

**Curriculum Committee Meeting Summary & Reflection**

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Many curriculum committee meetings occur before the new school year starts in preparation for new incoming students entering the nursing program. Although there were no curriculum committee meetings for me to attend at a college or university, there was another opportunity that directly correlates to curriculum building somewhere else. St. Joseph's Medical Center curriculum committee consists of the education department in which I can attend meetings in regard to newly hired nurses, seasoned nurses, and all other employees of the hospital. The curriculum committee meeting that I attended in the hospital emphasized recent events at the hospital that other nurses of the hospital can learn from, improvements in the new employee orientation of the hospital to create more competent nurses, and implementation of a new standardized assessment tool for nurses in the hospital to use to recognize and respond to clinical deterioration to prevent failure to rescue.

The first topic that was discussed regarding the curriculum changes in the hospital was the new employee orientation and how effective it is for the newly hired nurses in each unit. It seems that there have been complaints of newly hired nurses struggling to provide adequate patient care and reinforce critical thinking in the clinical setting. For example, nurses who are hired in a step-down unit from open heart surgeries should be keen on laboratory values and electrolytes which are very crucial right after these types of surgeries. One of the educators of the hospital discussed creating a packet to give out to the newly hired nurses during their orientation with specific topics of what applies to their specific unit. This packet should answer the "whys" in each nursing task in the hospital; newly hired nurses should be thinking of reasons behind their patient-centered tasks. My new hire orientation was only three years ago, and I remember it well enough to know that a packet is not sufficient. To create a safe environment for the newly

hired nurses, assessments should be conducted to determine specific modifications towards the new hire orientation. The learning outcomes from a one-on-one preceptorship with each newly hired nurse are not fully assessed and I believe that interviewing each newly hired nurse should narrow specific needs. I distinctly remember meeting with our academic advisors throughout the associate degree in the nursing program at Pacific Union College. This was helpful in academic success, and I think this way of assessment should help newly hired nurses succeed in their nursing careers.

The next topic of the meeting was based on a recent event that happened that was shared among other units of the hospital. Without discussing details, a medication error was made that created a lot of gaps in our hospital policy. The administration of a high-alert medication was given, and no monitoring system was placed on the patient. This rose to the education department's attention as a breach in patient safety. Because of this event, the education department is currently acting to find the gaps in the curriculum. A new module from the curriculum committee will be posted to all clinical staff of the hospital to read through the information and will be tested after completion of the module. This module will consist of a PowerPoint presentation, a policy attestation change, and a post-test. Although this may bring awareness of medication administration safety, I do not think this is sufficient. I believe an in-service class should bring more attention to how this event should be taken seriously rather than another online module. Mandatory attendance should also be implemented in this class to ensure that all clinical staff understand the importance of safely administering high-alert medications and taking special precautions after administration.

Lastly, the topic that was discussed in the curriculum committee of St. Joseph's Medical Center was to bring forth a new standardized assessment tool for nurses in the hospital to use to

recognize and respond to clinical deterioration to prevent failure to rescue. There has been an increasing amount of rapid response team activations this past month of the new year and it has become a concern to the nurse's competency level on the units, both newly hired nurses and seasoned nurses. In response to reducing the need for a rapid response team activation, the curriculum committee has created a new curriculum for all nurses on the units to learn a new assessment tool. The Modified Early Warning System (MEWS) is a clinical decision-making tool that can be used to recognize and respond to clinical deterioration, thus preventing failure to rescue. Failure to rescue occurs when healthcare providers do not recognize signs and symptoms of clinical deterioration nor act upon these symptoms promptly. The use of this early warning scoring system can be used to promote the nursing identification of early warning signs of clinical deterioration from any etiology. I think this is a great way to help interpret vital signs and physical, and psychological assessments. This new assessment tool can identify signs of clinical deterioration by examining the Central Nervous System through level of consciousness, respiratory rate, heart rate, systolic blood pressure, and temperature. The MEWS calculator assigns a number value to five physiologic parameters which allows health professionals to accurately predict and prevent a code situation. Although this is a relatively new assessment tool that will be standardized to all clinical staff, I do not think using MEWS will be difficult. Judging how it is being scored is relatively easy, and I am hoping that our digital charting will reflect on clinical judgment as well. In conclusion, I am sure that this new assessment tool will increase better patient safety outcomes.