricular fibrillation
- Use of Automated Internal and External Defibrillator (AED)**

7. Associated Pharmacology

Skills

The trainee will be able to demonstrate through discussion essential knowledge and its application.

- Discuss the indication, action, and main side effects of the following medications (giving examples of those commonly used within your area):
- Inotropes
- Vasopressors
- Vasodilators
- Anti-arrhythmias
- Anti-hypertensive
- Diuretics

The trainee will be able to demonstrate knowledge using a rationale through discussion of the following:

- Indications, contraindications, and mechanism of action and adverse effects of:
- Inotropes
- Vasopressors
- Vasodilators
- Anti-arrhythmias
- Anti-hypertensive
- Diuretics
- Anti-coagulants
- Anti-platelets
- Fibrinolytic agents
- Statins
- Evaluate the effectiveness of drug therapy and adjust care accordingly
- Review with the MDT prescribed medicines about the patient's cardiovascular status

The trainee will be able to undertake the following in a safe and professional manner

- Prepare and administer
 medications used to
 support the cardiovascular
 system** by following the
 10 rights of medication
 administration
- Prepare medication under supervision to achieve targets limits to optimize outcome set by treating physician (e.g., MAP, systolic pressure) *
- Interpret clinical findings

 and observations to form a
 rationale for increasing or
 decreasing a particular
 cardiovascular
 medication*

^{*:} skills to be evaluated as observation in the clinical setting

^{**:} Skills to be assessed as a competency checkoff (Refer to clinical keys for detailed competency checklist and Formative Assessment Tools)

Module 2: Intensive Care Nursing 1 Renal system

1. Common Renal problems include (Etiology, Pathophysiology, Assessment, Management)

The trainee will be able to demonstrate through discussion essential knowledge and its application.

- Acute Kidney Injury (AKI)
- Chronic Kidney Disease
- Fluids and electrolytes imbalances

Knowledge		Skills
Step 1 - Competency-Metrix	Step 2- Competency-Metrix	
2. Assessment, Monitoring & Observation		
The trainee will be able to:		The trainee will be able to:
Demonstrate through		Accurately perform and
discussion essential		correctly document a full
knowledge and its		Renal assessment
application.		including: *
Describe Methods of		Assess patient renal
measuring and recording		function
fluid output:		Demonstrate the ability to
- Urine output		measure and record fluid
- Fluid loss from drains		balance accurately and
- GI loss (including vomit,		reports abnormalities
nasogastric drainage,		appropriately
feces)		 Monitor a patient's
- Problems recording loss		biochemistry and
during operative		hematology results as
procedures		directed
- Bleeding (external and		 Identify normal parameters
internal)		of Urea & Creatinine,
- Insensible loss (different		Potassium, Chloride,
routes and specific		Sodium, Bicarbonate,
patients at risk)		Hemoglobin
Describe Methods and		Identify factors that may
techniques for		affect the assessment of
monitoring the fluid		renal function (e.g., blocked

Module 2: Intensive Care Nursing 1				
Renal system				
status, balance, and renal function of individuals in critical care at risk of renal deterioration: Recognition of fluid depletion Recognition of fluid overload Maintenance of daily fluid balance charts Patient weight Urine output relative to weight Renal blood profile Creatinine clearance Basic considerations in renal failure: Nephrotoxic drugs Drug dose adjustments in renal failure Fluid overload Hyperkalemia		catheters and urinary retention) Evaluate the effectiveness of fluid replacement Administer appropriate care to the patient with a urinary/urinary tract catheter (according to the hospital guidelines/policy) Catheterization equipment Urometers Weigh patients routinely in line with local policy		
3. Continuous Renal Replacement Therapy (CRRT)		Skills		
The trainee will be able to demonstrate through discussion essential knowledge and its application. The indications for CRRT	The trainee will be able to demonstrate knowledge using a rationale for: care and management for a patient requiring renal replacement therapy:	The trainee will be able to undertake the following safely and professionally: ** • Prepare the equipment required • Assist with vascular		
Fluid overloadHyperkaliemia	- Select the prescribed treatment mode and set	catheter line insertion, maintaining asepsis		

Metabolic acidosis

technique

individualized

Module 2: Intensive Care Nursing 1 Renal system

- Toxin clearance
- Define the following terms ultrafiltration, convection, and diffusion
- Differentiate between types of CRRT available
- CVVH
- CVVHD
- CVVHDF
- SLEDD
- Identify the complications associated with CRRT:
- Explain how the following complications can be managed/prevented
- Hemodynamic instability
- Air Emboli
- Platelet consumption
- Blood Loss
- Electrolyte imbalances
- Hypothermia
- Heparin-induced bleeding or thrombocytopenia

- Identify treatment goals
- Assess all baseline blood profiles before treatment and offer explanations
- Assess limb perfusion, if relevant
- Document accurate fluid balance, including running totals and accumulative balance
- Develop a care plan of care for renal replacement therapy
- Explain the indication of anticoagulation, the types, preparation, side effects, and the starting doses of each

- Set up the filter ready for use
- Connect the patient to the treatment therapy utilizing an aseptic technique
- Change prescribed filtration fluids and empty effluent bags adhering to infection prevention technique
- Record appropriate filter pressures and explain their relevance, including signs of filter clotting
- Identify the main alarm categories and their relevance
- Assess the following:
- Access pressures
- Return pressures
- Transmembrane pressure
- Filter checks
- Blood chamber check, if appropriate
- Body temperature and proper adjustment of active warming /cooling (through replacement fluid or blood circuit)
- Physiological parameters
- Fluid balance assessment
- Electrolyte balance
- Acid-base balance

Module 2: Intensive Care Nursing 1 Renal system Other, specific to own equipment used Identify what selections are available to end treatment Demonstrate how to complete treatment, appropriately disposing of waste products according to hospital infection prevention guidelines Clean filtration machine in line with the hospital policy and store as appropriate Complete appropriate documentation 4. Managing Fluid Replacement Skills The trainee will be able to The trainee will be able to The trainee will be able to demonstrate through demonstrate knowledge using a undertake the following in a discussion essential rationale for: safe and professional manner: knowledge and its Recognize altered fluid Describe fluid compartments application. status* within the body Clinical indications that Recognize the requirements • Describe osmosis and diffusion necessitate fluid for fluid intervention* in relation to fluid movement intervention Administer fluids correctly • Identify the clinical indications Differences between according to the hospital that necessitate fluid colloids, crystalloids, guidelines* intervention Record fluid balance and blood products Identify key differences accurately according to the between colloids, crystalloids, hospital policy* and blood products Demonstrate optimal blood Rationalize the choice of and blood products colloids, crystalloids, and transfusions** blood products in relation to the cardiac compromised

Module 2: Intensive Care Nursing 1 Renal system			
	 Rationalize the choice of colloids, crystalloids, and blood products in Relation to the patient with pre-existing cardiac disease 		
5. Associated Pharmacology	y	Skills	
	The trainee will be able to demonstrate knowledge using a rationale through discussion of the following: List the commonly used medications in AKI. Discuss the indications, contraindications, and the appropriate care of the patient during therapy: Diuretics Dextrose and insulin Salbutamol, nebulized Calcium Sodium bicarbonate	The trainee will be able to undertake the following in a safe and professional manner: • Evaluate the effectiveness of fluid replacement and medications and adjust care accordingly*	

^{*:} skills to be evaluated as observation in the clinical setting

^{**:} Skills to be assessed as a competency checkoff (Refer to clinical keys for detailed competency checklist and Formative Assessment Tools)

		le 2: Intensive Care Nursing	g 1	
		Gastrointestinal System		
	Knowledge			Skills
Step 1 - Competency-M	letrix St	tep 2 - Competency-		
	М	etrix		
1. Assessment an	d Management			
The trainee will be able	e to:	ne trainee will be able to:	Th	e trainee will be able to:
> Demonstrate throu	gh •	Demonstrate	•	Accurately perform and
discussion essentia	nl	knowledge using a		correctly document a full GI
knowledge and its	application.	rationale through		assessment including: *
Assessment of bow	el sounds	discussion, and	•	Determine the monitoring
Acute GI conditions:		practice application		needs for the individual with
- Pancreatitis	•	Identify the		altered gastrointestinal
- GI bleed		physiological changes		function relevant to the
- Esophageal varices		associated with chronic		underlying pathophysiology
- Duodenal ulcers		and acute liver disease	•	Measure and record
- Intestinal obstruction	on and ileus	and		nutritional status and report
- Hepatitis	•	Explain how a patient		abnormalities appropriately
Acute liver & biliary		may present in critical	•	Follow guidelines in the
impairment:		care depending on the		management of blood glucose
- Overdose of toxins		cause:		control and feeding regimes
- Biliary sepsis	-	Acute liver & biliary	•	Monitor a patient's
Chronic Liver impai	rment	impairment, signs,		biochemistry and hematology
Complications of Liv	ver Disease	symptoms, and		results
- Cirrhosis		common causes	•	Evaluate the effectiveness and
- Hepatic encephalop	athy	specifying how a		tolerance of nutritional intake
- Hepatorenal syndro	me	patient may present in	•	Provide nursing care to the
- Spontaneous bacter	ial	critical care depending		patient with enteral and
peritonitis		on the cause		parental devices (according to
- Obesity	•	Explain the nursing		hospital guidelines and policy)
Differing types of st	omas and	management for	•	Care for the tunneled feeding
adjuncts		surgical drain		line according to policy
- Ileostomy		associated with	•	Manage stoma and/or drains
- Colostomy		abdominal disorders		following national and hospital
- Ileal conduit	•	List the Risks of sepsis		policy and guidelines

