

SABBATICAL LEAVE REPORT

School year of 1979-80

Presented to

THE BOARD OF TRUSTEES

MT. SAN ANTONIO COLLEGE

by

MIKE L. GILLIAM, R.N., M.S., C.C.R.N.

HEALTH SCIENCES DIVISION

October, 1980

ACKNOWLEDGEMENTS

I wish to express my gratitude to all of those persons who helped to make this sabbatical leave possible:

the Board of Trustees of Mt. San Antonio College, who granted my request and made the sabbatical financially possible;

Max D. Bell, Chairperson of the Salary and Leaves Committee, who informed me of the action taken by the Board of Trustees in granting my request;

Margaret G. Foster, Division Dean of Health Sciences, for permitting this leave at a time when a state of 'chaos and flux' characterized the division during the transition from departments to division structure;

Zelma A. McKibben, Chairwoman of the Associate Degree Nursing Program, who encouraged me to request this leave and without whose support and encouragement in the past and present I would probably not be here;

Lois C. Smith and Noura K. Ross, both of whom encouraged me to take this sabbatical leave and worked to ensure that my section of the nursing program 'continued without me,' in relation to the standards of performance we have come to expect from our students;

Patricia Dunbar, Assistant Director of Nursing Services at Beverly Hospital, Montebello, for her generous assistance in selecting experiences with and for me that enhanced my nursing knowledge and skills in critical care;
the Nursing Staff in critical care at Beverly Hospital, for their time and efforts in helping me to develop competence in the skills I had chosen to acquire;

Robert A. Bonnel, for giving both his time and ideas, as well as his support and assistance in developing some of my audio-visual materials, and for just

*'being there' when I needed a sounding board;
to my friends and relatives for their understanding patience while I was
engaged in study.*

Without the help of the above mentioned persons, as well as
the many others whose names escape me at this time, I would
have found it most difficult, if not impossible, to succeed
at my goals during this sabbatical leave.

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PROPOSED PLAN OF LEAVE

The purpose of my sabbatical leave was presented in my request for sabbatical leave as follows:

- " 1. *To study methodology relative to developing audio-visual materials for health care occupations, with specific emphasis upon video-tape recordings.*
2. *To take courses in core concepts in critical care, with emphasis upon the physical and psychosocial assessment, in order to update knowledge/skills in data base assessment and intervention.*
3. *To obtain actual experience in clinical facilities in development of skills and knowledge in assessment and intervention in critical care, with specific emphasis upon post-operative care of the open-heart surgery patient and upon nursing care during invasive cardiac monitoring techniques.*
4. *To develop some audiovisual materials for use in the health care field."*

Through the study and development of skills, and by gaining a more solid knowledge base relative to critical care, assessment and intervention, I hoped to be better able to assist students to develop a systematic approach to the physical and psychosocial assessment and intervention in many health care settings.

By developing some audiovisual materials, I hoped to be able to fulfill some needs that teachers in health care occupations have relative to voids in our present audiovisual materials. Some materials that are available through manufacturers lack specificity; therefore, they fail in that they are not 'tailored' to our performance objectives. In addition, the expense of audiovisual materials is prohibitive in many instances. By developing some A-V materials that are more specific to the deficiency areas, I hoped to assist the Division to meet its needs with less cost. Videotape especially lends itself to ease of use and to economy. Materials can be updated by re-recording all or parts of a video-taped program.

SUMMARY OF SABBATICAL LEAVE

In the Fall of 1979, I enrolled in a course in "Basic Critical Care." The course was offered through the Critical Care Educational Training Services in Carson, California. It was taught by two experts in critical care nursing. Both teachers held Master's degrees and both were young and enthusiastic. In addition, both were currently engaged in actual critical care nursing practice and were able to demonstrate that they possessed a solid theoretical and practical base through their lesson plans and classroom presentations.

The "Basic Critical Care" course was 126 hours in length. It was designed with the purpose to assist the medical-surgical health care professional to acquire knowledge in basic critical care concepts. The course included a review of anatomy, physiology, and pathophysiology for each of the following core-system areas: cardiovascular, pulmonary, renal, metabolic-endocrine, neurological/neurosurgical, and psychosocial. In each core system area, emphasis was placed upon the patient in the critical care setting, including nursing assessment, intervention and emotional-psychosocial considerations. Current diagnostic and therapeutic modalities in all of the core areas was stressed, along with nursing care and professional accountability. The formulation of the course outline followed the guidelines

established by the American Association of Critical Care Nurses (AACN), which are published in that organization's Core Curriculum. However, the content covered in this course was much more detailed and definitive in terms of standards of care than the material presented in the Core Curriculum.

