



PLNU *forward*

School of Nursing

*Nursing 310: Nursing of Families –
Child & Adolescent Focus*

2 Semester Units

Fall 2015

Meeting days: Monday	Instructor: Chris Sloan, PhD, RN, CNS, CPN Associate Professor, SON
Meeting times: 10:55 – 12:50	Phone: (619)518-2255 (cell), text OK too – just identify yourself!
Meeting location: Liberty Station, Room 207	E-mail: christinesloan@pointloma.edu
Placement: Junior Year Successful completion of FCS150 or equivalent	Office location and hours: Liberty Station #108 *Office hours by appointment, as posted on door. Not here on Thurs/Fri
Final Exam: Wednesday, December 16 10:30 – 12:30 Locatio: LSCC Room 207	Additional info: NSG311 is a required co-requisite course

PLNU Mission

To Teach ~ To Shape ~ To Send

Point Loma Nazarene University exists to provide higher education in a vital Christian community where minds are engaged and challenged, character is modeled and formed, and service becomes an expression of faith. Being of Wesleyan heritage, we aspire to be a learning community where grace is foundational, truth is pursued, and holiness is a way of life.

SON Vision Statement

The School of Nursing at Point Loma Nazarene University embraces, as a covenant, the commitment to excellence within a dynamic Christian environment in which each one will engage in the sacred work of nursing. This sacred work involves symbolically removing one’s shoes in service of others.

Take off your sandals for the place you are standing is holy ground. Exodus 3:5 NIV

SON Mission Statement

The School of Nursing at Point Loma Nazarene University exists to support the university Wesleyan mission and to provide an interdisciplinary learning program of excellence. Graduates of the SON are distinctly identified by grace, truth and holiness, serving others after the example of Christ, as they are sent to fulfill their calling as professional nurses.

So He got up from the meal, took off His outer clothing, and wrapped a towel around His waist. After that, He poured water into a basin and began to wash His disciple's feet, drying them with a towel that was wrapped around Him. John 13: 4-5 NIV

Now that I, your Lord and Teacher, have washed your feet, you also should wash one another's feet. I have set you an example that you should do as I have done for you. John 13: 14-15 NIV

Faculty reserves the right to make necessary schedule changes to this syllabus as the semester progresses.

Every attempt will be made to minimize the inconvenience to the student in the event of a change to the syllabus. Students will be notified of changes via Canvas announcement section, with accompanying email notification, in a timely manner.

COURSE DESCRIPTION

This course focuses on nursing theory as it relates to families with children who have alterations in their health status. Note: A minimum grade of "C" must be achieved in all co-requisite courses in order to progress in the program. A grade of "credit" must also be achieved in NSG311 in order to progress in the program.

PROGRAM VALUES & COURSE LEARNING OUTCOMES

Upon completion of NSG 310 the student will meet the following outcomes:

INQUIRING FAITHFULLY:

The student will demonstrate knowledge, skill and behavior of the evidence-based practice of nursing which integrates growth in reasoning, analysis, decision-making and the application of theory with the goal of advocating for others and/or self. This includes holistic nursing skills in the nursing process

1. Investigate evidence-based nursing care practices for both health promotion and the management of acute and chronic illness in the pediatric population.
2. Formulate holistic nursing actions focusing on the needs of the pediatric patient and

their family within the context of the community

3. Acknowledge own personal beliefs and experiences related to family-centered care.

CARING FAITHFULLY:

The student will embrace a calling to the ministry of compassionate care for all people in response to God's grace, which aims to foster optimal health and bring comfort in suffering and death.

1. Integrate multiple dimensions of patient centered care (PLO 2.1; BSN Essential IX-5; QSEN).

COMMUNICATING FAITHFULLY:

The student will actively engage in the dynamic interactive process that is intrapersonal and interpersonal with the goal of advocating for others and/or self. This includes effective, culturally appropriate communication which conveys information, thoughts, actions and feelings through the use of verbal and nonverbal skills.

1. Foster open communication among the healthcare team to improve patient health outcomes (PLO3.3; BSN essential IV-4; QSEN teamwork and collaboration).
2. Engage information technologies to provide effective patient care (PLO 3.4; BSN Essential I-4; QSEN Informatics).
3. Identifies the impact of culture, ethnicity and family dynamics on clinical decision-making (PLO 3.f: QSEN patient-centered care).

FOLLOWING FAITHFULLY:

Defined as claiming the challenge from Florence Nightingale that nursing is a "divine imposed duty of ordinary work". The nursing student will integrate the ordinary work by complying with and adhering to regulatory and professional standards (e.g. ANA Code of Ethics, the California Board of Registered Nursing, Scope of Nursing Practice, SON Handbook). This includes taking responsibility for all actions and treating others with respect and dignity.

1. Applies professional standards of care according to ethical, legal and Christian principles (PLO 4.2; BSN essential VIII-1,2;)

LEADING FAITHFULLY:

The student will incorporate a foundational relationship with Christ and others and embrace a willingness to serve others in the midst of life-circumstances (e.g. illness, injustice, poverty). The student will role-model the need for “Sabbath Rest” as a means of personal renewal, and true care of the self so that service to others is optimally achieved. The student will incorporate the characteristics of a servant leader including: humility, courage, forgiveness, and discernment.

1. Analyze servant leadership concepts and skills for patient safety and high quality care (PLO 5.2; BSN essential II-2;)

COURSE CREDIT HOUR INFORMATION

In the interest of providing sufficient time to accomplish the stated Course Learning Outcomes, this class meets the PLNU credit hour policy for a 2-unit class delivered over 15 weeks. Specific details about how the class meets the credit hour requirement can be provided upon request.

COURSE CONTENT OUTLINE (TOPIC OUTLINE)

Date	Module	EXAM/Quiz?	Preparation/Assignment (see individual class assignments by date)
Tues, September 1	Introduction to Pediatric Nursing	No	Bring Syllabus and a great attitude!!
Thurs, September 3	Orientation: Day 1 (12:00 – 4:00pm) Cunningham B - Main Campus	No	Bring NSG311 syllabus and a great attitude!
Mon, September 7	No Class – Labor Day		
Tues, September 8	Orientation: Day 2 0700 – 1530 Ronald McDonald House, Rady Children’s Hospital	Yes! Math Quiz	Bring NSG310/311 syllabi, lecture notes for orientation per canvas, dress in PLNU uniform and have a great attitude!
Mon, September 14	Module 1: Day 1	iRAT/tRAT	Complete Required Learning Activities (RLA’s) for this module prior to class - including items on Canvas!
Mon, September 21	Module 1: Day 2	No	Review RLA for this module prior to class
Friday, September 25	Non-Proctored Practice A due by 11:59pm		
Mon, September 28	Module 2: Day 1	iRAT/tRAT	Complete RLA’s for this module prior to class
Mon, October 5	Module 2: Day 2	No	Review RLA for this module prior to class
Mon, October 12	EXAM 1	Yes	Study Hard! Bring calculator to test!
Mon, October 19	Module 3: (only 1 day)	iRAT/tRAT	Complete RLA’s for this module prior to class
Mon, October 26	Module 4: Day 1	iRAT/tRAT	Complete RLA’s for this module prior to class
Mon, November 2	Module 4: Day 2	No	Review RLA for this module prior to class
Mon, November 9	Module 5: Day 1 (content on Exam 3)	iRAT/tRAT	Complete RLA’s for this module prior to class
Friday, November 13	Non-Proctored Practice B due by 11:59pm		
Mon, November 16	EXAM 2	Yes	Study Hard! Bring calculator to test!
Mon, November 23	Module 5: Day 2	No	Review RLA for this module prior to class

Date	Module	EXAM/Quiz?	Preparation/Assignment (see individual class assignments by date)
Tues, November 24	Proctored ATI NSG310 and NSG330 Main Campus – Ryan Library	Yes	Complete 2 practice tests and all ATI remediation by this date! ATI transcripts due to Professor BEFORE taking Proctored ATI!
Wed 25 – Sun 29 Thanksgiving Break – NO CLASS!!			
Mon, November 30	Module 6: Musculoskeletal & Neuromuscular	No	Complete RLA's for this module prior to class
Mon, December 7	DGW Class Potluck!!	No	NONE BABY!! Bring delicious food to share with friends!!
Wed, December 16	EXAM 3 ("FINAL" – not cumulative)	Yes	Study Hard! Bring calculator to test!