Module 2: Intensive Care Nursing 1		
	Gastrointestinal System	
	associated with GI	Monitor and document stoma
	disorders	site appearance (such as
		color, positioning, functioning)
		and escalate any concerns
2. Nutrition in Critical Illness		Skills
The trainee will be able to	The trainee will be able to	The trainee will be able to
demonstrate through discussion	demonstrate knowledge	undertake the following safely
essential knowledge and its	using a rationale for:	and professionally:
application.	Refer to patients' past	Assess the patient's
Identify Factors contributing to	medical history and	nutritional status using an
nutritional impairment in	outline how this may	appropriate tool **
critical illness	affect gastrointestinal	Manage the care of a patient
Describe the Nutritional	function	with a nasogastric tube
assessment tools appropriate	Determine the	including **
for use in critical care	monitoring needs for	- Method of insertion
Different types of feeding and	the individual at risk of	(depending on tube type)
the indications for use	deterioration related to	- Correct positioning of the
- Nasogastric/gastrostomy	gastrointestinal	patient
(PEG)	function	- Testing pH and understanding
- Parental nutrition	Report any	normal values
- Oral	abnormalities.	- Correct external
Describe the steps of	Correctly review a	measurement
stomach/intestinal fluid	patient's biochemistry	- When to Xray
aspiration	and hematology results	- Absorption and aspiration
- Normal appearance and	and interpret the	Administration of medication
content of stomach/intestinal	findings of	**
fluid	gastrointestinal	- Correct anchoring of NG
- Potential abnormal	function	device
appearance and content of	Recognize the patient	- Monitoring for pressure sore
stomach/intestinal fluid	at risk of deteriorating	prevention
depending on the individuals	from sepsis	- Right size and appropriate
presenting medical condition		tube selection

Module 2: Intensive Care Nursing 1 Gastrointestinal System

- Nasogastric insertion in critical care
- Correct placement of nasogastric tubes
- Confirming placement by pH testing and CXR (when indicated)
- Prevention and treatment of blocked enteral feeding tubes
- Care of enteral feeding tubes
- Types and benefits of various feeding tubes
- Care of parenteral nutrition lines
- Complications of nasogastric feeding in critical illness
- Complications of parenteral nutrition
- Management of bowel function in critical care
- Nutritional needs of adults and how to maintain a healthy gut:
- Food groups required
- Calorific intake
- Normal blood sugar levels
- Types of nasogastric feed

- Manage the care of a patient with a nasojejunal tube insertion, position, and care of tube**
- Safely prepare and administer parental nutrition in line with hospital policy *
- On-going assessment of nutritional needs *
- Monitor and control blood glucose in critically ill patients according to the hospital policy*

3. Associated Pharmacology

The trainee will be able to demonstrate through discussion essential knowledge and its application.

The trainee will be able to demonstrate knowledge using a rationale through discussion of the following:

Skills

The trainee will be able to undertake the following in a safe and professional manner:**

 Prepare medication by following 10 rights of medication administration

Module 2: Intensive Care Nursing 1 Gastrointestinal System

- Commonly used medications for GI management
- Prokinetics & motility
- Laxatives
- Anti-stimulants
- Insulin/ hypoglycemic agents
- Discuss the indication and/or contraindication of the GI medications
- Indications for the following medications about specific GI disorders:
- Prokinetics & motility
- Laxatives
- Anti-stimulants
- Insulin/hypoglycemic agents
- Steroids
- Anti-diarrhea drugs
- Antisecretory drugs

- Administer medications used to support the gastrointestinal system
- Measure medications to achieve targets set (e.g., blood glucose control)

- *: Skills to be evaluated as observation in the clinical setting
- **: Skills to be assessed as a competency checkoff (Refer to clinical keys for detailed competency checklist and Formative Assessment Tools)

Second Year Modules

Module 3: Intensive Care Nursing II (Continuation of Intensive Care Module 1)

Module 3: Intensive Care Nursing II

Description:

This module aims to provide the trainee with the required physiology, pathophysiology, pharmacology, and nursing management knowledge and skills needed for critically ill patients. The skills associated with each section will help the trainee to provide holistic nursing care for patients in the critical care nursing unit

Teaching/Learning Strategies

- Lectures
- Case studies
- Discussion
- Reflective exercises
- Mentor support

Module 3: Intensive Care Nursing II

Observation and supervised practice

Suggested References

- 1. Critical Care Nursing: A Holistic Approach. Morton, P., Fontaine, D., 11th edition, Lippincott. 2018
- 2. Critical Care Nursing Diagnosis and Management, Linda D. Urden, Kathleen M. Stacy, Mary E. Lough. 7th edition. 2017
- 3. BLAINE, Pharmacology for Nurses. 2nd edition. 2021
- 4. ClinicalKey for Nurses, 2020 Elsevier: https://service.elsevier.com/app/home/supporthub/epm/

Module 3: Intensive Care Nursing 2 Neurological System

Common Neurosurgical and Neurologic problems include (Etiology, Pathophysiology, Assessment, Management)

The trainee will be able to demonstrate through discussion essential knowledge and its application.

- Neurologic Surgery
- Neurologic Disorders
 - Stroke
 - Seizures
 - Guillain-Barré Syndrome
 - Myasthenia Gravis
- Traumatic Brain Injury
- Brain Death
- Spinal Cord Injury
- Autonomic Nervous System Dysfunction
- Spinal Shock
- Neurogenic Shock

Knowledge		Skills
Step 1 - Competency-Metrix Step 2- Competency-Metrix		
Assessment, Monitoring & Observation		
The trainee will be able to:	The trainee will be able to:	The trainee will be able to
> Demonstrate through	 Demonstrate knowledge using a rationale through 	undertake the following safely and professionally:
knowledge and its application.	discussion, and practice application	Assess GCS and record it by using the GCS form**

Module 3: Intensive Care Nursing II

- Describe purpose of neurological assessment tools:
 - Glasgow Coma Scale
 (GCS) tool
- identify the recommended frequency of GCS assessment and escalation of frequency
- List the Logical steps to assess each component
 - Differentiating between normal power, mild weakness, severe weakness
 - Use the correct method of painful stimulus when assessing limb response
- Discuss limitations of the GCS as an assessment tool:

- Describe the comprehensive neurological assessment
- GCS assessment and accurate documentation
- Pupil response (size, shape reactivity)
- Limb movements
- Signs and symptoms of raised ICP
- EVDs nursing care and management
- Identifying focal deficits
- Describe the care and management of a patient with a neurological compromise
- Maintenance of accurate fluid balance
- Administration of fluids, including oncotic therapy as prescribed
- Monitoring of
 hemodynamic status and
 managing therapy to
 maintain prescribed
 hemodynamic
 parameters such as MAP
- Providing nursing care
 that demonstrates an
 awareness of the
 potential impact on ICP:
 e.g., body alignment, tying

- and seek appropriate advice
 and guidance*
- Identify focal deficits such as gag and swallow reflexes, pupil, verbal, and limb responses and correlate with anatomy and physiology**
- Identify the need for airway protection in a patient with a deteriorating GCS *
- Evaluate sudden changing parameters and initiation of a timely medical management plan to test neurological deterioration*
- Assist with intracranial pressure (ICP) and external ventricular drain (EVD) insertion, monitoring, and related nursing care**

	Module 3: Intensive Care Nursir	ng II
	of ET tapes - Transferring patient to neuro-surgical/tertiary center if required - Document the findings by using the proper documentation	
2. Sedation & Delirium Asse	ssment and Management	Skills
The trainee will be able to demonstrate through discussion essential knowledge and its application. Discuss the importance of accurate assessment/recording and communication between care teams, patient and family Identify strategies, recognize and treat delirium List the characteristics of delirium Changes in mental state Inattention	The trainee will be able to demonstrate knowledge using a rationale for:	The trainee will be able to undertake the following safely and professionally: ** Confirm the desired sedation level for the patient Administer sedation in accordance with hospital sedation guidance and prescription and by following the 12 rights of medication administration Assess patients' sedation level using the hospital sedation scoring system Record sedation levels at the recommended time intervals
- Disorganized thinking - Altered consciousness		according to the hospital policy
 Identify the three clinical subtypes of delirium and their presentation Hyperactive Hypoactive Mixed Describe the process of 		 Perform sedation hold as directed Assess the need for re-sedation Provide care for the sedated patient in relation to Airway protection Mechanical ventilation Hygiene needs

