RNSG 1162 Complex Concepts of Adult Health Clinical
Fall 2021

Wednesday, Thursday, Friday & Saturday

Course Facilitator: Theresa Henry, MSN, RN, FNP-BC
Thenry3@com.edu
409-933-8714
Steam building room 225.30
Office Hours:
Monday & Tuesday
9am- 1 pm

Communicating with your instructor: ALL electronic communication with the instructor must be through your COM email. Due to FERPA restrictions, faculty cannot share any information about performance in the class through other electronic means.

Required Textbooks/ Electronic Media:

Gulanik, M, Myers, J (2017). *Nursing Care Plans, diagnosis, interventions, and outcomes – 9h edition.* St. Louis: Elsevier, Inc.

Lewis, S., Bucher, L., Heitkemper, M., & Harding, M. (2019). *Medical-Surgical Nursing: Assessment and Management of Clinical Problems, 11th Edition*. St. Louis: Elsevier, Inc.

Mulholland, J.M., & Turner, S.J. (2015). *The nurse, the math, the meds: Drug calculations using Dimensional analysis* (3rd ed.). St Louis, MO: Elsevier/Mosby.

EHR Tutor. (2020). Academic electronic health record training program. Available from https://my.ehrtutor.com/

Lilley, L., Rainforth., Collins, S., & Snyder, J. (2017). Pharmacology and the nursing process (9th Ed.). Elsevier, Inc.: St. Louis, MO.

Skills Kit for Lab: To be purchased at the College of the Bookstore

These products below will be used in case the clinical setting transition to an online clinical setting. Clinical Experience to an Online format due to changes in education requirements during COIVD-19. The course format has changed to meet the course objectives in response tothe COVID -19. Due to COVID- 19 students will participate in simulated clinical activities to meet the clinical objective. This syllabus reflects those modifications.

HESI Case Studies: Complete RN Collection (1 Year Version) - Classic Version: Course ID: 161332_amccreight2_1001 **(Clinical Backup Assignment)**

*Shadow Health. (2018). Digital Clinical Experience (Version 2018_08) [Software] (ISBN: 978-0-9897888-0-9) Available from http://www.shadowhealth.com **(Clinical Backup Assignment)**
- Gerontology
- Pharmacology

Major Care Plan Patient Scenarios provided by the instructor in the event clinical should go online.

Recommended Textbooks:

All previously required nursing textbooks

Textbook Purchasing Statement: *A student attending College of the Mainland is not under any obligation to purchase a textbook from the college-affiliated bookstore. The same textbook may also be available from an independent retailer, including an online retailer.*

Course Description

This course is an introduction to the clinical aspects of nursing care of adults experiencing common health alterations in multiple settings. Opportunities are provided for the application of theory, concepts, and skills being acquired. See catalog admitted under for pre- and co-requisites. (Credit 3: Lecture 0, Clinical 12, 144 Contact Hours)

Course Objectives/Student Learning Outcomes

Upon completion of this course, the student will:

1. Demonstrate professional student responsibilities by following policies and procedures of the ADN Program and the clinical facility practice guidelines.
2. Assume responsibility and accountability for the quality of nursing care provided to patients and their families under the supervision of clinical faculty and assigned primary nurse.
3. Assess the physical and mental health status of adult patients with common health needs and preferences using a structured data collection tool with primary and secondary sources of information.
4. Analyze assessment data to prioritize problems that can be addressed by nursing.
5. Develop a plan of care that identifies patient goals/outcomes and nursing interventions using information from evidence-based practice in collaboration with patients with common health needs, their families, and the health care team.
6. Implement the plan of care to provide safe, compassionate, ethical nursing care for adult patients with common health needs and their families in acute care settings.
7. Evaluate attainment of patient goals and related nursing interventions and modify the plan of care in response to changing patient needs.
8. Use standards of nursing practice to provide and evaluate patient care by seeking supervision when practice behaviors and judgments fall outside individual knowledge and expertise.

9. Collaborate and communicate in a timely manner with adult patients with common health needs, their families, and the health care team to plan, deliver, and evaluate patient- centered care.

10. Serve as a health care advocate in assessing and promoting safety and quality for adult patients with common health needs and their families.

11. Communicate and manage information using technology to support decision making toimprove patient care.

Faculty Office Hours and Location

All nursing faculty post office hours outside their office doors. Offices are located in the nursing department of the Technical-Vocational Building.

Methods of Instruction

Nursing Skills Laboratory

Clinical Simulations

Clinical Conferences
Clinical Assignments
Individualized Instruction in clinical area
Electronic Charting (ehrtutor.com)
Dosage Calculation Exams

Grading Scale
    A = 90 - 100.00
    B = 80 - 89.99
    C = 75 - 79.99*
    D = 60 - 74.99
    F = < 60
*A minimum final grade of "C" is required to pass this course.

Grade Calculation
All assignments, including pass/fail, must be submitted to pass the course. See Grade Determination and Calculation in the Nursing Student Handbook.