Additional Theory Topics:

These topics will be incorporated into the readings, video's, and case studies:

- Family Dynamics
- Social/Cultural
- Parenting Styles
- Health Promotion
- Age Specific Issues
- Nutrition by age
- Basic Growth and Development
- Environmental and Community Issues
 - Obesity
 - Lead Poisoning
 - Poverty

LEARNING STRATEGIES

Team-Based Learning (TBL), reading/viewing content, quizzes (individual and group), mini-lecture, discussion/discussion board, case studies, course-related online learning, exams (individual and group), games, audiovisual and one-on-one assistance as needed.

1. TEAM-BASED LEARNING (www.teambasedlearning.org)

This is an interactive instructional strategy that aims to help develop workplace skills for the nurse. It is implemented in a way that holds team members accountable for using the assigned course content to make decisions that will be reported publically and subject to cross-team discussion/critique. You will be assigned to a team with approximately 5-6 members. Teams will be formed during the first week of the term. You will sit with your team during ALL classroom sessions. I will provide a room map to help you locate and sit with your teammates.

Phase 1 – Preparation: You will complete **specified reading assignments & learning activities** for each module (see syllabus and Canvas for details).

Phase 2 – Readiness Assurance Test: At the first class meeting of each module, you will be given a **Readiness Assurance Test (RAT)**. The RAT test (10 multiple-choice questions) measures your comprehension of the assigned pre-class activities, and helps you learn the material needed to begin problem solving in phase 3. Once the test period is over, I will give a short mini-lecture to clarify concepts that are not well understood as evidenced by the individual test scores. The purpose of phase 2 is to ensure that you and your teammates have sufficient foundational knowledge to begin learning how to apply and use the course concepts in phase 3. **RATs are closed book and based on the assigned readings/activities.**

- **Individual RAT (iRAT)** – You individually complete a 10 question multiple-choice test based on the readings and preparation for the module. 10 minutes.
- **Team RAT (tRAT)** - Following the iRAT, the same multiple-choice test is re-taken with your team. These tests use a “scratch and win” type answer cards known as a “scratcher”. You negotiate with your teammates, and then scratch off the opaque coating hoping to reveal a star that indicates a correct answer. Your team is awarded 4 points if you uncover the correct answer on the first scratch, 2 points for a second scratch, and 1 point for a third scratch.
- **Appeals Process** - Once your team has completed the team test, your team has the opportunity to fill out an appeals form. The purpose of the appeals process is to allow your team to identify questions where you disagree with the question key or question wording or ambiguous information in the readings. Instructors will review the appeals outside of class time and report the outcome of your team appeal at the next class meeting. Only teams are allowed to appeal questions (no individual appeals). Only teams who appeal will gain extra points if granted.

- **Feedback and Mini-lecture** - Following the RATs and Appeal Process, the professor provides a short clarifying lecture on any difficult or troublesome concepts.

Phase 3 - In-Class Activities: You and your team will use the foundational knowledge, acquired in the first two phases to make decisions that will be reported publically and subject to cross-team discussion/critique. A variety of methods will be used to report your team’s decision at the end of each activity. These are non-graded, “low-stakes” activities, however an overall class tally will be maintained to determine a “winning” team at the end of the semester!

2. INCLASS STUDENT LEARNING ACTIVITIES

Individual study for this each unique module *should be focused on reviewing materials to meet the Student Learning Outcomes as well as understanding the glossary terms for each topic*. Unless you have unlimited time, do not read all parts of the assigned reading. Start at the introduction – always review A&P, Pediatric differences and Assessment. These are foundational to your understanding of the topics your team will discuss in class! Use the text to supplement your learning of topics that are unfamiliar or need more in-depth investigation. Other study materials provided:

- YouTube
- Podcasts
- Medscape
- Netflix movies
- Modules by various state and private agencies
- Case studies/questions

ATTENDANCE AND PARTICIPATION

Regular and punctual attendance at all classes is considered essential to optimum academic achievement. If the student is absent from more than 10 percent of class meetings, the faculty member has the option of filing a written report which may result in de-enrollment. If the absences exceed 20 percent, the student may be de-enrolled without notice. If the date of de-enrollment is past the last date to withdraw from a class, the student will be assigned a grade of W or WF consistent with university policy in the grading section of the catalog. See [Academic Policies](#) in the undergrad student catalog.

INCOMPLETE AND LATE ASSIGNMENTS

All assignments are to be submitted as specified by faculty, including assignments posted in Canvas. Life happens. If it does, please communicate with me early and often!! You must be proactive. Assignments that are turned in late without prior communication OR approval from faculty will have a full 10% deducted from the possible point total for each day (0-24 hours) late. All assignments are to be submitted as specified by faculty (via email or paper copy), including assignments completed in Eclass. Assignments turned in without a name will not be graded.

ACADEMIC DISHONESTY

Students should demonstrate academic honesty by doing original work and by giving appropriate credit to the ideas of others. As explained in the university catalog, academic dishonesty is the act of presenting information, ideas, and/or concepts as one's own when in reality they are the results of another person's creativity and effort. Violations of university academic honesty include cheating, plagiarism, falsification, aiding the academic dishonesty of others, or malicious misuse of university resources. A faculty member who believes a situation involving academic dishonesty has been detected may assign a failing grade for a) that particular assignment or examination, and/or b) the course following the procedure in the university catalog. Students may appeal also using the procedure in the university catalog. See [Academic Policies](#) for further information.

ACADEMIC ACCOMMODATIONS

While all students are expected to meet the minimum academic standards for completion of this course as established by the instructor, students with disabilities may request academic accommodations. At Point Loma Nazarene University, students must request that academic accommodations by filing documentation with the [Disability Resource Center](#) (DRC), located in the Bond Academic Center. Once the student files documentation, the Disability Resource Center will contact the student's instructors and provide written recommendations for reasonable and appropriate accommodations to meet the individual needs of the student. See [Academic Policies](#) in the undergrad student catalog.

FERPA POLICY

In compliance with federal law, neither PLNU student ID nor social security number should be used in publicly posted grades or returned sets of assignments without student written permission. This class will meet the federal requirements by (Note: each faculty member should choose one strategy to use: distributing all grades and papers individually; requesting and filing written student permission; or assigning each student a unique class ID number not identifiable on the alphabetic roster.). Also in compliance with FERPA, you will be the only person given information about your progress in this class unless you have designated others to receive it in the "Information Release" section of the student portal. See [Policy Statements](#) in the undergrad student catalog.

EXAMINATION POLICY

Examinations may be deferred due only to “illness or because of other equally valid conditions over which the student has no control”. Extenuating circumstances will be determined by the faculty of record.

Successful completion of this class requires taking the **FINAL examination on its scheduled day**. The final examination schedule is posted on the [Class Schedules](#) site. No requests for early examinations or alternative days will be approved.

USE OF TECHNOLOGY

Point Loma Nazarene University encourages the use of technology for learning, communication, and collaboration. The use of technology during class will be determined at the discretion of the faculty.

PROFESSIONAL STANDARDS

Students are required to adhere to professional standards while students at PLNU. The School of Nursing has developed these standards to provide clarification of expected professional behaviors.

1. Present yourself professionally in interactions with all persons
2. Behave in an honest and ethical manner
3. Utilize respectful communication
4. Being proactive rather than reactive
5. Be accountable for your behavior and actions
6. Be prepared and punctual

Use of Technology: Point Loma Nazarene University encourages the use of technology for learning, communication, and collaboration. The use of laptops, cell phones and other electronic devices in the classroom is at the discretion of the professor. It is considered unprofessional and discourteous to use any device during class time for reasons other than course related purposes. Cell phones should be kept on vibrate or silent during class time unless arrangements have previously been made with the professor.

