A Guide to Lippincott CoursePoint for Nursing Concepts

The Content You Trust for the Concepts You Teach

concepts.nursingeducationsuccess.com
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Dear Educator:

Thank you for your interest in Lippincott CoursePoint for Nursing Concepts! Whether you’re new to teaching in a concept-based curriculum or have years of experience, we’re confident that Lippincott CoursePoint for Nursing Concepts will help you meet your teaching goals and elevate your students’ learning experience.

Lippincott CoursePoint for Nursing Concepts stands apart from other concept-based products in the market by offering authoritative content in an integrated solution structured to support the way you teach—and the way your students learn. Our integrated content and learning tools, organized by concepts and supporting exemplars, include:

- A comprehensive library of eBook pages, journal articles, videos, animations, and many other resources
- Adaptive learning, powered by prepU, that helps each student master course concepts while giving you powerful data to measure your students’ progress every step of the way
- SmartSense links that connect students with additional information on a topic at the moment they need it, for just-in-time learning
- Lippincott Advisor for Education, which provides a collection of more than 8,500 evidence-based entries for Diseases and Conditions, Signs and Symptoms, Diagnostic Tests, Treatments, and Drug information

Our commitment to you and your students extends beyond the product to include student and faculty support. Lippincott CoursePoint for Nursing Concepts comes with a variety of instructor and student resources to support teaching and learning. The educational coaches and nurse educators on our Lippincott Customer Success team have firsthand experience in concept-based learning and will provide expert guidance to help you integrate Lippincott solutions into your curriculum.

We hope that this guide provides a clear introduction to our solution and provides inspiration as you explore opportunities for yourself and your students in a changing curriculum.

At Wolters Kluwer, we take pride in working closely with nurse educators like you to create solutions that work. We understand your needs and are here to help you guide your students to success in the classroom and a smooth transition to practice. Through our renowned textbooks and our digital solutions such as Lippincott CoursePoint, Lippincott DocuCare, Lippincott PassPoint, and vSim for Nursing, we are focused on providing solutions for today’s educator and learner to ensure student competency and confidence.

Sincerely,

Julie K. Stegman, Vice President and Publisher, Nursing Education
Wolters Kluwer
About Lippincott CoursePoint for Nursing Concepts

*Lippincott CoursePoint for Nursing Concepts* is the only digital solution to bring together the key elements of learning—knowledge acquisition, assessment and remediation, skills mastery, patient-centered learning, and real-world practice—to prepare nursing students for competent, confident practice. This comprehensive solution organizes digital course content by concepts and exemplars, incorporating eBook pages, up-to-date evidence-based information, adaptive learning powered by prepU, and interactive resources such as case studies, videos, and animations into a single connected experience.

This guide will walk you through *Lippincott CoursePoint for Nursing Concepts* so you can effectively use this solution in your teaching. You’ll learn about:

- Nursing programs that have successfully made the transition to a concept-based curriculum.
- The expert-authored content and learning resources included in *Lippincott CoursePoint for Nursing Concepts*, organized by concepts and exemplars.
- The wealth of built-in customization tools that allow you to modify the content to match your curriculum.
- The implementation and support tools provided by Wolters Kluwer to help you make the shift to a concept-based curriculum.
Transitioning from your existing curriculum to a concept-based solution can be an overwhelming task. Lippincott CoursePoint for Nursing Concepts can help you effectively manage this challenge and meet the needs of future nurses, better preparing them for practice. We’ve heard from faculty firsthand about making the transition.
“There was simply no way we could continue to cram all of the traditional nursing curriculum content into our two-year program. Concept-based learning was a way to alleviate that pressure on the faculty and to ensure our students were becoming the types of nurses most in-demand by the health care industry today.”

Taking the Leap into a Concept-Based Curriculum

Catherine Freeman is the Department Head of Health Sciences and Director of the Associate Degree Nursing Program at Western Piedmont Community College in Morganton, North Carolina.

Up until 2009, Western Piedmont Community College’s nursing program was following a very old curriculum. Over the past 30 years, we had been cutting it, pasting in, updating it, and inserting the things that were required by the North Carolina Board of Nursing and accreditation. It did not flow well, it was not contemporary, there was too much content, and it was not integrated.

At the same time, the North Carolina Community College System’s Office and the Board of Nursing were beginning to develop a statewide curriculum with the help of a three-year grant. So the Curriculum Improvement Project (CIP) was born. We jumped at the chance to implement a concept-based formula because it was a sign of the times, it was modern. It was a way to address the oversaturated content we had in our curriculum. There was simply no way we could continue to try to cram all of the traditional nursing curriculum content into our two-year program. Concept-based learning was a way to alleviate that pressure on the faculty and to ensure that our students were becoming the types of nurses most in-demand by the health care industry today.

The CIP committee conducted research on how other schools implemented this new curriculum and, with education in mind, decided to adopt it for all of the state’s community colleges. It just made sense.

From the fall of 2009 through 2010, we had two versions of the curriculum running while we were moving toward full integration of a concept-based program. The new concept-based approach incorporated all of the guidelines from the U.S. Centers for Disease Control and Prevention, the Institute of Medicine, and the National League for Nursing competencies. One of our goals was to use more active learning strategies, and the concept-based curriculum lends itself to that. The faculty was hesitant and scared; they didn’t know much about implementing curricula because up until that point, we had always done the same one—just revised or patched it up here and there. We had to start completely from scratch to go concept-based. It was a huge amount of work for everyone, but once we got going, we loved it—the students, the faculty, and the administration.

While we transitioned to this new curriculum, we also set up a new simulation lab. Combining concept-based elements in the classroom and in simulations enables students to participate in an active learning process through which they retain more information and can transfer that information more easily to various scenarios on the job.

Leveraging Lippincott
While teaching the old curriculum, we had our favorite books, but the information was scattered and not organized by concepts. When we began teaching the new curriculum, we adopted the first Lippincott...
concept-based solution—the predecessor to the current *Lippincott CoursePoint for Nursing Concepts*. We felt that one book simply could not cover all of the resources students needed, and the Lippincott concept-based solution provided the breadth of content we needed, organized in a way that aligned with our new curriculum.

When Wolters Kluwer introduced their new solution, *Lippincott CoursePoint for Nursing Concepts*, we made the switch right away. At first, some of the faculty were a little concerned about getting rid of print and using an entirely digital solution. We still keep a few print books for certain specialties in our workroom for students having trouble transitioning fully to digital, but we have found that very few students use print after using *Lippincott CoursePoint for Nursing Concepts*. It is easy to use and provides all of the content students and faculty need in one place. Our students have enjoyed using the adaptive learning by prepU feature, and faculty appreciate the reporting functionality that goes along with it. The fact that *Lippincott Advisor for Education* is included is another great feature. Our hospital, Carolina HealthCare System Blue Ridge, just adopted *Lippincott Advisor*. Giving students experience with the electronic tools they will encounter in practice is really valuable. We’re also using *Lippincott DocuCare*—integrating an educational electronic health record into our curriculum has provided students with another resource that will help them prepare for practice. Students will have to use electronic resources when they get to the hospital, so it makes sense to have them fully utilize digital resources during their studies as well.

In addition, the training support that is included with *Lippincott CoursePoint for Nursing Concepts* has been invaluable. The Lippincott Customer Success team helped us transition from the old to the new solution and provided training on customizing the site for our school.

**Improved Outcomes**

Since we adopted a concept-based curriculum, our outcomes have definitely improved. We’ve had good results on our NCLEX® scores. In the past year, [our scores] dipped a bit, but that is because we retained more students. Our overall three-year average is still above the national average. Our student retention increased significantly, for us that’s huge. In addition, hospitals are hiring our students immediately after their last semester in their clinical studies, and students are performing well in practice.

We took the leap into a concept-based curriculum, and it absolutely paid off—in spades.

“We felt that one book simply could not cover all of the resources students needed, and the Lippincott concept-based solution provided the breadth of content we needed, organized in a way that aligned with our new curriculum.”
“All In” with Digital Implementation
Michael Youngwood is one of two professors who teach across the curriculum as nurse educators at Haywood Community College in Clyde, North Carolina. Michael holds a Master of Science in Nursing Education and teaches First-Year Nursing, LPN to RN Transition, Second-Year Nursing, and Clinical Simulation.