Assignment of Course Grade	%
Weekly Clinical Documentation #1	10
Weekly Clinical Documentation #2	10
Weekly Clinical Documentation #3	10
Major Care Plan	40
Congested Heart Failure SBAR Assignment	10
Weekly Assignments (subtotal)	**80%**
Clinical Performance Evaluation	
Clinical Performance Evaluation #1 - Mid-term	Pass/Fail
Clinical Performance Evaluation #2 – Final**	Pass/Fail
Clinical Performance Evaluation (subtotal)**	**Pass/Fail**
Other	**20**
Elder Teaching Brochure	**10%**
Math Competency Exam*	**10%**
TOTAL	**100%**
* 100% score required to attend clinical experiences & to pass the course	
** The student must meet expectations on all critical competencies on the Final clinical	

100% score required to attend clinical experiences & to pass the course
  * **75% or greater average care plan score is required to pass the course**.

Attendance
See the Attendance policy in the Nursing Student Handbook.

Tardiness
See Attendance policy in the Nursing Student Handbook.

Withdrawal
See Admission, Progression, Dismissal, & Readmission policy in the Nursing Student Handbook.

FN Grading: The FN grade is issued in cases of *failure due to a lack of attendance*, as determined by the instructor. The FN grade may be issued for cases in which the student ceases or fails to attend class, submit assignments, or participate in required capacities, and for which the student has failed to withdraw. The issuing of the FN grade is at the discretion of the instructor.

COVID-19 Statement: All students, faculty and staff are expected to familiarize themselves with materials and information contained on the College of the Mainland's Coronavirus Information site at www.com.edu/coronavirus.. Students are required to watch a training video, complete the self-screening, and acknowledge the safety guidance at: www.com.edu/selfscreen. In addition, students, faculty, and staff must perform a self-screening prior to each campus visit. Finally, students, faculty, or staff which have had symptoms of COVID-19, received a positive test for COVID-19, or have had close contact with an individual infected with COVID-19 must complete the self-report tool.

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Finally, students, faculty, or staff which have had symptoms of COVID-19, received a positivetest for COVID-19, or have had close contact with an individual infected with COVID-19 mustcomplete the self-report tool.

Technology Outage Policy: Students are responsible for completing all course work by the due datesstated in the syllabus. Occasionally the College may experience emergency campus-wide technology outages, should this occur during a Quiz or submission of an Assignment, you will need to notify the instructor. You will need the Quiz to be reset or for the instructor to extend assignment due date. Theassignment due date will be extended, or the quiz will be reset after the campus-wide outage is confirmed by Informational Technology. An Announcement will be sent to all students relaying the information about the new due date for the assignment or quiz.

In case of a personal technology issue or if you have questions about an assignment or need clarification of requirements, you are expected to contact the instructor using College of the MainlandEmail. The College has several computer labs so access to requisite technology needed to complete assignments should not be an issue.

Blackboard / Syllabus Assignment Submission Statement: It is the student's responsibility toconfirm your submission. When submitting an assignment in Blackboard, particularly ones that include file attachments, you should take the time to verify your submission. You should receivea confirmation message after you submit your assignment. You should confirm your submission manually. All assignment must be submitted as a PDF document.
It is the student's responsibility to submit all required documents to Blackboard to view before and after each submission to ensure that all files are attached. You will be **only** graded on the assignment(s) that is submitted to the Blackboard. There are **no** expectations.

ADA Statement
Any student with a documented disability needing academic accommodations is requested to contact Holly Bankston at 409-933-8520 or hbankston@com.edu. The Office of Services for Students with Disabilities is located in the Student Success Center. For Spring 2021, disability services are being offered virtually due to COVID-19 precaution.

Early Academic Alert Program
The Counseling Center at College of the Mainland has implemented an Early Academic Alert Program. Students will be referred to the program throughout the semester if they are having difficulty completing assignments or have poor attendance. If referred to the Academic Alert Program, students will be contacted by someone in the Counseling Department. As student success and retention is very important to us, someone from the Counseling Department will schedule a meeting with you to see what assistance they can offer in order for you to meet your academic goals.

Classroom Conduct Policy/Student Conduct
Classroom Conduct Policy: College of the Mainland requires that students enrolled at COM be familiar with the Standards of Student Conduct, which can be found in the on-line Student Handbook. http://www.com.edu/student-services/studenthandbook.php . Students should act in a professional manner at all times. Disruptive students will be held accountable according to college policy. Any violations of the Code of Conduct will result in a referral to the Office for student Conduct and may result in dismissal from this class.

In addition to the Standards of Student Conduct found in the online COM Student Handbook (http://www.com.edu/student-services/student-handbook.php), nursing students are expected to demonstrate good professional character as defined in in BON Rule 213.27 (http://bon.texas.gov/rr_current/213-27.asp). See Behavior/Conduct in the Nursing Student Handbook.