	Module 3: Intensive Care Nursing II
assessing the delirium using an appropriate tool e.g., CAMICU Name the treatment options if delirium is diagnosed Outline the different types of sedation and indications for use Assess the adequacy of sedation using a sedation scoring tool Differentiate between different sedation scoring systems available Identify strategies for administering sedation used in the context of critical care and their effects Explain the importance of sedation holds	 Pressure area care Nutritional needs Privacy and dignity Administer and monitor the effect of prescribed pharmacological therapy, in accordance with hospital policy Inform medical and senior nursing staff of problems if desired sedation levels cannot be achieved Undertake delirium risk assessment
3. Pain Control	Skills
The trainee will be able to demonstrate through discussion essential knowledge and its application. • Anatomy and physiology relating to pain perception • Concept of pain as the 5th vital sign • Basic pain categories - Chronic pain	The trainee will be able to undertake the following safely and professionally: ** • Assess pain score using hospital scoring system and document findings clearly • Assess and document physiological signs of pain • Adjust analgesic infusions as prescribed and administer other

Module 3: Intensive Care Nursing II

- Acute pain
- Break through pain
- Withdrawal pain
- Neuropathic pain
- Methods of pain assessment and nonverbal signs of pain
- Utilization of a pain measurement tool and when to seek medical intervention
- Site, onset, character,
 radiation, timing,
 exacerbating, and relieving
 factors
- Types of pain and their likely origin:
- Rebound tenderness in the abdomen
- Musculoskeletal pain
- Incisional pain
- Neuropathic pain
- Importance of excluding causes of agitation such as
- Constipation
- A full bladder and blocked urinary catheter
- Hypoxia
- Poor positioning
- Pharmacological treatment options for different types of pain
- Opioid medications
- Non-opioid medications

- prescribed analgesics according to hospital policy
- Use positioning and posture to maximize patient comfort
- Demonstrate safe use and recording of PCA and epidural devices
- Discuss with the patient the need for and safe use of the PCA/Epidural device*

	Module 3: Intensive Care Nursing II	
- Adjunct medications such		
as amitriptyline		
- Non-steroidal anti-		
inflammatory drugs		
- Patient-controlled		
analgesia (PCA) and		
Epidurals		
- Anticonvulsants such as		
gabapentin and		
carbamazepine		
- Analgesic skin patches		
Analgesic drugs commonly		
used in ICU, their effects		
and side effects		
Advantage of using		
analgesic drugs in		
combination with each other		
 Non-pharmacological 		
strategies for pain control		
- Deep breathing exercises		
- Use of heat and cold		
- Reassurance and control of		
environmental stimulus		
- Positioning for comfort		
Use of relaxation and		
diversion, limiting the noise		
and lighting		
4. Associated Pharmacology		

Module 3: Intensive Care Nursing II The trainee will be able to The trainee will be able to demonstrate knowledge undertake the following in a safe using a rationale through and professional manner: discussion of the following: Safely prepare and administer Medications used in medications** neurological management Monitor effects of medication* Osmotic therapy Analgesia Sedation Neuromuscular paralyzing agents Anticonvulsant therapy Vasoactive therapy Steroids

Nimodipine

^{*:} Skills to be evaluated as observation in the clinical setting

^{**:} Skills to be assessed as a competency checkoff (Refer to clinical keys for detailed competency checklist and Formative Assessment Tools)

Module 3: Intensive Care Nursing II		
Knowledge		Skills
Step 1 -Level Competency-Metrix		
1. Common Endocrine problems i	nclude (Etiology,	
Pathophysiology, Assessment,	Management)	
The trainee will be able to demons	strate through discussion	
essential knowledge and its applic	cation.	
Hypothalamic-Pituitary-Adren	al Function During Critical	
Illness		
Thyroid Dysfunction		
Thyrotoxic Crisis		
Myxedema Coma		
Antidiuretic Hormone Dysfunction		
Syndrome of Inappropriate Antidiuretic Hormone Secretion		
Diabetes Insipidus		
Emergencies for Patients with Diabetes Mellitus		
Diabetic Ketoacidosis		
Hyperosmolar Hyperglycemic	State	
Hypoglycemia		
Assessment, Monitoring, & Observ	/ation	Skills
The trainee will be able to:	The trainee will be able to:	The trainee will be able to:
Compare normal with	Explore the nursing role	Accurately perform and
abnormal history and	in assessing, managing,	correctly document a full
physical findings for	and evaluating a care	History and Physical
endocrine disorders	plan for acutely ill	Examination assessment. **
	patients with endocrine	
	disorders.	

Module	e 3: Intensive Care N	lursing II	
Integumentary System			
Knowledge		Skills	
Step 1 Competency-Metrix 1. Skin Integrity The trainee will be able to	Senior-Level Competency- Metrix	The trainee will be able to undertake	
Demonstrate through discussion essential knowledge and its application. • Discuss the risk assessments and		 the following safely and professionally: ** Assess the patient's skin using an appropriate risk assessment tool 	
the nursing responsibilities related to patients at risk of pressure injury Identify high-risk areas of the body		 Assess correct use of devices/equipment and that they are in good working order (in accordance with the hospital policy) 	
for pressure injury • Differentiate stages of pressure injury		Provide a regular visual check of at- risk areas are conducted*	
 Describe nursing role to prevent pressure damage Differentiate various pressure- 			
relieving devices available locally and the agreed pathway for accessing these Use hospital reporting system for			
 pressure-related injury Discuss the Importance of collecting and auditing data on pressure area damage to improve pressure area care within the 			
 clinical area Describe the associated costs of pressure damage: 			

Module 3: Intensive Care Nursing II Integumentary System		
- Cost to the patient in terms of delayed rehabilitation and pain - Financial costs		
2. Joint Positioning & Range of Movement	Skills	
 The trainee will be able to demonstrate through discussion essential knowledge and its application. Concept of "range of movement" and the anatomical structures that could be damaged by poor joint positioning Joints that are most at risk of damage Concept of foot drop 	The trainee will be able to undertake the following safely and professionally: * • Undertake a full range of passive exercises for the patient at the time intervals specified • Position patient's ankles to reduce the risk of foot drop • Apply any appropriate ankle/foot splint for patients at high risk of foot drop • Identify patients at high risk of joint damage (e.g., long stay, edematous) • Position shoulders to prevent excessive joint stretch when lying a patient on their side	
3. VTE Assessment	Skills	
The trainee will be able to demonstrate through discussion essential knowledge and its application. Importance and need to assess all patients admitted to hospital	The trainee will be able to undertake the following safely and professionally: ** • Identify and documents risks identified to the individual patient • Administer/provide mechanical	
 against the VTE assessment Importance of assessing the patient level of mobility Need for all patients (both surgical and medical patients) with significantly reduced mobility to be 	prophylaxis according to the hospital policy • Safely administer prescribed pharmacological prophylaxis following the 12 rights of medication administration	

Module 3: Intensive Care Nursing II		
	ntegumentary System	
further VTE risk assessed	• 1	nvolve patient in the prevention of
Need to review the patient-related	t	hrombosis as appropriate
factors identified on the risk	• F	Review VTE risk assessment
assessment against thrombosis	а	according to the hospital policy
risk		
Why any patient at risk of		
thrombosis should receive		
thromboprophylaxis in accordance		
with EBP		
Types of thromboprophylaxis		
- Pharmacological		
- Mechanical		
Complications of pharmacological		
VTE prophylaxis		
4. Burns		Skills
The trainee will be able to		
demonstrate through discussion		
essential knowledge and its		
application.		
Classification of Burn Injuries		
Causative Agent		
• Depth		
Severity		
 Pathophysiology of Burn Injuries 		
Localized Tissue Response		
Systemic Response		
Assessment and Management of		
Burn Injuries		
Resuscitative Phase		
Reparative Phase		
Rehabilitative Phase		

^{*:} Skills to be evaluated as observation in the clinical setting

**: Skills to be assessed as a competency checkoff (Refer to clinical keys for detailed competency checklist and Formative Assessment Tools)

Module 3: Intensive Care Nursing II Multisystem Dysfunction			
Knowledge			
	Skills		
 Trauma The trainee will be able to: Demonstrate through discussion essential knowledge and its application. Mechanism of Injury Blunt injury Penetrating injury Initial assessment and management Assessment and Management of Specific Injuries Thoracic trauma Abdominal trauma Musculoskeletal injuries Maxillofacial trauma Complications of Multiple Trauma Early complications 			
- Late complications			
ng	Skills		
 a rationale for: Management Stabilization Initial decontamination Gastrointestinal decontamination Enhanced elimination of 	The trainee will be able to undertake the following safely and professionally: • Perform a complete physical examination** • Document the findings of the physical examination* • Monitor Patient continuously *		
	Multisystem Dysfunction dge n essential knowledge and its nent f Specific Injuries The trainee will be able to demonstrate knowledge using a rationale for: • Management - Stabilization - Initial decontamination - Gastrointestinal decontamination		

Module 3: Intensive Care Nursing II					
Multisystem Dysfunction					
History	- Antagonists, antitoxins,				
	and antivenins				
	- Laboratory studies				

^{*:} Skills to be evaluated as observation in the clinical setting

**: Skills to be assessed as a competency checkoff (Refer to clinical keys for detailed competency checklist and Formative Assessment Tools)

Module 3: Intensive Care Nursing II						
Hematologic and Immune Systems						
Knowledge	Skills					
Step 1 Competency-Metrix						
2. Common Immunologic problems include (Etiology,						
Pathophysiology, Assessment, Management)						
The trainee will be able to demonstrate through discussion	The trainee will be able to:					
essential knowledge and its application.	Perform a complete physical					
Immunopathogenesis of HIV	examination**					
- Viral replication	Document the findings of the					
- Immune defects	physical examination*					
- HIV transmission and natural history	Monitor patient continuously *					
- Control of Opportunistic Infection						
General Principles in the Critical Care of Patients with						
Cancer						
- Hematologic complications						
- Hematologic complications						
- Bone marrow suppression						
- Leukostasis						
Common Hematologic Disorders include (Etiology,	Skills					
Pathophysiology, Assessment, Management)						

Module 3: Intensive Care Nursing II Hematologic and Immune Systems

The trainee will be able to demonstrate through discussion essential knowledge and its application.