Social Media: Social networking sites are a great way to connect with many others. All students are advised to employ professional standards on these sites; stay positive, never criticize, condemn or complain. A general rule to follow: if what you have posted does not enhance your professional image then it probably needs to be reviewed.

Academic Honesty: Plagiarism or cheating in any nursing or non-nursing class as a pre-nursing or nursing major will have consequences within the School of Nursing. Disciplinary action will be at the discretion of the instructor, the guidance of the Dean of the School of Nursing, and SON handbook and may include assignment/class failure, as well as possible dismissal from the program.

GRADING POLICIES

- **Grading Scale** to be used for all exams and final course grades:

93-100%	=	A
90 - 92%	=	A-
87 – 89%	=	B+
84 – 86%	=	B
81 – 83%	=	B-
78 – 80%	=	C+
<u>75 – 77%</u>	=	<u>C</u> <u>Must have minimum of 75% to progress in the program</u>
73 – 74%	=	C-
71 – 72%	=	D+
68 – 70%	=	D
Below 68%	=	F

- The Professor of Record has the authority to determine the schedule and re-scheduling of examinations
- All assigned course work must be completed and turned in to receive a final course grade.
- In order to receive a passing grade in the course, the student must achieve a cumulative average of 75% on tests and quizzes. Grades/points will not be rounded. For example: 80.5% does not round to 81% resulting in a grade of C+ instead of a B-. A grade of less than a “C” (Below 75%) prohibits the student from continuing in the nursing program until the course is repeated with a satisfactory grade of \geq C.
- A grade of at least a “C” in each nursing theory, prerequisite, and/or co requisite course is required in order to progress to the next course or level. The nursing theory and related clinical courses must be taken concurrently and the student must receive a passing grade of “Credit” in the clinical course in order to progress to the next course or level.
- Throughout the curriculum (whether pre-nursing or nursing) students may repeat one pre-requisite or nursing course. With the need for a second repeat of any pre-requisite or nursing course the student will be dismissed from the nursing program.
- Assignments and required documentation are due at the beginning of class on the date due. A full 10% will be deducted for each day (0-24 hours) late if not previously discussed with professor.
- Check your PLNU email frequently (daily)
- Communicate with me regularly about your progress/concerns/anything – telling me about problems or issues before things are due – this makes it much easier for me to grant grace.
- Proactively communicate any absence with me or your clinical professor directly (via email, phone call or text) so that you honor the classroom and clinical community that we are striving to develop. Lack of communication about absences will result in a zero on any iRAT/tRAT. It probably will also be reflected in your peer evaluation score.

METHODS OF ASSESSMENT & EVALUATION

METHODS OF ASSESSMENT & EVALUATION			
Testing Grades	Team-Based Learning	Number/Points	Total
	Individual Readiness Assessment Test (iRAT)	5 @ 20 points each	100
	Team Readiness Assessment Test (tRAT) 50%	5 @ 40 points each	200
	TBL Testing Score Total		300
	Exams	Number/Points	
	Medication Quiz	1 @ 20 points	20
	3 Exams (No Cumulative Final)	3 @ 100 points each	300
	ATI Proctored Exam 20 pts for level 2 proficiency and above 10 pts for level 1 proficiency or requirements not met	Required	20
	(2) ATI non-proctored exams by deadlines listed on calendar <small>*If both are not completed by deadlines, student will not be able to achieve more than 10 points on Proctored Exam regardless of level achieved.</small>		N/A
	*TESTING EXTRA CREDIT: ATI focused review (up to 5 hours total) – based on practice exam performance.	2pts/hr	*(15)
	* Exam Total		340
OVERALL TESTING TOTAL			640
Non-Testing Grades	Assignments		
	Developmental Paper Drafts: Draft sections 1-3 turned in on-time, late or missing drafts will receive 0 points	3 @ 5 points each	15
	Developmental Paper	1 @ 50 points	50
	Developmental Teaching Project	1 @ 25 points	25
	Oral Case Study	1 @ 15 points	15
	NIP-IT Certificate	1 @ 15 points	15
	Graded Concept Map	1 @ 15 points	15
	Ages & Stages or DDSTII	1 @ 15 points	15
	Final Peer Evaluation <small>(If one or more evals are not completed, your score will be reduced by 10 points)</small>	1 @ 25 points	25
	OVERALL ASSIGNMENT TOTAL		170
OVERALL COURSE			810

Overall Course Grade Calculation

93 – 100% = A			
90 - 92% = A-			
87 - 89% = B+			
84 - 86% = B			
81 - 83% = B-			
78 - 80% = C+			
75 - 77% = C			
73 - 74% = C-			
71 - 72% = D+			
68 - 70% = D			
Below 68% = F			

Testing Only Grade Calculation

93 – 100% = A			
90 - 92% = A-			
87 - 89% = B+			
84 - 86% = B			
81 - 83% = B-			
78 - 80% = C+			
75 - 77% = C			
73 - 74% = C-			
71 - 72% = D+			
68 - 70% = D			
Below 68% = F			

REQUIRED TEXTS & RECOMMENDED STUDY RESOURCES

Required:

American Psychological Association (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington D.C. ISBN-13: 978-1-4338-0561-5

Ball, J., Bindler, R. & Cowen, K. (2012). *Principles of pediatric nursing: Caring for children* (5th ed.). Upper Saddle River, NJ: Pearson. ISBN – 13: 978-0-13-211175-1

Current School of Nursing Student Handbook. See SON Resource Page in Canvas for 2014-2015

Recommended:

Ward, S. L. (2014). Pediatric nursing care: Best evidence-based practices. Philadelphia: F.A. Davis. ISBN – 13: 978-0-8036-2694-2

PORTFOLIO REQUIREMENT

At the conclusion of each course, students are expected to complete/update their LiveText® portfolio including self-evaluation of outcomes using the BSN Growth Portfolio template. The portfolio provides evidence supporting professional development and attainment of PLNU SON BSN graduate outcomes. For this course, the following assignment(s) are **required** to be submitted in LiveText®:

- Signature Assignment: Developmental Paper/Project
- At least 2 Guided Reflective Assignments: Reflective Journals

Students are strongly encouraged to submit additional coursework into LiveText® to demonstrate personal and professional growth.

LEADERSHIP REQUIREMENT

Attendance of at least one SON meeting is required on an annual basis for each student.

REQUIRED LEARNING ACTIVITIES

1. Medication Quiz (see NSG311 syllabus for guidelines)*
2. Individual Readiness Assessment Tests (iRAT) x 5
3. Team Readiness Assessment Test (tRAT) x 5
4. Exams (3 total)
5. Oral Case Presentation (completed during clinical post-conference)*
6. Developmental Paper & Teaching Project*
7. Denver Developmental Screening Test II Write-up*
8. Graded Concept map (see syllabus for NSG311 for guidelines/rubric)*
9. 2 Non-proctored and 1 Proctored ATI exams (see below)
10. Self/Peer Review of Team Members (three times during semester – **last one graded**)
11. Extra credit opportunities as assigned

** completed on NSG311 clinical patients/scenario's but points granted in NSG310 grade*

Medication Quiz

All students will be required to take and pass a medication quiz prior to giving medications in clinical. The grade assigned for this quiz is based on the taker's first attempt regardless of the student's initial grade. If student scores less than 100%, they are required to retake a similar quiz until a grade of 100% is achieved. See Nursing 311 syllabus for details.

Assessment Technologies Institute (ATI) Testing

ATI is a computer-based testing program used by the School of Nursing to help prepare students for the NCLEX examination. ATI is most helpful when students use the program throughout the course. Codes for the non-proctored assessment can be found on Canvas. **Two non-proctored and one proctored examination must be taken.** The first non-proctored test (Practice A) will be taken approximately 1/3 of the way through the semester and the second non-proctored test (Practice B) will be taken 2/3 of the way through the semester (refer to course calendar for specific dates). The final proctored examination will be taken at the end of the semester.