I came from a traditional curriculum, as did many nurse educators. There was always too much content and not enough time to teach it. In addition to a lack of student engagement and preparedness for real life, the traditional format mostly consisted of inundating students with vast amounts of information without explaining how it fit into the bigger picture. Historically, there’s been a gap between the knowledge nursing students obtain in the classroom and the application of that knowledge, resulting in less critical thinking. That’s to the detriment not only of students but of patients as well. With the proliferation of technology, we [the faculty at Haywood Community College] couldn’t afford to be stuck in the days of antiquated nursing education. We needed something contemporary and designed for the 21st century—based learner: concept-based learning. Both the faculty and the board saw the benefits of this method. We needed a broader, non-linear way of looking at nursing and how to deliver care. Up until we adopted a concept-based curriculum, our faculty and administrators were struggling with how to best immerse our students in the learning process and prepare them for today’s field.

Going “All In”
I first learned of Wolters Kluwer’s digital solutions at a simulation conference. We had been searching for something that was electronic, but also student- and academic-friendly—and wasn’t cost prohibitive—and realized Wolters Kluwer had what we were looking for. When I was first exposed to their full curriculum solutions, including Lippincott CoursePoint for Nursing Concepts, what struck me the most was the seamless integration of its components. I immediately texted my director, saying, “We’ve got to adopt this; this is the missing component.”

Lippincott CoursePoint for Nursing Concepts is a seamless, easy-to-use digital course solution for nursing education. Students can access all their digital textbooks, resources, multimedia, peer-reviewed journals, and evidence-based clinical references in one place.”
peer-reviewed journals, and evidence-based clinical references in one place. The integrated prepU adaptive learning and quizzing for students also allows faculty to monitor their progress and identify areas of weakness early on.

When we rolled out Lippincott CoursePoint for Nursing Concepts, there was a growing process, of course, and we experienced some challenges in terms of changing our methodology and flipping the classroom. But the teachers soon understood how the pieces of the puzzle fell into place, how each semester built upon the previous, and how all of this contributes to the students’ understanding of the broader picture.

When we fully realized how these programs could literally transform our classroom and student learning, we were all in.

I’ve heard students say, “I’m sitting here waiting to pick my kids up and I’ve got my phone out and I’m doing prepU.” I never have to hold it over their heads or say, “You need to do this.” They’re going after it on their own.

In addition, we have vSim for Nursing and Lippincott DocuCare. I’ve used them both to flip the classroom, breaking up a class into several smaller groups to work on the same vSim case, then compare notes and learn collaboratively. The whole class gets the big picture because everyone has a hand in it. Plus, vSim for Nursing helps reinforce lessons learned in the simulation scenarios, which tremendously helps students’ critical thinking. Lippincott CoursePoint for Nursing Concepts gives our students the learning resources they need to be successful in the classroom—and when you combine that with virtual simulation and documentation, students have what they need to make a successful transition to practice.

I’ve told my students, “I am so proud of where you guys are.... You are thinking on a level that’s a semester or two beyond where you should be at this point.”

**Student Success as the Barometer**

Since we adopted a concept-based curriculum and Wolters Kluwer’s solutions, I have watched students’ critical thinking skyrocket. In addition:

- Within just two days of adopting adaptive learning, 10 students had answered 2,000 prepU questions; by the end of the 8-week session, they had answered 16,000. They were always asking for more.

- The class average for the LPN to RN transition cohort at graduation is 94.6%—11 to 12 percentage points higher than the year prior, before we started utilizing that curriculum.

- Class average for my traditional student cohort group of 45 is 92.2%—a number unheard of in this field.

Wolters Kluwer gave us the tools to facilitate 21st-century learning and find the missing pieces of the broader conceptual puzzle.

As educators, we have to decide: Are we going to sit in the wings and wait to see whether it’s going to happen, or are we going to be the leaders? We chose to be leaders, and that’s why we chose Wolters Kluwer.

“The teachers soon understood how the pieces of the puzzle fell into place, how each semester built upon the previous, and how all of this contributes to the students’ understanding of the broader picture.”
Preparing Students for Practice
Tola Plusnick, DNP, RN, CPNP, is the Assistant Director of the Associate Degree Nursing Program at Weatherford College in Weatherford, Texas and is a pediatric nurse practitioner.

As nursing schools transition to a concept-based curriculum, it’s important for faculty and administrators not to think back to their own nursing school education and compare the two methods of teaching. Instead, think back on how you worked as a nurse on the floor; so if you were on a cardiac floor, think about how you learned about the cardiac system. Because when you get out of nursing school, you realize you don’t know much at all if you simply look at what you learned in the classroom; instead, the way you learned a concept or system will be much more useful on the job.

Many of us used a block curriculum in nursing school—a fundamentals course, a medical-surgical (med-surg) nursing class with an obstetrics class, then another med-surg class with a pediatrics class, an advanced med-surg class, then clinical to go with each of those, in addition to a few other courses. Maybe sprinkle in pharmacology and mental health classes as well.

But today’s nurses are required to know so much more, and to learn it in a much shorter time; the content saturation often seems overwhelming, for both students and the faculty. And with many of the traditional curricula, there is a lot of repetition among the courses. At the same time, some important items fall through the cracks and don’t get covered at all. Today’s nurse also needs to be a generalist nurse, able to transfer his or her knowledge from one bedside scenario to another, which means there needs to be less compartmentalizing in the classroom. Moving toward a concept-based curriculum is really the only way to effectively teach students the material they need for the job and to equip them with the critical thinking and collaboration skills they will need to deliver the best patient care.

Challenges on the Road to a Concept-Based Curriculum
We transitioned to a concept-based curriculum after the Texas legislature mandated that all bachelor’s programs be no more than 120 credit hours, while the associate degree programs would be no more than 60 hours; we previously had a 72-hour program. The Texas Higher Education Coordinating Board used a grant to help build a concept-based curriculum that would meet the 60-hour requirement for an associate’s degree. Four members of our faculty were selected to join other nursing school faculty from around Texas to write the concepts and the curriculum.

There were many challenges as we moved toward this new curriculum. Because the goal of the concept-based method is to teach more broad concepts and utilize the exemplars to hone in on specifics within that concept, we lost many of our specialty courses—pharmacology, for one. That’s probably still the hardest change to accept and get accustomed to.

But it just makes sense to learn via a concept-based curriculum. The way I
and many other teachers learned was through a process that treated asthma as separate from emphysema, separate from bronchitis, and separate from whatever other disease process goes along with the respiratory system. Whereas in a concept-based curriculum, I could have just learned about oxygenation, then put all of those other pieces underneath that concept, and focused more on how those pieces are similar rather than different.

Despite the obvious need to embrace a concept-based curriculum and the increasing demand for the generalist nurse, our faculty was very reluctant to try something new. There originally was some excitement during the state curriculum-writing meetings, but the closer we got to implementation, the more fear crept in. We were all wondering how this was going to look. Some of the faculty also thought the new curriculum was coming to us turnkey-ready; you just had to open the box and it taught itself. Well, that’s not the case. Transitioning to a new curriculum requires work on everyone’s part, but it is definitely worth it—in terms of both how the students learn and the content saturation burden that is lifted from the faculty’s shoulders. And even though many faculty members lament the loss of some of their favorite specialty courses—using pharmacology again as an example—we are using the exemplars to help expose students to those specific topics.

Students sometimes expect to still sit in their chairs and be spoon-fed every bit of knowledge they need in a short time, without really needing to prepare. But they need to prepare and to be ready to immerse themselves in the lessons and to participate with this new method. That’s the only way they can truly absorb all of these concepts and make the necessary connections to see the bigger picture. Schools that adopt a concept-based curriculum also may need to persuade their students that they do actually know nursing—that they have learned what they need to learn and that this way of learning is not really a new concept. It’s the job of the faculty to help the students realize how breaking the traditional curriculum mold has truly transformed their learning process.

**The Lippincott Advantage**

We currently use a variety of different products to help facilitate our concept-based curriculum. We use Lippincott CoursePoint for Nursing Concepts and have adopted the version specifically developed for the state of Texas, which is customized to match the concepts in the Texas curriculum.