Disorders of Red Blood Cells

- Polycythemia
- Anemia
- Sickle cell disease

Disorders of White Blood Cells

- Leukopenia
- Neoplastic disorders

Disorders of Hemostasis

- Platelet disorders
- Coagulation disorders
- Disseminated intravascular coagulation

The trainee will be able to:

- Perform a complete physical examination**
- Document the findings of the physical examination*
- Monitor patient continuously *

*: Skills to be evaluated as observation in the clinical setting

**: Skills to be assessed as a competency checkoff (Refer to clinical keys for detailed competency checklist and Formative Assessment Tools)

Module 3: Intensive Care Nursing II						
Special Situations in Critical Care						
Knowledge						
Step 2 -Level Competency-Metrix	Skills					
Special Situations in Critical Care						
The trainee will be able to demonstrate through						
discussion essential knowledge and its application.						
Rapid Response Teams and Transport of the						
Critically Ill Patient						
- Rapid Response Teams						
- Benefits of RRTs						
- Limitations of RRTs						
- Strategies for Future Improvement of RRTs						

Module 3: Intensive Care Nursing II Special Situations in Critical Care

- Interfacility Transport
- Modes of interfacility transport
- Transfer guidelines and legal implications
- Phases of interfacility transport

following in a safe and professional manner: *

The trainee will be able to undertake the

- Assist in the physiological optimization/stabilization of the patient prior to transfer
- Assist in the preparation of equipment and resources
- Airway management
- Portable ventilation
- Suction equipment
- CV support
- Vital sign monitoring
- Fluid therapy & pharmacological requirements
- Infusion devices/syringe drivers
- Transfer bag
- Psychological support
- Assist in the location, calibration, and safely set up monitoring and transfer equipment including
- Alarm parameters
- Prepare electromechanical devices
- Supplementary gases
- Transportation
- Establishing the optimum level of stability on portable equipment prior to transfer
- Assist in and maintain the safety and continued treatment of the critically ill patient during transfer
- Assist in the care for the family of the patient being transferred

- Intrahospital Transport
- Adverse events during intrahospital transport
- Team composition for an intrahospital transport
- Equipment considerations during an intrahospital transports

Module 4: Nursing Research and Evidence-Based Practice in Nursing

Description: This module will provide the trainees with the required knowledge and skills to understand the steps of a research process, ethical issues in research, maintaining confidentiality, saving data, and disseminating related to the clinical practice. The research component will focus on research methods, sampling, data collection, and data analysis, which contribute to advancing the research skills among the trainees.

Teaching/Learning Strategies

- Lectures
- Discussion
- Reflective exercises
- Mentor support
- Assignment

Suggested References

- 1. Polit DF, Beck CT. Essentials of Nursing research: Apprising Evidence for Nursing Practice.9th edition. Lippincott Williams & Wilkins. 2018.
- 2. Plichta, SB, & Garzon, LS. Statistics for Nursing and Allied Health: Wolters Kluwer/Lippincott Williams & Wilkins Health. 2009.
- 3. Maxine O & Peter V. Developing a Healthcare Research Proposal: An Interactive Student Guide. 2010

Step 2- Competency-Metrix

Learning outcomes:

At the end of the module the trainee will be able to:

- Define the basic concepts of research methodology
- Describe different research designs
- Describe the scientific process and its use in nursing research
- Design a research proposal
- Define the steps of the research process in the proposal and/or conduct a circumscribed nursing research project
- Identify research problems and the components of the literature review process related to nursing practice
- Discuss appropriate statistical techniques used in the analysis of data
- Critique current studies of nursing practice
- Discuss the utilization of research findings
- Discuss the historical perspective of evidence-based practice

Module 4: Nursing Research and Evidence-Based Practice in Nursing

 Define and apply evidence-based practice principles, which have been identified through nursing research

The trainee will be able to demonstrate through discussion essential knowledge and its application.

- Overview of nursing research
- Developing the Research Question
- Searching and Reviewing the Literature
- Research Design
- Ethics in Research
- Selecting Participants
- Collecting Data
- Analyzing Data
- Evidence-based Practice and Research Application

- At the end of the module, the trainee will be able to **
- Demonstrate familiarity with research terminology
- Demonstrate knowledge of research designs
- Conduct a literature search using all resources (electronic and non-electronic resources)
- Gather and interpret relevant data to make judgments to select best practices)
- Identify evidence-based principles and their application to practice
- Apply a critical approach to all steps of the research process
- Review and critique journal articles
- Formulate a research proposal for an investigation of a topic of interest in the specialty
- Apply the research process to the design and implementation of the proposal
- Prepare a manuscript for publication
 See appendix () for Research proposal
 guidelines and evaluation
- *: Skills to be evaluated as observation in the clinical setting
- **: Skills to be assessed as a competency checkoff (Refer to clinical keys for detailed competency checklist and Formative Assessment Tools)

Module 5: Leadership and Management

Description: This module will provide the trainee with the knowledge of different leadership and management aspects and skills relevant to their role as critical care nurses. The trainee will gain an understanding of the organizational structure, leadership theories, and quality assurance. The trainee will also be introduced to the skills required for budgeting, staffing, and scheduling.

Teaching/Learning Strategies

- Lectures
- Discussion
- Reflective exercises
- Mentor support
- Assignment

Suggested References

- 1. CARLO J.H. Leadership Roles and Management Function in Nursing Theory and Application.9th edition. 2017.
- 2. Jones, R. P. Nursing leadership and management: theories, processes, and practice. Philadelphia: Joanne P. DaCunha. 2007.
- Carolyn, Application of Nursing Informatics: Competencies, Skills, and Decision-Making. 2019.

Step 2 - Competency-Metrix

Learning outcomes:

At the end of the module, the trainee will be able to:

- Analyze the components of organizational structure and culture
- Distinguish between the leadership and management theories
- Define the Vision, Mission Statements, and Philosophy
- Discuss the role of the nurse in the decision-making, problem-solving, critical thinking, and clinical-reasoning processes
- Describe the role of the nurse in quality and risk management assessment
- Explain the steps that the nurse follows in budgeting and staffing
- Discuss how to delegate tasks effectively
- Describe the role of the nurse in conflict situations
- Identify differences between effective and ineffective communication
- Summarize responsibilities for professional development
- Summarize the responsibility of the nurse in the career development process

Module 5: Leadership and Management

- Distinguish between the different methods for career development
- Describe nursing informatics as an emerging field that has helped shape nursing informatics
- Explain the implications of nursing informatics for nursing practice, administration, education, and research
- Demonstrate skills in the acquisition and retrieval of nursing information using health information systems within institutions
- Apply methods to safeguard data and information integrity while maintaining privacy and confidentiality

and confidentiality	
Knowledge	Skills
Leadership skills	
The trainee will be able to demonstrate	At the end of the module, the trainee will be
through discussion essential knowledge and	able to*
its application.	 Apply "systems thinking" to analyses of
Organizational structure and culture	healthcare organizations
Application of leadership and	Utilize effective time-management
management theories	skills
 Organizational and personal mission, 	Discuss and implement the principles of
vision, and goals	information management
Critical thinking, problem-solving, and	Utilize resources effectively (i.e.,
effective decision-making	staffing and scheduling, resource
Quality and risk management	allocation,)
Budgeting, cost, care-delivery models,	 Examine a healthcare organization's
and staffing	financial management (e.g., cost
Communication, motivation, and team	analyses, budget forecasting)
building	 Develop plans for quality and risk
Change and conflict management	management (e.g., quality plans, risk
Role transition and delegation	management models)
Strategic planning and strategic	 Use organizational principles to
management	manage organizational change and
Effective communication	conflict resolution
Nurse as advocate	 Outline the steps of the strategic
	planning process

