COURSE NUMBER
NUR 4212

COURSE TITLE
Obstetric and Pediatric Nursing Practicum

CREDITS
(0-0-6)

PREREQUISITE COURSES
NUR 3410 Adult Health Nursing I, NUR 3320 Adult Health Nursing Practicum, NUR 3301 Health Policy and Professional Issues, & NUR 3307 Pharmacology.

CO-REQUISITES
NUR 4322 Obstetrics and Pediatric Nursing, NUR 4305 Research: An Evidence-Based Approach to Care, NUR 4221 Adult Health II Nursing Practicum, & NUR 4411 Adult Health Nursing II.

PRE-REQUISITE SKILLS
Accessing internet web sites, use of ASU Library resources, and proficiency with Microsoft Word and/or PowerPoint are an expectation of the Generic BSN program. Computer requirements are further delineated in the Department of Nursing Undergraduate Student Handbook. Tutorials for ASU Library and for Blackboard are available through RamPort. The ASU Nursing Program Undergraduate Student Handbook should be reviewed before taking this course (http://www.angelo.edu/dept/nursing/handbook/index.html).

COURSE DELIVERY
This is a clinical practicum nursing course that involves direct delivery of patient care services.

BROWSER COMPATIBILITY CHECK
It is the student’s responsibility to ensure that the browser used to access course material on his/her computer is compatible with ASU’s Blackboard Learning System. The faculty reserve the right to deny additional access to course assignments lost due to compatibility issues. Students are responsible for reviewing the guidelines posted in this course regarding accessing Blackboard assignments. Problems in this area need to be discussed with faculty at the time of occurrence, either via a phone call (preferred) during posted acceptable hours for calling, or via email notification during times outside those posted for calls.

Be sure to perform a browser test. Select the “Support” tab from the Blackboard homepage (http://www.blackboard.angelo.edu) Select “Test your Browser” option.

Please see computer requirements for BSN classes at this link:

http://www.angelo.edu/dept/nursing/student_resources/computer_requirements.php
FACULTY & OFFICE HOURS

Ashley Jones, MSN, RN
Clinical Instructor of Nursing
Office: 318W Phone (325) 234-8233
E-mail: ashley.jones@angelo.edu
Office Hours:
M: (Clinical Day) Call/email for appointment
T: 1st 8 weeks: 1:00PM-4:00PM/2nd 8 weeks: 9:30AM-1:00PM
W: (Clinical Day) Call/email for appointment
TH: 1:00PM-4:00PM
F: (Meetings) Call/email for appointment

Makensie McCormick, MSN, RN
Clinical Instructor of Nursing
Office: 318R Phone (325) 486-6879
E-mail: lparker8@angelo.edu
Office Hours:
M: (Clinical) Call/email for appointment
T: 1st 8 weeks: 9:15AM-1:15PM
2nd 8 weeks: 9:15AM-9:30; (In OB/Peds Lec. 9:30-12:20); 12:20-1:15 PM
W: (Clinical) Call/email for appointment
TH: 9:15AM-1:15PM
F: (Meetings) Call/email for appointment
*Appointments may be scheduled for alternate times if prescheduled. To schedule an appointment, please email (This is best!) or call my office phone and leave a message.

Jennifer Price-Fierro, DNP, MScNEd, RN, CHPN
Clinical Instructor of Nursing
Office: 318A3 Phone (325) 486-6869
E-mail: jennifer.price@angelo.edu
Office Hours:
M: 0900-1200
Th: 1200-1500
F: By appointment only
COURSE DESCRIPTION
Students provide research-based, safe, and appropriate care to culturally diverse childbearing and childrearing families.

COURSE OVERVIEW
N/A

BSN PROGRAM OUTCOMES
Upon completion of the program of study for the Generic BSN, the graduate will be prepared to:
1. Integrate nursing and related theories into the planning and/or delivery of safe nursing care.
2. Engage leadership concepts, skills and decision-making in the planning and/or implementation of patient safety and quality improvement initiatives.
3. Identify and appraise best research evidence to improve and promote quality patient outcomes.
4. Utilize technology to access information, evaluate patient data and/or document care.
5. Participate in political/legislative processes to influence healthcare policy.
6. Engage in effective collaboration and communication within interdisciplinary teams.
7. Design and/or implement health promotion & disease prevention strategies for culturally competent care.
8. Demonstrate standards of professional, ethical, and legal conduct.
9. Practice and/or coordinate, at the level of the baccalaureate prepared nurse, to plan and/or implement patient centered care.

STUDENT LEARNING OUTCOMES

<table>
<thead>
<tr>
<th>Student Learning Outcome</th>
<th>Assignment(s) or activity(ies) validating outcome achievement:</th>
<th>Mapping to BSN Program Outcomes</th>
<th>Mapping to BSN Essentials</th>
<th>Mapping to QSEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Collect, analyze, prioritize, and document health data on children, women, and newborns using evidence, clinical judgment and patient/family preferences.</td>
<td>Night-before assignments, Mental/behavioral health assignment, EHR tutor documentation, clinic assignments, Phases and stages assignment, developmental tool, simulation</td>
<td>1, 3, 4, 9</td>
<td>3, 4, 9</td>
<td>PCC, EBP, S, I</td>
</tr>
<tr>
<td>2. Implement timely, research-based interventions for childbearing/child-rearing families and patients with mental health conditions that integrate principles of safety and quality.</td>
<td>Direct patient care, Mental/behavioral health assignment, simulation</td>
<td>1, 2, 3, 4, 9</td>
<td>3, 4, 7, 8</td>
<td>PCC, EBP, S</td>
</tr>
<tr>
<td>3. Deliver and coordinate developmentally appropriate patient and family-centered care based on evidence, guidelines, standards, and legal statutes/regulations.</td>
<td>Direct patient care, Night-before assignments, Mental/behavioral health assignment, clinic assignments, simulation</td>
<td>1, 2, 3, 4, 8, 9</td>
<td>3, 4, 7, 8, 9</td>
<td>PCC, EBP, S</td>
</tr>
<tr>
<td>4. Provide and document effective health teaching to patients and families addressing risk reduction, health promotion, preventative</td>
<td>Direct patient care, Night-before assignments, clinic assignments, EHR tutor documentation, simulation</td>
<td>1, 2, 3, 4, 7, 9</td>
<td>1, 3, 4, 7, 8</td>
<td>PCC, EBP, S, I</td>
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</tbody>
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REQUIRED TEXTS AND MATERIALS


3. EHR Tutor academic medical record online resource (my.ehrtutor.com) (How to pay and access this tool can be found on blackboard attached with your syllabus)

*Optional Textbooks:
Drug guide of choice
Medical dictionary of choice
Manual of diagnostic labs of choice
Nursing care planning book of choice

OTHER REQUIRED MATERIALS
- Computer with MAC or Windows Operating System
- High Speed Internet Access
- Refer to Angelo State University’s Distance Education website for further technology requirements: http://www.angelo.edu/distance_education/

TOPIC OUTLINE
See Rotation Schedule (in blackboard) as well as Rotation Specific Instructions (below)

GRADING SYSTEM
Course grades will be dependent upon completing course requirements and meeting the student learning outcomes.

The following grading scale is in use for this course:
P (Pass), F (Fail), NC* (No Credit), W (Withdrawn)
*Note: NUR 4322 & NUR 4212 must be successfully completed simultaneously to receive credit in either course and progress through the program.

EVALUATION AND GRADES
See attached assignments with grading rubrics and evaluation tool (also provided in blackboard)

TEACHING STRATEGIES
• Clinical Assignments
  o Night before assignments
  o Clinic assignments
  o Ethical debate assignment
  o Mental/behavioral health activity
  o EHR tutor documentation
  o Stages & phases of labor assignment
  o Developmental tool assignment
• Direct patient care
• Simulation
• Pedi dosage calculation test

Students are expected to be “active learners.” It is a basic assumption of the instructor that students will be involved (beyond the materials and lectures presented in the course) discovering, processing, and applying the course information using peer-review journal articles, researching additional information and examples on the Internet, and discussing course material and clinical experiences with their peers.