Academic Dishonesty
Any incidence of academic dishonesty will be dealt with in accordance with college policy and the Student

Handbook. Academic dishonesty, such as cheating on exams, is an extremely serious offense[6]. See Behavior/Conduct policy in the Nursing Student Handbook.

Plagiarism
Plagiarism is using someone else's words or ideas and claiming them as your own. Plagiarism is a very serious offense. Plagiarism includes paraphrasing someone else's words without giving proper citation, copying directly from a website and pasting it into your paper, using someone else's words without quotation marks. Any assignment containing plagiarized material will receive a **grade of zero** and the student will be referred to the Office of Student Conduct for the appropriate disciplinary action. Also see the Behavior/Conduct policy in the Nursing Student Handbook.

Avoiding Plagiarism: http://www.plagiarism.org/

Course Requirements
1. **Math Competency Exam** – Assesses proficiency in dosage calculations.
2. **Weekly Observational Assignments:**
   a. **Care Plans (1)-** Assess understanding of the nursing process.
3. **Clinical Performance Evaluation** – Assesses clinical competency and application of theory topractice. This is assessed three times:
   a. **Two times by the clinical instructor:**
      - Mid-term (at the mid-point hospital acute care experience)
      - Final (at the student's last hospital acute care experience)
      - The clinical evaluation tool is utilized to formatively and summative evaluate the student's clinical performance based upon all clinical assignments throughout the semester.
   b. **Two times (self-eval) by student:**
      - Mid-term (at the mid-point hospital acute care experience)
      - Final (at the student's last hospital acute care experience)
      - The clinical evaluation tool is utilized to formatively and summative evaluate the student's clinical performance based upon all clinical assignments throughout the semester.

   c. **Once by Sim Lab instructors** (high fidelity clinical simulation) – Performance in Sim Lab.

4. **Elder Teaching Brochure – Assesses understanding of geriatric nursing standards of practice across the curriculum. Student will create an elder care teaching brochure for this course**.

5. Make-Up Policy/Late Assignments

All course assignments are expected to be completed and submitted on the specified due date. See Late Assignments policy in the Nursing Student Handbook.

Concerns/Questions
If you have any questions or concerns about any aspect of this course, please contact me using the contact information previously provided. If, after discussing your concern with me, you continue to have questions, please contact the Course Facilitator. If, after discussing your concern with the Course Facilitator, you still have questions, please email nursing@com.edu to request an appointment with the Director of Nursing. Please see the Student Concerns Policy in the Nursing Student Handbook for further instructions.

Handbook. Academic dishonesty, such as cheating on exams, is an extremely serious offense[6]. See

Successful Tips for Students

Course Difficulty	Study Hours Per Week Per Hour in Class	
High Difficulty Course	3 hours	7
Medium Difficulty Course	2 hours	
Low Difficulty Course	1 hour	

1. http://www.usu.edu/arc/StudySmart/pdf/estimating_study_hours.pdf

2. Read assignments before class or clinical. Here are some strategies for getting the most out of your college textbooks:
   - 4 Steps to Reading a Textbook:
     http://www.studyright.net/blog/4-steps-to-reading-a-textbook-quickly-and-effectively/
   - Active Reading Strategies:
     http://www.princeton.edu/mcgraw/library/for-students/remember-reading/
   - The Reading Cycle: Plan-Do-Review
     http://www2.swccd.edu/~asc/lrnglinks/txtrdg.html
   - How to Read Your Textbooks More Efficiently College Info Geek (video)
     https://www.youtube.com/watch?v=tgVjmFSx7rg
   - 5 Active Reading Strategies for Textbook Assignments College Info Geek (video) 5 Active Reading Strategies for Textbook Assignments - College Info Geek

ANA Scope and Standards of Practice
Students are expected to adhere to established ANA Scope and Standards of Practice (2015). (See Student Handbook and Clinical Evaluation Tool for detailed explanation of standards.)

Student Handbooks
Students are expected to adhere to all policies outlined in the College and Nursing Program student handbooks.

Syllabus Revisions
Faculty reserves the right to make changes to the syllabus as deemed necessary.

The Speaking, Reading, and Writing Center
The Speaking, Reading and Writing Center provides free tutoring services to students, staff and faculty seeking assistance for writing, reading and oral presentations for academic and non-academic assignments/projects. Located in the Technical Vocational Building, Room 1306, the center provides face-to-face and online tutoring sessions in a welcoming environment. Appointments can be made in person, or on the center scheduler at com.mywconline.com, or by clicking the SRWC icon on the COM website.