I was enthusiastic about the course and found it stimulating and rewarding. On the other hand, I found it frustrating in that, while I consider myself to be a competent nurse, I felt as though I had forgotten so much about so many nursing care problems. Many hours were spent independently reading and reviewing handouts and suggested reference materials, in order to improve my intellectual-theoretical framework upon which is based nursing care intervention. I certainly experienced, from time to time, that feeling of being overwhelmed by the amount of assigned reading materials - and I could again empathize with my students!

A part of the course included designated skills acquisition, some of which necessitated going to a health care setting. I found myself at the bedside of patients at Beverly Hospital's Special Care Unit, attempting to develop skills in physical assessment and applying concepts relative to each core system. I was auscultating heart sounds and lung sounds and abdomens of patients, friends and relatives, as well! Although I had

been performing most of these skills in the past, the newness of a systematic approach made me feel like a novice.

I was impressed by the organizational abilities demonstrated by these teachers. They had developed lesson plans that appeared educationally sound. Behavioral objectives were formulated for each content area. Their presentations were well executed, and feedback in the form of discussions was encouraged. Obviously, I gained many useful ideas in terms of educational approaches in addition to the primary objective for which the course was taken.

While this knowledge was still fresh in my mind, I decided to attempt to take the CCRN examination. This examination is given nationally to nurses working in critical care. It is used to certify competence in critical care nursing practice. I enrolled in a course in January, 1980, to assist me with the examination. The "Review Course for Critical Care" was also taught by the Critical Care Educational Training Services teachers. In February of 1980, I took the examination after the well-organized review course was taken. Throughout the examination, I felt certain I would fail. The questions seemed very specific and at the same time so very nebulous! For six weeks I awaited the test results. I was delighted when I received the scores. Not only did I pass the examination; I scored 211 points out of 250 possible

points. Even though the examination was difficult, I feel that I was sufficiently rewarded by demonstrating to myself that I did indeed possess the essential knowledge to be classified as a critical care nurse.

In the Spring of 1980, I enrolled in another critical care course. This course was offered by California State University at Los Angeles. It was entitled "Critical Care II," and the emphasis in terms of content was upon nursing assessment and intervention in the care of patients with respiratory, neuro-metabolic and renal crises. Pre-requisites for this course were "Fundamentals of Electrocardiography" and "Critical Care I - Cardiovascular Critical Care," or consent of the instructor. Since I felt I possessed ample knowledge in the area of cardiovascular nursing and in electrocardiography, I requested and received the consent of the instructor to enroll. The course proved to be a highly stimulating educational experience. Although many concepts, theoretical formulations, and hypotheses presented in this course had been covered in my "Basic Critical Care" course, the way in which they were presented in this course proved to be most beneficial in terms of integration and inter-relationships of core system problems. This teacher's emphasis was upon how distress or disfunction in one system created responses in other systems which would be either adaptive or maladaptive. Whether effective or ineffective

other core systems would be influenced in some way. This approach which demonstrated the inter-relationships proved to be beneficial in that it assisted me to better understand the concepts that related to the renal system and the neuro-metabolic core, as well as the respiratory system. In addition, all of these core systems were related and inter-related to the cardiovascular core system. This was especially useful to me, since cardiovascular nursing is my primary area of interest. I feel that I am much more firmly grounded, as a result of this course, in these core systems and have already started to revise my lesson plans for the Spring Semester. In addition to the knowledge that I obtained in this course, I was delighted to have a note from the teacher indicating that I had achieved the highest grade in the course on the final and for the average grade!

In May, 1980, I had the opportunity to participate in a class in Advanced Life Support, offered by the American Heart Association's Greater Los Angeles Affiliate. This course detailed the recognition of and therapy for the person with an acute cardiac or respiratory crisis. Content included diagnosis, medical therapy, drug therapies and adjunct medications. Workshop sections were included in management of a cardiopulmonary arrest, endotracheal intubation skills, arrhythmia recognition, diagnosis of arrhythmias and treatment and intravenous skills acquisition. Once again

the course content reinforced my knowledge base and skills in the area of cardiac and respiratory care. One criticism I had of this course was that the presentations, made by highly articulate physicians and nurses, was extremely boring. This was primarily due to the format for presentation required by the Heart Association. This presentation format follows a booklet on Advanced Cardiac Life Support given participants in advance. Having read the booklet, I felt insulted by the identical verbal presentation. However, it did serve to reinforce the theory of learning relative to the manner in which content is presented. I do not believe it is necessary to lecture over material that is found in a textbook assignment. Allowing for questions over reading material is sufficient for college level persons, I believe.