ASSIGNMENT/ACTIVITY DESCRIPTIONS
*Please note: Rubrics for all assignments and activities are located at the end of this syllabus.

• Clinical Assignments
  o Night before assignments
    ▪ Students are required to construct a care plan which assists in analyzing a patient’s current status in addition to formulating appropriate nursing diagnoses, interventions, teaching/safety issues, and outcomes.
  o Clinic assignments
    ▪ Students are to complete short answer question assignments designed to prepare them for their obstetric and pediatric clinic rotations. Students will complete an OB clinic assignment and a pedi clinic assignment.
  o Ethical/Debate assignment
    ▪ Students will be placed into groups and be responsible for defending a stance related to a controversial nursing topic. Each group will analyze and compare various positions related to the topic of interest.
  o Mental/Behavioral health activity
    ▪ Students will work in groups and are responsible for answering questions in a “game-show” format over various mental/behavioral health topics. If time allows, the class will also participate in a case study activity. This activity will take place following the first simulation.
  o EHR Tutor Documentation
    ▪ This includes the students documenting their comprehensive assessments/interventions/evaluations/nurse’s notes within their personal EHR tutor online accounts over their patient by the end of the clinical day.
  o Stages & Phases of Labor Assignment
Students must identify and discuss the various stages and phases of labor and formulate nursing interventions which correlate with each stage/phase.

- Developmental Tool
  - Students must describe and discuss the developmental milestones/skills a child “normally” exhibits within each stage of development.

- Direct Patient Care
  - Students will use the nursing process in order to practice patient and family-centered care to individual patients and their families in the clinical setting.

- Simulation
  - Students will collaborate in groups using the nursing process in order to practice patient-centered care to OB/Pedi patients in a controlled clinical environment.

- Pediatric Dosage Calculation Test
  - Passing the pediatric dosage calculation test with a score of 100% is required prior to starting off-campus clinical rotations. If student does not successfully pass with a score of 100%, an unsatisfactory will be given and remediation and repeat of test will be mandatory. Failure to do so will result in the student failing the clinical portion of the course.

GENERAL POLICIES RELATED TO THIS COURSE

All students are required to follow the policies and procedures presented in the following documents:


IMPORTANT UNIVERSITY DATES

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>August 26&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Classes officially begin</td>
</tr>
<tr>
<td>September 2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>Labor Day Holiday</td>
</tr>
<tr>
<td>October 31&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Last day to drop a class or withdraw from the University for Fall Semester</td>
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<tr>
<td>November 27&lt;sup&gt;th&lt;/sup&gt;-29&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Thanksgiving Break Holiday</td>
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<tr>
<td>December 2&lt;sup&gt;nd&lt;/sup&gt;-6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Dead Week</td>
</tr>
<tr>
<td>December 9&lt;sup&gt;th&lt;/sup&gt;-13&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Final Exams Week</td>
</tr>
<tr>
<td>December 13&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Last Day of Fall Semester</td>
</tr>
<tr>
<td>December 14&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Fall Commencement</td>
</tr>
</tbody>
</table>

STUDENT RESPONSIBILITY & ATTENDANCE

- Come to clinical prepared to apply the theory, concepts, and skills involving specialized materials, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the particular occupation and the business/industry.
- Demonstrate legal and ethical behavior, safety practices, communication, interpersonal and teamwork skills.
- Participate in clinical opportunities, simulation, pre & post conference discussions and Blackboard discussions (if assigned).
- Ask questions as needed.
A week’s worth of cumulative absences in any one course will result in faculty evaluation of the student’s ability to meet clinical objectives and may result in failure of the course. This means that if you have one clinical day a week, missing ONE clinical practicum (or missing more than 8 hours of clinical) places you in jeopardy of course failure. *The teaching team reserves the right to make additional or alternative assignments in order to meet the needs of an individual student or clinical group.*

Verbal or written warnings (on counseling forms) and/or “unsatisfactories” will be given to the student for reasons pertaining to tardiness, missing/incomplete paperwork/assignments, inappropriate attire/behavior, unprofessionalism, or for any other reason deemed significant per the student handbook or at the discretion of the clinical instructor. A pattern of three (3) clinical "unsatisfactories" may result in the student failing the clinical portion of the course.

UNSAFE clinical performance: When direct patient care is part of the learning experience, patient safety and well-being is of paramount concern. If a faculty member evaluates that a student is unable to provide safe nursing care in accordance with the Standards of Professional Nursing Practice (BON, Nursing Practice Act, 2001), and if this deficit is such that it cannot be remedied, the student will be removed from the clinical setting and will receive a grade of “F” in the course. Please see the Undergraduate Student Handbook for a more detailed explanation of unsatisfactory and unsafe clinical practice.

COMMUNICATION
Faculty will respond to email and/or telephone messages within 24 hours during working hours Monday through Friday. Weekend messages may not be returned until Monday.

**Written communication via Blackboard:** It is an expectation of this class that you use formal writing skills giving appropriate credit to the source for your ideas. Follow APA (2010) 6th edition (2nd Printing or higher only) guidelines for referencing.

**Written communication via email:** All private communication will be done exclusively through your ASU email address. Check frequently for announcements and policy changes.

**Use Good "Netiquette":**
- Check the discussion frequently and respond appropriately and on subject.
- Focus on one subject per message and use pertinent subject titles.
- Capitalize words only to highlight a point or for titles. Otherwise, capitalizing is generally viewed as SHOUTING!
- Be professional and careful with your online interaction. Proper address for faculty is by formal title such as Dr. or Ms./Mr. Jones unless invited by faculty to use a less formal approach.
- Cite all quotes, references, and sources.
- When posting a long message, it is generally considered courteous to warn readers at the beginning of the message that it is a lengthy post.
- It is extremely rude to forward someone else's messages without their permission.
- It is fine to use humor, but use it carefully. The absence of face-to-face cues can cause humor to be misinterpreted as criticism or flaming (angry, antagonistic criticism). Feel free to use emoticons such as J or :) to let others know you are being humorous.

(The "netiquette" guidelines were adapted from Arlene H. Rinald's article, The Net User Guidelines and Netiquette, Florida Atlantic University, 1994, available from Netcom.)
ASSIGNMENT SUBMISSION
In this class, all assignments need to be submitted through the “Assignments” link in the Blackboard course site (with the exception of night-before paperwork, which will be handed in directly to your clinical instructor the morning of your hospital clinical rotation in addition to submitting online). This is for grading purposes. Issues with technology use arise from time to time. If a technology issue does occur regarding an assignment submission, email your clinical instructor and attach a copy of what you are trying to submit. This lets your faculty know you completed the assignment on time and are just having problems with the online submission feature in Blackboard. Once the problem is resolved, submit your assignment through the appropriate link. This process will document the problem and establish a timeline. Be sure to keep a backup of all work.

LATE WORK, REVISIONS, OR MISSED ASSIGNMENTS POLICY
Revisions of Assignments: Failure to score a 70% on an assignment is considered an unsatisfactory performance which requires counseling and revisions. A new submission deadline will be assigned and an automatic 15 point deduction will be taken (i.e. all revised assignments will start at an 85% as the maximum grade). Failure to score a 70% on the revised assignment by the deadline will result in another documented counseling, unsatisfactory, and a second revision may be requested. After submitting a second revision, the student’s grade will start at a 70% as the maximum grade (the student will not receive another automatic unsatisfactory in this case for not scoring 70% or greater since 70% is the maximum score UNLESS the work submitted is deemed insufficient by the instructor). Further revisions are at the discretion of the instructor.