Module 5: Leadershi	p and Management		
	 Identify the components of strategic management Advocate for the health and safety of patients Demonstrate effective interprofessional relationships that facilitate meeting the needs of patients and families Demonstrate safe and effective written verbal, telephone, and electronic communication strategies 		
Professional Development	Skills		
The trainee will be able to demonstrate through discussion essential knowledge and its application. Career Planning Career Stages Justifications for Career Development Individual Responsibility for Career Development The Organization's Role in Employee Career Development Career Coaching Management Development Continued Competency as Part of Career Development Professional Specialty Certification Integrating Leadership Roles and Management Functions in Career Planning and Development	At the end of the module, the trainee will be able to:* Initiate independent learning activities Develop a career plan based on trends in healthcare Assume responsibility for personal and professional development Develop reflective practice and professional portfolio Prepare resumé Demonstrate self-awareness of own strengths and limitations Demonstrate an ability to be a motivated self-directed learner Demonstrate an ability to be an effective mentor and role model as appropriate		
Healthcare Informatics	Skills		
The trainee will be able to demonstrate through discussion essential knowledge and its application.	At the end of the module, the trainee will be able to:		

Module 5: Leadership and Management

- Introduction of nursing informatics and overview
- Nursing informatics goals, standards, and scope of practice
- Nursing informatics competencies (i.e., computer literacy skills, informatics literacy skills, etc.)
- Internet, search engines, electronic databases, and resources
- Data integrity, security, and confidentiality
- Information technology in patient education
- Integrating computers and information technology in nursing education and practice

- Assess the application of information and communication technology (ICT) in the management of patients/patientrelated data
- Identify different models of computerized healthcare electronic records
- Analyze the implications for healthcare delivery arising from telehealth and telemedicine
- Recognize the impact of the information-technology revolution on nursing practice
- Apply skills to access, create, store, and retrieve nursing-related information from the internet and the worldwide web
- Demonstrate ways of integrating nursing informatics with nursing administration, education, clinical practice, and research
- Identify security regulations to safeguard data consisting of information about patients and organizations
- Recognize ethical issues related to nursing informatics
- Assess the future of information technology and its impact on the nursing practice

Appendix (to be appendix B) Example of Session Plan

Adult Critical Care Nursing Diploma Program Didactic Class - Session Plan Module 2: Intensive Care Nursing 1- Respiratory System Day/ Time **Outlines Teaching** Activities Resources Assessment Time **Methods** PowerPoint Pneumonia: Trainees will • Case Scenario References be asked to Presentation Quizzes Critical do the MCQs Exams Etiology Care • OSCE Pathophysiolo • Image following: Nursing: A Discussion • S0E Holistic Assessment Video Compare Approach. Management Reading types of Morton, P., Prevention • Group case respiratory Fontaine. D., 11th study failure Identify edition, common Lippincott. 2018 causes of Critical each type List two Care types of Nursing **Diagnosis** respiratory failure and • Discuss the Managem cause(s) of ent, Linda each type D. Urden. and how Kathleen that affects M. Stacy, Mary E. care Discuss Lough. 7th what care edition. 2017 and • BLAINE. treatment Pharmaco they were involved in logy for Nurses.2n providing

	Module 2: Intensive Care Nursing 1- Respiratory System					
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources	
Time		Methods				
					d	
					edition.20	
					21	
					• ClinicalKe	
					y for	
					Nurses,	
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					Chapter: 26	
					(Pages:	
					1005-1015)	
	Pleural Effusion	PowerPoint	Trainees will	Case Scenario	References	
		presentation	be asked to	• Quizzes	Critical	
	 Pathophysiolo 	S	do the	MCQs Exams	Care	
	gy	• Image	following:	• OSCE	Nursing: A	
	 Assessment 	Discussion		• S0E	Holistic	
	 Management 	• Video	• Describe		Approach.	
		• Reading	the		Morton, P.,	
		• Group case	pathophysio		Fontaine,	
		study	logy of		D., 11th	
			pleural		edition,	
			effusion		Lippincott.	
			List the		2018	
			steps that		Critical	
			must be		Care	
			followed to		Nursing	

	Module 2: Intensive Care Nursing 1- Respiratory System				
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources
Time		Methods			
			conduct a		Diagnosis
			physical		and
			assessment		Managem
			• Discuss the		ent, Linda
			medical and		D. Urden,
			nursing		Kathleen
			manageme		M. Stacy,
			nt of		Mary E.
			pleural		Lough. 7th
			effusion		edition.20
					17
					• BLAINE,
					Pharmaco
					logy for
					Nurses.2n
					d
					edition.20
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Adult Critical Care Nursing Diploma Program Didactic Class - Session Plan Module 2: Intensive Care Nursing 1- Respiratory System Day/ Time Outlines **Teaching** Activities Resources Assessment Time Methods Chapter: 26 (Pages: 1015-1018) • Case Scenario Pneumothorax PowerPoint Trainees will References be asked to Quizzes Critical Pathophysiolo presentation do the MCQs Exams Care Assessment • OSCE • Image following: Nursing: A Discussion • S0E Management Holistic Video Describe Approach. Reading the Morton, P., Fontaine. • Xray image pathophysio D., 11th logy of pneumotho edition, rax Lippincott. Discuss the 2018 medical and Critical nursing Care manageme Nursing nt of Diagnosis pleural and effusion Managem Compare ent. Linda between D. Urden. normal Kathleen chest Xray M. Stacy, and chest Mary E. Xray for a Lough. 7th patient with edition. 2017 pneumotho rax • BLAINE. Pharmaco

logy for

Module 2: Intensive Care Nursing 1- Respiratory System					
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources
Time		Methods			
					Nurses.
					2nd
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					2020
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					Chapter: 26
					(Pages:
					1018-1020)
	Pulmonary	PowerPoint	Trainees will	Case Scenario	References
	Embolism (PE)	Presentation	be asked to	• Quizzes	• Critical
	 Pathophysiolo 	S	do the	MCQs Exams	Care
	gy	• Image	following:	• OSCE	Nursing: A
	Assessment	• Discussion		• S0E	Holistic
	 Management 	• Video	• Discuss the		Approach.
	Prevention	• Reading	nursing		Morton, P.,
			intervention		Fontaine,
			s to be		D., 11th
			implemente		edition,
			d to prevent		Lippincott.
			PE		2018

	Module 2: Intensive Care Nursing 1- Respiratory System					
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources	
Time		Methods				
			• Discuss		Critical	
			patients at		Care	
			risk to		Nursing	
			develop PE		Diagnosis	
			• Discuss the		and	
			medical and		Managem	
			nursing		ent, Linda	
			manageme		D. Urden,	
			nt for a		Kathleen	
			patient with		M. Stacy,	
			PE		Mary E.	
					Lough. 7th	
					edition.	
					2017	
					• BLAINE,	
					Pharmaco	
					logy for	
					Nurses.	
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					edition.	
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Adult Critical Care Nursing Diploma Program Didactic Class - Session Plan						
Module 2: Intensive Care Nursing 1- Respiratory System Day/ Time Outlines Teaching Activities Assessment Resources						
Time	Outtilles	Methods	Activities	Assessment	Resources	
Tillle		Methods				
					Chapter: 26	
					(Pages:	
					1021-1026)	
	Chronic	PowerPoint	Trainees will	Case Scenario	References	
	Obstructive				Critical	
		presentation	be asked to	• Quizzes		
	Pulmonary	S	do the	MCQs Exams	Care	
	Disease	• Image	following:	• OSCE	Nursing: A	
	(COPD)	• Discussion		• S0E	Holistic	
		• Video	Explain the	Observation	Approach.	
	 Pathophysiolo 	• Reading	pathologic	and supervised	Morton, P.	
	gy	Xray image	and	practice for	Fontaine,	
	Assessment		physiologic	care provided	D., 11th	
	Management		changes in	during	edition,	
	 Prevention 		(COPD)	simulation	Lippincott.	
			List the		2018	
			assessment		Critical	
			and		Care	
			diagnostic		Nursing	
			procedure		Diagnosis	
			that will be		and	
			done to		Managem	
			assess		ent, Linda	
			patient with		D. Urden,	
			COPD		Kathleen	
			• Discuss the		M. Stacy,	
			medical and		Mary E.	
			nursing		Lough. 7th	
			manageme		edition.	
			nt for a		2017	
			patient with		• BLAINE,	
			PE		Pharmaco	

Day/ Time	Day/ Time Outlines Teaching Activities Assessment Resources				
Time	Outlines	Methods	Activities	Assessment	Resources
Tille		Methous	Review		logy for
					Nurses.2n
			Xray image		d edition.
			to compare		
			normal		2021 ● ClinicalKe
			chest with		
			abnormal		y for
			chest		Nurses,
					2020
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					Chapter: 26
					(Pages:
					1027-1043)
	Acute	PowerPoint	Trainees will:	Case Scenario	References
	Respiratory	presentation		• Quizzes	Critical
	Failure	S	• Describe	MCQs Exams	Care
	 Pathophysiolo 	• Image	the effect of	• OSCE	Nursing: A
	ду	Discussion	the acute	• S0E	Holistic
	• Classification	• Video	respiratory	Observation	Approach.
	Assessment	Reading	failure on	and supervised	Morton, P.,
	Management	• Xray image	the other	practice for	Fontaine,
			organs	care provided	D., 11th
			• Discuss the	during	edition,
			causes of	simulation	Lippincott.
			acute		2018

