Nursing Students Reference Material

For questions, please contact Kristel Van Hoose, (970) 644-3429
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• Introduce yourself to each department leader, each employee, and each patient with whom you come into contact. Don’t be afraid to interact with employees or patients.

• Show up and be on time. If you are going to be tardy or absent please call your instructor and the unit that is expecting you.

• Take initiative. Let each department know what you are interested in from the beginning.

• Ask at least 3 questions each day. Examples:
  1. What is the name of this procedure?
  2. Could you please explain to me what you are doing as you proceed?
  3. Why is this procedure typically ordered by a physician?
  4. What other procedures are done for this type of diagnosis?

• If you don’t know what it is you are doing...ASK! Don’t proceed without understanding because that can get you into trouble.

• Remember at ALL times that you are responsible for maintaining the confidentiality of patient health information.

• A Community Hospital resource for students while you are here:
  * Medical Students: Markie Walker, Medical Staff Coordinator - 644-3027
  * Clinical students: Traci Eatwell, Clinical Education Coordinator - 644-3423
    Kristel Van Hoose, Clinical Educator - 644-3429
  * Therapy Students: Terri Brown, PT, DPT, Therapy Works Director – 644-3721
Dear Student,

Student exposures to blood and body fluids are preventable. Examples of exposures which have occurred include:

- recapping a needle
- failure to utilize proper personal protective equipment (goggles) to prevent a splash to the eyes
- inattention to the task at hand resulting in a cut

Community Hospital’s goal is to keep everyone safe with proper precautions in accordance to Community Hospital’s OSHA Bloodborne Exposure Control Plan and Standard Precautions policy.

Standard Precautions are intended to prevent parenteral, mucous membrane and nonintact skin exposures to bloodborne pathogens. All partners at Community Hospital are to use Standard Precautions to prevent inadvertent exposure to infectious disease, particularly the human immunodeficiency virus (HIV), Hepatitis B virus, Hepatitis C virus, and other bloodborne diseases. Personal Protective Equipment (PPE) is readily available and provided by Community Hospital. PPE must be used by partners to protect themselves from exposure to blood and body fluids.

Gloves must be worn for touching blood and body fluids; touching mucous membranes and nonintact skin; handling items, linen or surfaces soiled with blood or body fluids requiring Standard Precautions; and performing vascular access or invasive procedures, diagnostic tests, phlebotomy or any other procedures requiring aseptic technique.

Masks/protective eyewear must be worn while performing tasks involving blood and body fluids to prevent exposure of mucous membranes of nose, mouth and eyes from blood and body fluid splash contamination. Masks/protective eyewear must be worn while performing vascular access (phlebotomy) or invasive procedures (including but not limited to insertion and discontinuation of IVs, urinary catheters, nasogastric tubes; and wound care). Masks should be discarded when removed and must not be allowed to hang around the neck.

Impervious gowns are to be worn in patient care areas when required for infectious process or potential exposure to blood/body fluids and are disposed of when leaving the immediate patient care area.

Needles must not be recapped, purposely bent or broken by hand, removed from disposable syringes or otherwise manipulated by hand. Used disposable syringes, needles, scalpel blades and other sharp items are to be placed in the designated puncture-resistant containers immediately following use.

The practice of proper precautions ensures your safety while at Community Hospital. Proper precautions include Standard Precautions, utilization of PPE and attention to the task at hand. Always remember: safety first! Thank you.

Sincerely,

Jenny Cisneros, RN BSN CIC
Infection Preventionist PURPOSE:

PURPOSE: To facilitate successful student experiences by articulating expectations for conduct while at Community Hospital.

GUIDELINES:

A. Service Excellence Behaviors

1. Dress Code
   a. Always wear your identification badge at eye level.
   b. Students must abide by the department specific dress code established if it is more restrictive based upon the type of services provided.
   c. Students are in most cases required to wear uniforms.
      i. Students generally are required to wear scrubs, approved school polos, or business attire depending on area of study.
      ii. Students with questions about uniforms should contact their instructor or the appropriate Community Hospital(CH) Resource.
      iii. Students working in departments without a specific dress code will dress in business casual.
   d. When indicated lab coats may be worn, and the clothing under a lab coat shall be clean, neat and present a professional image to our patients and the public, and shall be appropriate for the job duties to be performed.
   e. Do not wear revealing or provocative clothing; no bare midriffs, mini-skirts, shorts, or spaghetti straps; no clothing with obscene or offensive pictures or sayings; no tattered or frayed clothing, no jeans.
   f. Safe closed toe shoes are a must; no rubber flip-flops.
   g. Body piercing and tattoos must not be conspicuous and may not interfere with job performance.
      i. No tongue, nose, eyebrow, lip or other facial jewelry may be worn in pierced body parts during work, except discreet earrings in ear lobes.