Late Work: Due dates and times for assignments are posted. Failure to submit assignments on the assigned date will result in a ten percent deduction (or more as determined by the clinical instructor) for each day past the posted deadline.* Assignments submitted more than three days past the deadline will result in a documented counseling, unsatisfactory, and a revised deadline. If revisions to the late assignment are deemed necessary, a new submission deadline will be assigned and an automatic 15 point deduction will be taken (i.e. all revised assignments will start at an 85% as the maximum grade). Failure to submit the revised assignment by the deadline will result in another documented counseling and unsatisfactory. Further revisions are at the discretion of the instructor. *Note: This policy does not apply to night-before paperwork which MUST be completed and handed in prior to the start of the student’s clinical rotation. Failure to submit night-before paperwork completed and on time means the student is unprepared for the clinical day. An unsatisfactory will be given as well as revision instructions (if deemed necessary by the instructor).

ACADEMIC HONESTY
Academic honesty is expected on all work. Students are expected to maintain complete honesty and integrity in their online experiences. Any student found guilty of any form of dishonesty in academic work is subject of disciplinary action and possible expulsion from ASU.

The Archer College of Health and Human Services adheres to the academic honesty statement as set forth in the Angelo State University Student Handbook: Angelo State University's Academic Integrity Policy. The University "faculty expects all students to engage in all academic pursuits in a manner that is above reproach and to maintain complete honesty and integrity in the academic experience both in and out of the classroom setting and may initiate disciplinary proceedings against a student accused of any form of academic dishonesty, including but not limited to, cheating on an examination or other academic work, plagiarism, collusion, and the abuse of resource materials."

PLAGIARISM
Plagiarism at ASU is a serious topic. The Angelo State University’s Honor Code gives specific details on plagiarism and what it encompasses. Plagiarism is the action or practice of taking someone else's work, idea, etc., and passing it off as one's own. Plagiarism is literary theft.
In your discussions and/or your papers, it is unacceptable to copy word for word without quotation marks and the source of the quotation. We use the *APA Style Manual of the American Psychological Association* as a guide for all writing assignments. Quotes should be used sparingly. It is expected that you will summarize or paraphrase ideas giving appropriate credit to the source both in the body of your paper and the reference list. Papers are subject to be evaluated for originality via Bb Safe Assignment or Turnitin. Resources to help you understand this policy better are available at the ASU Writing Center: [Angelo State University's Writing Center Website](#).

**STUDENTS WITH DISABILITIES**

1. “Angelo State University is committed to the principle that no qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of the university, or be subjected to discrimination by the university, as provided by the Americans with Disabilities Act of 1990 (ADA), the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), and subsequent legislation.”

2. The Office of Student Affairs is the designated campus department charged with the responsibility of reviewing and authorizing requests for reasonable accommodations based on a disability, and it is the student’s responsibility to initiate such a request by contacting the Office of Student Affairs, University Center, Room 112 at (325) 942-2047 or (325) 942-2211(TDD/FAX) or by e-mail at studentservices@angelo.edu to begin the process. The Office of Student Affairs will establish the particular documentation requirements necessary for the various types of disabilities.

Reasonable accommodations will be made for students determined to be disabled or who have documented disabilities.

**INCOMPLETE GRADE POLICY** *(OP 10.11 Grading Procedures)*

It is policy that incomplete grades be reserved for student illness or personal misfortune. Please contact faculty if you have serious illness or a personal misfortune that would keep you from completing course work. Documentation may be required.

**STUDENT ABSENCE FOR OBSERVANCE OF RELIGIOUS HOLY DAYS**

“A student who intends to observe a religious holy day should make that intention known in writing to the instructor prior to the absence.” Please see ASU Operating Policy 10.19.

**COPYRIGHT POLICY**

Students officially enrolled in this course should make only one printed copy of the given articles and/or chapters. You are expressly prohibited from distributing or reproducing any portion of course readings in printed or electronic form without written permission from the copyright holders or publishers.

**Social Media Policy:** The Angelo State University Nursing Program supports the use of social media in personal/nonacademic or non-professional contexts. Students may encounter confidential information within the academic or patient care environment during clinical practicum and must demonstrate professional behaviors and communication. Consistent with Code of Ethics for Nurses with Interpretive Statements [ANA, 2001], Nursing: Scope and Standards of Practice [ANA, 2nd ed., 2010], Nursing’s Social Policy Statement [ANA, 2010] and the ASU Confidentiality Statement all students sign at the beginning of their program, it is the Students’ responsibility to refrain from the following:

- Uploading images/videos of yourself in a clinical environment or uniform*
• Discussing patients, visitors, vendors, or organizational partners
• Talking about physicians, hospital/facility/clinical staff
• Discussing clinical events or news stories involving clinical partners
• Giving medical advice online
• ‘Friending’ or requesting to friend patients (even when they are no longer patients), Department/College faculty, or staff.
• The only exceptions are individual or group photos of the clinical group and faculty.

ASU nursing faculty reserves the right to order the immediate removal of inappropriate items (HIPPA violations, etc.) that are posted on a student’s social media site. Students preparing to enter the nursing workforce have a professional obligation to understand the nature and consequences of participating in social networking of all types [blogs, Twitter, Facebook, etc.]. Patient privacy is a fundamental ethical and legal obligation of nurses. Although social networking venues offer opportunities for mentoring and sharing needed health related education and information among colleagues and the lay public, it also presents risk. The use of privacy settings and the separation of personal from professional information is not guaranteed from being shared or made public in less protected forums. Online content and behavior has the potential to enhance or undermine the individual student’s career and/or the academic institution they attend. Students should consider the ‘unintended consequences’ of any information they share outside the context in which it was learned. [adapted from Principles: Social Networking and the Nurse [Draft 25 April 2011], American Nurses Association]

MILITARY SERVICE POLICY
Active duty, Guard and Reserve personnel attending the Angelo State University Nursing Program need, to the greatest extent possible, ensure that military commitments do not jeopardize the fulfillment of the program’s rigorous requirements. However, military service obligations can occasionally conflict with a student’s academic schedule and obligations (class, clinical, assignments, tests, labs, etc.). Students who provide a copy of official military orders will incur an "excused" absence if a conflict arises.

If the absence is of short duration, and faculty feel the student can successfully meet the course objectives, the student will be subject to the class absences and assignment/exam make-up policies outlined in the ASU Student Handbook and ASU Nursing Program Undergraduate Student Handbook.

If the student was otherwise passing their course(s) and the absence is protracted, and the military obligation prevents the student to successfully meet the course objectives, at the discretion of the faculty, the student may be able to receive an "Incomplete" for the course and must complete all course requirements within one academic year to receive credit for the course(s). Students who elect to withdraw from the program to meet military obligations can reapply when ready and be readmitted on a non-competitive basis.

OCCURANCE STATEMENT
All students of Angelo State University Department of Nursing are required to maintain health insurance. If a student has an exposure to blood or any other potentially infectious material or has an injury while in the clinical setting, it is the student’s responsibility to follow procedures and practices as outlined in the Undergraduate Student Handbook - Student Occurrence.

All costs incurred from any evaluation and/or treatment from the occurrence is the student’s responsibility. Angelo State University Department of Nursing and/or clinical facilities will not be responsible or liable for any of these costs.
SYLLABUS CHANGES
The faculty member reserves the option to make changes as necessary to this syllabus and the course content. If changes become necessary during this course, the faculty will notify students of such changes by email, course announcements and/or via a discussion board announcement. It is the student’s responsibility to look for such communications about the course on a daily basis.