The development of audiovisual materials has been extremely frustrating, while at the same time it has been enormously enjoyable. I am an audio hobbyist, having several tape recorders, tuners, amplifiers, and turntables. In addition, I enjoy photography with conventional and video camera equipment. I am very interested in videography, since it provides for the capability of recording material that serves as audiovisual aids. In addition it allows for easy erasure and 'updating' of material as technological changes in health fields occur. Although I attempted to enroll in a class in videography two times, the class was cancelled one of those times (i.e. not offered) and

had to be cancelled another time due to low enrollment. I was left on my own to develop some A-V materials using video as the medium. I did some self-study in the field using magazines and a textbook, THE VIDEO GUIDE, by Charles Bensinger, January, 1979. Thus far, I have made and remade a module on cardiac monitors. I have developed some videotapes on basic nursing skills, and I plan to use the videotape medium to record some of the lecture content presented in the first week of our Nursing 1 course, since students often are called in after the course starts to fill vacancies.

Work experience geared to skills acquisition in critical care was gained in the area of assessment parameters used in the care of patients. Parameters by which various clinical states are evaluated in diagnosis and therapy are changing, being improved or, in some instances, deleted. For that reason I chose to improve my skills in physical assessment of the cardio-respiratory, neurologic and renal patient. Nursing care of patients with respiratory problems included experiences with patients on several kinds of respiratory assistive devices. Weaning criteria used to remove a patient from a respirator, blood gas analysis, and the use of intermittent mandatory ventilation were included in the clinical experience. Respiratory therapists assisted me with this phase of my learning.

In the care of patients with cardiovascular problems, some

experience was gained in post-operative coronary revascularization patients. I was assisted in this experience by the clinical instructor for Special Care at Beverly Hospital. Since this is my area of choice in terms of nursing, I delighted in this experience. Such things as influences of hypothermia and the re-warming process, chest tube drainage and observations, vital signs monitoring, arterial line pressure measurements, observations for hypertension and the necessity of immediate intervention, and observations for electrolyte, acid-base balance and blood gas analysis on the patient following revascularization surgery were included in these experiences with the clinical instructor guiding this rewarding part of my sabbatical.

Care of patients with Swan-Ganz Catheter monitoring was an important part of my learning experience. This assessment tool is used more often than most other types of assessment devices in caring for patients with acute myocardial infarction. It allows for more specific determination of left-sided heart function and gives indications of early left-sided heart failure. The Swan-Ganz Catheter may also be used to assist in the care of patients with respiratory problems and is used to measure pulmonary artery pressure, flow and resistance, as well as pulmonary capillary wedge pressure. Right ventricular pressure and right atrial pressure may also be determined with the Swan-Ganz Catheter.

Since arterial line monitoring is becoming more frequently used in critical care, skills acquisition in determining arterial pressures was included as a useful component in the clinical experience. In arterial line monitoring, the patient's arterial system is cannulized for constant and direct arterial pressure readings. Arterial monitoring is thought to be more accurate than conventional blood pressure monitoring with a cuff or with externally applied devices.

The care of patients with intra-aortic balloon counterpulsation devices (balloon pump) was facinating. The pump device assists the left ventricle to effectively pump blood, eventhough it may be severely damaged. It assists the left ventricle by applying a positive pressure, closed system during relaxation of the ventricle; it opens during contraction to allow for complete emptying of the ventricle as it contracts and ejects blood. In many instances this device is the only thing that keeps some patients alive following infarction of the myocardium. Low cardiac output due to damage to the left ventricle is the primary killer in myocardial infarction, and this assistive device may keep some patients alive until healing of the myocardium can take place.

The work experiences discussed above were provided by the staff and clinical instructors at Beverly Hospital, Montebello.

The Special Care Unit (critical care) of that facility was used to gain these experiences which were extremely beneficial to me as a nurse and a teacher.

VALUE OF SABBATICAL LEAVE

I believe that I have gained a great deal, both personally and professionally, from this sabbatical leave experience. I have added to my knowledge of nursing and have gained new skills that will enable me to be a better nurse - educator. The year was rewarding to me in that it permitted me to gain the theoretical and practical experiences I felt I needed, without having to 'sandwich' them into my regular teaching load. It provided me the freedom to explore areas that were of interest to me, while at the same time allowed me to gain insight into innovations in health care. I return to the College with increased nursing competence. I have begun to incorporate the knowledge and skills acquired into some of my lesson plans.