We’ve found a lot of value in the prepU adaptive learning component of Lippincott CoursePoint for Nursing Concepts. I can see that students are not just memorizing the information; as a result of using prepU, they are actually absorbing it.

I can’t say enough about the customer service at Lippincott, and about the Lippincott Customer Success trainers and other staff who have helped us. That’s a vital piece when you’re changing your entire curriculum—to have a guide there with you, holding your hand step-by-step as you transition to unfamiliar territory. Wolters Kluwer has done everything possible to make the transition as easy as possible for us; it has been a true partnership.”
Kluwer has done everything possible to make the transition as easy as possible for us; it has been a true partnership.

**Watching Students Grow**
Since we implemented this new curriculum, I have been very impressed with just how much students know. For example, hydrocephalus was an exemplar we recently used for intracranial regulation. We watched a portion of a video about a little girl who had extreme hydrocephalus, and then we were able to talk about the nursing care of that ailment. What would we do? How would that look? We were really able to walk all the way through discharge and case management in home care.

Learning those concepts and participating in the simulations has forced students to think more critically and creatively. It puts the onus on student nurses to come up with a diagnosis and interventions based on symptoms they are seeing, and they have a wide range of possible diagnoses because they have been studying concepts in a generalized way. They have to put the pieces gathered from the patient together, and that’s really what nursing is—putting the pieces together, in order to save lives.
Expert-authored content is the foundation for Lippincott CoursePoint for Nursing Concepts, with powerful technology that helps students maximize their learning from available readings, activities, and resources.
Adaptive learning by prepU provides students with the practice they want and need to master the content.

Lippincott CoursePoint for Nursing Concepts allows you and your students to access the content you need easily and instantly. Draw from dynamic learning resources including eBooks, journal articles, videos, animations, case studies, evidence-based point-of-care content, and adaptive learning questions.

The easy-to-navigate user interface in Lippincott CoursePoint for Nursing Concepts allows you to access a wide variety of content for each concept and its associated exemplars.

Exemplars within each concept provide a further breakdown of content topics.

Lippincott Advisor for Education grants access to up-to-date evidence-based information.

Each concept includes a definition and a variety of trusted resources organized for that concept.
The Lippincott CoursePoint Platform

*Lippincott CoursePoint*, the basis for your concepts solution, is a unique platform that combines the power of adaptive learning with the textbook and interactive resources. *Lippincott CoursePoint* creates a personalized learning experience that drives students to immediate remediation in the textbook or clinical content in *Lippincott Advisor for Education*.

The CoursePoint experience mimics how students already study, giving them the tools to study more effectively, to focus their time in more targeted ways, and to understand and apply the course materials.

Students begin with assigned readings in their eBooks, and then complete adaptive learning assessments. These assessments can be assigned by concept, topic, or chapter (for select books in *Lippincott CoursePoint for Nursing Concepts*). As students discover areas where they haven’t yet mastered the materials, SmartSense links direct them to remediation in their eBooks, where they can read about the topics and immediately access links to related videos, animations, and other learning materials, or in *Lippincott Advisor for Education*, a trusted source of clinical information used in hospitals across the country.

Keep reading to learn more about the advantages of eBooks, adaptive learning powered by prepU, and the other digital course content included in *Lippincott CoursePoint for Nursing Concepts*.

**eBooks**

*Lippincott CoursePoint for Nursing Concepts* delivers premium eBook content, organized by concepts and exemplars. With either the 6-book solution or the premium 8-book solution, concepts and exemplars link to relevant readings from leading Wolters Kluwer textbooks in the following traditional course areas:

- Fundamentals of Nursing
- Medical-Surgical Nursing
- Maternity and Pediatric Nursing
- Pathophysiology
- Pharmacology
- Psychiatric-Mental Health Nursing
- Assessment (premium solution only)
- Leadership and Management (premium solution only)
Your students have access to expertly authored course content in a format that facilitates interactive learning and engages your students in ways the printed page simply can’t. View related videos and animations in the context of the text. Highlight text and share notes with your students to provide up to the minute research, or use the real-time performance data from adaptive learning assignments to point your class toward areas where they need more focus—keeping content current and dynamic.

Adaptive Learning Powered by PrepU
Adaptive learning powered by prepU provides students with the practice they want and need—at their own time and based on their level of understanding. The adaptive nature of prepU means that each student’s experience is different. It is designed to provide students with an environment in which they can effectively and efficiently practice and master course
content. Practice quizzes adapt to each student’s knowledge level, becoming more difficult as the student masters each nursing topic.

Quizzes for adaptive learning for *Lippincott CoursePoint for Nursing Concepts* can be based on nursing concept, client need, or chapters for select textbooks.

As students progress through the quizzes, Wolters Kluwer’s highly respected nursing content is available to students at the moment they confirm they don’t understand a concept. Remediation is immediate and directs students to text content, to evidence-based content, or to interactive resources to help them understand, apply, and retain critical course material.
NCLEX® Preparation using Adaptive Learning

*Lippincott CoursePoint for Nursing Concepts* features adaptive learning powered by prepU, an assessment tool that leads to higher long-term retention of concepts studied. The more students use prepU the better they perform in every aspect of the courses they take, so they are better able to correctly answer more difficult questions. Independent research also shows that prepU users had a **10% higher first time passing rate on the NCLEX®-RN** than the national average. Visit [thepoint.lww.com/efficacy](thepoint.lww.com/efficacy) for more information.

“Students who used prepU in the summer raised their test scores by 20 points!”

-Connie Houser, MS, RNC-OB, CNE
Central Carolina Technical College

Both you and your students can access detailed performance data for multiple classes or for individual performance. Use this insight to help direct future study efforts or time in class effectively, and more easily monitor each student’s progress, strengths, and weaknesses.
**Integrated Digital Course Content**

We understand that nursing faculty use every available resource to engage students and bring difficult concepts into focus. So in addition to the eBooks and adaptive learning content, you’ll find videos, animations, interactive case studies, and many other course materials from your *Lippincott CoursePoint for Nursing Concepts* library of nursing products, all organized by concept and exemplar to support and extend students’ understanding of the topic. Digital course assets are grouped under headings that convey the goals of the materials, spanning from knowledge acquisition to real-world practice:

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<th>Heading</th>
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<td>Dosage Calculation Quizzes</td>
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<td>Patient-Centered Learning</td>
<td>Nursing Professional Roles and Responsibilities</td>
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<td></td>
<td>vSim for Nursing Patient Scenarios (available to adopters of vSim for Nursing)</td>
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<tr>
<td>Real-World Practice</td>
<td>Lippincott Advisor for Education</td>
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Refer to the “Resources by Concepts and Exemplars” section on page 41 for a complete list of resources.
Lippincott Advisor for Education

Lippincott Advisor for Education is a collection of evidence-based content used in hospitals across the country. In the clinical setting, this synoptic reference provides practicing nurses with instant access to the latest evidence-based information at the point of care. When this resource is used in the education setting, instructors can be confident that they are providing their students with the most up-to-date information possible, while giving students valuable experience with the same point-of-care content they will encounter in practice. Written by nurses for nurses, Lippincott Advisor for Education is an expanding collection of more than 8,500 evidence-based entries that cover:

- Diseases and conditions
- Signs and symptoms
- Diagnostic tests
- Treatments
- Drug information
- Nursing diagnosis care plans
- Patient teaching handouts
- Hospital-acquired conditions
- National guidelines
- Sentinel events

Students can browse by topic or category, scroll through alphabetical lists of documents, or perform a search to identify a particular document. Each entry includes extensive cross-reference hypertext links between and within content sets.
In addition, many exemplars link directly to the related monograph in *Lippincott Advisor for Education* for immediate access to clinical information on specific diseases and conditions.
**Additional Learning Resources**

The student learning experience can be further enhanced by adopting **vSim for Nursing**, our virtual simulation solution; **Lippincott DocuCare**, our educational electronic health record (EHR); and **Lippincott PassPoint**, an online, adaptive learning resource designed to help students succeed on the NCLEX®.