CLINICAL REQUIREMENTS
1. Maintain student liability insurance and current American Heart Association Health Care Professional CPR certification.
2. Have in student file, in the nursing department, a current and complete immunization record and TB skin test. TB skin tests must be done annually while enrolled in the nursing program.
3. Provide safe nursing care to all clients within level of knowledge and nursing skills.
4. Please see the ASU Nursing Program Undergraduate Student Handbook for a complete list of clinical practicum requirements including:
   a. Clinical Attire—regulations; general appearance
   b. Behavior in Clinical Agency
   c. Professional Conduct
   d. Standards of Nursing Practice
   e. Patient Client Confidentiality
   f. Student absences
   g. Dosage Calculation Testing Policy
   h. Policy on Universal Precautions
   i. Guidelines or Written Work
   j. BON Declaratory Statement
   k. All Guidelines for Referencing Materials
   l. UNSATISFACTORY & UNSAFE Clinical Practice

WEBLINKS:
Board of Nursing for the State of Texas http://www.bne.state.tx.us/
BSN Student Resources http://www.angelo.edu/dept/nursing/student_resources/

COURSE EVALUATION
Students are provided the opportunity and are strongly encouraged to participate in an end of the semester course evaluation. There is a student evaluation of clinical facility and a student appraisal of teacher effectiveness – clinical practicum evaluation that is provided for feedback.

Rotation-Specific Instructions:

• Mental/Behavioral Health Activity

Students will work in groups and are responsible for answering questions in a “game-show” format over various mental/behavioral health topics. Topics to review prior to the activity are listed below and posted on blackboard. Each team member must participate in the activity. If time allows, the class will also participate in a case study activity. These activities will take place following the first simulation. See rubric and instructions below (also posted on blackboard).
• Ethical/Debate Assignment

Students will be placed into groups and be responsible for defending a stance related to a controversial nursing topic. Each group will analyze and compare various positions related to the topic of interest. See rubric and instructions below (also posted on blackboard).

*Room information for Debate:

December 2nd & 4th: 0930-1130 Debate (location TBA) & 1130-1300 Evaluations with Clinical Instructor

• OB Clinic Rotation*

Obstetrics - La Esperanza
Site Contact: Jessica Garcia; Chadbourne and 31st St; (325) 658-5339

Obstetrics- West TX Medical Associates (Dr. Hajovsky)
Site Contact: Krystle Braden; 3605 Executive Dr.; (325) 224-5215

Obstetrics- Shannon Clinic (Dr. Wilson)
Site Contact: Britni Hunt; 220 E. Harris Ave.; (325) 481-2270

Obstetrics- Shannon Women's and Children's Lactation Consultation
Site Contact: Amanda John; 201 E Harris Ave; (325) 234-0391

-Arrive at:

- 0830 if at La Esperanza (OB and Pedi)
- 0800 if at West TX Medical Associates (Hajovsky) OR Shannon Clinic (Wilson*)
- 0930 if at Shannon Lactation Consultation (with Amanda John) - Report to 3rd floor of Shannon Women's and Children's Hospital (Postpartum Unit). Let the staff know you are there to rotate with Amanda for the day and they will direct you where to go.

-Wear ASU clinical attire and name badge to all rotations
-Please bring skills checklist AND signature sheet to rotation.
-Do not come to post conference
-Rotation will be done by:
  1630 for La Esperanza
  1600 for Shannon Clinic*
  1630 for Shannon Lactation

*Shannon Clinic- Dr Wilson’s office: Rotation will be from 1300-1700 on WEDNESDAYS ONLY (an alternative assignment will be given to make up hours from 0900-1200; more info will be given from your clinical instructor). Monday students will attend from 0800-1600.
*WTMA- Dr. Hajovsky’s office: Certain MONDAY rotations will be from 1300-1700 (an alternative assignment will be given to make up hours from 0900-1200). Your clinical instructor will contact you if
your rotation does not follow the 0800-1600 schedule on Mondays. Wednesday students will attend from 0800-1600.

Due by 2300 the day before your scheduled rotation:

-OB clinic assignment

  • **Pedi Clinic Rotation**

  Pediatrics- Shannon Clinic (Dr. Wehner/Dr. Sarraff/ Dr. Seger/Dr. Wagnon)
  Site Contact: Nana Laird (Shannon Clinical Coordinator); 225 E Beauregard Ave; (325) 481-2347

  Pediatrics- West TX Medical Associates (Jennifer Marburger, APN, PNP)
  Site Contact: Missy Correa; 3605 Executive Dr.; (325) 224-5215

  Pediatrics-La Esperanza
  Site contact: Jessica Garcia; Chadbourne and 31st St; (325) 658-5339

  -Arrive at:
    
    - **0800** at Dr. Wehner’s, Dr. Saraff, Dr. Seger’s, or Jennifer Marburger’s offices
    - **0815** at Dr. Wagnon’s office
    - **0845** if at La Esperanza (OB and Pedi)

    -Wear ASU clinical attire and name badge to all rotations
    -Please bring skills checklist AND signature sheet to rotation.
    -Do not come to post conference
    -Rotation will be done by:
      1600 for Sarraff/Seger/Wehner/Wagnon/Marburger
      1615 for Dr. Wagnon
      1645 for La Esperanza

  **Due by 2300 the day before your scheduled rotation:**

  -Pedi Clinic Assignment

*Note (for both pediatric and obstetric clinic): YOU are responsible for knowing where your assigned clinic is located. We will not have time to visit each clinic prior to your OB and pedi clinic rotation. We suggest you visit your assigned clinic rotation site BEFORE your rotation day so that you are not late and/or do not have difficulties locating the office the day of your rotation. Tardiness will not be tolerated.

  • **Sonrisas**

  Sonrisas-
  Site Contact: Kim Meyer/Megan Kirkland; 5191 S. Bryant; 325-949-4837

  -Arrive at **0830** to review charts prior to children arriving*

    *Monday students: You will attend classes from 0900-1100 & 1300-1600
*Wednesday students: You will attend classes from 0900-1200 & 1300-1530
-Wear closed-toed shoes/boots and jeans, an appropriate t-shirt, and ASU name badge.
-You are encouraged to bring your OWN lunch to the site so that you can participate in child evaluations with staff during lunch.

*No Assignment required prior to this rotation.

- **Hospital Rotations:**
  
  *Community Medical Center:* Students need to arrive at **0630** wearing ASU clinical attire and name badge. Meet in the Williams Family Center Lobby. Post conference will start at **1430.** Please bring skills checklist AND signature page as well as laptop/tablet to each rotation (See Bb for more details).
  
  *Shannon Medical Center:* Students need to arrive at **0600** wearing ASU clinical attire, ASU name badge, AND Shannon W&C name badge. Failure to have both name badges results in the inability of the student to attend clinical within this secured facility. Meet in the Women’s and Children’s lobby. Post conference will start at **1400.** Please bring skills checklist AND signature page as well as laptop/tablet to each rotation (See Bb for more details).

*Assignments (for both hospitals):*

  ** Due by 2300 on September 8th: Stages and Phases of Labor Assignment

  ** Due by 2300 on September 15th: Developmental Tool

  **Due by 0600 AM of Clinical Rotation:** Night Before Paperwork (please also submit your night before to blackboard prior to coming to the hospital)

(Please note: Each student is required to visit the hospital the night before their Women’s Health and Pediatric Hospital rotation to choose their couplet newborn/mother or pediatric patient in order to obtain appropriate information for their night-before paperwork).

  Grading rubrics and instructions for assignments are below
Mental/Behavioral Health Activity

Pedi Mental Health Game

Game Rules –

• Your instructors will divide you into teams on the day of the Pedi Mental Health Game. (Because you don’t know who your teammates will be until the day of the game, it would behoove you to be familiar with all psych conditions and medications)

• Participation is required (i.e. actively discussing game questions, working together with teammates to find answers, etc.). If an instructor observes lack of participation on your part, you may be asked to answer an individual participation question with 300 of your team’s point total at risk depending on your answer. You may be asked a participation question on more than one occasion should you continually lack in participation. There will be a 20 second time limit on individual participation questions.