ATI Focused Review Hours:

Students that have taken the non-proctored ATI exam will be able to generate a list of topics in the ATI system for review, this is called the Focus Review. For each hour the student reviews these topics in ATI, 2 points per full hour will be awarded. The maximum number of points granted for Focused Review hours is 10. These points will be added to your final **testing** points. Prior to the proctored exam, the student will be responsible for posting an ATI transcript documenting assessments taken, as well as, time spent on ATI remediation. Points for ATI practice, remediation and proctored exams will be awarded based on the transcript printed from ATI. No partial credit will be granted, e.g. 40 minutes of remediation does not round up to 1 hour.

Exam Format – Group Testing

I believe that students learn best with immediate feedback after a test or exam. Major exams will be given during the first hour of class (0730 – 0830). Students will have a short break after completion of the exam and then return in their pre-assigned teams to complete a single group exam. You will work in your teams to complete the exam in a short amount of time (usually 20 minutes). Each team will complete a single Scantron® form to be turned in prior to exam review. Once Scantron® forms are turned in we will review the answers to the exam. The entire class period (including the break) is considered part of the exam, therefore cell phones, notes, and backpacks will need to stay untouched during the entire class time in order to protect the integrity of the test.

The overall exam score will be calculated as follows:

Your (individual score x .85) + (group exam score x .15) = total number of points on the exam.

If you happen to be smarter than your group and your individual exam score is greater than your combined score, I will award you the higher score as your grade. This way your score can only be enhanced by the group's performance, not hurt by it. Students requiring academic accommodations who cannot make it back in time for the group exam will be given the same group test points as their team.

Module 1: Respiratory & Cardiovascular Dysfunction in the Child

Respiratory: Student Learning Outcomes

Upon completion of the class session and discussion, the student will be able to:

1. Identify and understand the unique differences of the pediatric respiratory system as they manifest and influence common respiratory conditions and diseases.
2. Analyze signs and symptoms to distinguish levels of respiratory distress in an infant/child and appropriate nursing management based on severity.
3. Evaluate the effectiveness of nurse-initiated interventions to treat and reduce various levels of respiratory distress: (oxygen therapy, prep for intubation, inhalers, nebulizers, positioning, ambulation)
4. Review basic pathophysiology including KEY signs and symptoms for the diagnoses listed below.
5. Apply appropriate clinical terminology to describe respiratory status and problems (see glossary)
6. Create and evaluate a nursing care plan to meet the needs of the child with an acute or chronic respiratory problem.

Croup Syndromes (in general)	Bronchiolitis
Asthma	Sudden Infant Death Syndrome
Cystic Fibrosis	Apnea/Acute Life Threatening Event (ALTE)
RSV (Respiratory Syncytial Virus)	

Glossary:

- Adventitious sounds
- Airway resistance
- Apnea
- Croup
- Dysphagia
- Grunting
- Hypercapnia
- Hypoxia
- Perfusion
- Paradoxical breathing
- Pneumothorax
- Respiratory effort
- Retractions
- Stridor
- Tachypnea

- Trigger
- Tripod position

RELATED STUDENT ACTIVITIES:

Ball, Bindler & Cowen: Chapter 20 – Alterations in Respiratory Function

Additional Learning Materials to be reviewed:

Asthma Overview – PubMed (nice illustrations!)

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001985/>

Asthma Quiz – take this and see what you already know about asthma

http://www.emedicinehealth.com/asthma_quiz_iq/quiz.htm

CYSTIC FIBROSIS – Day in the life of a teenager

<http://www.youtube.com/watch?v=Dn0grhu9h4g>

KHAN ACADEMY – Respiratory Diseases

<https://www.khanacademy.org/test-prep/NCLEX-RN/rn-respiratory-system-diseases>

Module 1: Respiratory & Cardiovascular Dysfunction in the Child

Cardiovascular: Student Learning Outcomes

At the conclusion of this module students should be able to:

1. Describe the anatomy and physiology of the cardiovascular system, focusing on the flow of blood and the action of the heart valves.
2. Compare and contrast the difference between fetal circulation and infant circulation. Describe the specific changes that occur at birth and the normal timing of those changes.
3. Compare and contrast the pathophysiology associated with congenital defects with:
 - Cyanotic defects (often discussed as
 - Acyanotic defects
4. Identify and compare the pathophysiology associated with various acquired defects/diseases of the heart (Kawasaki's disease, Rheumatic Fever, Endocarditis).
5. Create and evaluate the effectiveness of a nursing care plan to care for a child with a congenital or acquired heart problem.
6. Plan the nursing care for a child with congestive heart failure
7. Differentiate between acquired heart disease and congenital heart defects
8. Describe common medications used to promote circulation and oxygenation in the child with congestive heart failure (digoxin, furosemide, thiazides, spironolactone, ACE inhibitors and beta blockers)
9. Briefly describe the key differences between cardiogenic shock, hypovolemic shock, and distributive (obstructive) shock.
10. Recognize the specific defects below including their KEY pathophysiology and treatment.

Atrial Septal Defect	Patent Ductus Ateriosus
Tetralogy of Fallot	Ventricular Septal Defect
Transposition of the Great Arteries	Coarctation of the Aorta
Kawasaki's Disease	Rheumatic Fever
Congestive Heart Failure	Infective Endocarditis

Glossary

- Arrhythmia
- Acyanotic
- Cyanotic
- Cardiac output
- Cardiomegaly
- Compliance
- Digitalization
- Endocardium
- Hemodynamics

- Hypercyanotic episode
- Hypoxemia
- Inotropic medicines
- Oxygen saturation
- Palliative procedure
- Polycythemia
- Preload
- Shock
- Stenosis
- Systemic vascular resistance
- Shunt

RELATED STUDENT ACTIVITIES:

Ball, Bindler & Cowen: Chapter 21 – Alterations in Cardiovascular Function

Websites – both of these are phenomenal resources and should be reviewed!

Cincinnati Children’s Heart Encyclopedia

<http://www.cincinnatichildrens.org/patients/child/encyclopedia/defects/default/>

KHAN ACADEMY – this is amazing for cardiac stuff, I learned lots of new things!!

<https://www.khanacademy.org/test-prep/NCLEX-RN/nclex-rn-circulatory-system>

<https://www.khanacademy.org/test-prep/NCLEX-RN/rn-cardiovascular-diseases/rn-non-cyanotic-heart-diseases/e/non-cyanotic-heart-diseases-quiz>

MODULE 2: Genitourinary & Gastrointestinal

Genitourinary: Student Learning Outcomes

Upon completion of the class session and discussion, the student should be able to:

1. Describe the pathophysiologic processes associated with genitourinary disorders in the pediatric population taking into consideration pediatric differences as compared to adults.
2. Describe the 3 most common types of defects of the reproductive system.
3. Create a care plan to meet the fluid and dietary restrictions for a child with renal failure.
4. Investigate the implications of sexually transmitted infection in infants and young children
5. For the diseases below:
 - Review basic pathophysiology (try to come up with a one sentence summary of the issue, example: obstructive uropathy – disease/abnormality due to the blockage of urine flow)
 - Recognize presenting signs and symptoms
 - Determine basic treatment and nursing interventions to support recovery
 - Evaluate the effectiveness of medical/nursing interventions

Obstructive Uropathy	Nephrotic Syndrome
Hypospadias, Epispadias	Enuresis
Urinary Tract Infection (UTI)	Renal Failure
Acute Post-Infectious Glomerulonephritis	Hemolytic Uremic Syndrome
Sexually Transmitted Infection – in children	Dehydration (mild to extreme)

GLOSSARY:

- Azotemia
- Cystitis
- Eneuresis
- Neurogenic bladder
- Oliguria
- Pyelonephritis
- Renal insufficiency
- Vesicoureteral reflux

RELATED STUDENT ACTIVITIES:

Ball, Bindler & Cowen: Chapter 26 – Alternations in Genitourinary Function

Websites:

KHAN ACADEMY – good review of kidney function/anatomy

<https://www.khanacademy.org/test-prep/NCLEX-RN/rn-renal-system>

Medscape for Nurses

MODULE 2: Genitourinary & Gastrointestinal

Gastrointestinal: Student Learning Outcomes

Upon completion of the class session and discussion, the student should be able to:

1. Describe the pathophysiologic processes associated with gastrointestinal disorders in the pediatric population taking into consideration pediatric differences as compared to adults.
2. Identify signs and symptoms that may indicate a problem with the gastrointestinal system.
3. Describe anatomic and physiologic characteristics of the developing gastrointestinal system.
4. Discuss the pathophysiology associated with specific gastrointestinal disorders in the pediatric population by classifying whether these are structural, infectious, congenital or genetic or inflammatory
5. For the diseases below:
 - Review basic pathophysiology (try to come up with a one sentence summary of the issue, example: pyloric stenosis – an overdeveloped sphincter between the stomach and the small intestine that causes vomiting, weight loss and fussiness)
 - Recognize presenting signs and symptoms
 - Determine basic treatment and nursing interventions to support recovery
 - Evaluate the effectiveness of medical/nursing interventions

Cleft Lip and Cleft Palate	Pyloric Stenosis
Esophageal Atresia/ Tracheoesophageal Fistula (TEF)	Gastroesophageal Reflux
Omphalocele/Gastroschisis	Intussusception: Volvulus/ Hirschsprung Disease
Hernia	Appendicitis
Necrotizing Enterocolitis (NEC)	Meckel's Diverticulum
Inflammatory Bowel Disease	Gastroenteritis
Constipation/Encopresis	Celiac Disease
Short Bowel Syndrome	Biliary Atresia
Hepatitis	Parasites

GLOSSARY:

- Atresia
- Encopresis
- Gastroschisis
- Peristalsis
- Malrotation
- Hernia

RELATED STUDENT ACTIVITIES:

Ball, Bindler & Cowen: Chapter 25 – Alterations in Gastrointestinal Function

Websites:

KHAN ACADEMY

<https://www.khanacademy.org/test-prep/NCLEX-RN/rn-gastrointestinal-system>

Difference between oomphalocele and gastroschisis

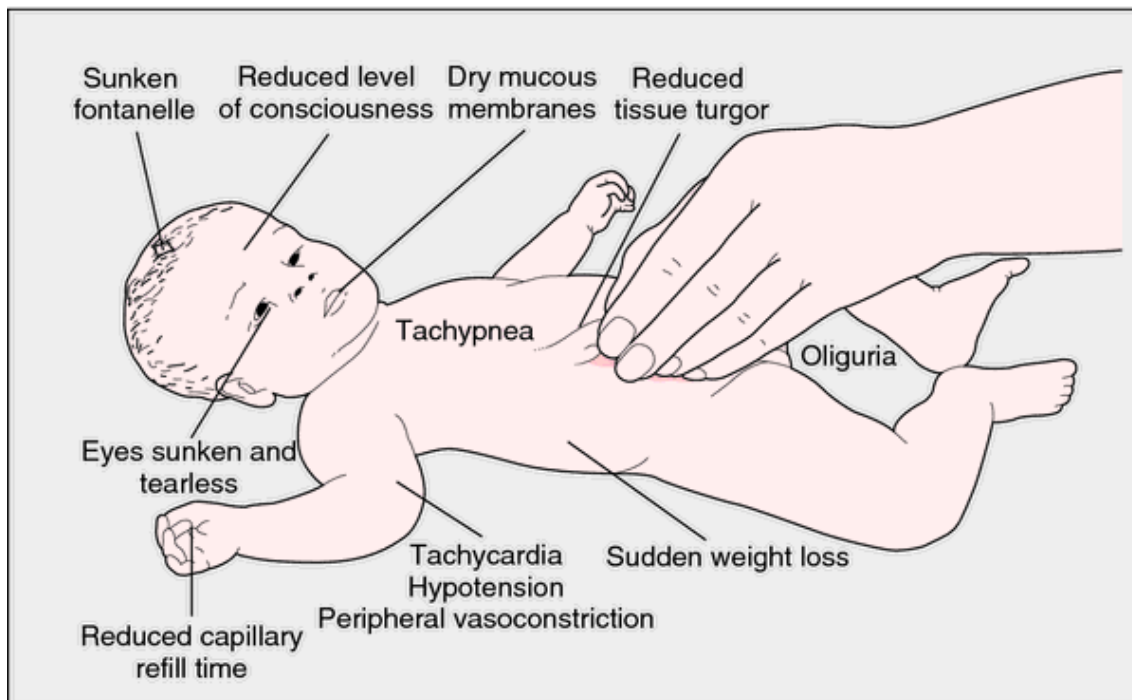
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0001987/>

Intussusception<http://www.chop.edu/service/surgery-general-thoracic-and-fetal/conditions-we-treat/pediatric-surgery-intussusception.html>

Dehydration in children – you only need to read the abstract, not whole article unless you want to

<http://www.aafp.org/afp/2009/1001/p692.pdf>

Medscape for Nurses



Module 3: Eyes, Ears, Nose & Throat; Skin Integrity and Communicable Diseases

Eyes, Ears, Nose & Throat: Student Learning Outcomes

Upon completion of the class session and discussion, the student should be able to:

1. Recognize pediatric differences and common signs of hearing and visual impairment.
2. Evaluate children for common abnormalities of the eyes, ears, nose, throat and mouth
3. Recognize key signs/symptoms of the conditions below including recommended treatment of these disorders and the nursing care required.
4. Create a care plan for a patient with any of the diagnoses listed below:

Conjunctivitis	Strabismus/Amblyopia
Otitis Media	Otitis Externa
Hearing Impairment	Epistaxis
Sinusitis	Nasopharyngitis
Streptococcal Pharyngitis	Tonsillitis and Adenoiditis
Mouth Ulcers	Tooth Avulsion

Glossary:

- Conductive hearing loss
- Sensorineural hearing loss
- Nystagmus
- Tympanostomy tubes
- BAER (Basal auditory evoked response)

RELATED STUDENT ACTIVITIES:

Ball, Bindler & Cowen: Chapter 19 – Alterations in Eye, Ear, Nose and Throat Function

Module 3: Eyes, Ears, Nose & Throat; Skin Integrity and Communicable Diseases

Skin Integrity: Student Learning Outcomes

Upon completion of the class session and discussion, the student should be able to:

1. Apply important differences in anatomy and physiology of the child's skin as it relates to assessment and identification of skin conditions common to children and adolescents.
2. Identify the characteristics of different skin lesions caused by irritants, drug reactions, mites, infection and injury.
3. Identify the skin conditions that have a hereditary cause or predisposition.
4. Develop nursing care plan/concept maps for a child with alterations in skin integrity, including dermatitis, infectious disorders and infestations.
5. Describe the process to measure the extent of burns and burn severity in children.
6. Identify preventive strategies to reduce the risk of injury from bites and stings.
7. Review basic pathophysiology, signs and symptoms and apply and evaluate key nursing interventions for the diagnoses listed below:

Dermatitis (Diaper/Atopic)	Drug Reactions/Steven's Johnson Syndrome
Acne	Impetigo
Cellulitis	Oral Candidiasis (Thrush)
Ringworm	Pediculosis Capitis (Lice)
Scabies	Hemangiomas
Burns (Specifically the measurement of surface area)	Insect/Snake Bites
Animal/Human Bites	Lacerations
Birth Marks	Eczema

Glossary:

- Debridement
- Keloid
- Telangiectasia
- Urticaria
- Xerosis
- dermatophytoses

RELATED STUDENT ACTIVITIES:

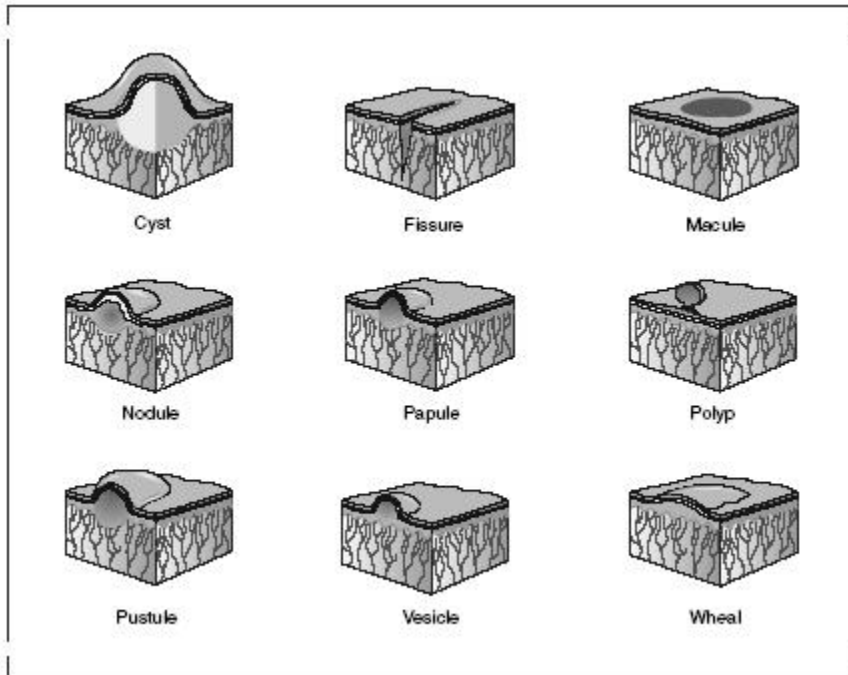
Ball, Bindler & Cowen: Chapter 31 – Alterations in Skin Integrity

Websites:

Web MD – Rashes (awesome little slide shows)

<http://www.webmd.com/children/ss/slideshow-common-childhood-skin-problems>

<http://www.webmd.com/skin-problems-and-treatments/ss/slideshow-birthmarks>



Module 3: Eyes, Ears, Nose & Throat; Skin Integrity and Communicable Diseases

Communicable Diseases: Student Learning Outcomes

Upon completion of the class session and discussion, the student should be able to:

1. Identify common communicable diseases in children and discuss methods of treatment.
2. Evaluate a plan to prevent the spread of communicable disease in the community as well as to prevent the spread of communicable disease within the hospital environment.
3. Interpret the CDC Guidelines for immunization and vaccine surveillance
4. Evaluate the trends in immunization rates in the US and the implications for community health
5. Explore the nurse's role in preventing and treating communicable disease in the pediatric population.
6. Successfully complete NIP-IT Training Modules

Glossary:

- Active immunity
- Passive immunity
- Disease surveillance
- Nosocomial infection
- Killed vaccine
- Live Virus vaccine
- Pandemic

RELATED STUDENT ACTIVITIES:

Ball, Bindler & Cowen: Chapter 16 – Immunizations and Communicable Diseases

Websites:

Vaccination Website for CDC: Your “Go To” source for all things related to vaccination
<http://www.cdc.gov/vaccines/schedules/>

See this animation about Herd Immunity
<http://www.historyofvaccines.org/content/herd-immunity-0>

Look at how vaccines stack up against other common causes of injury
<http://www.historyofvaccines.org/content/understanding-risk>

NIP-IT Training
<http://nip-it.org/register.htm>

History of Vaccines - Misconceptions
<http://www.historyofvaccines.org/content/articles/misconceptions-about-vaccines>

MODULE 4: Oncology, Hematology & End-of-Life

Oncology: Student Learning Outcomes

At the conclusion of this module students should be able to:

1. Acquire a basic understanding of pediatric cancer etiology and pathophysiology as it compares to adult cancers.
2. Recognize the most common cancers in children and presenting signs and symptoms.
3. Design a plan of care for a child with acute leukemia.
4. Describe the impact of cancer survival including long-term physiologic/psychosocial care.
5. Discuss the pathophysiology associated with specific oncologic disorders in the pediatric population:

Acute Lymphocytic Leukemia (ALL)	Wilm's Tumor
Osteosarcoma/Ewing's Sarcoma	Brain tumors
Hodgkin's Disease	Retinoblastoma

RELATED STUDENT ACTIVITIES:

Ball, Bindler & Cowen: Chapter 24 – The Child with Cancer

Websites:

KHAN ACADEMY – Hematologic (Leukemia)

<https://www.khanacademy.org/test-prep/NCLEX-RN/hematologic-system-diseases>

Medscape

<http://emedicine.medscape.com/article/207631-overview>

MODULE 4: Oncology & Hematology, End-of-Life

Hematology: Student Learning Outcomes

At the conclusion of this module students should be able to:

1. Discuss the pathophysiology and clinical manifestations of the major pediatric disorders of red blood cells, white blood cells and platelets affecting the pediatric population.
2. Describe the nursing management and collaborative care for a child with sickle cell disease.
3. Identify key characteristics of diseases listed below and design a plan of care to protect patient safety and promote recovery.

Iron Deficiency Anemia	Sickle Cell Disease
Aplastic Anemia	Hemophilia
Idiopathic Thrombocytopenic Purpura (ITP)	

REQUIRED STUDENT ACTIVITIES

Ball, Bindler & Cowen: Chapter 23 – Alterations in Hematologic Dysfunction

Websites:

KHAN Academy – really good explanation of anemia

<https://www.khanacademy.org/test-prep/NCLEX-RN/hematologic-system-diseases>

Medscape – sickle cell anemia

<http://emedicine.medscape.com/article/205926-overview>

MODULE 4: Oncology & Hematology, End-of-Life

End of Life: Student Learning Outcomes

Upon completion of the class session and discussion, the student will be able to:

1. Discuss the role of palliative care for children with life-limiting and life-threatening diseases and the challenges faced by parents and healthcare providers providing that care.
2. Describe awareness of death/dying by developmental age.
3. Determine how a child understands of death and the possible behavioral responses when a family member dies.

RELATED STUDENT ACTIVITIES:

Ball , Bindler & Cowen: Chapter 13 – The Child with a Life-Threatening Condition and End of Life Care (p. 321-332)

Websites:

Pediatric Palliative Care – Beyond the End of Life

<https://www.pediatricnursing.net/ce/2014/article3804198227.pdf>

Zack Sobiek – get your Kleenex out! (watch in order) – you will love this!

<http://youtu.be/9NjKgV65fpo>

<http://youtu.be/5iTIImZG0tc4>

MODULE 5: Neurologic and Endocrine Dysfunction

Neurologic Dysfunction: Student Learning Outcomes

Upon completion of the class session and discussion, the student will be able to:

1. Recognize pediatric differences and common signs of neurological dysfunction.
2. Describe the nursing assessment process and tools used for infants and children with altered levels of consciousness, increased intracranial pressure and other neurologic conditions.
3. Differentiate between the signs of a seizure and status epilepticus in infants and children and describe appropriate nursing management for each condition.
4. Differentiate between signs of bacterial meningitis, viral meningitis, encephalitis, and Reye's syndrome, in infants and children.
5. Describe the initiatives to prevent drowning in children.
6. Plan and evaluate nursing interventions to care for a child with increased intracranial pressure.
7. Create a care plan for a patient with any of the diagnoses listed below:

Altered States of Consciousness	Seizure Disorders
Bacterial Meningitis	Viral (Aseptic) Meningitis
Encephalitis	Reye's Syndrome
Headaches	Hydrocephalus
Spina Bifida (Myelomeningocele)	Traumatic Brain Injury
Cerebral Palsy	
Hypoxic-Ischemic Brain Injury	

GLOSSARY:

- Cerebral edema
- Coma
- Consciousness
- Cushing's Triad
- Encephalopathy
- Febrile seizures
- Intracranial pressure
- Papilledema
- Posturing
- Status epilepticus

RELATED STUDENT ACTIVITIES:

Ball, Bindler & Cowen: Chapter 27 – Alterations in Neurologic Function

Websites:

Medscape

<http://emedicine.medscape.com/article/961497-overview> - bacterial meningitis

<http://emedicine.medscape.com/article/972179-overview#a0101> – aseptic meningitis

MODULE 5: Neurologic and Endocrine Dysfunction

Endocrine Dysfunction: Student Learning Outcomes

Upon completion of the class session and discussion, the student will be able to:

1. Identify the function of important hormones in the endocrine system.
2. Identify signs and symptoms that may indicate a disorder of the endocrine system.
3. Distinguish between the nursing care of the child with Type 1 and Type 2 diabetes.
4. Develop a plan of care/concept map for a child with Type I diabetes.