**vSim for Nursing**

*vSim for Nursing*, co-developed by Laerdal Medical and Wolters Kluwer, is designed to simulate real nursing scenarios; it allows students to interact with patients in a safe, realistic environment and is available anytime, anywhere. Online, interactive virtual simulations with integrated curriculum resources provide a full simulation learning experience for every student. Students have access to suggested reading material from trusted Lippincott sources, pre-simulation
and post-simulation quizzes, documentation assignments that can be used with *Lippincott DocuCare*, and guided reflection questions to gauge student understanding and support improved competence through remediation. The virtual simulation is student-directed, with a variety of nursing actions, for an individualized learning experience. Actions during the simulation are recorded, resulting in a personalized feedback log to help each student identify areas of strength or needed improvement.

*vSim for Nursing* | *Medical Surgical* scenarios can be accessed through the integrated *vSim for Nursing* tab from your Concepts Library or any Concept Collection. Select vSim scenarios are also linked directly from the Patient-Centered Learning heading in relevant concepts and exemplars. For schools that adopt vSim, student progress for prepU and vSim can be tracked through one seamless interface.
This innovative digital solution integrates nearly 200 patient scenarios with web-based academic EHR simulation software, allowing students to learn how to use an EHR in a safe, true-to-life setting while enabling instructors to measure their progress. *Lippincott DocuCare’s non-linear solution works well in the classroom, the simulation lab, and clinical practice. Rather than just teaching documentation, *Lippincott DocuCare teaches nursing content in the context of a patient record for a richer, real-world experience. Pre-populated patient charts cover the entire nursing curriculum with a variety of diseases, conditions, and demographics, and faculty and students can easily create their own patient records. An ideal teaching tool, *Lippincott DocuCare lets you interact with students, track their progress, and focus your teaching strategy using evaluation tools, pre-populated cases, and a unified simulation experience.

Lippincott DocuCare can be launched directly from the Lippincott CoursePoint for Nursing Concepts home page for schools that have adopted this solution.
Lippincott NCLEX-RN PassPoint

*Lippincott NCLEX®-RN PassPoint* is a personalized and comprehensive learning system designed to help students fully prepare for the NCLEX®-RN. *Lippincott PassPoint* provides students with multiple outlets for individualized review, quizzing, and practice, helping to pinpoint areas that require additional focus. For instructors, *Lippincott PassPoint*’s reports, question library, and assignment engine combine to provide class-wide and student-specific insights and details, which can be used to help steer class learning and guide interventions for struggling students.

With Lippincott PassPoint, students can take independent, simulated exams that are adaptive by question — just like the exam! They can see collective exam results so they can benchmark their NCLEX® success across multiple exams and prioritize areas for further practice in the practice quizzes.
Lippincott CoursePoint for Nursing Concepts delivers all of this trusted content in a customizable library of concepts and exemplars that can be modified to match your curriculum.
The core Concept Library in *Lippincott CoursePoint for Nursing Concepts* contains 58 commonly taught concepts and nearly 400 supporting exemplars that can be renamed, moved, merged, hidden, added to, and adjusted, giving you and your institution the freedom to choose the concepts and exemplars most relevant to your students while supporting them with trusted publisher-provided content. The complete list of concepts and exemplars in the core Concept Library can be found on page 42, along with the related concept definitions.

**Customization Features**

The Concept Library for *Lippincott CoursePoint for Nursing Concepts* offers numerous customization features, allowing you to modify the standard concepts and exemplars provided in *Lippincott CoursePoint for Nursing Concepts* to match the concepts and exemplars selected for your school’s curriculum. Faculty members with Concept Administrator rights can modify, remove, hide, or update all concepts, exemplars, definitions, and resources to build a customized Concept Library. Edits made to the Concept Library...
determine how content appears to all users within your institution.

**Concept Collections**

Concept Collections allow you to structure the content in *Lippincott CoursePoint for Nursing Concepts* to align with your curriculum in a way that is meaningful to you and to your students. You may choose to organize the content by course, by semester, by year, or according to categories such as NCLEX® preparation, nursing competencies, multimedia resources, and any other category you choose. Creating Concept Collections can focus your students on the concepts and exemplars they are learning at a specific point in time or can be used to group concepts with similar characteristics.
Making the shift to a concept-based curriculum can be exciting and rewarding, but we realize that it takes time and can sometimes feel overwhelming. You’re not alone in this change, and we have the implementation tools and support to help you make the transition.
Implementation Tools
The following instructor resources (available via the “Access Instructor Resources” link on your Concepts Home Page) can help you successfully integrate *Lippincott CoursePoint for Nursing Concepts* into your program:

- **Instructor User’s Guide** – Follow step-by-step instructions to navigate the site, create classes and track student progress, create and edit Concept Collections, and more.

- **Library Administrator User’s Guide** – Learn how to customize the concepts, exemplars, and resources in *Lippincott CoursePoint for Nursing Concepts* to match your institution’s curriculum and meet the needs of your program. (For lead instructors designated as Library Administrators only.)

- **System Requirements** – Ensure that *Lippincott CoursePoint for Nursing Concepts* runs smoothly on your computer by adhering to the System Requirements.

- **Getting Started Training Videos** – Build your confidence with *Lippincott CoursePoint for Nursing Concepts* by accessing our brief, modular, and searchable on-demand training videos.

- **Getting Started Webinars** – Our live and interactive webinars led by our Training Coaches offer you fundamental training to get you started using *Lippincott CoursePoint for Nursing Concepts*. When completed, you will have a solid foundation that prepares you to participate in course integration classes led by our Nursing Education Consultants.

- **Strategies for Effective Teaching** – Our Strategies for Effective Teaching provide you with tips and techniques that enhance your teaching.

- **Comprehensive List of Resources by Concepts and Exemplars** – Prepare for your classes with this comprehensive spreadsheet that identifies all of the assets and resources for each concept and exemplar. This
Microsoft Excel workbook lists all of the textbook pages, materials, vSim for Nursing scenarios, and links on the Lippincott CoursePoint for Nursing Concepts site to help you create your reading lists and select the course content you want to use with your students.

- **Lippincott DocuCare Patient Record Maps** – For schools that have adopted Lippincott DocuCare in their programs: Use this spreadsheet as a guide for which concepts and exemplars align most closely with each of the pre-populated patient records in Lippincott DocuCare.

- **Case Studies and Answers** – Peruse our library of Case Studies and Answers, organized by concepts.

- **Test Generator** – Create comprehensive exams with the extensive Lippincott CoursePoint for Nursing Concepts, which includes over 10,000 questions from 8 core course areas, organized by concepts, textbook, client needs, and integrated process.

The Comprehensive List of Resources by Concepts and Exemplars identifies all of the eBook readings and other resources provided for each concept and exemplar.
Lippincott Customer Success

Customer Success
The Lippincott Customer Success team is comprised of Nursing Education Consultants (NECs), Training Coaches and Product Trainers. Their goal is to provide a complete training program to ensure your success as you transition to a concept-based curriculum. From the first day of faculty onboarding through the final exam, from your students’ preparation for NCLEX® through their readiness for professional practice, we are here to support you.

We’ll be with you as you get started with the technology. To ensure your successful product integration, a dedicated Training Coach will work with you to develop a personalized training program tailored to your curriculum, faculty comfort level and experience with technology, and preferences for training delivery.

Our Lippincott Customer Success Team offers you expert guidance every step of the way—from basic orientation to advanced training. We recognize that learning a new digital solution takes coordinated pacing as well as grounding in real-life experiences for both faculty and students.

Our Preferred Services include the following:

- **A training coach** is assigned to you to personally coordinate the pace of your instruction using your preferred learning method.

- Our **on-demand videos** provide a convenient option for you to access valuable training, anytime, anywhere. Our videos are brief, modular, and searchable so you can start and stop at any time. Student videos are available as well.

- **Getting Started Webinars** are live and interactive virtual training classes led by our Training Coaches. They offer you fundamental training to get you started using our digital resources. When completed, you will have a solid foundation that prepares you to participate in course integration classes led by our Nursing Education Consultants.

- **Course Integration Webinars** provide critical, next-level learning. These live and interactive webinars are led by your peers. Our Nursing Education Consultants are expert users of our digital resources, allowing them to demonstrate tested strategies for how you can incorporate digital resources into your courses. The end result is an active learning environment for your students with improved outcomes. We offer these classes on site as well.

- A series of **Professional Development Webinars** is offered every semester, led by our Nursing Education Consultants. These ongoing education classes are designed to provide you with new strategies as you continue to transform your courses.