2. Personal Hygiene
   a. Patients, visitors, and employees should not be subjected to offensive body odor, breath, dirty fingernails or dirty hair.
   b. Perfumes are not to be worn.
   c. Hair is to be pulled up off of shoulders.
   d. Facial hair is to be neatly trimmed.
   e. Fingernails are to be short and clean. Artificial nails are prohibited.
   f. Artificial nails and nail coverings are prohibited.
   g. Students’ voluntary grooming choices must not be distracting, repulsive or possibly frightening to patients or employees.
      i. Multi-colored, unnaturally dyed, spiked or Mohawk hairstyles, excessive make-up, excessive jewelry, heavy perfumes or colognes are examples of grooming choices that violate this policy.

3. Communication
   a. Use key words at key times; for example:
      • Upon entering the patient’s room, the healthcare worker/student enters the room and states, “For your safety I am cleansing my hands”.
      • Upon verifying the patient’s identification with two patient identifiers, the healthcare worker/
student states, “For your safety I will again verify your name and date of birth”
• Upon seeing a visitor, “How may I help you?”
• Upon leaving a patient’s room, “Is there anything else I can do for you? I have the time.”
b. Use “please” and “thank you” in all conversations.
c. Know how to answer the telephones in your area and use appropriate phone etiquette.

4. Commitment to Staff
   a. Treat one another as professionals deserving courtesy, honesty and respect.
   b. Show consideration. For example,
      • Be sensitive to an employee or student’s inconvenience by avoiding last-minute requests.
      • Respect the routines and space of one another when possible.
   c. Refrain from correcting or embarrassing fellow students or employees in the presence of others.

5. Commitment to Patients
   a. Treat all patients with courtesy, honesty and respect.
   b. Introduce yourself and explain why you are there.
   c. Ask questions to ensure understanding prior to patient treatments, procedures and/or contact.
   d. Your attitude, demeanor, words, and actions represent all the employees, volunteers, students and physicians in Community Hospital. To every patient, family member or friend of a patient, YOU ARE COMMUNITY HOSPITAL.

B. Respecting Patient Diversity

1. Cultural Competence –
   a. Students will display congruent behaviors, practices, and attitudes enabling effective work to be done in cross-cultural situations.
   b. Use Generalizations, not Stereotypes
      i. A GENERALIZATION is a beginning point; we recognize a cultural pattern and then look to see if the individual fits that pattern. Making the appropriate generalization in health care situations can be a useful tool that narrows the field of thinking and can sometimes help save a life or prevent medical complications.
      ii. A STEREOTYPE, on the other hand, is an end point and can be dangerous. In this form of thinking we develop conventional, formulaic and oversimplified conceptions and opinions. It then becomes easy to categorize a patient as being a certain way and make no further effort to learn whether the individual in question fits the conception.
   c. Culturally sensitive approaches to inquiring about a health problem:
      • What do you call your problem?
      i. What do you think caused your problem?
      ii. Why do you think it started when it did?
      iii. What does your sickness do to you? How does it work?
      iv. How severe is it? How long do you think you will have it?
      v. What are the chief problems your sickness has caused you?
      vi. Anyone else with the same problem?
      vii. What do you fear most about your illness?
      viii. What have you done so far to treat your illness: What treatments do you think you should receive? What important results do you hope to receive from the treatment?
      ix. Who else can help you?
2. Age-specific Competence
   a. To provide the best care to all of our patients, we need to understand what the development and health needs are of the age groups with which we work – for example, infants, toddlers, children, adolescents, and adults.
   b. The basic age divisions that are commonly recognized as having distinct differences are
      • Adults ages 80 and older
        o At a higher risk of infection, dehydration, poor nutrition & chronic illness
        o Mobility becomes more difficult
        o May feel isolated or upset due to loss of loved ones
      • Adults ages 65-79
        o Experience changes in skin, muscles and sensory abilities
        o May experience depression or sadness due to these changes
      • Middle adults ages 40-64
        o May experience decreased endurance, menopause
        o Have a concern for the next generation, as well as their parents
      • Young adults ages 21-39
        o May experience new adult roles: raising a family, establishing a career
      • Adolescents ages 13-20
        o Developing own identity.
        o May be self-conscious about body image
        o May not think about long-term consequences of their action
      • Older children 7-12
        o Growth at a slower pace until the “spurt” at puberty
        o Can accept rules and responsibilities
      • Young children 4-6
        o Active, develop strength and coordination
        o Like to dress themselves
        o Aware of other’s feelings
      • Infants and toddlers birth-3
        o Physical growth and development is rapid
        o Developing trust and sense of being loved is critical

