

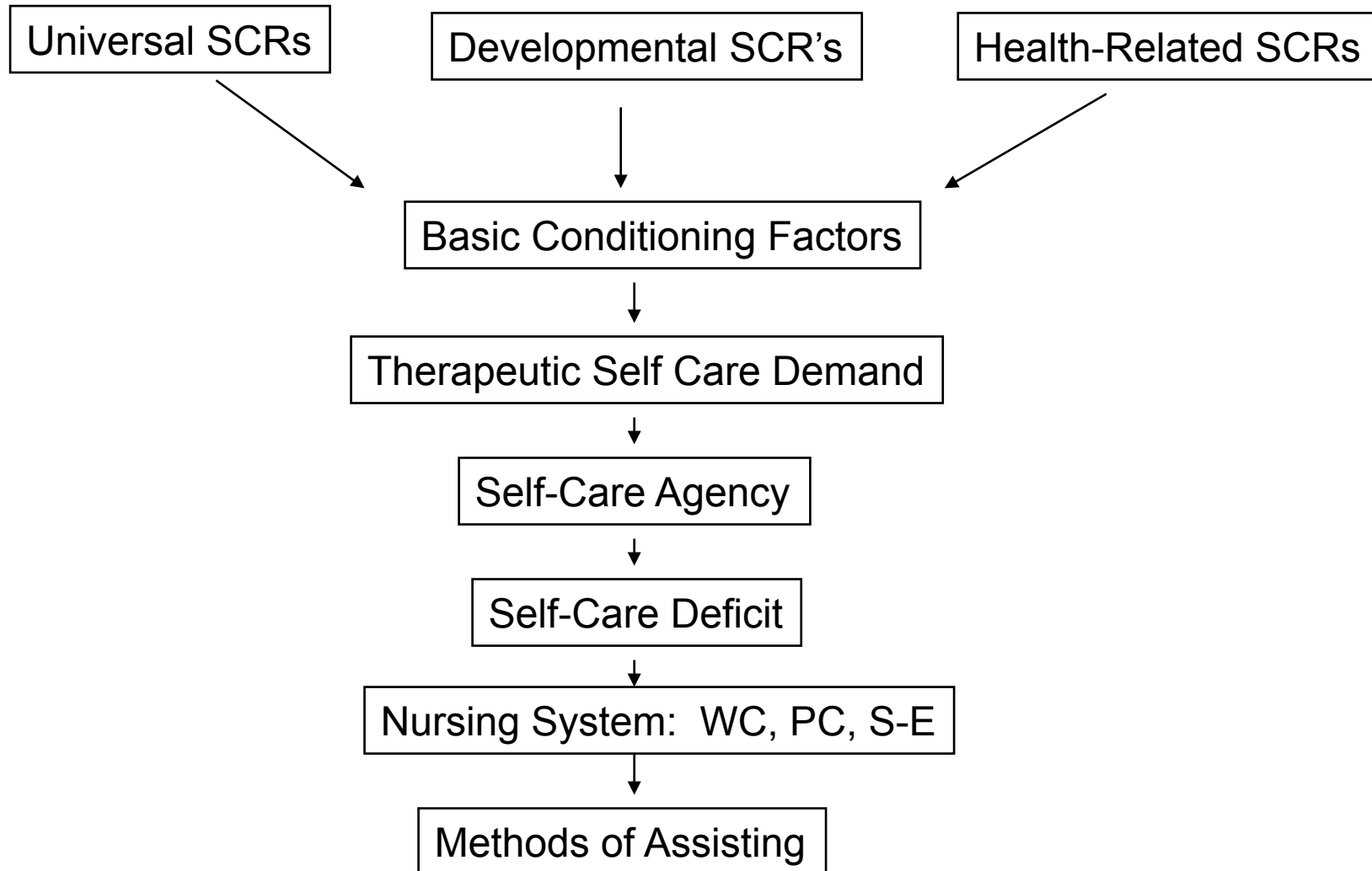
Putting a Practice Model into Practice

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SCDNT 10th World Congress
June 27, 2008