Surviving Active Shooter Event Reference and Training Videos (To be completed online)

Run, Hide, Fight * **(Mandatory)**

https://www.youtube.com/watch?v=5VcSwejU2D0

Last Resort ACTIVE SHOOTER SURVIVAL Measures by Alon Stivi
https://www.youtube.com/watch?v=r2tIeRUbRHw

Surviving an Active Shooter Event - Civilian Response to Active Shooter
https://www.youtube.com/watch?v=j0It68YxLQQ

Discussion Questions:

1. What is your plan while in class to consider running, hiding, or fighting to survive?
2. How would you lock your classroom and/or barricade entry into the classroom?
3. What would you use to improvise weapons to take down the shooter / aggressor?
4. If you have to fight, would you COMMIT to the fight to save your life and others?
5. If you have a License to Carry and are concealed carrying, what guidelines would you follow?
6. Do you have the campus police emergency number and non-emergency number programmed into your phone?
      a. COM Police Emergency number (409-933-8599)
      b. COM Police Non-Emergency number (409-933-8403).
7. When the police arrive why would you have your hands up and follow all commands?
8. Why is it important to make the call to report any suspicious person or activity to campus police?

Statement of Eligibility for an Occupational Licensure
Effective September 1, 2017, HB 1508 amends the Texas Occupations Code Section 53 that requires education providers to notify potential or enrolled students that a criminal history may make them ineligible for an occupational license upon program completion. The following website provides links to information about the licensing process and requirements: https://www.bon.texas.gov/licensure_eligibility.asp.

Should you wish to request a review of the impact of criminal history on your potential Registered Nurse License prior to or during your quest for a degree, you can visit this link and request a "Criminal History Evaluation": https://www.bon.texas.gov/licensure_endorsement.asp.

This information is being provided to all persons who apply or enroll in the program, with notice of the requirements as described above, regardless of whether or not the person has been convicted of a criminal offense. Additionally, HB 1508 authorizes licensing agencies to require reimbursements when a student fails to receive the required notice.

Clinical Guidelines

    Guidelines for Clinical Experience
    Students will be expected to adhere to the rules and regulations outlined in the college catalog and the nursing program's Student Handbook. In order to provide the student with the most diverse experiences, he/she will be assigned to clinical facilities and faculty on a rotating basis by random selection as recommended by Board of Nursing.

    Student Activities During a Typical Clinical Day
    The student will be expected to complete all pre- and post-clinical work as specified in the course syllabus. The typical clinical day will include the following experiences:

- Completing pre-conference clinical assignments
- Pre-clinical conference with clinical instructor
- Attending the change of shift report
- Obtaining vital signs and physical assessment of assigned patients(s)
- Completing AM care for patient(s)
- Assisting patient(s) as needed with ADL's
- Collecting specimens as ordered
- Preparing the patient(s) for tests as ordered
- Observing surgery/recovery room, etc. as scheduled
- Providing pre and post-operative nursing care

http://www.usu.edu/arc/StudySmart/pdf/estimating_study_hours.pdf

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   - Active Reading Strategies:
     http://www.princeton.edu/mcgraw/library/for-students/remember-reading/
   - The Reading Cycle: Plan-Do-Review
     http://www2.swccd.edu/~asc/lrnglinks/txtrdg.html
   - How to Read Your Textbooks More Efficiently College Info Geek (video)
     https://www.youtube.com/watch?v=tgVjmFSx7rg
   - 5 Active Reading Strategies for Textbook Assignments College Info Geek (video) 5 Active Reading Strategies for Textbook Assignments - College Info Geek

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Make the Call * **(Mandatory)** https://www.youtube.com/watch?v=AWaPp-8k2p0

- Collecting specimens as ordered
- Preparing the patient(s) for tests as ordered
- Observing surgery/recovery room, etc. as scheduled
- Providing pre and post-operative nursing care

- Practicing basic skills of patient management
- Administering prescribed medications
- Completing treatment(s) ordered
- Documentation of patient observations and nursing care given with clinical instructor
- Applying concepts taught in nursing theory courses to clinical experiences
- Post-conference with clinical instructor

Guidelines for Selecting Patients

On the clinical morning, each week, students will work with a staff nurse, and provide care to patients on these units as assigned by clinical instructor. Students will select their own patient(s). To provide the student with the most diverse clinical experience, patient assignments will be changed weekly. Students will be responsible for caring for one (1) to two (2) patient(s) each week.

Permissible Common Concepts of Adult Health Clinical Nursing Skills

The student will perform only those procedures and treatments, which have been taught in the nursing skills course or nursing skills laboratory.

Independent	RN Supervision Only	Faculty Supervision Only
Ambulation assistance	Colostomy care	Medication administration
Binder or bandage application	External catheter application/care	Endotracheal suctioning
Heat/Cold application	Isolation care	Enema administration
Hygiene care/bed bath	IV flow rate regulation	IV calculations
Incontinence care	IV site maintenance	IV insertion

Independent	RN Supervision Only	Faculty Supervision Only
Nutritional care (feeding)	IV tubing/fluid changes	IV locks
Physical Assessment	NGT maintenance	NGT feeding
ROM exercises	Non-sterile dressing change	NGT insertion/removal
Transfers (bed to chair)	Oxygen administration	NGT medications
Transfers (bed to stretcher)	Pre-op care/Post-op care	Phlebotomy
Vital signs measurement	Pressure Ulcer care	Providing Cast Care
	Restraint application/monitoring	Sterile dressing change
	Specimen collection	Tracheostomy suctioning & care
	Traction monitoring	Urinary catheterization
	Wound drainage device care	

Non-permissible Nursing Skills

Skills that will not be performed throughout nursing school at COM are: administration of blood or blood products, administration of medications by IV push, and care of a patient with an airborne illness requiring the use of an N95 face mask. The student may underline observe the nurse administer blood or blood products and administer medications via IV push. Performance of these skills by a nursing student is considered unsafe and can result in dismissal from theprogram.