- The **Lippincott Digital Ambassador Program** is designed for faculty who demonstrate a keen interest in digital learning and are willing to support their peers as they expand their interest and skill set. In addition to sharing with peers how to effectively use our digital products, Lippincott Digital Ambassadors will also be provided the opportunity to develop and share their teaching strategies for motivating and encouraging others to expand their best practices when integrating digital learning solutions.

- **Ask an Expert** offers consultation with our team of Nursing Education Consultants via email or phone to offer additional training strategies unique to your needs.
Technical Support
Wolters Kluwer is pleased to offer support if you need assistance with *Lippincott CoursePoint for Nursing Concepts* or any of our other digital products. Our knowledgeable Online Product Support team can be reached by phone, at 1.800.468.1128 or 1.301.223.2344, or via email to techsupp@lww.com. Live help is available at the following times:

- Monday–Thursday: 8:00 a.m. to 12:00 a.m. EST
- Friday: 8:00 a.m. to 7:00 p.m. EST
- Sunday: 4:00 p.m. to 12:00 a.m. EST

“Moving to a concept-based curriculum is really the only way to effectively teach students the material they need for the job and to equip them with the critical thinking and collaboration skills they will need to deliver the best patient care.”

Tola Plusnick, DNP, RN, CPNP, Assistant Director of the Associate Degree Nursing Program, Weatherford College
Changing to a new curriculum model is no small task, but you can count on Lippincott CoursePoint for Nursing Concepts to provide the content and tools to support you and your students. Take a few minutes to explore this section and discover all of the materials made available in Lippincott CoursePoint for Nursing Concepts, and browse the complete list of concepts and exemplars included in our core product.

**Note:** The “Concept Definitions with Exemplars” section lists all of the concepts and exemplars included in the standard and premium versions of Lippincott CoursePoint for Nursing Concepts. This list does not reflect the concepts and exemplars contained in state-specific versions of the product.
Integrated Products

- **eBooks**

  - Taylor, Lillis, LeMone, & Lynn: *Fundamentals of Nursing: The Art and Science of Nursing Care*
  - Hinkle & Cheever: *Brunner & Suddarth’s Textbook of Medical-Surgical Nursing*
  - Ricci, Kyle, & Carman: *Maternity and Pediatric Nursing*
  - Karch: *Focus on Nursing Pharmacology*
  - Porth: *Essentials of Pathophysiology: Concepts of Altered Health States*
  - Videbeck: *Psychiatric–Mental Health Nursing*
  - Marquis & Huston: *Leadership Roles and Management Functions in Nursing: Theory and Application* (Premium solution only)
  - Weber & Kelley: *Health Assessment in Nursing* (Premium solution only)

- Adaptive Learning Powered by prepU for Lippincott CoursePoint for Nursing Concepts

- Lippincott Advisor for Education

- vSim for Nursing (if adopted separately)

- Lippincott DocuCare (if adopted separately)
Resources Organized by Concepts and Exemplars

- Over 2,500 unique textbook readings, with direct links to the eBooks
- More than 500 evidence-based journal articles
- 38 Concepts in Action Animations
- 98 Watch & Learn Videos
- 47 Practice & Learn Interactive Case Studies
- 6 Interactive Tutorials
- Dosage Calculation Quizzes
- Internet Resources (web links) for 62 different topics
- Spanish-English Audio Glossaries
- Nursing Drug Handbook App
- Heart & Breath Sounds
- Moving Viewing Guides
- Nursing Interview Guides
- Physical Assessment Guides
- Nursing Professional Roles and Responsibilities