C. Harassment Prevention

1. Harassment
   a. Harassment on the basis of any protected status (race or color, religion or creed, sex or gender, national origin or ancestry, age group of people 40 or older, sexual orientation, physical or mental disability, or military status) is unlawful where it is unwelcome, severe or pervasive, and unreasonably interferes with an individual’s work performance or creates an intimidating, hostile or offensive working environment.
   b. Slurs, derogatory statements or demeaning treatment, jokes and stereotyping are unprofessional and may result in termination of clinical experience regardless whether they rise to the level of unlawful harassment.

2. Sexual Harassment
   a. Occurs when a student is subjected to or subjects another person to unwelcome conduct based on sex or gender that is severe or pervasive and:
i. which conduct is either an explicit or implicit condition of an individual’s clinical experience;
ii. submission to, or rejection of, such conduct by an individual is used as a basis for decisions affecting the individual, e.g. availability of clinical experience
iii. such conduct has the purpose or effect of unreasonably interfering with an individual’s performance or creating an intimidating, hostile or offensive working environment.

b. Unprofessional conduct may rise to the level of sexual harassment if it is unwelcome, based on sex, and severe or pervasive.

c. Unprofessional conduct includes, but is not limited to, unwelcome sexual advances or propositioning, jokes of a sexual nature, unwelcome sexual comments about someone’s clothing or appearance, intimate stories about one’s sex life, sexually explicit photographs or drawings, unwelcome touching of a sexual nature, and adverse treatment based on gender.

d. Unprofessional conduct may result in termination of clinical experience regardless whether it rises to the level of unlawful sexual harassment.

3. Employees shall not in the course or scope of their employment, discriminate against, harass or engage in unprofessional conduct toward non-employees based on the non-employee’s protected status.

4. Community Hospital will investigate and take appropriate action against students who violate this provision.
   a. Students who violate this provision in regard to employees, fellow students, patients, or patients’ families, will be asked to leave the hospital and an investigation will be done.
   b. The student may not be able to return to the hospital for completion of clinical rotations.

5. Conduct that is “welcome” by a student is not legally considered “harassment.”
   a. it is important that if a student finds someone’s conduct sexually harassing, or harassing on another protected basis, that you do not encourage that person to continue.
   b. Telling the person that you are offended and to “stop it,” may be enough to correct the situation.
   c. If such a request is insufficient, report it immediately to your instructor and to the Community Hospital Resource.

D. Tobacco Use

1. The Colorado Clean Indoor Air Act prohibits smoking inside any place of employment and in any entryway.

2. Community Hospital properites are considered Smoke Free as of March 2, 2009. This means students, staff, visitors, and patients are not allowed to smoke, or use tobacco products while on hospital premises, inside or outside.

3. Violators will be subject to termination of their clinical rotation with the hospital.

E. Alcohol and Drug-Free Workplace

1. The use of controlled substances and the misuse of alcohol increase the risk of accidents and jeopardize the safe work environment for students, employees, customers and the public in general.

2. CH is committed to an alcohol and drug-free workplace to promote the safety and well-being of its employees, customers, students and the public.

3. “Drugs” or “controlled substances” means a controlled substance listed in Schedules I through V of 21 U.S.C. 812 and as further defined by federal regulations (21 CFR Section 1300.11 through 1300.15).
   a. This list includes but is not limited to marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).
b. It does not include over-the-counter medications taken in accordance with the manufacturer’s instructions, or drugs prescribed by a physician for the student when taken in the manner, combination and quantity prescribed.
   i. Students who are using over-the-counter or medically prescribed drugs that may adversely affect their ability to perform work in a safe manner must notify their instructor prior to starting clinical rotations.
   ii. The student may be required to provide a physician’s certification that it is safe for the student to perform learning tasks while using the medications.

4. The following conduct by students is prohibited on any premises owned, leased or used by CH for performing services, or any place while the student is performing services:
   a. alcohol possession or use
   b. the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance
   c. having detectable amounts of alcohol or controlled substances in the student’s system
   d. smelling of alcohol during clinical rotations, regardless whether the student is under the influence.