Guidelines for Physical Assessment

The instructor will designate one day for each student to perform a physical assessment on one patient. This assessment is not graded, but the student's performance will be reflected in the clinical performance evaluation.

Key Elements	
1.	Introduction: ID PATIENT, explain role purpose, provide patient privacy
2.	Orientation: oriented x3; disoriented; response
3.	Skin: color; moist; dry; turgor
4.	Eyes: PERRLA; sunken; reddened; clear; sclera
5.	Ears: discharge; tinnitus; earache; hearing aid

6.	Mouth: halitosis; bleeding gums, mucous membranes; tongue	10
7.	Respiratory: symmetry; type of respirations; cough; breath sounds;	
8.	Cardiovascular: chest pain; palpitations; edema; pulses; capillary refill	
9.	Abdomen: N/V; distention/bowel sounds; pain; BM's	
10.	GU: voiding; incontinent; indwelling catheter; dysuria; color	
11.	Extremities: moves all; numbness; weakness; paralysis	
12.	Environment: equipment; special mattress; NG tube; suction; trach; traction; dressing; IV; IV pump; Ted hose	
13.	Closing: Ensure patient is comfortable, SAFETY-call light within reach, bed low and locked position, side rails.	

Guidelines for Medication Administration
The instructor will designate medication administration day(s) for each student. Students must have shown competency in math by successfully passing a math competency exam prior to administering medications. Only the clinical instructor will supervise medication administration. The agency's policy regarding medication administration by the student nurse will be followed at all times. Students are expected to be able to demonstrate an understanding of the prescribed medications their patient will be receiving during the time students are providing care for their patient to promote safety.

Documentation
Students will document de-identified information for assigned patients in the simulated EHR via http://www.ehrtutor.com from data gathered directly from the patient and the patient's EHR at the health care facility. Printed documents will not be removed from the facility in order to comply with HIPPA rules.

Clinical Conferences
Students are expected to attend pre- and post-clinical conferences at the times and place designated by the nursing instructor. To further the students' clinical learning experiences, the clinical instructor may assign additional projects for post conference. Students will be expected to complete all required assignments.

Clinical Facilities
As assigned.

Assignment Guidelines and Grading Criteria

Math Competency Exam (10% of the course grade)
Students are required to pass the Math Competency Examination with a 100% accuracy to administer medications during clinical and pass the course. Students will be allowed three (3) attempts to successfully pass the examination (see course calendar for dates/times). After the first attempt, the highest possible score to be calculated in the course grade for attempt 2 or 3 is a score of 75%. Failure to successfully pass the examination with a 100% accuracy.

All students level 3 clinical students will take one math comp exam for the combined Pedi/OB and Complex Concepts clinical courses. If the student is unsuccessful in obtaining a 100% on the 3rd math comp exam, the student will be withdrawn from both clinical courses and will receive an "F" in **one** clinical course.

Clinical Performance Evaluation (Pass/Fail)
The clinical performance evaluation is updated twice in the Nursing Student Portal by the student during the mid-term, and the final. The clinical self-evaluation is submitted to the clinical instructor online and will be due with weekly clinical assignments within 2 days of the clinical day by 2359. The clinical faculty will complete a written and a verbal evaluation, which will be based off of the overall clinical experience, with the student at a time which will be mutually agreed upon at the end of the semester. These will occur at the following times:
- At midterm, on the student's hospital clinical performance (bedside only – not including procedural/surgical experiences),
- At the final hospital clinical experience, and
- At each of the sim lab experiences.

Weekly Assignments (80% of the course grade)
Weekly clinical assignments will be completed each time the student is in a clinical setting outside of SimLab; either in the hospital on an acute care unit, the surgical units.

Hospital documentation
- **Weekly documentation** on the medical-surgical inpatient unit are submitted via www.ehrtutor.com. The percentage grade for the weekly clinical assignment is not part of the final clinical performance evaluation, but is used to improve performance for that grade.
- **Major Care Plans (MCP)** for patient assignments on the medical-surgical inpatient unit are submitted via www.ehrtutor.com. These expanded documentations will be performed twice; once at mid-term, and once for the final. **MCP will count for 40% of the final grade.**
- One major care plan (MCP) care plans will be completed this semester
  a. The MCP will be started in class and submitted via EHRTutor.
  b. Student feedback will be provided before submitting the second MCP.