• You may use your textbook and drug book of choice to answer questions. However, you may NOT use your textbook OR drug book if you are asked to answer an individual participation question. *You will need to bring hard copies – no online text books/eBooks*

• Should two or more teams provide the correct answer at the same time, there will be a tie breaker for that question’s points. More instructions on how to present your team’s answer will be provided on the day of the Pedi Mental Health Game

• The team that answers the question at hand correctly will get to choose the next question. HOWEVER, any team can answer.

• Some questions might require more than one answer. Your team must provide ALL the correct answers for the question at hand to receive the points. Questions requiring a single answer are worth 200 points. Questions requiring more than one answer are worth 300 points. More instructions regarding how points will be awarded will be covered on the day of Pedi Mental Health Game.

• Once the game is finished, prizes will be given accordingly (i.e. 1st, 2nd, and 3rd place)

Conditions to be familiar with –

Attention-Deficit/Hyperactivity Disorder

Generalized Anxiety Disorder

Bipolar disorder

Reactive Attachment Disorder

Oppositional Defiance Disorder

Conduct Disorder

Tourette’s syndrome
Depression

Autism

Schizophrenia

**Medications to be familiar with –**

Depakote

Risperdal

Lithobid/Lithium

Adderall

Prozac

Ritalin or Concerta

Tegretol

Strattera

**Grading Rubric:**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
<th>Student’s Score</th>
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<tbody>
<tr>
<td>Student actively participates in Pedi Mental Health Game without being prompted by the instructor with an individual participation question. <strong>10 points will be deducted for each individual participation question asked</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student presents to the clinical day with course textbook and nursing drug book of choice</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>100</strong></td>
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</table>
OB Clinic Assignment

Instructions:

***Due by 2300 the night BEFORE your scheduled OB clinic rotation.***

Please provide your responses to the short answer questions listed below to prepare you for your OB clinic rotation. Be sure to cite your references within each answer using APA format. See the grading rubric below for how the assignment will be graded. As a reminder, this is an individual assignment, not group work.

(*HINT* your textbook and Maternal Newborn Nursing ATI book are great resources for this assignment)

1. You are a nurse working in an OB clinic. You walk into exam room A to see your first patient who is a sexually active 18 year old female and has never used any form of birth control. She wants to know what her birth control options are. Please list 5 DIFFERENT methods of contraception AND use 2-3 sentences to define/describe them to your patient.

   a.

   b.

   c.

   d.

   e.

2. List 2 patient education topics specific to the patient in exam room A. It can be regarding a specific method of birth control, the risks of unprotected sex, etc. Explain EACH patient education topic within 2-4 sentences.

   a.

   b.

3. After thorough education is provided for the patient in exam room A, you move on to exam room B. This patient is a 29 year old female who just found out that she is 6 weeks pregnant. She states that she contracted Herpes Simplex Virus Type 2 (HSV-2) when she was 25 years old. She is worried because a friend of hers told her that she will have to have a cesarean section due to her HSV-2. Your patient wants to know if that is true and why. Please use 2-4 sentences to answer her question.

4. After developing a proper care plan for the patient in exam room B, you move on to exam room C. This patient is a 35 year old female who is pregnant with her 4th child. She presents to you today for a 30 week checkup. Her very curious 13 year old daughter is with her and is asking several questions to which your patient doesn’t mind you answering...

   a. What is TORCH? (Answer in 2-4 sentences)
   b. What can cause Toxoplasmosis? (Answer in 1-2 sentences)
   c. What does teratogenic mean? (Answer in 1-2 sentences. Give 2-3 examples of teratogens)
d. Can someone have an STI (sexually transmitted infection) and not know it? (Answer in 2-3 sentences. Give an example of an asymptomatic STI in your answer AND a major risk factor of an asymptomatic STI going untreated.)

5. Your last patient before your lunch break is in exam room D. She is a 27 year old female who is pregnant for the 2nd time. She has one living child at home who was born at 40 weeks gestation. She reports no abortions or miscarriages. She is here for a routine Group B Strep (GBS) screening.

   a. She doesn’t remember coming in for GBS screening with her last pregnancy. Please use 3-4 sentences to explain to your patient what GBS is and why it is important to get screened before delivery. In your explanation, include pregnancy complications that GBS can cause.
   b. Based off the fact that your patient is in the clinic today for GBS screening, approximately how many weeks gestation is she? (Provide your answer in an estimated range. You do not have to give an exact week of gestation)
   c. Calculate your patient’s GTPAL

Grading Rubric:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
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</thead>
<tbody>
<tr>
<td>Grammar, punctuation, and APA formatting are appropriate. Student provides cover page, reference page, and proper in-text citations. *If APA format is not used, assignment will not be accepted.</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Content is organized/summarized and fully completed. Maximum points allotted per question are broken down into the following: Question 1: 20 points Question 2: 20 points Question 3: 15 points Question 4: 20 points Question 5: 15 points</td>
<td>90</td>
<td></td>
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<tr>
<td>Total</td>
<td>100</td>
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</tbody>
</table>
Developmental Tool Rubric and Instructions

Instructions:

Developmental Tool (Due by 2300 on September 15th 2019)

Please summarize the developmental stages on your developmental tool handout. You may use bullets and summarize information within each age group. Remember to show *progression* from one age group to the next (i.e. do not just copy over information from the previous age group followed by only adding 1 or 2 new milestones).

Grading Rubric:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Points</th>
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</thead>
<tbody>
<tr>
<td>APA formatting is appropriate and student provides cover page and reference page <em>(NO IN-TEXT CITATIONS REQUIRED FOR THIS ASSIGNMENT)</em>&lt;br&gt;<em>You may bullet information for this assignment ONLY instead of writing information in paragraph/essay format.</em>&lt;br&gt;<em>If an APA formatted cover and reference page is not used, assignment will not be accepted.</em></td>
<td>25</td>
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<tr>
<td>Content is organized/summarized and fully completed.</td>
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<td><strong>Total</strong></td>
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</table>
## Developmental Tool

<table>
<thead>
<tr>
<th></th>
<th>1-12 Months</th>
<th>13-23 Months</th>
<th>24 Months</th>
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<tbody>
<tr>
<td>Fine Motor</td>
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<td>Gross Motor</td>
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<td>Social Skill</td>
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<td>Language</td>
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<tr>
<td>Sleep</td>
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Pedi Clinic Assignment

Instructions:

***Due by 2300 the night before your scheduled pedi clinic rotation.***

Please provide your responses to the short answer questions listed below to prepare you for your pediatric clinic rotation. [https://www.cdc.gov/vaccines/index.html](https://www.cdc.gov/vaccines/index.html) is an excellent resource that can provide you with many of the answers you are searching for. Be sure to cite your references within each answer using APA format. See the grading rubric below for how the assignment will be graded. As a reminder, this is an individual assignment, not group work.

1. List which vaccines are given via the following routes:

<table>
<thead>
<tr>
<th>Route</th>
<th>Vaccine Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral</td>
<td></td>
</tr>
<tr>
<td>Intranasal</td>
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<tr>
<td>Intramuscular</td>
<td></td>
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<tr>
<td>(list at least 5)</td>
<td></td>
</tr>
<tr>
<td>Subcutaneous</td>
<td></td>
</tr>
</tbody>
</table>

Source (in-text citation):

2. What size needle (gauge and length) is appropriate for a 6 month old needing their DTaP injection? What site and route would you choose for administration?

<table>
<thead>
<tr>
<th>DTap Injection for a 6 month old</th>
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</thead>
<tbody>
<tr>
<td>Needle size (gauge)</td>
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<tr>
<td>Needle length</td>
</tr>
<tr>
<td>Site</td>
</tr>
<tr>
<td>Route</td>
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</tbody>
</table>

Source (in-text citation):

3. What size needle (gauge and length) is appropriate for a 13 month old needing their MMR injection? What site and route would you choose for administration?