Type I diabetes (Diabetes Mellitus)	Diabetes Insipidus
SIADH	Hyperthyroidism
Hypothyroidism	Growth Hormone Deficiency/Excess
Cushing's Disease/Addison's disease	DKA signs/management
Gynecomastia	Amenorrhea
Phenylketonuria	Turner's Syndrome

GLOSSARY:

- Acanthosis nigrans
- Dysmenorrhea
- Polydipsia
- Polyphagia
- Polyuria
- Puberty
- Adrenarche
- Menarche
- Telarche

RELATED STUDENT ACTIVITIES:

Ball, Bindler & Cowen: Chapter 30 – Alterations in Endocrine and Metabolic Function

Websites:

Medscape

Type 1 Diabetes in Children

<http://emedicine.medscape.com/article/919999-overview>

Type 2 Diabetes in Children

<http://reference.medscape.com/article/925700-overview>

MODULE 6: Musculoskeletal & Neuromuscular

Alterations in Musculoskeletal Function: Student Learning Outcomes

Upon completion of the class session and discussion, the student will be able to:

1. Plan nursing care for children with structural deformities of the foot, hip or spine.
2. Recognize signs and symptoms of infectious musculoskeletal disorders and refer for appropriate care.
3. Collaborate with families to plan care for children with chronic musculoskeletal disorders, including cast care (See p.949 Box 29-1 Nursing Care of the Child in a Plaster Cast)
4. Plan nursing interventions to promote safety and developmental progression in children who require braces, casts or surgery
5. Provide nursing care for fractures, including initial triage, pain management, development of compartment syndrome and assessment of a limb that is casted.
6. Discuss injury prevention for musculoskeletal injuries in children of all ages.
7. View and discuss the implications of the film Darius Goes West.

Clubfoot	Developmental Dysplasia of the Hip (DDH)
Scoliosis	Osteomyelitis
Osteogenesis Imperfecta	Compartment Syndrome
Fracture	Traction
Duchenne's Muscular Dystrophy	

GLOSSARY:

- Compartment syndrome
- Dislocation
- Duchenne's Muscular Dystrophy
- Dwarfism
- Dysplasia
- Epiphyseal plate
- Periosteum
- Osteotomy

RELATED STUDENT ACTIVITIES:

Ball, Bindler & Cowen - Chapter 29: Alterations in Musculoskeletal Function

REQUIRED LEARNING ACTIVITY:

Oral Case Presentation

Points Possible: 15

DUE DATE: Presented in clinical Post Conference. A sign-up sheet will be completed the first day of clinical orientation to sign up for a date of presentation.

COMPETENCIES:

At the completion of this activity, the student will:

1. Demonstrate an ability to synthesize and integrate patient information with evidence-based practice to provide individualized nursing care for the child/adolescent within in the context of the family.
2. Evaluate the nursing process by obtaining assessment data, developing a nursing problem list with expected outcomes, developing and implementing nursing interventions, and evaluating client outcomes (care plan/concept map).
3. Access, appraise and apply relevant evidence-based practice nursing articles and community resources to the case discussed.
4. Make a professional presentation to peers regarding the content covered in this assignment that engages fellow students in learning the topic. This might be accomplished by using a handout, a pre/post quiz, a visual aid, game, etc.
5. Evaluate the effectiveness of your presentation.

GUIDELINES AND INSTRUCTIONS:

1. **Select an interesting patient** you have cared for in the clinical setting. Do this early in the semester! The patient used for this oral case study must be different from the patient you use for your developmental paper.
2. **It is highly recommended that you complete one of your required concept maps on this patient** since the information needed for this assignment is also found in the care plan/concept map.
3. **Discuss your choice of patient with your clinical instructor.** This is to evaluate appropriateness of client and avoid duplication of presentations.
4. Identify and **address issues of growth and development.** If present, discuss abnormal or unexpected findings. Include ht, wt, head circumference, and growth percentiles.
5. Student attendee's should be given 3 key "take-away" points to remember about this case/diagnosis.
6. **Presentations should last only 20 minutes.** Time is important to the grade.
7. Evaluate the learning that occurred with your audience. How will you know they understood what you are talking about? This can be accomplished a number of different ways. Please talk to your clinical professor if you have questions!

Oral Case-Study Presentation Grading & Assessment Guidelines

Student: _____ Time Started/Ended _____ / _____

Topic: _____

Grading Criteria	Points Possible	Points Earned
Assessment Data Initials, age dx, hx - current & past medical hx - including prenatal hx, prognosis Social hx, family & cultural assessment Summary of findings of labs and other tests - implications & significance for the patient, normal and abnormal Medications - dosage, action, classification, nursing considerations, rationale for use in this patient (if many, creating a handout is recommended)	2	
Review of disease process: pathophysiology of problem/disease	3	
Growth and Development Issues (Gives stages/specific examples. If child is developmentally delayed, discusses where the child is currently versus where he or she should be normally.)	3	
Nursing Process – creates a concept map to share with peers that incorporates the nursing process into the pathophysiology of the case. Includes at least one evidence-based article or clinical guideline in presentation! Nursing diagnosis Measurable outcomes Interventions Evaluation	3	
Community Resources Identify at least one community resource or agency that would be helpful in connecting the patient/family with appropriate services to help promote the health and wellbeing of the child.	1	
Quality of presentation: includes adherence to time limit, ability to speak clearly, organized in presentation, ability to engage fellow students in learning. Uses teaching aids to facilitate learning. Emphasizes 3 key “take-away” points for future practice.	2	
Quality of sources utilized (uses 2 sources other than text and provides printed bibliography).	1	
Total Points Possible	15 points	

Please turn in:

1. This form.
2. Concept map for this patient.
3. References (in APA format).
4. Community resource

REQUIRED LEARNING ACTIVITY:

Denver Developmental Screening Test II or Ages & Stages

STUDENT LEARNING OUTCOMES:

1. Correctly perform the Denver Developmental Screening Test (DDST II) on a child from the Early Childhood Learning Center (ECLC) at PLNU.
2. Evaluate the findings from your assessment.

GUIDELINES AND INSTRUCTIONS:

1. Read/Review Ball, Bindler & Cowen p.167-169 and DDSTII Test Manual
2. Review DDSTII Training Video independently in Media Lab. This takes approximately 1 hour. It is highly suggested that you do this at least a day or two before completing the testing!
3. Testing will be accomplished in the ECLC under the supervision of an ECLC teacher or administrator.
4. Turn in a 2-3 page summary of your assessment, the test form, and the grading criteria form. Use the DDSTII Grading Criteria as a guide.

DUE:

1. Testing Date: TBD – see clinical schedule (this is done on a non-clinical day)
2. Written Summary of Assessment- due **1 week after scheduled test date**. See grading criteria for specific items to include along with rubric.