  - **Due Dates/Times for Hospital Documentation (acute care units, MCP, weekly documentation)**
    - Pathophysiology documentation of is due **two days** following the clinical day by 2359.
    - Nursing Process documentation is due before the student reports to the patient care nurse and leaves the patient care unit for post-conference at the conclusion of the clinical day.
    - Reporting occurs on the unit and in post-conference. SBAR is documented in EHRtutor at the end of the clinical before reporting to the patient care nurse and leaving the unit.

- o **Objectives: The student will**
  - Observe at least one patient diagnostic/treatment-related procedure.
  - Observe patient responses pre-, intra-, and post-op/post-procedure.
  - Identify nursing care before, during, and after the procedure, including communication and documentation.
  - Identify the purpose of the procedure in relation to the patient's condition.
  - Identify evidence-based pre-and post-operative nursing education topics specific for the patient's procedure.
- o **Learning Content:**
  - Diagnostic/treatment-related procedures
  - Common patient responses pre-, intra-, and post-op/post-procedure
  - Perioperative nursing care
- o **Assignment:**
  - Report to the clinical group during post-conference about the observation, including the purpose of the procedure, how it relates to the patient's condition, and nursing care before, during and after the procedure, including communication and documentation.
  - Compose a two-page paper describing the patient's primary diagnosis, surgical procedure(s), summary of observations noted in the operating room, and pre-and post-operative teaching for the patient and family. Please refer to OR grading rubric located in syllabus. Submit to Bb course site within two days of the clinical day by 2359.
  - For facility assignments lacking a surgical suite experience, an alternate experience will be formulated by the instructor and the facilitator of this course.
  - See rubric in Appendix I.
  - This assignment may be substituted for a paper on a perioperative case study depending on the availability of surgical clinical space, and only with the approval of the class facilitator.

The following are the maximum number of hours a student may miss according to the contact hours in a clinical course: The student is allowed to miss up to 6 hours in this clinical course.

- 48 contact hours= up to 6 hours missed.

Clinical Performance Evaluation

The clinical performance evaluation will be posted as an assignment in Blackboard and will be comprised of a self-evaluation and a faculty evaluation.

SBAR Assignment (10% of the course grade)

The student will complete a Congestive Heart Failure SBAR. The assignment is to assist the student with communicating a patient's medical problem to a physician. The SBAR (Situation-Background-Assessment-Recommendation) technique provides a framework for communication between members of the health care team about a patient's condition. This assignment is 10% of the student's grade.

The assignment will be completed and uploaded to Blackboard.

- **S = Situation** (a concise statement of the problem)
- **B = Background** (pertinent and brief information related to the situation)
- **A = Assessment** (analysis and considerations of options — what you found/think)
- **R = Recommendation** (action requested/recommended — what you want

Elder Teaching Brochure (10% of the course grade)

Course Calendar

Date	Time	Location	Assignment
8/2521	2pm-6pm	STEAM building 120	Clinical Course Orientation
8/27/21	1 pm	Testing Center	Math Comp #1 (30 minutes)
9/1/21	1pm	Testing Center	Math Comp #2 (30 minutes)
9/3/21	1 pm	Testing Center	Math Comp #3 (30minutes)
10/23/2021	1159pm	Midterm Clinical Evaluation	
ALL Major Care Plans are due on your 3 clinical rotations **Weekly Clinical Documentations and Major Care plan is due 2 days after** **your clinical experience**			
Major Care Plan Group A	1159pm	EHR tutor	**Mrs. Lorna**
Major Care Plan Group B	1159pm	EHR Tutor	**TBA**
Major Care Plan Group C	1159pm	EHR Tutor	**TBA**
Major Care Plan Group D	11:59 pm	EHRTtutor	**Mrs. Lee**
Major Care Plan Group E	11:59 pm	EHRTtutor	**Mrs. Lee**
Major Care Plan Group F	11:59 pm	EHRTtutor	**Mrs. Henry**
Major Care Plan Group G	11:59 pm	EHRTtutor	**Mrs. Henry**
10/29/2021	1159pm	Blackboard	**Elder Teaching Brochure**
11/20/2021	1159pm	Blackboard	**Congestive Heart Failure SBAR**
12/5/2021	1159pm	Midterm Clinical Evaluation	

