

RN Refresher Course

*~A course for registered nurses who wish to update their skills
and enter the acute care med-surg setting~*

September 14 - November 5, 2009

The Course: An 8-week course of theory and clinical instruction, designed to bring nurses back to the acute care setting. Areas of study include nursing process, health assessment, clinical skills and clinical decision making.

Who Should Enroll:

- Registered nurses who have not worked in nursing for 5 years or more.
- Registered nurses who want to update their nursing skills to enter the acute care setting.

Limited number of students accepted!

When: This 8-week course runs from September 14 through November 5 and consists of 4-day weeks. Clinical instruction is held on Monday and Tuesday from 7:00 a.m. to 3:30 p.m. Classroom days are Wednesday and Thursday from 8:00 a.m. to 2:30 p.m.

Where: Classroom instruction will be held at the Greater Cincinnati Health Council, 2100 Sherman Avenue, Suite 100, Cincinnati, Ohio. A complete schedule with classroom dates, locations and parking details will be given at time of interview. Clinical requirements will be fulfilled at the sponsoring hospital of the participant's choice.

Sponsoring Hospitals: St. Elizabeth Healthcare
TriHealth



Cost: The cost of the course is \$750.

Contact Hours: 205.5 Contact Hours will be awarded upon successful completion of 90% of the classroom & clinical hours.

KBN Provider No. 8-0005.
Expiration date: December 31, 2009.

“Kentucky Board of Nursing approval of an individual nursing continuing education provider does not constitute endorsement of program content.”

Information/Registration forms: For more information and a registration form, contact **Greater Cincinnati Health Council, Mary Duffey (513) 531-878-2862, or online: www.gchc.org, click on “Nurse Refresher Course” under the Workforce Center.**

Sponsored by:



**Bethesda North
Good Samaritan**



Registration Deadline: August 8, 2009

Completed applications and payments should be sent to the Greater Cincinnati Health Council, 2100 Sherman Avenue, Suite 100, Cincinnati, OH 45212, attn: RN Refresher Course.

INFORMATION SHEET
RN REFRESHER COURSE
September 14, 2009-November 5, 2009

Purpose:

- ✦ To provide an organized learning experience, designed, planned and evaluated to meet behavioral objectives.
- ✦ To update knowledge of current nursing theory and clinical practice and provide current information and instruction to the RN who wishes to re-enter nursing practice.

Course Objectives:

This course will assist participants:

- ✦ Develop and apply current knowledge in the areas of nursing process, health assessment, clinical skills and clinical decision making required for nursing practice
- ✦ Achieve experience in providing clinical care to patients with selected nursing needs.
- ✦ Implement the Nursing Process in the coordination of adult medical-surgical patient care.
- ✦ Gain a renewed sense of self-confidence as a professional nurse.
- ✦ Provide content required for re-licensure.

Target Population:

- ✦ RNs who have not worked in nursing for 5 years or more.
- ✦ RNs who want to update nursing skills to enter the acute care medical-surgical setting.

Course Participant Requirements:

- ✦ Proof of Ohio RN licensure (if clinical site is at TriHealth, Inc.); proof of previous or current licensure as an RN (any state) if clinical site at St. Elizabeth Medical Center.
- ✦ Participants must be able to commit to the classroom and clinical time requirements described in the course syllabus.
- ✦ Health insurance
- ✦ Professional liability insurance*
- ✦ Statement of recent physical examination, within 6 months of start of program. (Physical Exam must include ability to meet physical requirements of clinical component)
- ✦ Proof of current CPR status (BLS)
(contact Red Cross, local Fire Dept., hospital, or refer to www.tristatenrc.org under "Nursing Resources" for TriHealth CPR class information)

*Not required for TriHealth

Cost: \$750.00

Refund Policy:

Refund Policy: Refer to the application information.

Time Frame:

It is an 8-week course consisting of 4-day weeks. The first week is strictly in the GCHC classroom. After the first week, clinical days are Monday and Tuesday, 7:00AM - 3:30PM. The classroom days are Wednesday and Thursday, 8:00AM – 2:30PM.

Successful Course Completion Requirements:

Participants must:

Theory

- ✦ Complete 90% attendance of classroom
- ✦ Maintain 70% average on course weekly quizzes
- ✦ Participate in class
- ✦ Successfully complete initial clinical skill lab (week 1)

Clinical

- ✚ Evaluation and recommendation by clinical instructor
- ✚ Develop and apply current knowledge in the areas of nursing process, health assessment, clinical skills and clinical decision making required for nursing practice
- ✚ Completion of 90% of clinical hours

These requirements will be mutually evaluated on an ongoing basis with appropriate interventions as needed. Inability to complete these requirements results in failure of the course.