5. Students suspected of drug or alcohol use while in clinical rotations will be required to leave the hospital and will not be able to return for clinical rotations unless and until an agreement has been reached by the school and the hospital regarding the disposition of the student.

F. Workplace Violence Prevention

1. Community Hospital strives to prevent workplace violence and to maintain a safe work environment.
2. Employees and students must cooperate with CH to maintain a work environment free from violence, threats of violence, and behavior that makes others reasonably fearful for their safety.

3. Dangerous Devices/Substances Prohibited
   a. Employees and students are prohibited from engaging in fighting, horseplay, or other conduct that may be dangerous to others.
   b. Firearms, knives, and other dangerous weapons or hazardous devices or substances are prohibited on the premises, or in vehicles, or in the possession of students during clinical rotations.

4. Threatening Conduct Prohibited
   a. Conduct that is intended to or can reasonably be expected to threaten the physical safety of another employee, student, supervisor/director a customer, or a member of the public, or that effectively causes another to fear for physical safety is prohibited.
   b. Bizarre or frightening comments regarding violent events, even if made in jest, and bizarre or frightening behavior on the telephone, in faxes or e-mails are prohibited. Such behavior includes oral or written statements, gestures, or expressions that reasonably could or do communicate a threat of physical harm.

5. Community Hospital needs your cooperation to effectively implement this policy and maintain a safe working environment.
   a. Do not ignore violent, bizarre, frightening, or threatening behavior that occurs in the workplace, threatens to spill-over into the workplace, or has an adverse impact on the workplace.
   b. All threats of violence or actual violence in violation of this policy of which you have first-hand knowledge must be reported immediately to your instructor or department director.
c. If the threat of harm is immediate, call 911.
d. Do not place yourself in peril by attempting to intercede when the threat is immediate.
   i. Threats of violence can include verbal, written or physical threats.
   ii. Statements to the effect that you intend to shoot, maim, kill, strangle, or otherwise cause physical harm to another are not to be made, even if there is no intent to actually engage in this conduct.
   iii. Threatening conduct can include blatant insubordination, loud arguing, swearing at others, expressions of hostility, clenched fists, glaring or staring at another, threatening or harassing phone calls or email, stalking, pushing or poking another person, throwing items or slamming doors, and intentional or reckless destruction of property, among other acts.

6. Anyone determined to be responsible for threats of violence or actual violence or other conduct that is in violation of this policy will be subject to disciplinary action up to and including termination of clinical rotation. Students who engage in conduct in violation of this policy may also have personal liability for the damages caused to others by their conduct.

G. Privacy and Confidentiality

1. During the course of clinical rotations, students will have access to confidential information of CH and our patients.
2. Confidential information refers to Protected Health Information (PHI) and any other business information that is not generally known to or accessible by the public.
3. CH prohibits students from releasing, copying, reproducing, or distributing medical, financial, personal or other information about CH, its patients or their families, or employees, except when properly authorized.
4. This non-disclosure applies during and after a student’s clinical rotation.
5. Students must not access PHI of any patient unless the information is needed to perform their clinical rotation.
   • Students must not access their own records, or the records of family and/or friends electronically or by any other means.
6. Violations of the above may result in termination of the clinical rotation &/or to the extent of the law.

RESPONSIBILITY:
All students at Community Hospital for clinical rotations
PURPOSE:
To delineate the scope of responsibility/activity of students in the provision of patient care.
To correlate the provision of patient care between students and hospital personnel.

POLICY:
A. Responsibility for Patient Care
Community Hospital(CH) patient care personnel maintain responsibility for quality patient care and evaluate the care given to all patients.

1. Hospital personnel on the patient care unit shall retain responsibility for providing and directing care as well as documentation in medical record.

2. Hospital personnel will identify and provide timely and appropriate orientation and access based upon stated learning objectives, level and competence of students, and length of student rotation. This includes Meditech, Pyxis, and other equipment necessary for safe patient care delivery.

B. Responsibility of Students and Instructors
1. All students shall abide by Community Hospital’s policies and procedures. Policy and Procedures are available online on the hospital intranet.

2. Competency of students and instructors is the responsibility of the school and will be communicated appropriately to hospital personnel.

C. Coordination of Patient Care for Students
Care delivery by the student shall be coordinated between the clinical instructor/preceptor and the assigned hospital personnel. For nursing departments, assigned hospital personnel includes staff nurse, charge nurse, lead RN, &/or department director.