Appendix I
Major Care Plan Rubric

Nursing Process	Key Elements	Sub Elements & Directions	Points	Score	Instructor Grading Comments
Assessment	Objective Data	Shift Assessment (documented under "assessment" under flowsheet tab	10		Subtract 1 point for each system or mandatory assessment item not addressed.
		Vital Signs	1		2-3 recorded vital signs (0.5 point for each set. Max points = 1 point)
		Intake and Output	1		0.25 for oral/alimentary intake 0.25 for alimentary output 0.25 for parenteral intake (IV, blood products, TPN) 0.25 for parenteral/non-alimentary output (urinary/wound drainage)
		Nutrition	1		meal components, % of food eaten documented
		Lab results	1		Most recent labs (repeat most pertitent ones at least once). Ex: GI Bleed would need more than one H&H
		Imaging results	1		
	Care Plan*	Subjective Data (pt stated symptoms)	3		one for each Nursing diagnoses (1 point x 3 =3)
		Objective data (summarized in care plan)	3		one for each Nursing diagnoses (1 point x 3 =3)
Diagnosis	Nursing Diagnosis #1	Prioritized by ABCs and Maslow's Hierarchy of needs?	1		
		Based off of subjective, objective and assessment data?	1		
		Documented in Care Plan tab?	1		
	Nursing Diagnosis #2	Prioritized by ABCs and Maslow's Hierarchy of needs?	1		
		Based off of subjective, objective and assessment data?	1		
		Documented in Care Plan tab?	1		
	Nursing Diagnosis #3	Prioritized by ABCs and Maslow's Hierarchy of needs?	1		
		Based off of subjective, objective and assessment data?	1		
		Documented in Care Plan tab?	1		
Planning/ Analyze	Medical Record	Medication Profiles	10		1 point per med (max points = 10). For each point, 0.14 points for each of these elements: Indication, Route, Action, Adverse Effects, Contraindication, Patient Teaching, Nursing Implications. If <10 meds, recalibrate each point component so that complete work can = 10 points.
	Care Plan: Pathophysiology*	Disease pathology	1		
		Pre-disposing factors	1		
		signs and symptoms	1		
		Medical Dx and collaborative treatment	1		
	Nursing Dx #1: Short term goal #1*	Is it specific?	1		
		Is it measurable?	1		
		Is it achievable and realistic?	1		
		Is it time based?	1		
	Nursing Dx #1: Short term goal #2*	Is it specific?	1		
		Is it measurable?	1		
		Is it achievable and realistic?	1		
		Is it time based?	1		
	Nursing Dx #1: Long term goal*	Is it specific?	1		
		Is it measurable?	1		
		Is it achievable and realistic?	1		
		Is it time based?	1		

Nursing Process	Key Elements	Sub Elements & Directions	Points	Score	Instructor Grading Comments
Planning/ Analyze	Nursing Dx #2: Short term goal #1*	Is it specific?	1		
		Is it measurable?	1		
		Is it achievable and realistic?	1		
		Is it time based?	1		
	Nursing Dx #2: Short term goal #2*	Is it specific?	1		
		Is it measurable?	1		
		Is it achievable and realistic?	1		
		Is it time based?	1		
	Nursing Dx #2: Long term goal*	Is it specific?	1		
		Is it measurable?	1		
		Is it achievable and realistic?	1		
		Is it time based?	1		
Interventions / Implementation	Nrsg Dx #1 STG #1*	Intervention #1	1		0.25 points: evidence-based, 0.25 rationale, 0.25 reference included, 0.25 documented in nurses notes (tied to specific nursing diagnosis & goal)
		Intervention #2	1		
		Intervention #3	1		
	Nrsg Dx #1 STG #2*	Intervention #1	1		0.25 points: evidence-based, 0.25 rationale, 0.25 reference included, 0.25 documented in nurses notes (tied to specific nursing diagnosis & goal)
		Intervention #2	1		
		Intervention #3	1		
	Nrsg Dx #1 LTG*	Intervention #1	1		0.25 points: evidence-based, 0.25 rationale, 0.25 reference included, 0.25 documented in nurses notes (tied to specific nursing diagnosis & goal)
		Intervention #2	1		
		Intervention #3	1		
	Nrsg Dx #2 STG #1*	Intervention #1	1		0.25 points: evidence-based, 0.25 rationale, 0.25 reference included, 0.25 documented in nurses notes (tied to specific nursing diagnosis & goal)
		Intervention #2	1		
		Intervention #3	1		
	Nrsg Dx #2 STG #2*	Intervention #1	1		0.25 points: evidence-based, 0.25 rationale, 0.25 reference included, 0.25 documented in nurses notes (tied to specific nursing diagnosis & goal)
		Intervention #2	1		
		Intervention #3	1		
	Nrsg Dx #2 LTG*	Intervention #1	1		0.25 points: evidence-based, 0.25 rationale, 0.25 reference included, 0.25 documented in nurses notes (tied to specific nursing diagnosis & goal)
		Intervention #2	1		
		Intervention #3	1		
Evaluation	Nrsg Dx #1*	Evaluation of STG#1	1		1.0 point for documented attainment. If not attained: - 0.50 for documented failure of attainment - 0.50 for documented revision of goal (if applicable), OR reason why it was not attained.
		Evaluation of STG#2	1		
		Evaluation of LTG	1		
	Nrsg Dx #2*	Evaluation of STG#1	1		1.0 point for documented attainment. If not attained: - 0.50 for documented failure of attainment - 0.50 for documented revision of goal (if applicable), OR reason why it was not attained.
		Evaluation of STG#2	1		

	Evaluation of LTG	1	
Medical record	Nurses notes (every two hours, a minimum of 4 notes)	4	1.0 point for each note. Max = 4 points
	Situation documented	1	
	Background documented	1	
Communication: SBAR	Assessment documented	1	
	Recommendation/request documented	1	
		100	

*These elements are for the Major Care Plan only and are not necessary in the routine weekly EHR Tutor documentation.