Number of hours awarded:

Theory 93.5 contact hours:

- ✚ Patient care principles and systems review: systems and disease review, physical assessment, current therapy, documentation of the nursing process.
- ✚ Clinical topics: Infection control, fluid electrolyte balance, palliative care and pain management, skin/wound care, chemical dependency.
- ✚ Skill Lab experience: Medical-Surgical skill competencies to include: General physical assessment and practices related to patient safety and infection control.
- ✚ Professional issues: changing healthcare industry, legal and managed care, quality assurance and case management.

Clinical 112 contact hours:

- ✚ Clinical rotation: students will be assigned to a clinical instructor at the sponsoring facility under the supervision of the assigned coordinator.
- ✚ Each student is required to complete 90% of the scheduled hours.
- ✚ Application of theory will take place in one designated hospital (no rotation).
- ✚ Each student is expected to meet clinical requirements (e.g. required facility testing, satisfactory progress summary).

Total Contact Hours: 205.5

(Total contact time has been configured for 90% attendance)

KBN Provider Number:

St. Elizabeth Medical Center has been approved by the Kentucky Board of Nursing as a provider of an RN Refresher Course Provider No.8-0005 Expiration date: December 31, 2009.

“Kentucky Board of Nursing Approval of an individual nursing continuing education provider does not constitute endorsement of the program content.”

Classroom Location:

Greater Cincinnati Health Council
2100 Sherman Avenue, Suite 100
Cincinnati OH 45212-2775
Phone: (513) 531-0200

Clinical Resources:

St. Elizabeth Healthcare
TriHealth, Inc. (Bethesda North Hospital and Good Samaritan Hospital)

Faculty:

Nurse Administrator: Sandy Delaney, MSN, RN, C, CNAA
Primary Instructors/Coordinators:
Betty S. Cottongim, MSN, RN
Deborah Cummings, MSN, RN
Deborah Faust, MSN, RN-BC
Kim Link-Albers, RN
Nancy VonRotz, RN

RN REFRESHER COURSE APPLICATION

PARTICIPATING HOSPITAL SYSTEMS' CLINICAL SITES:

****Please
check
preferred
Clinical Site****

— **St. Elizabeth Medical Center**
One Medical Village Drive
Edgewood, KY 41017

— **Tri-Health**
619 Oak Street
Cincinnati, OH 45206

**PLEASE COMPLETE APPLICATION: CHECK PREFERRED CLINICAL SITE and RETURN WITH COURSE FEE TO:
GREATER CINCINNATI HEALTH COUNCIL, 2100 SHERMAN AVE. SUITE 100, CINCINNATI, OH 45212
ATTN: RN REFRESHER COURSE**

Date _____

SS# _____

Last Name _____

First Name _____

M.I. _____ Prefix _____ (Mr., Mrs., etc.)

Address _____

City _____ State _____ Zip Code _____

E-mail _____

Home Phone _____ Work Phone _____ Other _____

How did you learn of this course?

Hospital employee? _____

Website? specify _____

Advertisement, which one? _____

Job Fair, which one? _____

Other? _____

NURSING EXPERIENCE (Please complete **ALL** fields. Attach additional information as necessary).

1. Start Date _____ End Date _____

Employer _____

City _____ State _____

Ending Job Title _____

Area of Specialty/Job Duties _____

2. Start Date _____ End Date _____

Employer _____

City _____ State _____

Ending Job Title _____

Area of Specialty/Job Duties _____

NURSING EDUCATION

School _____

City/State _____

Years Completed _____

Degree/Certificate _____

PROFESSIONAL LICENSURE/REGISTRATION/CERTIFICATION

State _____

Number _____ Date Issued _____

Expiration Date _____ Active Inactive Lapsed

State _____ Number _____

Date Issued _____ Expiration Date _____ Active Inactive Lapsed

Payment Enclosed:CashCheckCredit Card

If by credit card:

_____ Visa _____ MasterCard

Credit Card Number _____

Expiration Date _____

Name on Card _____

Signature _____

APPLICATION INFORMATION:

The RN Refresher Course is sponsored by Greater Cincinnati Health Council, St. Elizabeth Healthcare, and TriHealth. The 8-week course is designed for registered nurses who have not worked in nursing for five years or more and want to get back into active nursing practice. Ohio clinical sites require an active Ohio license. Kentucky clinical site requires prior or current licensure as an RN in any state. This course is a combination of classroom and clinical components. The clinical component is physically demanding.

ACCEPTANCE:

Acceptance into the RN Refresher Course is contingent upon a successful interview at participating hospital site. To be scheduled for the interview the applicant must have submitted a complete application by deadline date. Final selection into program is at discretion of the participating hospital site.

Limited number of students accepted!