E. School Faculty Supervision of Student
Unless formally agreed upon by the hospital department director and school faculty, a student shall be under the supervision of a readily available faculty member.

1. Preceptor relationships are available only as authorized with Department Director prior to student rotation.

2. Preceptors shall have a faculty contact available for each student experience.

F. Contracted Schools
1. Only students from schools that have a current contract with Community Hospital may be on site.

2. See Student Placement policy for requesting clinical site placement for students. The request must include:
   a. Units/floors needed
   b. Days of the week
   c. Shifts/ clinical times
   d. Number of students & student competency
   e. Instructor name and competency for each clinical rotation.

G. Orientation
All students are required to participate in a general orientation. Unit specific orientations are offered as needed by the unit.
H. Student and Instructor requirements include:
   1. Immunization verification
      a. PPD / TST
      b. MMR
      c. Hepatitis B
   2. Criminal Background Investigation
   3. Current CPR training (if patient contact) is highly recommended
   4. HIPAA training verification & confidentiality agreement
   5. Cultural Diversity training verification
   6. Standard Precautions training verification

   Veriﬁcation of these requirements must be reviewed prior to students attending the ﬁrst clinical rotation.

PROCEDURE:
A. Clinical Instructor/Preceptor Responsibilities during Clinical Rotation
   1. Ensures competency of student prior to clinical experience and patient care duties, and also provides unit staff with student’s competency abilities prior to shift.
   2. The instructor is responsible for the learning needs of the student, and for facilitating communication about patient care delivery to the assigned caregiver (ie; nurse).
      a. Coordinates student patient care assignments with identiﬁed hospital personnel (ie; Charge Nurse).
         • Students/instructors will obtain the verbal consent of patients prior to assignment.
      b. Proactively assists students in clinical learning situations
   3. Consults the Policy and Procedures when in question as to Community Hospital standards.
   4. Reports unusual occurrences relative to student performance to identiﬁed hospital personnel (ie; Unit Supervisor, Preceptor, Charge Nurse or Assigned Staff Nurse).

B. Student Responsibilities during Clinical Rotation
   1. See Student Conduct Expectations guidelines.
   2. Reports to identiﬁed hospital personnel (ie; Preceptor, Charge Nurse or Assigned Staff Nurse) at beginning of clinical experience.
   3. Notiﬁes identiﬁed hospital personnel (ie; Supervisor, Preceptor, Charge Nurse, Assigned Staff Nurse), as well as the Instructor when leaving the unit/patient care area.
   4. Consults appropriate resources as needed, such as the Policy and Procedure Manual, identiﬁed hospital personnel, etc., prior to performing procedures/tasks.
   5. Documents as directed on assigned patient’s medical record:
      a. Students may complete an assessment, however it is not a permanent part of the medical record.
         The assigned staff/preceptor must complete and document all assessments.
      b. Treatments and interventions performed, patient response, and/or effectiveness of intervention may be documented under the direct supervision of the staff and/or clinical instructor/preceptor.
      c. CNA students may document under the direct supervision of the assigned CNA.
      d. Therapy, respiratory, EMT and PA students are allowed to document under the direct supervision of their preceptor only.
      e. All other students will have read only access.
6. Reports on patient’s condition to appropriate hospital personnel (i.e; the Charge Nurse, Assigned Staff Nurse, or the Oncoming Shift Nurse) prior to leaving the unit and/or at any time patient condition warrants.

C. Surgery Specific
1. Surgical attire must be worn in the Surgery Department. (Dress Code - Surgical Attire)
   a. Includes: surgery scrub clothes and hats which cover all hair (including beards) and mask.
   b. Shoe covers are optional and should be worn for personal protection and/or containment. Knee-high impervious shoe covers should be worn for procedures involving copious irrigation that may not be well contained.
   c. Eye protection will be worn whenever the student is in the OR rooms.
   d. Masks must be tied tightly enough to conform to the face and should be worn at all times where open, sterile supplies or scrubbed persons may be located.
   e. Hats/hoods should be worn when attired in scrub clothes to protect the scrub clothes from contamination by hair and/or dander unless wearing a cover coat. Hats/hoods should be changed when they become soiled.
   f. A wristwatch and/or wedding/engagement ring may be worn. All jewelry must be removed from hands and arms before scrubbing or donning sterile gloves. All jewelry (chains, earrings) must be covered by the scrub suit, hat/hood and/or sterile gown.
   g. False nails may not be worn when working with patients in the Department of Surgery. Nail polish must be fresh (applied within 72 hours) or should be removed to scrub.