	Module 2:	Intensive Care Nu	ırsing 1- Respira	tory System	
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources
Time		Methods			
			respiratory		Critical
			failure		Care
			• Compare		Nursing
			and		Diagnosis
			contrast		and
			between		Managem
			the		ent, Linda
			different		D. Urden,
			classificatio		Kathleen
			ns of acute		M. Stacy,
			respiratory		Mary E.
			failure		Lough. 7th
			• Describe		edition.20
			the		17
			diagnostic		• BLAINE,
			procedure		Pharmaco
			and		logy for
			assessment		Nurses.2n
			that will be		d
			done for a		edition.20
			patient with		21
			acute		 ClinicalKe
			respiratory		y for
			failure		Nurses,
			• Describe		2020
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Adult Critical Care Nursing Diploma Program Didactic Class - Session Plan

	Module 2:	Intensive Care Nu	rsing 1- Respira	tory System	
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources
Time		Methods			
			respiratory		
			failure		Chapter: 26
					(Pages:
					1005-1015)
	Acute Asthma	PowerPoint	Trainees will:	• Case Scenario	References
		presentation		• Quizzes	Critical
	 Pathophysiolo 	S	• Describe	 MCQs Exams 	Care
	gy	• Image	the	• OSCE	Nursing: A
	Assessment	Discussion	triggering	• S0E	Holistic
	 Management 	• Video	factors for	Observation	Approach.
	• Status	Reading	asthma	and supervised	Morton, P.,
	Asthmaticus	Different	attacks	practice for	Fontaine,
		treatments	• Discuss	care provided	D., 11th
		for Asthma	how to	during	edition,
			avoid	simulation	Lippincott.
			asthma		2018
			attacks		• Critical
			• Describe		Care
			the		Nursing
			diagnostic		Diagnosis
			procedure		and
			and		Managem
			assessment		ent, Linda
			that will be		D. Urden,
			done for a		Kathleen
			patient with		M. Stacy,
			acute		Mary E.
			Asthma		Lough. 7th
			• Describe		edition.20
			the medical		17
			and nursing		• BLAINE,
			manageme		Pharmaco

Day/ Time Outlines	D/ T'		Intensive Care Nu			
Assessment of Respiratory system Presentation Health History System Physical Examination Health History S Health Physical Examination Health History S Health Physical Examination Examination Nurses, 2020 Elsevier: https://se rvice.else vier.com/ app/home /supporth ub/epm/ Chapter: 26 (Pages: 1043- 10149) OSCE Holistic Approach. MCQs Exams Nursing: A Holistic OSCE Holistic Approach. Morton, P., Fontaine, Demonstratio n and respiratory care provided edition, redemonstra history during Lippincott.		Outlines		Activities	Assessment	Resources
Assessment of Respiratory system Health History 9 Presentation 9 Health History 9 Physical Examination Presentation 6 Reading 9 Perform a Complete practice for and predemonstratio n and redemonstratio n and redemonstratio redemonstratio n and redemonstratio red	Time		Methods			
Assessment of Respiratory system Health History Presentation Health History Physical Physical Examination Physical Examination Penedic Age						
Assessment of Respiratory system Health History Presentation Health History Physical Physical Examination Physical Examination Peneding Pe				_		
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Assessment of Respiratory system Health History Presentation Health History Physical Examination Pige Considerati Physical Examination Pige Considerati Pige Pige Considerati Pige Pige Considerati Pige Pige Considerati Pige Pige Pige Pige Pige Pige Pige Pige				asthma		
Assessment of Respiratory system Presentation Health History S Health History S Horsical Examination Physical Examination Physical Examination Reading Physical Examination Presentation on Reading Perform a Reading Perform a Reading Perform a nad redemonstratio complete practice for D., 11th eligible Physical Perform a nad respiratory care provided edition, redemonstratio complete care provided during Lippincott.						
Assessment of Respiratory system Presentation Health History Physical Examination Physical Ph						 ClinicalKe
Assessment of Respiratory system Presentation Health History Physical Examination Presentation Examination Presentation Pr						y for
Assessment of Respiratory system Presentation Health History Physical Examination Physical Examination Reading Perform a Complete Pomonstratio n and respiratory care provided edition, respiratory care provided predemonstral history Elsevier: https://se rvice.else vier.com/ app/home /supporth ub/epm/ Chapter: 26 (Pages: 1043- 10149) • Case Scenario • Critical • Quizzes Care MCQs Exams Nursing: A Holistic • OSCE Holistic • OSCE Holistic • OSCE Fontaine, practice for care provided edition, Lippincott.						Nurses,
Assessment of Respiratory system Health History Physical Physical Examination Page (Samination) Reading Perform a Discusses OSCE PowerVoint ONCQS Exams OSCE Approach. OS						2020
Assessment of Respiratory system Presentation Health History Physical Examination Physical Examination Physical Examination Physical Demonstratio n and redemonstra history Presentation Assessment of Personal Personal Presentation Presentat						Elsevier:
Assessment of Respiratory system Presentation Health History Physical Examination Physical Examination Physical Examination Physical Physical Physical Examination Physical Ph						https://se
Assessment of Respiratory system Health History Physical Examination Physical Physic						rvice.else
/supporth ub/epm/ Chapter: 26 (Pages: 1043- 10149) Assessment of Respiratory system Health History Presentation Health History Physical Examination Physical Examination Physical Examination Physical Examination Physical Fortaine, Physical Examination Physical Fortaine, Physical Fortaine, Perform a and supervised Fortaine, Perform a complete practice for D., 11th respiratory Predemonstra history Assessment of Respiratory Subjects Possuble Presentation Subjects Approach Borton, P., Fortaine, Pomonstratio Complete practice for D., 11th Redmonstra Assessment of Respiratory Care provided Examination Approach Care Care Care Care Care Care Care Care						vier.com/
ub/epm/ Chapter: 26 (Pages: 1043- 10149) Assessment of Respiratory system Presentation Health History Physical Physical Examination Feading Perform a Demonstratio Neading Perform a Demonstratio Nosce Perform a Demonstratio Nosce Perform a Assessment of Respiratory Ocare Ocare Ocare Ocare Ocare Ocare Ocare Ocare Ocare Nursing: A Holistic Ocore Approach. Morton, P., Fontaine, Perform a And supervised Pomortion Ocare provided Ocare provide						app/home
Assessment of Respiratory system Health History Physical Examination Physical Examination Reading Discusses Ocase Scenario Ouizzes Ouizzes Ouizzes Ouizzes Ouizzes Ouifferent Ouizzes Ouigzes Ouigze						/supporth
Assessment of Respiratory system Presentation Physical Examination Physical Examination Perform a complete Perform a and supervised Perform a care provided redemonstral parameters (Pages: 1043-10149) • Discusses • Case Scenario • Critical • Quizzes Care • MCQs Exams Nursing: A • Health History • Presentation • OSCE • Holistic • OSCE • Holistic • OSCE • Approach. • Observation • Perform a and supervised Fontaine, practice for D., 11th edition, Lippincott.						ub/epm/
Assessment of Respiratory Presentation Health History Physical Examination Physical Perform a Reading Demonstratio n and redemonstra history House Scenario Presentation Perspiratory Perspiratory Care PowerPoint the Quizzes Care Pulscusses the Quizzes Care Pulscusses Housing: A Pulscusses Care Pulscusses Nursing: A Presentation Presentation OSCE Holistic Physical Perform a Observation Morton, P., and Supervised Pontaine, Pomplete Pulscusses Pontaine, Pulscusses Care Pulscusses Pulscusses Pontaine, Perform a Perform a Complete Pulscusses Pontaine, Pulscusses Care Power Power Point Pulscusses Pulscuss						Chapter: 26
Assessment of Respiratory system Health History Physical Examination Peading Discusses Case Scenario Ocare Ouizzes Ouizzes Ocare Ouizzes Ocare Ouizzes Ouizzes Ouizzes Ocare Ouizzes Ou						(Pages:
Assessment of Respiratory PowerPoint the Quizzes Care system Presentation life OSCE Holistic Physical Image Considerati On Observation Approach. Examination Video On Observation Approach. Perform a Complete Practice for D., 11th redemonstra history during Lippincott.						1043-
Respiratory system Presentation Health History Physical Examination Presentation Presentation Presentation Ithe Ouizzes Ouize Ouisier						10149)
system • Health History • Physical Examination • Video • Reading • Demonstratio n and respiratory redemonstra • MCQs Exams • MCQs Exams • McQs Exams • McQs Exams • Nursing: A • OSCE Holistic Approach. • Observation and supervised practice for care provided edition, Lippincott.		Assessment of		• Discusses	• Case Scenario	Critical
 Health History Physical Examination Video Reading Demonstratio n and redemonstra life OSCE Holistic Approach. Observation and supervised practice for care provided during Lippincott. 		Respiratory	PowerPoint	the	• Quizzes	Care
 Physical Examination Video on Observation on Observation and supervised practice for n and respiratory redemonstra SOE Approach. Morton, P., and supervised practice for care provided edition, Lippincott. 		system	Presentation	different	MCQs Exams	Nursing: A
Examination • Video • Reading • Perform a • Demonstratio n and respiratory redemonstra • Video on • Observation and supervised practice for care provided edition, Lippincott.		Health History	S	life	• OSCE	Holistic
 Reading Demonstratio n and redemonstra Perform a and supervised practice for care provided edition, tippincott. 		• Physical	• Image	considerati	• S0E	Approach.
Demonstratio complete practice for D., 11th rand respiratory care provided edition, redemonstra history during Lippincott.		Examination	• Video	on	Observation	Morton, P.,
n and respiratory care provided edition, redemonstra history during Lippincott.			• Reading	• Perform a	and supervised	Fontaine,
redemonstra history during Lippincott.			Demonstratio	complete	practice for	D., 11th
			n and	respiratory	care provided	edition,
tion taking simulation 2018			redemonstra	history	during	Lippincott.
			tion	taking	simulation	2018
• Simulation					Simulation	