vSim for Nursing scenarios for the following areas (requires separate adoption)
  - Fundamentals
  - Maternity and Pediatric
  - Medical-Surgical
  - Pharmacology
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<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
<th>Exemplars</th>
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</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>Accountability is being morally responsible for the consequences of personal actions. The nurse is accountable for the care provided to clients and the responsibilities associated with being a professional (Marquis &amp; Huston, 2012).</td>
<td>• Competence • Professional Development</td>
</tr>
<tr>
<td>Acid-Base</td>
<td>Acid-base refers to the balance of hydrogen and bicarbonate ions within the body (the acidity and alkalinity of body fluids). An arterial blood gas (ABG) analysis is used to determine blood pH, and homeostatic mechanisms regulate acid-base levels to keep the pH within a normal range. Acid-base imbalances occur when the pH of the blood falls outside the range 7.35 to 7.45. These imbalances can be respiratory or metabolic in origin. Managing acid-base balance is an important role of the nurse, especially in high-acuity settings (Braun &amp; Anderson, 2011).</td>
<td>• Acid-Base Balance • Respiratory and Metabolic Acidosis • Respiratory and Metabolic Alkalosis</td>
</tr>
<tr>
<td>Advocacy</td>
<td>Advocacy means to protect and defend what others believe (Macmillan Dictionary, 2009). An important role in health care professions, the nurse acts as an advocate by protecting the personal rights of clients and providing all necessary information so that clients are able to make informed decisions. The nurse also advocates for others unable to make decisions for themselves, as well as for the nursing profession (Marquis &amp; Huston, 2012).</td>
<td>• Patient-Centered Care • Patients’ Rights • Protecting Vulnerable Populations</td>
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<tr>
<td>Assessment</td>
<td>Assessment is the first phase of the nursing process in which the nurse collects subjective and objective data to identify actual or potential client health problems (Craven &amp; Jensen, 2013).</td>
<td>• Assessing Abnormal • Assessing Normal • Holistic Health Assessment Across the Life Span</td>
</tr>
<tr>
<td>Behaviors</td>
<td>Behaviors are actions that promote, maintain, or restore health (Hinkle &amp; Cheever, 2014). Maladaptive behaviors involve patterns of actions that result in physiological and/or psychological problems for clients. Nurses caring for clients with maladaptive behaviors use therapeutic treatment modalities in an effort to reverse these actions.</td>
<td>• Addiction • Alcohol Abuse • Assaultive Behaviors • Nicotine Use • Perinatal Substance Abuse • Substance Abuse</td>
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<tr>
<td>Caring</td>
<td>Caring is considered to be a core value of the nursing profession. Caring behaviors demonstrate the nurse’s willingness to give both time and effort to meet the physical and emotional needs of clients and families (Mohr, 2013).</td>
<td>• Caring Behaviors</td>
</tr>
<tr>
<td>Caring Intervention</td>
<td>Caring interventions are actions performed by the nurse while meeting the physical and emotional needs of clients and families (Taylor et al., 2011). These actions enable the achievement of specific client outcomes and are based on previous experience and a professional body of knowledge.</td>
<td>• Blood Transfusion&lt;br&gt;• Central Lines&lt;br&gt;• Chest Tubes&lt;br&gt;• CNA I Skills&lt;br&gt;• Enemas&lt;br&gt;• Foley Catheterization&lt;br&gt;• Gastrostomy (G) Tubes&lt;br&gt;• Holistic Physical Assessment Including Vital Signs&lt;br&gt;• IV Medications&lt;br&gt;• Medication Administration&lt;br&gt;• Mobility Techniques&lt;br&gt;• Nasogastric (NG) Tubes&lt;br&gt;• Nasopharyngeal/Oral Suctioning&lt;br&gt;• Personal Hygiene&lt;br&gt;• Starting an IV&lt;br&gt;• Sterile Technique&lt;br&gt;• Tracheostomy Care (Suctioning)&lt;br&gt;• Wound Care: Ostomy, Surgical, Pressure</td>
</tr>
<tr>
<td>Cellular Regulation</td>
<td>Cellular regulation is a broad term that encompasses the growth and replication process of cells. This regulation is aimed at maintaining homeostasis, which is a steady state within the body. The nurse must understand how alterations in cellular regulation can affect health and disease in the clients receiving care (Braun &amp; Anderson, 2011).</td>
<td>• Anemia&lt;br&gt;• Breast Cancer&lt;br&gt;• Cancer&lt;br&gt;• Colon Cancer&lt;br&gt;• Leukemia&lt;br&gt;• Lung Cancer&lt;br&gt;• Prostate Cancer&lt;br&gt;• Sickle Cell Anemia&lt;br&gt;• Skin Cancer</td>
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| Clinical Decision Making| Clinical decision making is the process used by the nurse to identify client problems using assessment, then planning and implementing the most appropriate interventions to achieve specified outcomes. These outcomes are then evaluated for effectiveness. Nurses must possess clinical decision-making skills to provide safe and effective nursing care (Craven & Jensen, 2013). | • Critical Thinking  
• Decision Making  
• Nursing Process  
• Problem Solving                                                                                                                                   |
| Cognition               | Cognition is the processing, retention, and use of information so as concentrate, learn, and solve problems (Videbeck, 2014). Nurses caring for clients with disruptions of cognition may encounter problems with orientation, attention, memory, vocabulary, calculation ability, and abstract thinking (Mohr, 2013). | • Alzheimer’s Disease/Dementia  
• Confusion  
• Delirium  
• Schizophrenia                                                                                                                                          |
| Collaboration           | Collaboration is the act of assembling and directing activities to provide services harmoniously (Craven & Jensen, 2013). The nurse, as a member of the health care team, uses collaboration to ensure quality care with achievable client outcomes. | • Case Management  
• Chain of Command  
• Conflict Resolution  
• Interdisciplinary Communication  
• Interdisciplinary Teams  
• Management Theories                                                                                                                                       |
| Comfort                 | Comfort is a sense of mental, physical, or social well-being (Hinkle & Cheever, 2014). Nurses play a key role in providing comfort measures to clients receiving care and in evaluating those measures for effectiveness. | • End-of-Life Care  
• Fatigue  
• Fibromyalgia  
• Pain: Acute and Chronic  
• Sleep-Rest Disorders                                                                                                                                             |
| Communication           | Communication is a process by which information is exchanged by senders and receivers using multiple methods. The nurse uses communication while caring for clients and families, and with other members of the health care team (Mohr, 2013). | • Assertive Communication  
• Documentation  
• Group Process  
• Reporting  
• Therapeutic Communication                                                                                                                                            |
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<th>Concept</th>
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| Critical Thinking | Critical thinking is a disciplined and systematic process that is based on the ability to collect data, reflect on the data collected, and make appropriate conclusions and/or decisions. Nurses must use critical thinking skills in all aspects of client care to ensure the attainment of identified outcomes (Craven & Jensen, 2013; Taylor et al., 2011).   | • Clinical Decision Making  
• Concept Mapping                                                                                                                                  |
| Culture      | Culture refers to the human behaviors and social characteristics exhibited by an identified group, and these traits are then passed down through generations. Nurses must understand the impact of cultural influences on client beliefs and health care practices to provide appropriate care and education (Taylor et al., 2011).                                                                 | • Acculturation  
• Cultural Sensitivity/Multiculturalism  
• Discrimination  
• Health/Health Care Disparity  
• Religion  
• Stereotyping  
• Values, Beliefs                                                                                                                                  |
| Development  | Development is the process of change during a person’s life (Craven & Jensen, 2013). During this process, increases in both mental and physical abilities should occur (Pillitteri, 2014). The nurse must be aware of the client’s developmental stage to provide appropriate care and education.                                                                                   | • Attention Deficit Hyperactivity Disorder (ADHD)  
• Autism  
• Cerebral Palsy  
• Down Syndrome  
• Failure to Thrive                                                                                                                                     |
| Diversity    | Diversity refers to the differences between people based on a shared set of beliefs, customs, and lifestyles (American Nurses Association Position Statement, 1991). Nurses must be sensitive to diversity by not imposing personal beliefs on others, avoiding stereotyping, and recognizing the impact that these differences may make on clients’ health care decisions and practices (Taylor et al., 2011). | • Abilities  
• Age  
• Gender  
• Individual Life Experiences  
• Race  
• Sexual Orientation  
• Vulnerable Populations                                                                                                                                   |
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| Elimination      | Elimination refers to the secretion and excretion of body wastes (Craven & Jensen, 2013). The nurse plays an important role in establishing and maintaining proper elimination patterns while caring for clients.                  | • Benign Prostatic Hypertrophy  
• Bladder Incontinence and Retention  
• Bowel Incontinence  
• Constipation/Impaction  
• Irritable Bowel Disease  
• Kidney Stones  
• Urinary Incontinence and Retention |
| Ethics           | Ethics is the systematic study of what a person’s conduct and actions should be with regard to self, other humans, and the environment (Marquis & Huston, 2012). Nurses use ethical conduct and decision making to guide actions during client care and to represent nursing as a moral profession in society. | • ANA Code of Ethics  
• Ethical Dilemmas  
• Ethical Principles  
• ICN Code of Ethics  
• Patient Rights                                                                                       |