WHERE:

Classroom instruction will be held at:

Greater Cincinnati Health Council 2100 Sherman Avenue, Suite 100 Cincinnati, OH 45212

*Clinical requirements will be fulfilled at the sponsoring hospital of the participant's choice.

WHEN:

Deadline to apply for the Fall class: August 8, 2009

Class Begins: September 14, 2009

Class Ends: November 5, 2009

***Classroom instruction first week from 8 am - 2:30 p.m. Monday through Thursday.**

***After First week: Clinical instruction will be from 7am-3:30 p.m. Mondays and Tuesdays.**

Classroom instruction will be from 8 am – 2:30 p.m. Wednesdays and Thursdays.

COST:

Application Fee \$750.00

Application Deadline August 8, 2009

Please forward your completed application and fee to the:

Greater Cincinnati Health Council, 2100 Sherman Avenue, Suite 100, Cincinnati, OH 45212
Attn. Workforce Center

Cash, Check and Visa/MasterCard are accepted.

(Checks made payable to the Greater Cincinnati Health Council.)

*PLEASE NOTE: payment will not be processed until class has been determined; applicant payment (check or credit card information) will be returned to those not selected for the class

Refund Policy: If notification of cancellation is presented before August 31, 2009, a full refund will be provided. From September 2 to September 17, the committee will only provide a 75% refund. After September 17 up to October 1, the committee will only issue a 50% refund. No refund will be provided after October 1. If you apply for a refund, a \$50 processing fee will be charged. Students unable to meet clinical requirements (eg. required facility testing, satisfactory progress on meeting evaluation guidelines) may be counseled to leave the clinical component of the program and will not be eligible for a refund if after October 1, 2009.

Contact Hours: 205.5 total contact hours will be awarded upon completion of the program.

This course has been approved by the Kentucky Board of Nursing as a provider of an RN Refresher Course.

Provider NO. 8-0005. Expiration date: December 31, 2009

COURSE REQUIREMENTS:

At time of Application (All copies must be submitted)

- Proof of Ohio licensure (if clinical site is TriHealth), proof of previous or current licensure as an RN (any state) if clinical site is St. Elizabeth in Kentucky.
- Participants must be able to commit to the classroom and clinical time requirements described in the course syllabus.
- Proof of Professional Liability Insurance needs to be presented to St. Elizabeth Medical Center the first day of clinical. (contact NSO at www.nso.org or call 1-800-247-1500 or consult your homeowner's policy).* (see below)
- Statement of recent physical exam, within 6 months of start of program. (Use physical examination form).
- Proof of updated immunizations, PPD (a **two-step** TB test is required -- a two-step TB test is actually 2 TB tests and 2 results; must be within the last 12 months), MMR, (documentation if born after 1957) and Hepatitis B series started or signed waiver. (Copy must be provided).
- Proof of Health Insurance
- **Proof of current CPR status (BLS)**
(contact Red Cross, local Fire Dept., hospital, or refer to www.tristatenrc.org under "Nursing Resources" for TriHealth CPR class information)

*Not required for TriHealth.

RN REFRESHER COURSE PHYSICAL EXAMINATION

NAME	AGE	SEX
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(Examiner: Please check appropriate box after each category)

	NORMAL	ABNORMAL	COMMENTS
ENT	<input type="checkbox"/>	<input type="checkbox"/>	_____
EYES	<input type="checkbox"/>	<input type="checkbox"/>	_____
NECK	<input type="checkbox"/>	<input type="checkbox"/>	_____
CHEST	<input type="checkbox"/>	<input type="checkbox"/>	_____
LUNGS	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEART	<input type="checkbox"/>	<input type="checkbox"/>	_____
ABDOMEN	<input type="checkbox"/>	<input type="checkbox"/>	_____
HERNIA	<input type="checkbox"/>	<input type="checkbox"/>	_____
VARIICOSITIES	<input type="checkbox"/>	<input type="checkbox"/>	_____
UPPER EXTREMITIES	<input type="checkbox"/>	<input type="checkbox"/>	_____
BACK	<input type="checkbox"/>	<input type="checkbox"/>	_____
LOWER EXTREMITIES	<input type="checkbox"/>	<input type="checkbox"/>	_____
PSYCHOLOGICAL	<input type="checkbox"/>	<input type="checkbox"/>	_____

IMMUNIZATIONS

PPD (2 step TB)	DATE #1: _____	DATE #2: _____
MMR (documentation if born after 1957)	DATE: _____	
HEPATITIS B	DATE: _____	

This individual is able to meet the physical demands (ie. Activity, Lifting or Mobility):
of clinical experience ___ yes ___ no

Other Comments: _____

_____	_____
Signature of Examining Physician	Date