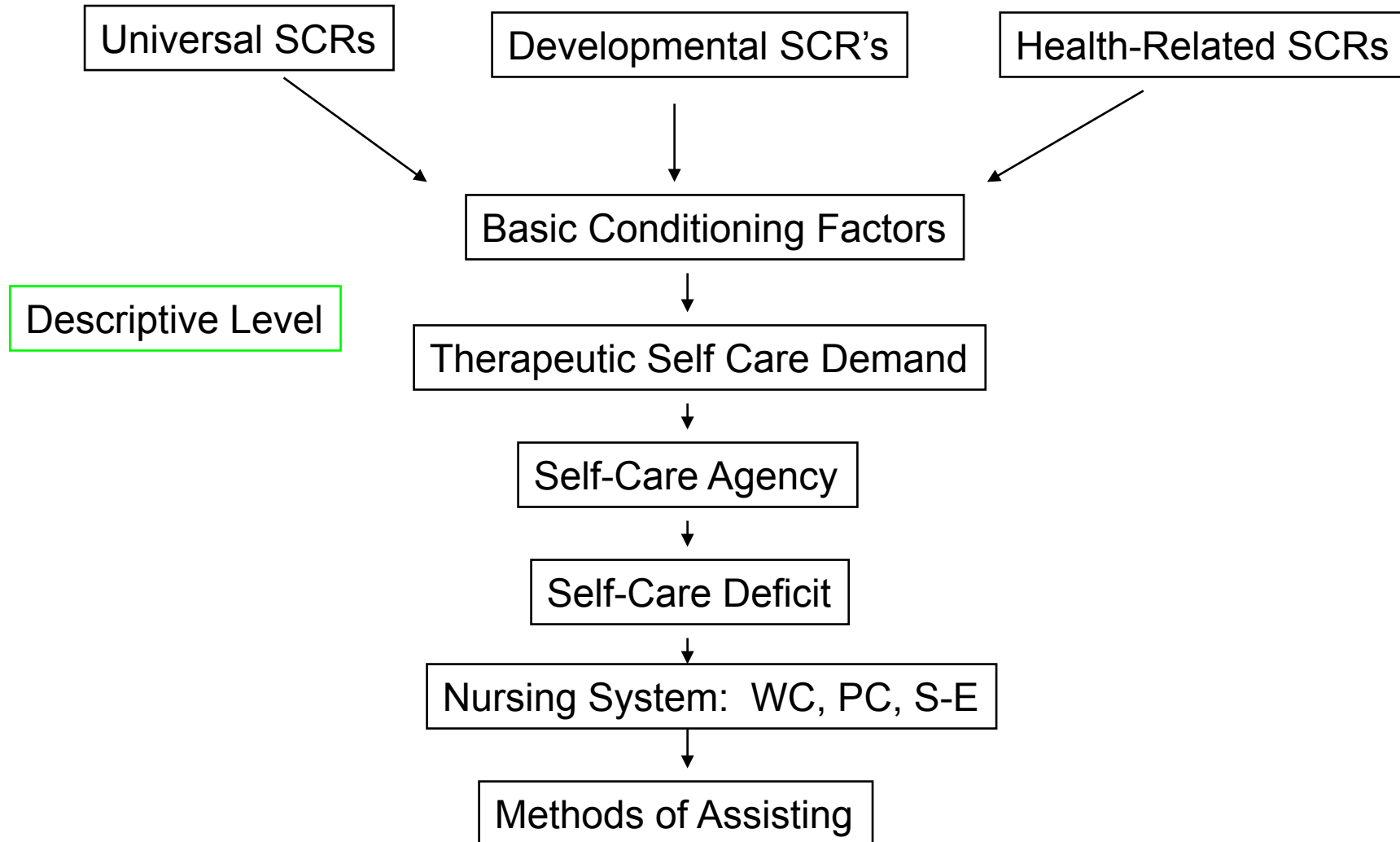
Background on the Model

- Used in teaching first nursing course in a BSN-completion program with which Dr. Susan Taylor consulted
- Includes all the elements of Orem's SCDNT!
- Reflects nursing process (APIE) & Orem's Nursing Process
- Reveals the Levels of Theory from Dickoff & James (1968)