In this age of job related stress, currently known by the fashionable term "burnout," I believe that the sabbatical leave was of particular value to me. To say that I had no stress or pressure during the leave would be dishonest. But the change in focus from giving to others (students, patients and hospital personnel) to receiving from others was certainly of benefit. I believe that all persons in helping professions should have the opportunity to get away from their occupations periodically and be refreshed, nourished and allowed to grow personally and professionally. During a time of marked change

and transition in our College, and especially in the Health Sciences Division, emotionally charged issues have taken their toll on many of us. The sabbatical leave provided me the opportunity to 'escape' from this emotionally laden situation and to re-evaluate my priorities in terms of the Registered Nursing Program, the Division, and the Administration of the College. I believe that this sabbatical year has helped me to accept many of the changes that have been' made, and I hope to be better able to work constructively with individuals in the Health Sciences Division and the College. In short, I hope that I am now able to move forward in attaining more positive goals.

APPENDIX

MT. SAN ANTONIO COLLEGE

1100 NORTH GRAND AVENUE • WALNUT, CALIFORNIA 91789

Telephone: ~~(714) 598-2311~~
(714) 594-5611



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KENNETH L. HUNT

FRANCES L. MASCHIO

January 19, 1979

Mr. Mike Gilliam
Nursing
Campus

Dear Mr. Gilliam:

On January 5, 1979 the Salary and Leaves Committee met to consider applications for sabbatical leave for 1979-80, and to formulate recommendations to the Board of Trustees for its consideration on January 17, 1979.

After reviewing all applications and giving careful consideration to the criteria established in policy and practice, the Committee approved your application for recommendation to the Board of Trustees. At its meeting of January 17, 1979 the Board of Trustees accepted the recommendations of the Committee for study with the indication that the matter will be considered further at a later Board meeting.

I will keep you informed of any further action which may be taken by the Board of Trustees.

Sincerely,

Max D. Bell
Chairperson, Salary and Leaves
Committee

MDB/kvd

CRITICAL CARE EDUCATIONAL
TRAINING SERVICES
P.O. BOX 5204
CARSON, CA 90745

BASIC CRITICAL CARE COURSE

COURSE DESCRIPTION

This is a 126 hour course designed to provide the nurse clinician with the basic concepts, assessment and intervention skills necessary to care for critically ill patients. Core content will cover the cardiovascular, pulmonary, neurological, metabolic, renal and gastrointestinal systems. Within each of these systems anatomy, physiology, assessment skills, diagnostic procedures and equipment, and pathological conditions commonly encountered in critical care patients will be covered. In addition, concepts will be presented regarding the care of trauma and overdose patients, immediate post-operative assessment, the physical effects of stress, psycho-social aspects and legal aspects. Laboratory time will be provided to practice physical assessment skills, arrhythmia interpretation and blood gas analysis. Module review and exams on each system will be used to evaluate learning and provide feedback to students regarding their progress. A comprehensive final exam will also be given.

CRITICAL CARE EDUCATIONAL
TRAINING SERVICES
P.O. BOX 5204
CARSON, CA 90745

BASIC CRITICAL CARE COURSE

COURSE OBJECTIVES

1. Establish a baseline understanding of both anatomy and physiology within the cardiovascular, pulmonary, neurological, renal, metabolic and gastrointestinal systems.
2. Provide basic skills in physical assessment of the cardiovascular, pulmonary, neurological, renal, metabolic and gastrointestinal systems.
3. Provide basic skills in arrhythmia interpretation and arterial blood gas analysis.
4. Increase knowledge of selected pathological conditions frequently encountered in critical care areas including pathophysiology, etiology, clinical presentation, diagnosis, complications and medical and nursing care objectives and management.
5. Establish an appreciation for the psycho-social impact of the critical care environment and critical illness on the nurse, patient and his family.
6. Increase the nurse's awareness of her professional accountability as an integral part of her practice.
7. Provide appreciation for the importance of the collaborative role of all members of the health team.
8. Encourage the pursuit of knowledge and clinical expertise through continuing education.

CRITICAL CARE
EDUCATIONAL TRAINING SERVICES
P. O. BOX 5204
CARSON, CALIF. 90745
(213) 639-0475

This is to certify that

MIKE L. GILLIAM
NAME

454-64-2933
SOCIAL SECURITY NUMBER

I172116
 RN LVN LICENSE NUMBER

has successfully completed a course in

INTRODUCTORY COURSE...BASIC CRITICAL CARE
COURSE TITLE

126
EDUCATIONAL CONTACT HOURS

10/1/79
DATE STARTED

12/3/79
DATE COMPLETED

DIANE E. COLLINS
ADMINISTRATOR C.E. PROGRAM

and/or

INSTRUCTOR

This course has been approved by the California Board
of Registered Nursing, BRN Provider No. 02517

This course has been approved by the California Board of
Vocational Nurse and Psychiatric Technician Examiners

This certificate must be retained for four years.