<table>
<thead>
<tr>
<th>MMR Injection for a 13 month old</th>
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<tbody>
<tr>
<td>Needle size (gauge)</td>
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<tr>
<td>Needle length</td>
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<tr>
<td>Site</td>
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<tr>
<td>Route</td>
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</table>

Source (in-text citation):

4. You are helping administer the rotavirus vaccine to your patient who is 2 months old. The infant is to also receive 3 additional intramuscular (IM) injections within this same visit. Should you give the rotavirus vaccine to your patient before or after the IM injections? Explain your rationale.
5. A parent brings her daughter to the pediatrician’s office for a cough that started yesterday. She has no fever, lungs sounds are clear bilaterally, and she has a runny nose (clear mucus, small amount).

   A) During the visit, the parent asks you when her child should receive the DTaP vaccine series. You tell her that the vaccine should be administered at what months of age?

   B) The same parent proceeds to tell you that she was unaware her child was supposed to receive so many doses within the first year. She explains that her daughter has only had one dose of DTaP at 5 months of age. She is currently 6.5 months old. When should you advise the mother that the child’s next dose should be given?

   C) The parent asks if her daughter can receive the vaccine today. Do you recommend the vaccine be given today? Is it safe to give the vaccine today given the symptoms that the child has been exhibiting?

6. If multiple injections are ordered to be given within the same visit:

   A) How many inches apart should the injections be administered if given in the same site?

   B) Why would the nurse want to administer DTaP and PCV into 2 separate limbs?

7. According to the Centers for Disease Control and Prevention (https://www.cdc.gov/vaccines/pubs/pinkbook/safety.html), why is administering all needed vaccines during the same visit important versus spacing them out?

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<td>90</td>
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<td>Total</td>
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Instructions:

*** Due by 2300 on September 8th 2019

Within this assignment, you will be summarizing the phases and stages of labor (listed on pages 431-466 of your text). Please provide the following information:

A short summary of the phase AND/OR stage written in paragraph format. *This means each stage and phase needs its own separate summary. (i.e. summarize stage one, then break down each phase into its own separate summaries before moving to summarize stage two.) **(example provided on next page)**

- Include the mother’s behavior/biological responses within each phase/stage
- Include how long the phase/stage lasts and any pertinent characteristics that make this phase/stage unique from the others

- List 4 Nursing interventions (WITH RATIONALES) necessary to provide within each phase/stage **(example provided on next page)**
  - Make sure interventions are appropriate for the phase/stage discussed and are not all strictly care and comfort based.
  - Please ensure you are providing interventions unique to the phase/stage and are not simply repeating interventions listed in other phases/stages.
  - Provide a rationale for each intervention suggested.

- List 2 patient teaching topics necessary to provide within each phase/stage **(example provided on next page)**

Grading Rubric:

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</tr>
<tr>
<td>Content is organized/summarized and fully completed. Within each stage AND phase, please also include the following information:</td>
<td>75</td>
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<tr>
<td>• A concise, thorough summary of the phase/stage (includes patient’s behavior/biological responses and defining characteristics)</td>
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<tr>
<td>• 4 Nursing interventions (appropriate for phase/stage, not all care comfort based, and rationale for each provided)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 2 patient teaching topics (teaching is appropriate for phase/stage)</td>
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<td>Total</td>
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</table>
Stages and Phases of Labor

Stage One

The process of labor is one that is extensive for a woman in many ways both physically and emotionally. It is broken into four stages, with the first stage further broken down into three phases. These phases include the latent, active, and transition phases (Ward & Hisley, 2016). The first stage of labor is the lengthiest of all four stages...(Continue summarizing the first stage of labor).

Latent Phase

The first phase within the first stage of labor is called the latent phase. The latent phase is considered the longest phase within the first stage and can last up to x number of hours. Contractions during this phase usually occur every x minutes and last x seconds. The mother is typically very excited, yet nervous as the onset of labor is beginning (Ward & Hisley, 2016). She may begin to show signs of.... (Continue discussing the patient’s behaviors/physical responses and any other distinguishing characteristics of this phase/stage here in paragraph format)

Interventions for the latent phase.

1. Apply the tocometer and fetal monitor to the patient’s abdomen. Rationale: Allows the nurse to monitor the patient’s frequency and duration of contractions and to observe the rate, variability, and any accelerations/decelerations in fetal heart rate (Ward & Hisley, 2016).

2.

3.

4.

Teaching topics for the latent phase.

1. Teach the patient non-pharmacological pain control methods such as deep breathing and effleurage to decrease pain during contractions (Ward & Hisley, 2016).

2.
Labor & Delivery Night-Before Grading Rubric and Instructions

*Please follow example provided in “Student Information Folder” on Bb

1. Comprehensive “normal” assessment (head-to-toe) on the laboring mom: *YOUR STAGES AND PHASES ASSIGNMENT ENCOMPASSES THIS INFO—PLEASE HAVE A COPY ACCESSIBLE IF YOU NEED IT DURING THE CLINICAL DAY* No need to fill out any other information under this area.

2. Discuss the labs and medications associated with your topic. Use and fill in tables on next page for labs and meds below. 
   a. For each medicine, please specify the purpose, route, and any contraindications.
      i. Meds to complete: cytotec, Pitocin/oxytocin, stadol, Demerol, morphine, epidural analgesia, hemabate, methergin, non-pharmalogical pain methods
   b. For each lab, please specify the purpose as it directly pertains to your patient.
      i. Labs to complete: CBC, UA, GBS, HIV, Hep B, Rubella, VDRL, Blood type/Rh, Blood sugar

3. List the “normal” vital signs & weight gain you would expect to see for the laboring mom. This is important so that if you put “assess for elevated HR,” we know what the baseline is.

4. Select 4 priority nursing diagnoses associated with the laboring mom (i.e. nursing interventions prevalent during the labor process). *Please include a pathophysiology for each nursing diagnosis WITH assessment findings. Your patho needs to include 3-4 sentences to support your rationale.

5. Formulate 4-5 nursing interventions to correlate with EACH priority nursing diagnosis.


7. Identify 2 safety teaching topics that need to be relayed to the laboring mom (make sure these pertain to her, specifically)

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<thead>
<tr>
<th>Grading Rubric</th>
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<tbody>
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<td>appropriate and student provides cover page and reference page. *If cover/</td>
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<td>reference page is not in APA format, assignment will not be accepted.</td>
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<tr>
<td>Student provides:</td>
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<tr>
<td>1) labs and medications (with explanations of purpose/route/contraindications)</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>2) “normal” expected vital signs &amp; weight</td>
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<td></td>
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<tr>
<td>Student provides 4 priority nursing diagnoses WITH assessment findings AND</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>includes a 3-4 sentence long pathophysiology for each diagnosis.</td>
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<tr>
<td>Student provides appropriate 4-5 nursing interventions which correlate with</td>
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<tr>
<td>each priority nursing diagnosis.</td>
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<td></td>
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<tr>
<td>Student provides appropriate nursing outcomes which correlate with each</td>
<td>5</td>
<td></td>
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<tr>
<td>nursing diagnosis.</td>
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<tr>
<td>Student provides 2 safety teaching topics appropriate for their patient and/or</td>
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<td>family.</td>
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<td><strong>Total</strong></td>
<td>100</td>
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</tbody>
</table>
Nursery Night-Before Grading Rubric and Instructions

*Please follow example provided in “Student Information Folder” on Bb

1. Comprehensive “normal” assessment (head-to-toe) on newborn:
   a. Please provide a summarized/condensed normal newborn assessment (pages 663-693) which includes:
      i. What you would assess on a newborn (head-to-toe) and what the normal/abnormals of this assessment mean. **Example:** “Head: Newborn’s head should be rounded. Molding is normal from positioning in the birth canal. Assess for signs of birth trauma such as bruising, lacerations, and swelling. Palpate anterior and posterior fontanels. Fontanels should feel soft and flat. Sunken fontanels could indicate dehydration and bulging fontanels could indicate infection/increased ICP. Palpate suture lines. Sutures should be approximated but may be overriding if the head is molded.”
      ii. Newborn reflexes. **Example:** “Babinski Reflex—performed by firmly stroking the foot upward from heel to toes. Dorsiflexion of the big toe with fanning of the remaining toes is a normal response.