	Module 2: Intensive Care Nursing 1- Respiratory System					
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources	
Time		Methods				
		Simulated	Perform	Redemonstrati	Chapter: 24	
		lung sounds/	respiratory	on	(894-928)	
		Normal and	assessment			
		abnormal	by using the			
		Standardized	assessment			
		patient	technique			
			Inspection			
			Palpation			
			Percussion			
			 Auscultatio 			
			n			
			• Pulse			
			oximetry			
			• Use of			
			accessory			
			muscles			
			• EtC02			
			• Sputum			
			Compare			
			and			
			contrast			
			between			
			normal and			
			abnormal			
			breathing			
			sounds			
	ABG Analysis	PowerPoint	• Explain the	• Case Scenario	• Critical	
		presentation	component	(ABGs results	Care	
		S	s of an	analysis)	Nursing: A	
		• Image	arterial	• Quizzes	Holistic	
		• Video	blood gas	MCQs Exams	Approach.	
		Reading	and the	• OSCE	Morton, P.,	

	Module 2:	Intensive Care Nu	rsing 1- Respira	tory System	
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources
Time		Methods			
		Demonstratio	normal	• S0E	Fontaine,
		n and	values for	Observation	D., 11th
		redemonstra	each	and	edition,
		tion	component	supervised	Lippincott.
		 Simulation 	Compare	practice for	2018
		 Observation 	and	care provided	• ClinicalKe
		of techniques	contrast the	during	y for
		to perform	causes,	simulation	Nurses,
		ABG Analysis	signs, and	Simulation	2020
			symptoms	• Redemonstrati	Elsevier:
			of	on	https://se
			respiratory		rvice.else
			acidosis,		vier.com/
			respiratory		app/home
			alkalosis,		/supporth
			metabolic		ub/epm/
			acidosis,		Chapter: 24
			and		(Pages:
			metabolic		914-922)
			alkalosis		
			Analyze		
			examples		
			of an		
			arterial		
			blood gas		
			result		
			• Describe		
			the purpose		
			of mixed		
			venous		
			oxygen		

Adult Critical Care Nursing Diploma Program Didactic Class - Session Plan Module 2: Intensive Care Nursing 1- Respiratory System Day/ Time **Outlines** Activities Resources **Teaching** Assessment Time Methods saturation monitoring Activity: Practice interpreting arterial blood gases PowerPoint • Case Scenario Critical Oxygen Discuss Administration presentation why (Patient Care S humidificati requiring Nursing: A Image on is oxygen Holistic (Partial important therapy) Approach. rebreathing for a patient Quizzes Morton, P., MCQs Exams Fontaine. and nonwith rebreathing respiratory • OSCE D., 11th edition, oxygen problems • S0E masks). Air-Compare Observation Lippincott. entrainment 2018 and and (Venturi) contrast ClinicalKe supervised mask with various practice for v for various jet oxygen care provided Nurses. 2020 orifices.. devices: during Devices used cannula. simulation Elsevier: Simulation to apply masks, and https://se Demonstration high-flow, bag-valve rvice.else devices. and vier.com/ highhumidity Nasal Redemonstrati app/home oxygen cannula, /supporth on high-flow therapy. ub/epm/

nasal

cannula,

simple face

Video

Reading

Chapter: 24

(Pages: 934-941)

	Module 2:	Intensive Care Nu	rsing 1- Respira	tory System	
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources
Time		Methods			
		• Demonstratio	mask, face		
		n and	mask with		
		redemonstra	reservoirs,		
		tion	venturi or		
		 Simulation 	air-		
		 Observation 	entrainmen		
		of techniques	t mask		
		to administer	• Discuss the		
		oxygen	uses of		
		therapy and	aerosol and		
		prepare the	humidity		
		required	delivery		
		equipment	systems		
			 Demonstrat 		
			e proper		
			use of		
			manual		
			resuscitatio		
			n bag		
			• Discuss		
			when its		
			mandatory		
			to move a		
			patient to		
			mechanical		
			ventilation		
			• Demonstrat		
			e how to set		
			up and use		
			pulse		
			oximetry**		

	Module 2:	Intensive Care Nu	rsing 1- Respira	tory System	
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources
Time		Methods			
			Prepare the		
			required		
			equipment		
			to		
			administer		
			oxygen		
			therapy		
			via:**A		
			simple face		
			mask, a		
			venture		
			system,		
			nasal		
			cannula,		
			reservoir		
			mask		
			• Demonstrat		
			e how to set		
			up and use		
			humidificati		
			on		
			methods**		
			• Demonstrat		
			е		
			appropriate		
			intervention		
			for patients		
			experiencin		
			g airway		
			problems **		
			• Position		

		Intensive Care Nu		tory System	
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources
Time		Methods			
			• Head		
			tilt/chin		
			lift/jaw		
			thrust		
			Insertion of		
			airway		
			• Manual		
			ventilation		
	Non-Invasive	PowerPoint	• Discuss the	• Case Scenario	• Critical
	and Invasive	presentation	Care and	(Patient	Care
	Ventilation	s	manageme	requiring	Nursing: A
		• Image	nt of the	Oxygen	Holistic
		• Video	patient	therapy)	Approach.
		Reading	requiring	• Quizzes	Morton, P.,
		Simulation	NIV	 MCQs Exams 	Fontaine,
		 Observation 	• List the	• OSCE	D., 11th
		of setting up	steps of	• S0E	edition,
		mechanical	intubation,	 Observation 	Lippincott.
		ventilation	including	and	2018
		for patient	equipment	supervised	 ClinicalKe
		• Observe	and	practice for	y for
		different	medications	care provided	Nurses,
		modes of	required	during	2020
		ventilations	- Use of	simulation	Elsevier:
		• Observe a	capnograph	Simulation	https://se
		suctioning	У	• Demonstration	rvice.else
		procedure	- Causes for	and	vier.com/
			emergency	redemonstrati	app/home
			re-	on	/supporth
			intubation		ub/epm/
			• Discuss the		
			care and		

	Module 2: Intensive Care Nursing 1- Respiratory System					
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources	
Time		Methods				
			manageme		Chapter: 24	
			nt of a		(Pages:	
			patient		941-946)	
			requiring		Chapter: 24	
			mechanical		(Pages:	
			ventilation		969-986)	
			(to include			
			basic			
			modes of			
			mechanical			
			ventilation)			
			• Discuss			
			manageme			
			nt of			
			secretions			
	Endotracheal	PowerPoint	• Discuss the	• Case Scenario	Critical	
	Intubation	presentation	steps that	(Patient	Care	
		S	must be	requiring	Nursing: A	
		• Image	followed	endotracheal	Holistic	
		(Endotrachea	during	tube)	Approach.	
		l tube. B, Hi-	endotrache	• Quizzes	Morton, P.,	
		Lo Evac)	al	 MCQs Exams 	Fontaine,	
		• Video	intubation	• OSCE	D., 11th	
		(procedure of	- Assessmen	• S0E	edition,	
		endotracheal	t	Observation	Lippincott.	
		tube	- Prepare	and	2018	
		insertion)	patient	supervised	• ClinicalKe	
		• Reading	- Prepare	practice for	y for	
		 Simulation 	medication	care provided	Nurses,	
			s		2020	