"Dedicated To Helping You Do A Better Job"

Critical Care Educational Training Services

Proudly Presents
**REVIEW SESSIONS FOR
AACN CERTIFICATION EXAM**

FEE: \$125.00

Credit: 35 hours

BRN PROVIDER #02157

FACULTY:

Diane Collins, R.N.,BSN,CCRN
Linda Waite, R.N.,MN,CCRN

Time:

Pre-registration: 7:30 to 8:00 A.M.

Class: 8:00 A.M. to 4:30 P.M.

COURSE DESCRIPTION:

The 35 hours of comprehensive review is based on the 1975 Edition of the AACN "Core-Curriculum for Critical Care Nursing" and designed to aid the experienced Critical Care Nurse in her preparation for professional certification. Coordinated and taught by CCRN's who are Clinical Nurse Specialists and Consultants in Critical Care Nursing. The course is divided into seven categories. It consists of Review of the Anatomy, Physiology and assessment of the normal—Pulmonary, Cardiovascular, Renal; Nervous and Endocrine Systems; and the pathophysiology diagnosis, nursing evaluation and management of common disorders of the same systems. Also, the normal psycho-social development, psychological and behavioral responses to illness, intensive nursing care and ICU environment. This course would also serve as a review for Respiratory Therapists in preparation for certification.

Recommended Texts: **MOSBY'S COMPREHENSIVE REVIEW** by Donna Zschoche
CORE CURRICULUM by AACN

DATES & LOCATIONS

Nov. 7, 14, 28
Dec. 5, 12
BAKERSFIELD - Holiday Inn, 2700 White Lane,
Bakersfield, CA 93303
Registration Deadline: Oct. 24, 1979

Nov. 8, 15, 29
Dec. 6, 13
RIVERSIDE - Ramada Inn, 1150 University Ave.
Riverside, CA 92507
Registration Deadline: Oct. 24, 1979

Dec. 10, 11, 17,
18, 19
SACRAMENTO - Holiday Inn, 1900 Canterbury
Road, Sacramento, CA 95815
Registration Deadline: Nov. 26, 1979

Mon. & Tues.
Jan. 7—Feb. 5
CARSON - 460 E. Carson Plaza Dr. #121,
Carson, CA 90746
Session #1 8:00—12:00
Session #2 5:00—9:00

Wednesdays
Session #3 8:00—4:30

Jan. 9, 16, 23, 30,
Feb. 6

Registration Deadline: December 21, 1979

PRE-REQUISITES

1. A valid RN License.
Two years of critical care experience is recommended.

CCRN CERTIFICATION EXAMINATION

Request for application and CANDIDATE HANDBOOK MUST BE SENT DIRECTLY

TO: AACN Certification Board, P.O. Box C19519, Irvine, California 92713.

(714)752-8191 - Application Deadline,
Nov. 15, 1979

IF NO FURTHER NOTIFICATION -- REGISTRATION IS ACCEPTED

APPLICATION FORM

NAME _____ TELEPHONE _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PRESENT EMPLOYER _____
NAME ADDRESS

POSITION _____

CALIFORNIA LICENSE NO. _____ DEGREE(S) _____ SS # _____

R.N. L.V.N. OTHER MAKE CHECK PAYABLE TO: CRITICAL CARE EDUCATIONAL

TRAINING SERVICES,
P.O. BOX 5204, CARSON, CA 90745

Please circle workshop desired:

REGISTER EARLY!!

- Bakersfield
- Riverside
- Sacramento
- Carson - Session
 - #1 (8 - 12)
 - #2 (5 - 9)
 - #3 (8 - 4:30)

A minimum of registrations are required. Please make reservations at least one week ahead of scheduled date. If unable to do so, telephone for confirmation: (213) 515-0117

Full payment must accompany registration form

My check in the amount of _____ is enclosed.

I can't attend, please add me to your mailing list.

Withdrawal after paying fees but before first class meeting — 65% refundable

WE RESERVE THE RIGHT TO CANCEL ANY CLASS DUE TO LOW ENROLLMENT

CRITICAL CARE
EDUCATIONAL TRAINING SERVICES
P. O. BOX 5204
CARSON, CALIF. 90745
(213) 639-0475

This is to certify that

MIKE GILLIAM
NAME

454-64-2933
SOCIAL SECURITY NUMBER

I 172116
 BRN LVN LICENSE NUMBER

has successfully completed a course in

CCRN REVIEW SESSIONS
COURSE TITLE

35
EDUCATIONAL CONTACT HOURS

Jan. 9, 1980
DATE STARTED

Feb. 6, 1980
DATE COMPLETED

Diane E Collins
ADMINISTRATOR C.E. PROGRAM

and/or

INSTRUCTOR

This course has been approved by the California Board of Registered Nursing, BRN Provider No02157 This course has been approved by the California Board of Vocational Nurse and Psychiatric Technician Examiners

This certificate must be retained for four years.