2. Discuss the labs and medications associated with your topic. **Use and fill in tables on next page for labs and meds below.**
   a. For each medicine, please specify the purpose, route, and any contraindications.
      i. Meds to complete erythromycin, vitamin K, hepatitis B
   b. For each lab, please specify the purpose as it directly pertains to your patient.
      i. Labs to complete: Cord blood type and Rh, H&H, Total Bilirubin, Trancutaneous Bilirubin, Blood sugar, meconium drug screen

3. List the “normal” expected vital signs, weight, and height for your newborn patient. This is important so that if you put “assess for elevated HR,” we know what the baseline is.

4. Select 4 priority nursing diagnoses associated with the newborn post-delivery. *Please include a pathophysiology for each nursing diagnosis WITH assessment findings. Your patho needs to include 3-4 sentences to support your rationale.

5. Formulate 4-5 nursing interventions to correlate with EACH priority nursing diagnosis.


7. Identify 2 teaching topics related to safety that need to be relayed to your newborn patient’s family.

8. Identify 2 priority discharge teaching topics that need to be relayed to your newborn patient’s family (EX-bathing/elimination)

**Grading Rubric**

<table>
<thead>
<tr>
<th>Grading Rubric</th>
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<tbody>
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<td>20</td>
<td></td>
</tr>
</tbody>
</table>
| Student provides:  
  1) comprehensive “normal” assessment (head-to-toe)  
  2) labs and medications (with explanations of purpose/route/contraindications)  
  3) “normal” expected vital signs, weight, and height | 30     |                 |
| Student provides 4 priority nursing diagnoses WITH assessment findings AND includes a 3-4 sentence long pathophysiology for each diagnosis. | 20     |                 |
| Student provides appropriate 4-5 nursing interventions which correlate with each priority nursing diagnosis. | 15     |                 |
| Student provides appropriate nursing outcomes which correlate with each nursing diagnosis. | 5      |                 |
| Student provides 2 safety teaching topics appropriate for their patient. | 5      |                 |
| Student provides 2 priority discharge teaching topics appropriate for their patient. | 5      |                 |
| **Total** | **100** |                 |
Women’s Health/Postpartum/Mother-Baby Night-Before Grading Rubric and Instructions

*Please follow example provided in “Student Information Folder” on Bb

***You must visit the hospital the night before this rotation to pick a patient

- Comprehensive BUBBLE-HE assessment (pg. 558-567) on a postpartum mom (vaginal OR C-section delivery) which includes:
  - A written out BUBBLE-HE assessment of what you intend on performing on your patient during your clinical day.
  - Expected findings and what abnormals could indicate. **Example:** “Uterus: I would instruct the Pt to void prior to palpating fundus. Fundus should feel firm upon palpation, should be midline in the ABD, and should be at the level of the umbilicus or below. A boggy uterus could indicate lack of uterine contraction due to retained placental fragments or atony which leads to increased bleeding or hemorrhage. A deviated fundus could be cause from a full bladder (in which the pt would be instructed to void or would need to be catheterized). A fundus that is 2 or more fingerbreadths above the umbilicus indicates…”

- Discuss the labs and medications associated with your topic. **Use and fill in tables on next page for labs and meds below.**
  - For each medicine, please specify the purpose, route, and any contraindications.
    - Meds to complete: norco, naproxen/motrin, surfak/colace, demerol, morphine, tucks pads, benzocaine/lidocaine spray, flu vaccine, TDAP vaccine, RhoGAM
  - For each lab, please specify the purpose as it directly pertains to your patient.
    - Labs to complete: CBC, Rubella, Blood type/ Rh

  ***If your patient has other medications and labs ordered by the physician (other than what is listed above), please add them to this list.

- List the “normal” expected postpartum vital signs for your patient as well as any previously charted vital signs (if the patient has had normal VS since her admission to the postpartum unit, just list her last recorded set of vitals).

- Select 4 priority nursing diagnoses associated with the **postpartum** mother. *Please include a pathophysiology for each nursing diagnosis WITH assessment findings. Your patho needs to include 3-4 sentences to support your rationale.

- Formulate 4-5 nursing interventions to correlate with EACH priority nursing diagnosis.

- Nursing goals/outcomes to correlate with EACH nursing diagnosis.

- Identify 2 teaching topics related to safety that need to be relayed to your postpartum patient.

- Identify 2 priority discharge teaching topics that need to be relayed to your postpartum patient (EX- peri care).

### Grading Rubric

<table>
<thead>
<tr>
<th>Student turns in assignment by appropriate due date. APA formatting is appropriate and student provides cover page and reference page. *If cover/reference page is not in APA format, assignment will not be accepted.</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student provides: 1) comprehensive “normal” assessment (BUBBLE-HE) 2) labs and medications (with explanations of purpose/route/contraindications) 3) “normal” expected vital signs &amp; any charted vitals</td>
<td>30</td>
</tr>
<tr>
<td>Student provides 4 priority nursing diagnoses WITH assessment findings AND includes a 3-4 sentence long pathophysiology for each diagnosis.</td>
<td>20</td>
</tr>
<tr>
<td>Student provides appropriate 4-5 nursing interventions which correlate with each priority nursing diagnosis.</td>
<td>15</td>
</tr>
<tr>
<td>Student provides appropriate nursing outcomes which correlate with each nursing diagnosis.</td>
<td>5</td>
</tr>
<tr>
<td>Student provides 2 safety teaching topics appropriate for their patient.</td>
<td>5</td>
</tr>
<tr>
<td>Student provides 2 priority discharge teaching topics appropriate for their patient.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Pedi Night-Before Grading Rubric and Instructions

*Please follow example provided in “Student Information Folder” on Bb

***You must visit the hospital the night before this rotation to pick a patient (make sure to include all diagnoses listed in your night-before paperwork

1. -Provide the normal pediatric anatomy findings of the affected organ system(s). Be sure to explain how this system differs from the adult anatomy (if applicable). (EX- if you have a patient with asthma, you would list the normal pediatric anatomy of the respiratory system).
   -Provide the pathophysiology related to your pediatric patient’s diagnosis/diagnoses (EX- if you have a patient with asthma, you would describe the pathophysiology of how asthma affects the respiratory system).

2. Discuss the labs and medications associated with your pt’s diagnosis/diagnoses.
   a. For each medicine ordered for your patient, please specify the name (include the brand name and generic name), dose, purpose, route, and any contraindications (don’t forget to include home meds).
   b. For each lab, please specify the purpose as it directly pertains to your patient. Provide any abnormal lab values resulted on your patient. Use and fill in tables on next page for labs and meds.

3. List the “normal” expected vital signs, weight, and height for your patient depending on their age. Please also list any significant recorded VS or the last set of VS recorded on your patient. This is important so that if you put “assess for elevated HR,” we know what the baseline is.

4. Select 4 priority nursing diagnoses WITH assessment findings (which correlate to each specific nursing diagnosis) associated with your topic.

5. Formulate 4-5 nursing interventions to correlate with EACH priority nursing diagnosis.


7. Identify 2 teaching topics related to safety that need to be relayed to your patient and/or their family

8. Identify 2 priority discharge teaching topics that need to be relayed to your patient and/or their family based on your child’s diagnosis.