| Evidence-Based Practice | Evidence-based practice refers to nursing care that is supported by scientific evidence rather than traditional or preferential decisions (Taylor et al., 2011). Nursing, as a profession, must embrace this approach to health care, participate in research, and use research findings to establish new best practice evidence. | • Best Practices  
• Community Preferences  
• Develop a Question  
• Identifying Clinical Questions  
• Individual Preferences  
• Patient Care Guidelines                                                                                     |
| Family           | Family is a broad term used to describe “two or more persons who are joined together by bonds of sharing and emotional closeness” (Harkness & DiMarco, 2012). The nurse cares for both clients and families in various health care settings, and must understand the family structure as well as individual family members’ roles to provide appropriate care. | • Community Support  
• Family Dynamics  
• Family Response to Health Alterations  
• Family Response to Health Promotion  
• Family Structure and Roles  
• Family-Centered Care                                                                                     |
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| Fluids & Electrolytes| Fluid and electrolyte balance requires the regulation of fluid and electrolytes in a dynamic process that is crucial for homeostasis and life. Nurses encounter potential and actual alterations in fluid and electrolyte balance in all types of clients and health care settings, and nurses play an important role in ensuring that the intake of fluid and electrolytes is balanced by the output of both from the body (Hinkle & Cheever, 2014). | • Acute Renal Failure  
• Chronic Renal Failure  
• Electrolyte Balance  
• Fluid Balance  
• Shock                                                                    |
| Grief & Loss         | Grief encompasses subjective emotions that occur in response to a loss in one's life. Loss is a part of the life cycle and is experienced in the form of change, growth, and transition (Hinkle & Cheever, 2014). Loss may be planned, expected, or sudden and can be beneficial, devastating, and debilitating (Videbeck, 2014). The emotional responses in grief are experienced in different ways, and when the grieving process is not completed, psychological and physiological health issues can occur (Hinkle & Cheever, 2014). The nurse plays a role in facilitating the grieving process while caring for clients and families. | • Anticipatory Grieving  
• Children's Response to Loss  
• Death and Dying  
• Elder's Response to Loss  
• Perinatal Loss  
• Response to Loss Across the Life Span  
• Situational Loss                                                                                                           |
| Health Care Systems  | Health care systems are social, political, and economic structures in place for the delivery of health care services. Each health care system has established processes for the delivery of services, and the role of the nurse may vary within the types of settings in which care is provided (Hinkle & Cheever, 2014).                                                                                     | • Access to Health Care  
• Allocation of Resources  
• Diagnosis-Related Groups  
• Disaster and Emergency Preparedness  
• Nursing Care Delivery Systems  
• Primary, Secondary, and Tertiary Care  
• Resource Utilization                                                                                                       |
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</table>
| Health Policy           | “Health policy refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society” (White & Lippitt, 1960). These policies can provide guidelines for achieving outcomes, as well as identify roles for specific groups of people. Nurses must be aware of ways to influence health policy and the implications of policy change on health care options. | • Access to Health Care  
• Accrediting Bodies (TJC)  
• Healthy People 2010/2020  
• Professional Organizations  
• Regulatory Agencies (OSHA, Licensure, DHHS, DHSR)  
• Types/Systems of Reimbursement |
| Health, Wellness, & Illness | Health, wellness, and illness are terms related to a continuum of states that clients may experience throughout all stages of life. “Health is a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity” (Harkness & DiMarco, 2012, p. 45). Wellness is a dynamic balance of the physical, psychological, social, and spiritual aspects of a person’s life (Craven, Hirnle, and Jensen, 2013). “Illness is an abnormal process in which any aspect of the person’s functioning is altered, in comparison to the previous condition of health” (Taylor et al., 2011, p. 42). | • Adjustment to Health and Illness  
• Alternative Therapies  
• Consumer Education/Prevention Exercise  
• Health Beliefs (Individual/Cultural)  
• Hospitalized Individual  
• Immunizations  
• Lifestyle Choices  
• Normal Sleep and Rest Patterns  
• Nutrition  
• Oral Health  
• Physical Fitness  
• Screening  
• Self-Management  
• Wellness/Ilness Continuum |
| Illness                  | “Illness is an abnormal process in which any aspect of the person’s functioning is altered, in comparison to the previous condition of health” (Taylor et al., 2011, p. 42). | • Health-Illness Continuum  
• Psychosocial Response to Illness |
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<tr>
<td>Immunity</td>
<td>Immunity refers to the body’s protective response to infection and disease (Hinkle &amp; Cheever, 2014). The nurse must be knowledgeable regarding active and passive immunity, as well as the effects of alterations in immune function for clients receiving care.</td>
<td>• HIV/AIDS  &lt;br&gt; • Hypersensitivity  &lt;br&gt; • Immune Response  &lt;br&gt; • Lupus  &lt;br&gt; • Rheumatoid Arthritis  &lt;br&gt; • Transplant Rejection</td>
</tr>
<tr>
<td>Infection</td>
<td>Infection, or infectious disease, is a state of tissue destruction resulting from invasion of microorganisms into the body (Braun &amp; Anderson, 2011). Nurses play an important role in the prevention, detection, and treatment of infection for clients receiving care.</td>
<td>• Antibiotic-Resistant Infection  &lt;br&gt; • Cellulitis  &lt;br&gt; • Conjunctivitis  &lt;br&gt; • Influenza  &lt;br&gt; • MRSA  &lt;br&gt; • Nosocomial Infection  &lt;br&gt; • Otitis Media  &lt;br&gt; • Pneumonia  &lt;br&gt; • Septicemia  &lt;br&gt; • Tuberculosis (TB)  &lt;br&gt; • Urinary Tract Infection (UTI)</td>
</tr>
<tr>
<td>Inflammation</td>
<td>Inflammation, or inflammatory response, is the body’s protective response to injury, allergens, or infection. With infection, this response eliminates pathogens, and with injury, it allows for tissue repair (Taylor et al., 2011). Nurses must identify clients at risk for inflammation as well as provide treatment for clients experiencing inflammatory responses to infection or injury.</td>
<td>• Appendicitis  &lt;br&gt; • Gallbladder Disease  &lt;br&gt; • Inflammation Process  &lt;br&gt; • Inflammation Response  &lt;br&gt; • Inflammatory Bowel Disorders and Diseases  &lt;br&gt; • Nephritis  &lt;br&gt; • Pancreatitis  &lt;br&gt; • Peptic Ulcer Disease</td>
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</table>
| **Informatics**        | Informatics, or nursing informatics, as defined by the American Nurses Association (ANA), is a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, and knowledge in nursing practice (American Nurses Association, 2000). Nurses, as well as other members of the health care team, use informatics to improve safe client care and communicate to other disciplines. | • Clinical Decision-Making Support Systems  
• Computer-Based Reminder Systems  
• Computers in Health Care Organizations  
• Electronic Health Records  
• Individual Information at Point of Care |
| **Intracranial Regulation** | Intracranial regulation involves the processes that affect equilibrium within the brain and, therefore, neurological function (Pellico, 2013). Nurses must understand the impact of alterations in intracranial regulation to provide effective client care. | • Increased Intracranial Pressure  
• Seizures |
| **Leadership/Management** | Leadership and management are skills nurses need to motivate and direct members of the health care team to provide safe and effective client care. Ward’s (2009) definition of leadership as “the art of motivating a group of people to act towards achieving a common goal” demonstrates that effective leadership depends on the wish of others to follow the leader, often because of personality traits and/or charismatic qualities (Marquis & Huston, 2012, p. 31). Management is the process of leading and directing through the deployment and manipulation of resources (Marquis & Huston, 2012). Management is often formalized through titles, positions, and authority, but these do not always ensure leadership. | • Cost-Effective Care  
• Delegation  
• Interdisciplinary Collaboration  
• Leadership Principles  
• Mentoring  
• Skills/Personal Traits  
• Workplace Goals |
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</table>
| Legal Issues | Legal issues involve legislation and laws that are in place to protect the client and the nurse. These sources include constitutions, statutes, administrative agencies, and court decisions. The boundaries for nursing practice are defined in the Nurse Practice Act of each state. The nurse must practice within these prescribed boundaries, as well as be aware of what constitutes malpractice or professional negligence. Other legal issues that nurses must understand are related to informed consent, documentation, incident reporting, the Patient Self-Determination Act, and licensure (Marquis & Huston, 2012). | • Advance Directives  
• Civil Law  
• Criminal Law  
• Duty to Care  
• HIPAA  
• Licensure  
• Nursing Practice Act  
• Obligation to Report  
• Professional/Unprofessional Conduct  
• Risk Management  
• Whistle Blowing |
| Managing Care| Managing care is required of all nurses, even new graduates, as it begins with the care of individual clients. Nurses become proficient in performing and directing client care, and then begin to visualize the activities involved in managing the work environment and, finally, the larger organization. Nurses who excel in managing client care and possess strong interpersonal skills often assume additional management duties when assigned the role of charge nurse or nurse manager (Taylor et al., 2011). | • Care Coordination  
• Cost-Effective Care  
• Delegation  
• Prioritizing Individual Care |
| Metabolism    | Metabolism refers to the sum of all physical and chemical processes by which living organisms are produced and maintained (Grossman & Porth, 2014). The nurse plays an important role in monitoring the metabolic and nutritional needs of clients during states of health and illness. | • Diabetes  
• Liver Disease  
• Obesity  
• Osteoporosis  
• Thyroid Disease |
Mobility refers to acts of movement like walking, exercise, and performing self-care activities (Craven, Hirnle, and Jensen, 2013). While caring for clients, nurses play a key role in the maintenance and restoration of mobility as well as the detection and prevention of complications associated with immobility.