AACN CERTIFICATION BOARD

Post Office Box C-19519 • Irvine, California 92713
(714) 752-8192

March 1980

TO: CCRN

RE: CCRN Certification Examination - February 9, 1980

Congratulations! You have passed the CCRN certification examination which was given on February 9, 1980 and are certified as a CCRN.

Attainment of CCRN certification is recognized as professional proficiency in critical care nursing. The AACN Certification Board encourages the usage of "CCRN" after your name. The designation CCRN is a registered service mark. This means that CCRN can never be used for anything except for our certification program. HOWEVER, it does not stand for critical care registered nurse. It is the mark that designates nurses certified by the AACN Certification Board. When using CCRN after your name list your name, credentials and then CCRN. CCRN is not punctuated with periods.

The results of the CCRN certification examination are confidential and will be released only to you upon written request.

Your wallet identification card with your CCRN number, certificate, and recertification materials will be mailed to you in approximately six weeks.

Please notify the AACN Certification Board immediately for name or address changes referencing correspondence with your CCRN number.

If we may be of further assistance, please let us know. Again, on behalf of the AACN Certification Board, congratulations!

jn


PROFESSIONAL EXAMINATIONS DIVISION
THE PSYCHOLOGICAL CORPORATION • 304 EAST 45th STREET • NEW YORK, N. Y. 1001

THIS IS TO ADVISE THAT YOU PASSED THE FEBRUARY 1980 CCRN CERTIFICATION EXAMINATION. A MINIMUM PASSING SCORE IS REQUIRED ON EACH AREA. THE TOTAL OF THESE AREA SCORES HOWEVER MUST NOT BE LESS THAN 175 IN ORDER TO PASS THE TOTAL EXAMINATION. YOUR SCORES AND THE REQUIRED PASSING SCORES ARE LISTED BELOW.

		YOUR SCORE	MAX SCORE	PASS RANGE
REFERENCE NO -	9178			
	CARDIOVASCULAR	62	74	41+
	PULMONARY	40	50	28+
GILLIAM MIKE L	RENAL/METABOLIC	51	60	33+
1813S FREMONT AVE	NEURO/PSYCHO/SOCIAL	58	66	36+
ALHAMBRA CA 91803	TOTAL EXAMINATION	211	250	
	MINIMUM PASSING TOTAL			175

AACA
Certification Board
hereby certifies that

Mike L. Gilliam

has fulfilled all requirements for the

CCRN
Certification Program

February 9, 1980

Sister Mervita Loucky

Co-Chairperson/Certification Board
Certification Committee

Marguerite R. Kandy

President

Chris Shea

Co-Chairperson/Certification Board
Certification Committee

CALIFORNIA STATE UNIVERSITY, LOS ANGELES

NURSING, CONTINUING EDUCATION

Nx898

CRITICAL CARE II: CRITICAL CARE IN
RESPIRATORY AND NEUROMETABOLIC CRISES

(4 Quarter Units - 40 Contact Hours)

Instructor: Bonnie Steele, R.N., M.S., C.C.R.N.

Course Description:

The nursing assessment and medical/nursing management of patients experiencing critical illness involving the respiratory, renal, and neuro-metabolic systems. Emphasis is placed upon normal anatomy and physiology, including interdependency as well as adaptive and compensatory mechanisms in health and disease.

Prerequisites:

Students may enter the course if they meet one of the two criteria listed below:

1. Successful completion of
Nx402A - Fundamentals of Electrocardiography (2)
Nx898 - Critical Care I: Cardiovascular Critical Care (4)
2. A cardiac Arrhythmia Identification and Cardiovascular Critical Care Course and consent of the instructor

COURSE OBJECTIVES:

Upon completion of this course, the student will be able to:

1. Describe the normal anatomy and physiology of the respiratory system.
2. Discuss the major respiratory physical assessment and diagnostic strategies, including rationale, normal and abnormal findings.
3. State and fully explain the following features of the most frequently encountered chronic and acute respiratory conditions including:
 - Etiology
 - Clinical symptomatology
 - Significance of clinical/laboratory data
 - Treatment goals
 - Common medical therapeutics
 - Function/operation of specialized equipment
 - Specific nursing assessments and interventions
4. Point out the unique role of nursing as patient advocate and teacher within the framework of critical respiratory illness, including related assessment and rehabilitative concerns.