<table>
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<tr>
<td>Student provides:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) normal pediatric anatomy findings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) pathophysiology related to diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student provides:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) labs, medications, diagnostics, and treatments (with explanations of purpose/route/contraindications). Abnormal lab values listed.</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>2) “normal” expected vital signs, weight, and height &amp; previously recorded vitals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student provides 4 priority nursing diagnoses WITH assessment findings</td>
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Ethical Debate Presentation Instructions and Grading Rubric

Debate Topic: Neonatal Resuscitation of Micro-Preemies

Instructions: Each clinical group will be split up into 2 subgroups and each group will either be “for” or “against” the topic of Neonatal Resuscitation of Micro-Preemies. Each group will need to take their stance to address specific questions related to this topic in the grading rubric below. Each group will then be responsible for presenting their researched information and stances during an on-campus debate which will be held on December 2nd or December 4th. Specific Criteria to address during debate: (Be sure to support your decision/rationale with evidenced-based information).

1. Regarding the practice of resuscitating a micro-preemie, do you feel that the quality/sanctity of life for the premature infant is of priority? (Hint: The group who is “for” resuscitation of a micro-preemie should base and support their decision on the idea of “pro-life” ideals while the group who is “against” resuscitating a micro-preemie should base and support their decision on other factors which might hinder the neonate’s quality/sanctity of life).

2. Should the parents of the micro-preemie be the ultimate decision-makers when it comes to determining whether or not to resuscitate their child? (Hint: The “for” group should base their stance on parent’s right to be the ultimate decision-makers while the “against” group should support the medical team/facility/etc. as the ultimate decision-makers for various reasons).

3. Do you feel medical expense should be a primary factor when deciding to resuscitate/continue care and who should be responsible for these costs? (Hint: The “for” group should take the stance that medical expense is of no concern while the “against” group should evaluate cost as a consideration).

4. In your opinion, is the child’s best interest the priority in regard to the decision to resuscitate? Do you feel that this supports the nursing principle of non-maleficence? (Hint: The “for” group should take the stance that the child’s best interests are a priority while the “against” group takes the stance that it is not in the best interest of the child to resuscitate for various reasons).

*Each group is responsible for researching these topics and supporting their answers with evidence-based information. The group can split up the workload however they deem necessary, however, all 4 topics MUST be addressed within the debate. All group members should be knowledgeable regarding the information being presented and are expected to participate in the group debate when defending their stance on each topic. A copy of the group’s cover page, reference page, and articles used must be turned into your clinical instructor the day of your scheduled debate. References must be in APA format.

<table>
<thead>
<tr>
<th>Criteria</th>
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<tr>
<td>Group provides appropriate assignment and turns in assignment by due date. All group members participate in debate and are knowledgeable on topic content. <strong>Nonparticipation of one or more members will result in deductions in overall group grade.</strong></td>
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<td></td>
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<tr>
<td>Criteria (numbers 1-4 listed above) is organized, focused, and lucid throughout debate.</td>
<td>60</td>
<td></td>
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<tr>
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<td></td>
</tr>
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</table>
Ethical Debate Presentation Instructions and Grading Rubric

Debate Topic: Administration of Immunizations

Instructions: Each clinical group will be split up into 2 subgroups and each group will either be “for” or “against” the topic of Administration of Immunizations. Each group will need to take their stance to address specific questions related to this topic in the grading rubric below. Each group will then be responsible for presenting their researched information and stances during an on-campus debate which will be held on December 2nd or December 4th. Specific Criteria to address during debate: (Be sure to support your decision/rationale with evidenced-based information).

1. Should the administration of immunizations be nationally/state mandated? (Hint: The “for” immunizations group should base their stance on supporting mandates while the “against” group should base their stance on not mandating immunizations).

2. Do the benefits of immunizing children outweigh the risks? Do you feel that this supports the nursing principle of non-maleficence? (Hint: The “for” group should base their decision on the benefits outweighing the risks while the “against” group should base their stance on the risks outweighing benefits).

3. Some parents feel that they do not need to immunize their children because the vast majority of other children are already vaccinated against disease and/or these diseases are eradicated and no longer a threat. Are you in favor or opposed to this practice? (Hint: The “for” group should not agree with this practice while the “against” group should be in favor of this practice).

4. Typically immunizations that are scarce in number are distributed to most vulnerable populations or at-risk groups. Do you feel this promotes distributive justice? (Hint: the “for” group should take the stance that it does promote distributive justice while the “against” group takes the stance that it does not promote distributive justice).

*Each group is responsible for researching these topics and supporting their answers with evidence-based information. The group can split up the workload however they deem necessary, however, all 4 topics MUST be addressed within the debate. **All** group members should be knowledgeable regarding the information being presented and are expected to participate in the group debate when defending their stance on each topic. A copy of the group’s cover page, reference page, and articles used must be turned into your clinical instructor the day of your scheduled debate. References must be in APA format.

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<tr>
<td>Course Objective/Student Learning Outcome</td>
<td>Assignment/Assessment</td>
<td>Score 0-4</td>
</tr>
<tr>
<td>------------------------------------------</td>
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<td>-----------</td>
</tr>
<tr>
<td>1. Collect, analyze, prioritize, and document health data on children, women, and newborns using evidence, clinical judgment and patient/family preferences.</td>
<td>Night-before assignments, Mental/behavioral health assignment, EHR tutor documentation, clinic assignments, Phases and stages assignment, developmental tool, simulation</td>
<td></td>
</tr>
<tr>
<td>2. Implement timely, research-based interventions for childbearing/child-rearing families and patients with mental health conditions that integrate principles of safety and quality.</td>
<td>Direct patient care, Mental/behavioral health assignment, simulation</td>
<td></td>
</tr>
<tr>
<td>3. Deliver and coordinate developmentally appropriate patient and family-centered care based on evidence, guidelines, standards, and legal statutes/regulations.</td>
<td>Direct patient care, Night-before assignments, Mental/behavioral health assignment, clinic assignments, simulation</td>
<td></td>
</tr>
<tr>
<td>4. Provide and document effective health teaching to patients and families addressing risk reduction, health promotion, preventative care and discharge planning relative to women, newborns, and families.</td>
<td>Direct patient care, Night-before assignments, clinic assignments, EHR tutor documentation, simulation, mental/behavioral health assignment, Phases and stages assignment</td>
<td></td>
</tr>
<tr>
<td>5. Demonstrate collaboration and communication skills in advocacy actions including improvements in quality, safety, and family-centered care relative to women, newborns and families.</td>
<td>Direct pt care, ethical debate assignment, simulation</td>
<td></td>
</tr>
<tr>
<td>6. Interact with peers, colleagues and health team members to facilitate positive patient outcomes and a professional clinic environment.</td>
<td>Direct pt care, ethical debate assignment, simulation, mental/behavioral health assignment</td>
<td></td>
</tr>
</tbody>
</table>
7. Facilitate standards of moral, ethical, professional and legal conduct in the clinical setting.

| Direct pt care, ethical debate assignment, simulation |

Students will be evaluated on weeks 5, 10, & 15. Students will be given plans for improvement (action plan) on weeks 5 & 10. Students will be given a final evaluation and a pass/fail grade on week 15.

A minimum competency score of “3” or greater must be achieved on all course objectives at the final course evaluation in order for a student to pass the clinical course.

4 = Accomplished (Independent without direction; Proficient, coordinated, confident; Expedient use of time. Focuses on patient; Proficient skills)
3 = Competent (Supervised with occasional physical or verbal direction; Efficient, coordinated, confident; Reasonable use of time; competently skilled)
2 = Developing (Assisted with frequent verbal and/or physical direction; Partial demonstration of skills. Inefficient or uncoordinated; Delayed time expenditure)
1 = Beginning/Novice (Marginal, requires continuous verbal and/or physical direction; Unskilled and inefficient; Considerable and prolonged time expenditure)
0 = Deficient (Dependent, continuous verbal and/or physical direction; Unable to demonstrate procedures; Lacks confidence, coordination, and/or efficiency. Potential harm to self and patient)

ACTION PLAN:

| COMMENTS: |

FINAL GRADE (Week 15 only):  
PASSED_____  FAILED_____  N/A_____