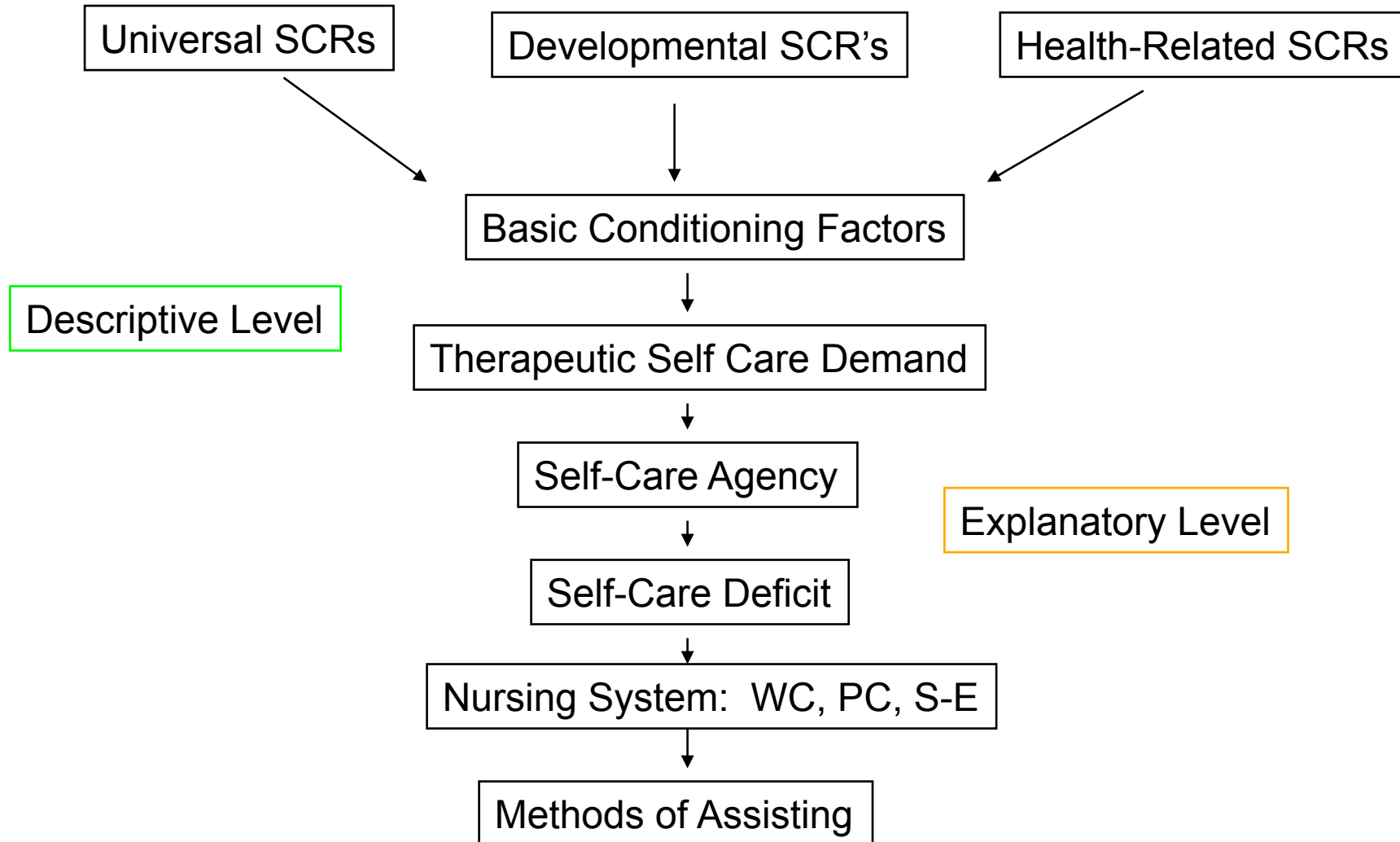
The Model



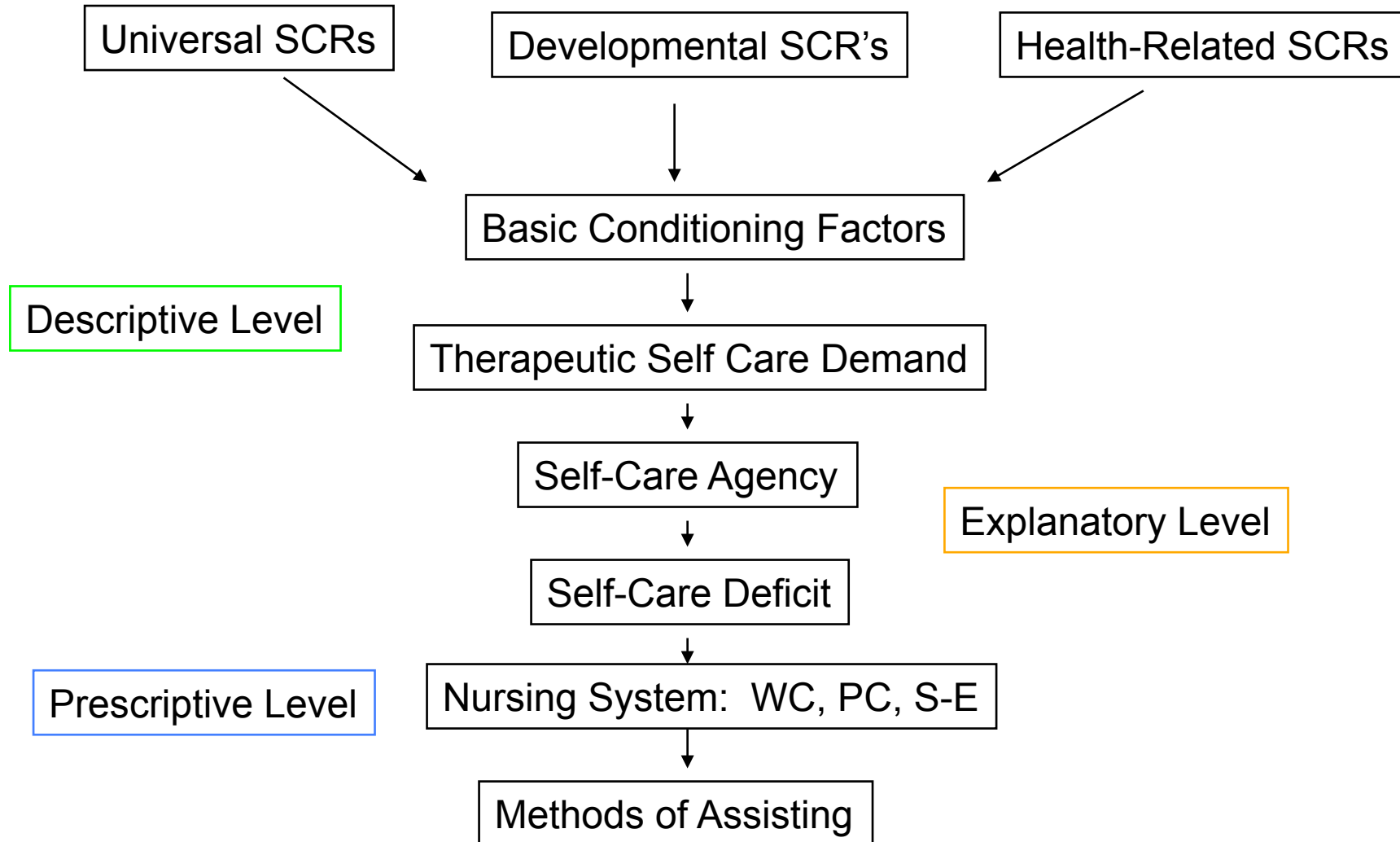
The Model



The Model



The Model



Universal Self-Care Requisites

- Maintain a sufficient intake of Air
- Maintain a sufficient intake of Water
- Maintain a sufficient intake of Food
- Provide care for Elimination & Hygiene
- Maintain a Balance btw Activity & Rest
- Maintain a Balance btw Social Interaction & Solitude
- Prevent Hazards
- Promote Normalcy in Human Functioning (Sexuality, Spirituality – human things!)

Developmental Self-Care Requisites

- Progress toward higher levels of development (Maturational – Erikson, Piaget, Havighurst, etc., etc.)
- Prevent or Mitigate deleterious effects of conditions that affect human development (Situational crises; crisis intervention)

Health-Related Self-Care Requisites

- Seek & Secure appropriate health/medical assistance
- Aware of/take care of pathological conditions
- Effectively carry out prescribed diagnostic, therapeutic, or rehabilitation measures
- Aware of/take care of side-effects of prescribed care
- Modify self-concept in acceptance of self, health state, and need for care
- Learn to live with effects of health state & prescribed care so that life-style promotes continued development

Basic Conditioning Factors

- Age, Developmental State (Physical, Cognitive, Emotional, Spiritual)
- Sociocultural Orientation
- Conditions of Living & Working
- Family System Elements
- Patterns of Living & Working
- Health State; Health Care System Elements & Resources for S-C & H-C

Therapeutic Self-Care Demand

- Part of the process of nursing diagnosis and prescription (SCDNT) or an area of assessment in nursing process (APIE)