5. Discuss the salient features of renal physiology including the pathophysiological processes underlying acute and chronic renal failure.
6. Discuss the goals of therapy including the specific role of nursing in the care of patients in critical renal dysfunction.
7. Describe the major water and electrolyte imbalances encountered in Critical Care, including:
Fluid excess/deficit
Acid-base imbalances
Electrolyte imbalances
8. Outline the central physiological processes of the neurological and endocrine systems with emphasis upon interrelationships and adaptations.
9. Describe the varied strategies utilized in the neurological examination including techniques and clinical significance of findings.
10. Discuss the major pathophysiological problems in selected patient situations involving neurological metabolic critical illness, including specific medical therapies and related nursing interventions.

Evaluation:

Objective Examinations:

Midterm I	25 %
Midterm II	35 %
Final Examination (Cumulative)	40 %

Grading Format:

A	90 - 100 %
B	80 - 89 %
C	70 - 79 %
D	60 - 69 %
F	less than 60 %

A passing grade in the course is equivalent to a grade of C or better.

(Note: This is copied directly from the original course outline. It has been copied because the original outline was so difficult to read.)

(PLEASE USE FIRM PRESSURE)

DEPT. NAME <i>Nursing</i>	COURSE NO. <i>NX898</i>	COURSE TITLE <i>Critical Care II</i>	INSTRUCTOR <i>Steele, B</i>	COURSE GRADE: <i>CR</i>
Term Completed (Circle) Fall Winter <u>Spring</u> Summer 19 <u>80</u>				
PRINT NAME ▶	<i>Mike L. Gilliam</i>			AUTHORIZED GRADES ARE: A, B, C, D, F, CR/NC, SP, W, RD, Inc, U
ADDRESS ▶	<i>1813 So. Fremont Ave</i>			700 AND 800 LEVEL COURSES RECEIVE CR/NC GRADE ONLY.
CITY STATE ▶	<i>ALHAMBRA, CA ZIP CODE 91803</i>			(See general Catalog for complete information on University grading policy)
				QTR. UNITS <i>4</i>
				IBM No. <i>0363</i>

THIS GRADE REPORT WHEN VALIDATED WITH THE UNIVERSITY SEAL
CAN BE USED AS AN OFFICIAL TRANSCRIPT OF THE ABOVE COURSES.

(1302)10/78

NAME		UNIVERSITY		CLASS LEVEL		COURSE		TERM		UNITS		GRADE		REMARKS	
GILLIAM MIKE L		CALIFORNIA STATE UNIVERSITY		GRADUATE		258653		SPRING EXTENSION 1980		4		CR			
2363	NURS	258653	X898	11	CRIT CARE II 4										
TOTAL UNITS EARNED		UNITS ATTEMPTED		POINTS EARNED		POINTS DEF.		G.P.A.		UNITS ATTEMPTED		UNITS EARNED		POINTS EARNED	
GILLIAM MIKE L		1813 S FREMONT AVE		ALHAMBRA CA 91803		258653									

CRITICAL CARE II SPRING, 1980

FINAL EXAMINATION GRADE: 97.4 * Highest in Class

COURSE GRADE: 95.1 - CREDIT

STUDENT: MIKE L. GILLIAM

SS# 454-64-2933

*Good work, Mike
Steele*

27
ADVANCED CARDIAC LIFE SUPPORT PROVIDER COURSE

Lecture/Slide Session - Friday, May 16, 1980 - 5:00 P.M. - 10:00 P.M.

- I. Introduction to ACLS - K. L. Cohen, M.D. 5:00 P.M.
- II. Adjuncts for Airway and Breathing - E. Riggio, M.D. 5:30 P.M.
 - A. Airway
 - 1. Oropharyngeal Airway
 - 2. Nasopharyngeal Airway
 - 3. Esophageal Airway
 - 4. Endotracheal Intubation
 - B. Breathing (Ventilation)
 - 1. Oxygen
 - 2. Pocket Mask
 - 3. Bag-valve Mask
 - 4. Oxygen-Powered Breathing Device
 - C. Surgical Intervention for Obstructed Airway
 - 1. Transtracheal Technique
 - 2. Cricothyrotomy
 - D. Suctioning Devices
 - 1. Uses
 - 2. Complications
- III. Adjuncts for Circulation - Paula Woo, R.N. 6:20 P.M.
 - A. Cardiac Board
 - B. Manual Chest Compressor
 - C. Oxygen-Powered Mechanical Chest Compressors
- IV. Monitoring - K.L. Cohen, M.D. 6:30 P.M.
 - A. Electrode Placement
 - B. Normal Sinus Rhythm
 - C. Dysrhythmias
 - 1. Bradycardia
 - 2. Blocks
 - 3. Premature Beats

- 4. Ventricular Tachycardia
- 5. Ventricular Fibrillation
- 6. Atrial Fibrillation and Flutter
- 7. Supraventricular vs. Ventricular
- 8. Aberrations
- 9. Asystole

V. Defibrillation - Paula Woo, R.N. 7:15 P.M.

B R E A K 7:15 - 7:30 P.M.