2. Medical students and PA students may be allowed to scrub. Nursing students, therapy and Athletic Trainer students may not be allowed to scrub and may only observe or work under the direction of the RN Circulator.
   a. All medical students will be required to demonstrate knowledge of scrubbing to the Surgery Department Director/Clinical Services Leader/designee prior to being allowed to scrub on any procedure.
      • It is the responsibility of the student to make arrangements to be checked off on scrubbing with the department director/clinical services leader before being allowed to scrub.
      • Generally only one medical student will be allowed to scrub at a time. Medical students III and/or IV will have first priority. If a med student III or IV is not involved, the student who has worked up the case or the one designated by either the surgeon or the attending physician will be allowed to scrub.

3. If there is any question regarding the sterility of an item, it is considered contaminated.

4. Any break in aseptic technique must be reported to the RN circulator at once.

5. Individuals should always be aware of the sterile field when moving about the room.

6. Induction of a patient is a critical procedure.
   a. Be as quiet as possible.
   b. Hold questions until anesthesia indicates the excitement stage is over.
   c. Advanced Medical students may intubate patients under the direction of the anesthesiologist.

7. Employees will NEVER be asked to leave a room to allow a student to be present.

8. The RN circulator controls activity in the room.
   a. Listen to her/him.
   b. Check with circulator regarding where to stand.
   c. Feel free to ask questions at appropriate times.
D. Staff Personnel Responsibilities

1. Staff ultimately must monitor and maintain responsibility for the care and related documentation being provided to the patient, ensuring it is appropriate and timely.
   a. Beginning, intermittent, and end of shift assessments with corresponding documentation is the responsibility of the assigned nurse.
   b. Reviews and co-signs all other student documentation entries throughout the shift.

2. Staff will facilitate learning opportunities for students, keeping in mind that patient safety is always of primary concern.

RESPONSIBILITY:
Department Directors, Patient Care Personnel; Students
Cultural Competence - Definition
A set of congruent behaviors, practices, attitudes and policies that come together in a system or agency or among professionals, enabling effective work to be done in cross-cultural situations.

Use Generalizations, Not Stereotypes
A generalization is a beginning point; we recognize a cultural pattern and then look to see if the individual fits that pattern. Making the appropriate generalization in health care situations can be a useful tool that narrows the field of thinking and can sometimes help save a life or prevent medical complications.

A stereotype, on the other hand, is an end point and can be dangerous. In this form of thinking we develop conventional, formulaic and oversimplified conceptions and opinions. It then becomes easy to categorize a patient as being a certain way and make no further effort to learn whether the individual in question fits the conception.

Culturally sensitive approach to inquiring about a health problem:
- What do you call your problem?
- What do you think caused your problem?
- Why do you think it started when it did?
- What does your sickness do to you? How does it work?
- How severe is it? How long do you think you will have it?
- What are the chief problems your sickness has caused you?
- Anyone else with the same problem?
- What do you fear most about your illness?
- What have you done so far to treat your illness: What treatments do you think you should receive?
- What important results do you hope to receive from the treatment?
- Who else can help you?

Age-specific Competence - Definition
To provide the best care to all of our patients, we need to understand what the development and health needs are of the age groups with which we work – for example, infants, toddlers, children, adolescents, and adults. This applies to communication with patients across all departments, not solely in clinical areas.

The basic age divisions that are commonly recognized as having distinct differences are:

1. Adults ages 80 and older
   • At a higher risk of infection, dehydration, poor nutrition & chronic illness
   • Mobility becomes more difficult
   • May feel isolated or upset due to loss of loved ones
2. Adults ages 65-79
   • Experience changes in skin, muscles and sensory abilities
   • May experience depression or sadness due to these changes
3. Middle adults ages 40-64
   • May experience decreased endurance, menopause
   • Have a concern for the next generation, as well as their parents
4. Young adults ages 21-39
   • May experience new adult roles: raising a family, establishing a career
5. Adolescents ages 13-20
   • Developing own identity.
   • May be self-conscious about body image
   • May not think about long-term consequences of their actions
6. Older children 7-12
   • Growth at a slower pace until the “spurt” at puberty
   • Can accept rules and responsibilities
7. Young children 4-6
   • Active, develop strength and coordination
   • Like to dress themselves
   • Aware of other’s feelings
8. Infants and toddlers birth-3
   • Physical growth and development is rapid
   • Developing trust and sense of being loved is critical