Adult Critical Care Nursing Diploma Program Didactic Class - Session Plan Module 2: Intensive Care Nursing 1- Respiratory System Day/ Time **Outlines** Activities Assessment Resources **Teaching** Time Methods • Observe an - Assist during Elsevier: endotracheal during simulation https://se Simulation intubation procedure rvice.else procedure - Secure Demonstration vier.com/ Observe the ETT/trache app/home and required ostomy redemonstrati /supporth on (prepare ub/epm/ preparation tube - Check and for equipment, endotracheal confirm the assist during Chapter: 24 position of the procedure) tube (Pages: insertion the tube 945-947) - Document • Image. Video Equipment length and used for position of

the tube

Check

pressure

Discuss the

cuff

role of

airway

adjuncts,

intubation

equipment,

equipment,

and specific medications

complex

airway

endotracheal

video Patient

endotracheal

position to

facilitate

intubation

• Image or a

video for

methods for

securing the

endotracheal

tube

intubation

• Image or

	Adult Critical Care I	Nursing Diploma P	Program Didactic	Class - Session Pla	an			
	Module 2: Intensive Care Nursing 1- Respiratory System							
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources			
Time		Methods						
	Endotracheal	PowerPoint	- Select	Case Scenario	Critical			
	Suctioning	presentation	appropriate	(Patient	Care			
		s	suction	requiring	Nursing: A			
		• Video	pressures	endotracheal	Holistic			
		(procedure of	- Select	tube)	Approach.			
		endotracheal	appropriate	• Quizzes	Morton, P.,			
		tube	catheter	MCQs Exams	Fontaine,			
		suctioning)	size	• OSCE	D., 11th			
		• Reading	- Suction	• S0E	edition,			
		Simulation	using the	 Observation 	Lippincott.			
		Observe an	correct	and	2018			
		endotracheal	technique	supervised	• ClinicalKe			
		suctioning	via	practice for	y for			
		procedure	• Naso-	care provided	Nurses,			
		Observe the	oropharyng	during	2020			
		required	eal	simulation	Elsevier:			
		preparation	• ET tube	Simulation	https://se			
		for	Tracheosto	 Demonstration 	rvice.else			
		endotracheal	my	and	vier.com/			
		tube	- Monitor the	redemonstrati	app/home			
		suctioning	patient	on (prepare	/supporth			
		• Image. Video	before,	equipment,	ub/epm/			
		equipment	during, and	assist during				
		used for	after	the procedure,	Chapter: 24			
		endotracheal	suctioning	perform	(Pages:			
		intubation	- Accurately	endotracheal	947-948)			
			monitor &	suctioning)				
			chart					
			findings					
			- Inform/liais					
			e with					
			relevant					

Day/ Time Outlines Teaching Activities Assessment Resormer Time Methods MDT	urces
MDT	
members	
- Practice in	
a manner	
that will	
minimize	
cross-	
infection	
Correctly	
and safely	
dispose of	
container/c	
ontents/suc	
tion	
equipment	
as per local	
policy	
Invasive • PowerPoint • Discuss the • Case Scenario • Criti	cal
ventilation presentation indication (Patient Care	9
s for invasive requiring Nurs	sing: A
Video ventilation mechanical Holi	stic
(procedure • Discuss the ventilator) App	roach.
for care care for a • Quizzes Mor	ton, P.,
provided for patient • MCQs Exams Fond	taine,
a patient on during • OSCE D., 1	1th
mechanical mechanical • SOE editi	on,
ventilator) treatment • Observation Lipp	incott.
• Reading (monitor & and 2018	8
• Simulation document, supervised • Clin	icalKe
Observe seek practice for y for	~
nursing care support & care provided Nurs	ses,
for a patient advice as 202	0

Time Methods require mechanical ventilator Image for mechanical ventilator Image for mechanical ventilator In this image for mechanical ventilator parts In the image for mechanical papropriate vier.com/ app/home /supporth ub/epm/ Nursing care for a patient during weaning Nursing care for the	Day / Ti		Intensive Care Nu			Decommend
require mechanical , and set simulation https://se ventilator alarm limits rvice.else Image for appropriate vier.com/ mechanical ly for app/home ventilator specific parts patients) Nursing care for a patient (Pages: 969-986) Weaning Nursing care for the	Day/ Time	Outlines	Teaching	Activities	Assessment	Resources
mechanical ventilator alarm limits rvice.else Image for appropriate wier.com/ mechanical ly for app/home ventilator specific yapporth parts patients) Nursing care for a patient (Pages: during weaning Nursing care for the	Time					
ventilator Image for appropriate ventilator ly for app/home ventilator specific /supporth parts patients) Nursing care for a patient during weaning Nursing care for the			-		_	
 Image for mechanical ly for app/home ventilator parts patients) Nursing care for a patient during weaning Nursing veaning Nursing care for the 					simulation	
mechanical ly for app/home ventilator specific patients) ub/epm/ • Nursing care for a patient (Pages: during weaning Nursing care for the						
ventilator specific /supporth ub/epm/ • Nursing care for a patient (Pages: during weaning • Nursing care for the			_			
parts patients) ub/epm/ Nursing care for a patient (Pages: during weaning Nursing care for the						
 Nursing care for a patient during weaning Nursing care for the 			ventilator	_		/supporth
care for a patient (Pages: during 969-986) weaning • Nursing care for the			parts	patients)		ub/epm/
patient (Pages: 969-986) weaning Nursing care for the				• Nursing		•
during 969-986) weaning Nursing care for the				care for a		Chapter: 24
weaning • Nursing care for the				patient		(Pages:
• Nursing care for the				during		969-986)
care for the				weaning		
				• Nursing		
patient				care for the		
				patient		
post-				post-		
extubating				extubating		
Small Group				Small Group		
Activity:				Activity:		
Provide a				Provide a		
case about a				case about a		
patient who				patient who		
might require				might require		
mechanical				mechanical		
ventilators				ventilators		
scenarios				scenarios		
and ask				and ask		
trainees to				trainees to		
work in small				work in small		
groups to				groups to		
make				make		
decisions				decisions		

Module 2: Intensive Care Nursing 1- Respiratory System						
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources	
Time		Methods				
			regarding the			
			need for			
			mechanical			
			ventilation.			
	Tracheostomy	PowerPoint	• Discuss the	Case Scenario	• Critical	
		presentation	anatomical	(Patient	Care	
		S	position of	requiring	Nursing:	
		• Video	tracheosto	tracheostomy)	Holistic	
		(procedure	my	• Quizzes	Approacl	
		for	• Discuss	MCQs Exams	Morton, F	
		tracheostom	indications	• OSCE	Fontaine	
		y care)	for	• S0E	D., 11th	
		• Reading	insertion of	 Observation 	edition,	
		 Simulation 	а	and	Lippinco	
		• Observe	tracheosto	supervised	2018	
		tracheostom	my	practice for	• ClinicalK	
		y care	- Types of	care provided	y for	
		Observe the	tracheosto	during	Nurses,	
		required	mies	simulation	2020	
		preparation	- Percutaneo	 Simulation 	Elsevier:	
		for	us	Demonstration	https://s	
		tracheostom	tracheosto	and	rvice.els	
		y care	my	redemonstrati	vier.com	
		• Image. Video	- Surgical	on (prepare	app/hom	
		Equipment	tracheosto	equipment,	/support	
		used for	my	assist during	ub/epm/	
		tracheostom	- Mini	procedure,	Chapter: 2	
		y care.	tracheosto	perform	(Pages:	
			my	tracheostomy	990-995)	
			List the	care)		

steps of

Module 2: Intensive Care Nursing 1- Respiratory System						
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources	
Time		Methods				
			tracheosto			
			my care			
			Identify			
			common			
			types of			
			tubes used			
			- Cuffed/unc			
			uffed			
			- Adjustable			
			flange			
			- Fenestrate			
			d / non-			
			fenestrated			
			- Tubes with			
			inner tube			
			• Discuss			
			potential			
			hazards			
			associated			
			with			
			tracheosto			
			mies			
			- During			
			insertion			
			- Following			
			insertion			
			• Discuss			
			psychologic			
			al effects of			
			tracheosto			
			my			

Adult Critical Care Nursing Diploma Program Didactic Class - Session Plan Module 2: Intensive Care Nursing 1- Respiratory System					
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources
Time		Methods			
			Activity:		
			Demonstrate		
			procedures		
			for oral care		
			with		
			intubated		
			patients/pati		
			ents with		
			tracheostomy		

Adult Critical Care Nursing Diploma Program Didactic Class - Session Plan						
Module 2: Intensive Care Nursing 1- Respiratory System						
Day/ Time	Outlines	Teaching	Activities	Assessment	Resources	
Time		Methods				
	Chest Tube	PowerPoint	• Discuss	Case Scenario	Critical	
	Chest Tubes	presentation	Indications	(Patient	Care	
	• Equipment	S	for	requiring	Nursing: A	
	• Drainage	• Video	insertion of	chest tube)	Holistic	
	Systems	(procedure	a chest tube	• Quizzes	Approach.	
	Chest Tube	for chest	• List the	MCQs Exams	Morton, P.,	
	Placement	tube	steps of	• OSCE	Fontaine,	
	Assessment	insertion,	chest tube	• S0E	D., 11th	
	and	and care,	care	 Observation 	edition,	
	Management	removal of	Identify	and	Lippincott.	
	 Complications 	chest tube)	common	supervised	2018	
		• Reading	types of	practice for	• ClinicalKe	
		Simulation	chest tube	care provided	y for	
		• Observe	systems	during	Nurses,	
		chest tube	• Discuss	simulation	2020	
		care	nursing	Demonstration	Elsevier:	
		Observe the	care	and	https://se	
		required	- During	redemonstrati	rvice.else	
		preparation	insertion	on (prepare	vier.com/	
		for chest	- Following	equipment,	app/home	
		tube	insertion	assist during	/supporth	
		insertion,	- Removal	the procedure,	ub/epm/	
		care, and	Discuss the	perform	Chapter: 24	
		removal	complication	tracheostomy)	(Pages:	
		Image. Video	of chest tube		969-986)	
		equipment	Activity:			
		used for chest	Demonstrate			
		tube insertion,	procedures			
		care, and	for care of a			
		removal	patient with a			
			chest tube			