VI. Intravenous Techniques - K. L. Cohen, M.D. 7:30 P.M.

- A. Plastic Cannulae
- B. Peripheral Vein
- C. Internal Jugular Vein
- D. Subclavian Vein

VII. Essential Drugs - J. Orlando, M.D. 8:00 P.M.

- A. Oxygen
- B. Sodium Bicarbonate
- C. Epinephrine
- D. Lidocaine
- E. Calcium Chloride
- F. Atropine
- G. Morphine

VIII. Useful Drugs - J. Orlando, M.D. 8:40 P.M.

- A. Isoproterenol
- B. Propranolol
- C. Corticosteroids
- D. Levarterenol
- E. Metaraminol
- F. Dopamine
- G. Diuretics

IX. Acid Base - B. Helmy, M.D. 9:20 P.M.

X. Stabilization and Transportation - Paula Woo, R.N. 9:55 P.M.

TOTAL 5 HOURS

Performance Stations Sessions and Practical Performance Test -
Saturday, May 17, 1980 - 8:30 A.M. - 4:30 P.M.

Each group of three candidates will rotate through the performance stations and spend about 25-30 minutes in each station. In each station a technique will be demonstrated and each registrant will then have an opportunity to practice that technique.

Stations:

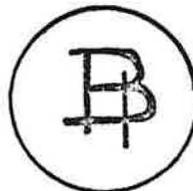
1. Basic Life Support
2. Adjuncts for Airway and Mechanical Breathing
3. Endotracheal Intubation of Adult and Infant Manikin, Esophageal Airway
4. Placement of Intravenous Fluid Life Line
5. Recognition of Ventricular Fibrillation and Defibrillation
6. Recognition of Dysrhythmias Via Oscilloscope - Dynamic
7. Recognition of Dysrhythmias from Paper Recordings - Static
8. Drug Therapy for Dysrhythmias

XI. Written Test (approximately one hour)

Summarization and Evaluation Session

BEVERLY HOSPITAL

309 West Beverly Boulevard
Montebello, California
90640



CONTINUING EDUCATION CERTIFICATE FOR R.N.

Mike Gilliam 172114 1813 S. Fremont Alhambra
Name of Participant License # Address of Participant

Advanced Cardiac Life Support 5/16 & 5/17, 1980
Course Title Dates Course Started & Ended

10 Patricia Duster R.N.
Number of Contact Hours Signature of Instructor or Provider

THIS CERTIFICATE MUST BE RETAINED BY THE LICENSEE FOR A PERIOD OF FOUR YEARS FROM THE DATE THE COURSE CONCLUDES.

THIS COURSE HAS BEEN APPROVED BY THE CALIFORNIA BOARD OF REGISTERED NURSING, B.R.N. PROVIDER NO. 00509.

**BEVERLY
HOSPITAL**

309 WEST BEVERLY BOULEVARD, MONTEBELLO, CALIFORNIA 90640 • PHONE (213) 726-1222 • 723-0951

September 30, 1980

To Whom It May Concern:

Re: Clinical Experience for
Mike L. Gilliam

The following supervised experiences in the clinical setting were provided Mike L. Gilliam between September 1979 and July 1980:

1. Care of patients with Swan-Ganz Catheters and monitoring.
2. Care of patients with arterial line monitoring.
3. Care of patients immediately following coronary artery revascularization.
4. Care of patients with acute respiratory distress, including the care of patients on a variety of respiratory assistive devices.
5. Care of patients on the intra-aortic balloon pump.
6. Care of patients having thermodilution studies made to determine cardiac output/index.
7. Assessment of patients with cardiovascular, neurological, respiratory and renal problems.

September 30, 1980

Re: Clinical Experience for Mike L. Gilliam

The above experiences were provided Mr. Gilliam in our Special Care Units. Supervision was done by both nursing personnel in the units and by the Instructor for Special Care.

Very truly yours,



Patricia Dunbar, R.N.
Assistant Director of Nursing Service

PD:sl