Elder Teaching Brochure Teaching Grading Rubric

Student Name: _____   **Date:** _____

CATEGORY	NEEDS IMPROVEMENT	SATISFACTORY	COMPETENT	TOTAL POINTS	POINT EARNED
Attractiveness & Organization	0-10 points: The brochure has no formatting and organization of material. The brochure's formatting and organization of material are confusing to the reader.	10.1- 15 points: The brochure has some formatting and organized of information.	5.1-20 points The brochure has exceptionally attractive formatting and well-organized information. Professional Looking		
Patient Teaching	0-10 points Less than 2 patient teaching points discussed in brochure on each topic.	10.1- 15 points Discussed on 2 –4 teaching points in brochure on each topic.	15.1- 20 points Discussed on at least 5 teaching points on brochure on each topic		
Writing – Grammar	0-10 points Grammatical mistakes are so numerous that the readability of the brochure is impaired. 4 or more spelling errors in the brochure.	10.1- 15 points There are some grammatical mistakes in the brochure. No more than 3 grammatical errors	15.1- 20 points There is no grammatical mistake or spelling errors in the brochure.		

Graphics/ Pictures	0-10 points	10.1- 15 points	15.1- 20 points	
	Graphics does not present in the brochure or less than 2 graphics. Graphics do not go with text.	Graphics go well with the text, but there are 2-4 graphics brochure. Text heavy.	Graphics go well with the text and there is a good mix of text and graphics. There are 5 graphics in brochure	
Resources in APA format	0-10 points	10.1- 15 points	15.1- 20 points	
	Uses and sites 1 or less professional medical resources. (**Book, article, organization) using APA.**	Uses and sites 2-3 professional medical resources. (**Book, article, organization) using APA.**	Uses and sites 4 or more professional medical resources. (**Book, article, organization) using APA.**	
Total Points				100

Weekly Care Plan Rubric

Nursing Process	Key Elements	Sub Elements & Directions	Points	Score	Instructor Grading Comments
	Key Elements	Shift Assessment (documented under "assessment" under flowsheet tab)	10		Subtract 1 point for each system or mandatory assessment item not addressed. **All areas should be thoroughly addressed.**
Assessment		Vital Signs	1		**2-3 recorded vital signs (0.5 point for each set. Max points = 1 point)**
	Objective Data	Intake and Output	1		**0.25 for oral/alimentary intake 0.25 for alimentary output 0.25 for parenteral intake (IV, blood products, TPN) 0.25 for parenteral/non-alimentary output (urinary/wound drainage)**
		Nutrition	1		meal components, % of food eaten documented **(Sample Diet documented with a reference, if needed)**
		Lab results	1		**Most recent labs (repeat most pertinent ones at leastonce). Ex: GI Bleed would need more than one H&H)**
		Imaging results	1		
	Care Plan	Subjective Data (pt stated symptoms)	3		**one for each Nursing diagnoses (1-point x 3 =3)**
		Objective data (summarized in care plan)	3		**one for each Nursing diagnoses (1-point x 3 =3)**
	Nursing Diagnosis	ABCs and Maslow's Hierarchy of needs?	1		
		Based off of subjective, objective and assessment data?	1		
		Documented in Care Plan tab?	1		
	Medical Record	Medication Profiles	10		**1 point per med (max points = 10). For each point, 0.14 points for each of these elements: Indication, Route, Action, Adverse Effects, Contraindication, Patient Teaching, Nursing Implications. If <10 meds, recalibrate each point component so that complete work**

Category	Item	Points	Criteria
			can = 10 points. Do not copy and paste everything directly your drug book. You need to document common information you would tell a patient.
Care Plan: Pathophysiology	Disease pathology	2	**Disease pathology is the only information that should come from your book and that should be referenced in APA format.**
	Pre-disposing factors	2	
	Signs and symptoms	2	(As evidence by your patient)
	Medical Dx and collaborative treatment	2	(As evidence by your patient) (As evidence by your patient) (As evidence by your patient)
Interventions	Intervention (List one Intervention from your Nursing Care Plan Book)	2	0.50 points: evidence-based, 0.50 rationale, 0.50 reference included, 0.50 documented in nurses' notes (tied to specific nursing diagnosis & goal)
Evaluation	Evaluation (List one Evaluation)	2	1.0 point for documented attainment. How was the goal obtained? Was the goal met or not met?
Nursing Notes	Nurses notes (every two hours, a minimum of 4 notes) With a patient's response	4	1.0 point for each note. Max = 4 points. This is where you implement your interventions **with** a patient's response. **You need to sign after each nursing notes. S. Smith…..COM student nurse. If this not done, points will be deducted.**
Total Points		50	