- “Explains” or individualizes the relationship between SCR’s and BCF’s and, when combined with the assessment of power components & development, operability & adequacy of SCA “predictive” of the SCD
- Particularizes (specifies) the SCRs

Self-Care Agency

- Development, Operability & Adequacy for meeting self-care needs
- Assessed by evaluating the Power Components of Self-Care Agency
- Also applies to Dependent-Care Agency

Self-Care Deficits

- If Therapeutic Self-Care Demand is greater than Self-Care Agency, there is a Self-Care Deficit
- If SCA able to meet TSCD, there is no Self-Care Deficit – and no Nursing System is needed
- Also applies to Dependent-Care Agency

Nursing System

- If Self-Care Deficit, then prescribe Nursing System:
 - Whole Compensatory
 - Partly Compensatory
 - Supportive-Educative

Methods of Assisting

- Acting for/Doing For Another
- Guiding Another
- Supporting Another (Physically, emotionally, socially, developmentally, spiritually)
- Providing an environment in which the person can develop SCA
- Teaching Another

Non-linear Process/Feedback System

- Evaluate
- Reassess
- Re-plan/redesign the Nursing System

Examples of “Forms” using Practice Model

- Nursing System Design
 - Two page (front-back) form
 - BCF’s are assessed
 - Power components – development, operability & adequacy
 - Identification of Limitations for Self-Care
 - Knowing, Judging/Deciding, Acting/Doing
 - Prescribed Nursing System
 - Nursing Care Plan (“typical” in-patient style)

Discussion

- Questions
 - Comments
 - Discussion
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- *Thank you for attending the CONGRESS and this session.*