Mood and affect refer to emotional states observed in clients. Whereas mood is the client’s emotional state, affect is the outward expression of that emotional state (Videbeck, 2014). Nurses assess for inconsistencies among mood, affect, and situation while caring for clients.

Nursing process refers to the systematic approach to providing nursing care using assessment, diagnosis, outcome identification, planning, implementation, and evaluation. Nurses use the nursing process as a problem-solving method in all settings with clients of all ages to identify and treat potential or actual health problems (Craven, Hirnle, and Jensen, 2013).

Oxygenation refers to the process of providing cells with oxygen through the respiratory system and is accomplished by pulmonary ventilation, respiration, and perfusion (Taylor et al., 2011). Nurses encounter potential and actual alterations in oxygenation in all types of clients and must detect problems and intervene early to prevent life-threatening complications.
Perfusion refers to the passage of oxygenated capillary blood through body tissues (Taylor et al., 2011). Adequate perfusion depends on normal functioning of both the respiratory and cardiac systems. Nurses encounter potential and actual alterations in perfusion in all types of clients and must detect problems and intervene early to prevent life-threatening complications.

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| Perfusion        | Perfusion refers to the passage of oxygenated capillary blood through body tissues (Taylor et al., 2011). Adequate perfusion depends on normal functioning of both the respiratory and cardiac systems. Nurses encounter potential and actual alterations in perfusion in all types of clients and must detect problems and intervene early to prevent life-threatening complications. | • Angina  
• Arteriosclerosis  
• Cardiomyopathy  
• Cerebrovascular Accident (Stroke)  
• Circulatory Assessment  
• Deep Vein Thrombosis  
• Disseminated Intravascular Coagulation (DIC)  
• Heart Failure  
• High Cholesterol  
• Hypertension  
• Life-Threatening Dysrhythmias  
• Myocardial Infarction (MI)  
• Peripheral Vascular Disease (PVD)  
• Pregnancy-Induced Hypertension (PIH)  
• Pulmonary Embolism  
• Shock  
• Ventricular Septal Defect |
| Professional Behaviors | Professional behaviors involve a specialized skill set essential to the performance of a unique and professional role. Two main concepts that indicate professional behavior in the nursing profession are accountability and autonomy (Nursing Management, 2010). Other characteristics of professional behavior include dedication to the profession, compassion and caring, and compliance with legal, ethical, and practice standards. | • Accountability  
• Commitment to Profession  
• Leadership Principles  
• Professional Standards  
• RN Scope of Practice  
• Work Ethics |
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| Reproduction | Reproduction refers to the fusion of female and male gametes to create human offspring. Within reproduction are the processes of conception, gestation, and childbirth. Nurses play a key role in the multiple aspects of reproduction in maternal and pediatric settings (Pillitteri, 2014). | • Antepartum Care/Prenatal Care  
• Intrapartum Care  
• Newborn Care  
• Placental Abruption  
• Placenta Previa  
• Postpartum Care  
• Prematurity |
| Safety       | Safety refers to being protected from potential or actual harm and is considered a basic human need (Taylor et al., 2011). Nurses incorporate multiple strategies into practice to ensure safe client care, including the Quality and Safety Education for Nurses (QSEN) competencies of patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (Craven, Hirnle, and Jensen, 2013). | • Anticipatory Guidance  
• Environmental Control  
• Environmental Safety  
• Hand-Off Communication  
• Injury/Illness Prevention  
• National Patient Safety Goals  
• Reporting  
• Responsible Sexual Behavior  
• SBAR Format  
• Standard Precautions |
| Self         | Self refers to “a person’s unique dimensions, potentials, and purpose” (Craven, Hirnle, and Jensen, 2013, p. 1238). Nurses must examine personal feelings about self so as to meet the needs of the unique and varied clients receiving care. | • Eating Disorders  
• Identity  
• Personality Disorders  
• Self-Esteem  
• Self-Perception and Body Image |
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| Sensory Perception | Sensory perception involves receiving and interpreting environmental stimuli, and depends on normal sensory receptors, an intact reticular activating system (RAS), and functional nervous pathways to the brain (Craven, Hirnle, and Jensen, 2013). The nurse is responsible for assessing sensory perception functioning as well as implementing treatment or altering the client’s plan of care when dysfunction is present. | • Cataracts  
• Eye Injuries  
• Glaucoma  
• Hearing Impairment  
• Macular Degeneration  
• Peripheral Neuropathy |
| Sexuality        | Sexuality refers to a “person’s characteristics and perceptions concerning sexual expression,” but also includes function of the sexual organs (Craven, Hirnle, and Jensen, 2013). Nurses must be comfortable with personal feelings of sexuality to care for clients experiencing dysfunction. | • Erectile Dysfunction  
• Family Planning and Preconception Care  
• Infertility Counseling  
• Menopause  
• Menstrual Dysfunction  
• Sexually Transmitted Diseases |
| Spiritual        | Spiritual, or spirituality, is defined by Vachon, Fillon, and Achille (Craven, Hirnle, and Jensen, 2013) as “a developmental and conscious process characterized by two movements of transcendence; either deep within the self or beyond the self” (Craven, Hirnle, and Jensen, 2013, p. 1369). Clients experiencing spirituality have a sense of wholeness and harmony within self, with others, and with God or a higher power (Craven, Hirnle, and Jensen, 2013). In holistic nursing care, the nurse addresses both the physical and spiritual needs of the client but respects all individual beliefs and does not project personal beliefs during care. | • Higher Consciousness  
• Morality  
• Religion  
• Spiritual Distress  
• Spiritual Health  
• Spiritual Well-Being  
• Spiritual/Ethical Caring  
• Spirituality |
| Stress & Coping  | Stress and coping are physiological and psychological responses of the body to occurring events. Stress is a state of arousal of mind and body in response to the demands of life, whereas coping is the problem-solving process used to manage this stress (Craven, Hirnle, and Jensen, 2013). Nurses assess stress levels and coping mechanisms in clients and intervene with therapeutic treatment modalities when indicated. | • Anxiety  
• Crisis  
• Generalized Anxiety Disorder  
• Obsessive-Compulsive Disorder  
• Panic Disorder  
• Phobias  
• Post-Traumatic Stress Disorder |
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<td>Teaching &amp; Learning</td>
<td>Teaching and learning describe a process of systematic steps carried out in the education of clients. These steps include: assessing learning needs and learner readiness; diagnosing the learning needs; developing learning outcomes; developing a teaching plan; implementing a teaching plan and strategies; and evaluating learning (Taylor et al., 2011).</td>
<td>• Consumer Education/Prevention • Mentor • Patient Educator • Patient Teaching • Staff Education</td>
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<td>Technical Skills</td>
<td>Technical skills are essential to nursing practice and include, but are not limited to, the following: performing physical exams; providing education and counseling; administering medications; performing wound care; interpreting client data and using clinical decision making to implement actions; collaborating with other members of the health care team; directing and supervising the care delivered by other health care personnel; conducting research to improve practice and outcomes (Nursing World).</td>
<td>• Blood Transfusions • Central Lines • Chest Tubes • Enemas • Enteral Tubes • Foley Catheterization • IV Insertion • IV Medication • Medication Administration • Newborn Assessment • Physical Assessment • Postpartum Assessment • Sterile Technique • Trach Care/Nasopharyngeal Suctioning • Wound Care</td>
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<tr>
<td>Therapeutic Communication</td>
<td>Therapeutic communication is a focus on the interpersonal interaction between the nurse and the client. During this exchange, the nurse focuses on the effective exchange of information to facilitate meeting the client’s needs (Videbeck, 2014).</td>
<td>• Change of Shift Report • Conflict Resolution • Counseling/Support • Documentation • Interdisciplinary Communication • Patient Education • Reporting • Therapeutic Communication</td>
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<td>Thermoregulation</td>
<td>Thermoregulation involves the control of body temperature. Multiple factors affect this regulation, including core body temperature, metabolic needs, the hypothalamus and thermoreceptors, heat loss, and compensatory mechanisms in the body (Grossman &amp; Porth, 2014).</td>
<td>• Hyperthermia • Hypothermia • Multiple System Injury/Failure • Newborn Thermoregulation</td>
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<td>Time Management/</td>
<td>Time management and organization are skills essential to delivering safe and effective nursing care. Time management is defined as making optimal use of available time. Good organizational skills provide more available time. Three basic steps to time management are setting time aside for planning and establishing priorities; completing the highest-priority task first whenever possible, as well as finishing one task before beginning another (organization); and reprioritizing what tasks will then be accomplished (Marquis &amp; Huston, 2012).</td>
<td>• Care Coordination • Prioritizing Care</td>
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<td>Organization</td>
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<td>Tissue Integrity</td>
<td>Tissue integrity refers to intact skin and mucous membranes in place to protect and support secretion, excretion, and healing (Hinkle &amp; Cheever, 2014). Nurses play a key role in assessing and maintaining tissue integrity for clients receiving care.</td>
<td>• Burns • Cellulitis • Contact Dermatitis • Pressure Ulcers • Wound Healing</td>
</tr>
<tr>
<td>Violence</td>
<td>Violence refers to “threatened or actual physical force by one person or group against another... that causes or is likely to result in psychological or physical injury or death” (Mohr, 2013, p. 723). Nurses may work with clients who have inflicted or received acts of violence, and must report any act of violence observed to the appropriate authorities.</td>
<td>• Addiction • Alcohol Abuse • Assault/Homicide • Child Abuse • Elder Abuse • Intimate Partner Abuse • Rape-Trauma Syndrome • Sexual Abuse • Substance Abuse • Suicide • Unintentional Injury</td>
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| Wellness    | Wellness is a dynamic balance of the physical, psychological, social, and spiritual aspects of a person’s life (Craven, Hirnle, and Jensen, 2013). Nurses assist clients to progress toward an individualized state of wellness, regardless of the client’s health state (Taylor et al., 2011). | • Adjustment to Health and Illness  
• Alternative Therapies  
• Consumer Education/Prevention  
• Health Beliefs (Individual/Cultural)  
• Immunizations  
• Lifestyle Choices  
• Screening  
• Self-Management                                                                                       |
Next Steps

Thank you for taking the time to learn more about Lippincott CoursePoint for Nursing Concepts. To learn more, contact your sales representative or visit Lippincott CoursePoint for Nursing Concepts at concepts.nursingeducationsuccess.com.