Denver II Screening Test (DDST II) Grading & Assessment Guidelines

Student: _____

Grading Criteria	Possible Points	Earned Points
Introduction (purpose of test, client demeanor, testing environment)	2	
Completion of test within assigned time frame.	1	
Calculates age, shows age calculation work and appropriately draws age line.	1	
Tests appropriate items in each test sector.	1	
Address each sector of the test and discuss results/scoring-abnormal, normal, questionable, non-testable.	4	
Describe the child's behavior during the test (description of testing session)	1	
Discuss possible limitations or possible reasons for abnormal or non-testable scores.	1	
Neatness, comprehension and grammar.	2	
Conclusion: summary of assessment. Include recommendations for parents based on test results. Remember, you are not giving an intelligence test. Present only the data you found!	2	
Total Points	15	

Please turn in:

1. This form
2. Your actual DDSTII test sheet with scoring (be sure to include age calculation)
3. Any drawings done by the child
3. DDST II write-up

APA format is NOT required but the paper must be typed, and double-spaced with correct spelling and grammar to receive all possible points.

REQUIRED LEARNING ACTIVITY:

Developmental Assessment of a Hospitalized Child Adapting to a HOME-Focused Plan of Care & Teaching Project

DUE DATE: BOTH the final paper AND the project are due on Tuesday, November 26 before ATI testing begins. *Label your project with your name and clinical instructor!*

Points Possible: 150

- Running Draft = 25 points (see individual breakout of points for each section)
- Final Paper = 100 points
- Final Project = 25 points

GUIDELINES AND INSTRUCTIONS:

1. **Choose a patient early in the semester.** Preferably within the first 1-3 weeks of clinical.
The deadline for having chosen a patient for this paper/project is:
 - a. **October 7th for Tuesday Clinicals**
 - b. **October 9th for Thursday Clinicals**
2. The child selected must be different than the child selected for the Oral Case Presentation. Please discuss the patient with your clinical instructor prior to final selection.
3. It is best to choose a child that is 5 years of age or older and does not have a significant developmental delay.
 - A. Each student will write a running draft of this paper over the course of several weeks. Specific sections of the paper will be submitted via Canvas on the due date specified in the calendar. The following must occur in order to give you credit for turning in the draft:
 - Your name is present on paper
 - Section Title/Heading is clear (**DO NOT SEND ME ANYTHING BUT SECTION DUE**)
 - Correct subject title for email (see below)
 - The actual draft document is attached to the assignment!

IMPORTANT FOR GRADING!

Title of Each Draft: Please title each draft clearly so that the reviewer knows exactly what they are looking at!

Expected Format:

NSG310
Intro & ID Info
YOURNAME

Example: NSG310
Intro & ID Info
Christine Sloan

B. Drafts will be either peer reviewed or instructor reviewed as follows:

Section	Date Due	Reviewer	What's to be submitted
Introduction and ID section	10/13	Sloan	Submit section on Canvas
Intellectual and Psychosocial	10/20	In-class peer	Hard copy of this section, bring a red pen to class!
Gross and Fine Motor	10/27	Sloan	Submit section on Canvas
Emotional, Social and Family	11/3	Outside peer	Bring the peer-reviewed section and rubric section to class to be turned in (i.e. must be reviewed BEFORE class)
Nutritional, Cultural & Religious Sections Due	11/17	In-class peer	Hard copy of this section, bring a red pen to class!
OPTIONAL: Final draft of paper for	11/17	Sloan	I am happy to take one last glance, IF you get it to me by this date. NOT REQUIRED!

C. Reviews of drafts by the professor and your peers are meant to assist you in writing a good paper. It does not necessarily guarantee you will receive a good grade. This is not a writing class – but writing is a very important skill and this is but one class to help you refine your scholarly writing.

1. DEVELOPMENTAL PAPER

STUDENT LEARNING OUTCOMES:

During the completion of this activity, the student will:

1. Assess specified areas of child development comparing norms to actual findings
3. Analyze the effect of hospitalization on the developmental process
4. Identify maladaptive behaviors encountered during the hospital experience
5. Promote appropriate psychosocial, emotional developmental tasks
6. Write a scholarly paper using APA format
7. Design a developmentally appropriate home-based teaching project to promote the child's continued growth and development after discharge.

GUIDELINES:

- Throughout the paper you will need to **compare** and **contrast** the child you are studying to expected normal behaviors and phases. In each section (labeled as such with a section title), there should be 3 distinct paragraphs:
 - Present **normal findings** for child's age (REQUIRES CITATIONS)
 - Present **YOUR patient assessment** findings as compared to normal for this child.
 - Determine **HOME-BASED interventions to address delays or reinforce** continued development (REQUIRES CITATIONS)
- Apply the **nursing process** to the selected case (Concept Map)
- **Review and present theories presented in your textbook** on growth and development, family, play, and other appropriate topics as necessary.
- **Recommended interventions** - must be specific and home focused, they should NOT be hospital oriented. Try to project into the everyday life experiences, safety, and health promotion of the child in his/her home life. What can you teach this child/family at home that will promote current/future health?
- **Social/Emotional Status and Theories**: Select and apply appropriate theories for social and emotional development. Use your text as a guide.
- **Culture**: discuss your evaluation of the family within the context of the family's cultural background. Are there values/beliefs that need to be considered when planning home-based care for this child?
- **Play & Accident Prevention**: provide a discussion of age appropriate play, comprehensive accident prevention and assessment of language skills into the appropriate sections of the paper.
- **Nutrition**: a nutritional assessment must be addressed including caloric and nutritional needs based on age and diagnosis.
- **Format**: the paper must be typed using APA, 6th ed. guidelines, including a brief introduction and summary/conclusion. This means the paper is written in 3rd person (an observer watching from afar). No use of "I", "we", "one".
- **Length**: the paper should be 10 -14 pages of content (not including teaching project). Papers will not be read beyond 15 pages.
- **CITATIONS**: The paper must be cited appropriately (credit given to the sources where you obtained information) per the directions above for each paragraph of each main

section. Sections that require citations but have no citations will be graded a zero for that section. If the problem occurs too frequently, the student may receive a zero on the entire paper. Failing to cite appropriately is a form of plagiarism!

- Use a MINIMUM of 5 current (within last 5 years) sources – **NO WEBSITES UNLESS THEY ARE ONE OF THE APPROVED RESOURCE SITES FOR THIS CLASS (SEE ECLASS).**

2. HOME-FOCUSED DEVELOPMENTAL TEACHING PROJECT

STUDENT LEARNING OUTCOMES:

During the completion of this assignment, the student will:

1. Conduct an assessment of teaching/learning needs specific to this patient/family based on disease process, educational level, current developmental stage and child's interests (if possible).
2. Create a **home-focused** project for teaching that includes identification of who is being taught, the chosen Teaching/Learning process and content to be covered.
3. Apply the elements of the nursing process in determining the teaching needs of the child/family.
4. Create a plan to evaluate the effectiveness of the teaching project.

GUIDELINES:

1. For the child evaluated in the developmental paper, design a home-based teaching plan and/or project that is creative, age specific and well organized with regard to the disease process/education of family and developmental level of child! Should be practical and relevant.
2. Conduct an assessment of teaching/learning needs specific to this patient/family based on disease process, educational level and current developmental stage.
3. The student will apply the elements of the nursing process in determining the teaching needs of the child/family and will state a plan for evaluating the effectiveness of the plan.
 - Ideas for possible projects (you are not limited to these): creating games, books, charts, scavenger hunts, posters, education packets, journals, sticker charts, medical play, resource lists, audio/video tapes/CD's. The sky is the limit – think outside the box! **Creativity will be generously rewarded!**
4. Please provide a 1-2 page summary of why you chose this teaching method for this patient/family. Address who, what, and how you teach and why it is appropriate for this patient/family. Explain how it meets their developmental physical and psychosocial needs and how you would evaluate patient/parent learning. This must also be in APA 6th Edition Format.
5. This section is worth 50 points so spend time and have fun. It is always obvious which students spend time on this project and which students do not.

Developmental Paper Grading and Assessment Rubric

INTRODUCTION & IDENTIFICATION

Criteria	Initial (0-40%)	Emerging (40-60%)	Developed (60-80%)	Highly Developed (90-100%)	Max Points Possible	Points Given
<p>Clear Introduction Paragraph:</p> <ul style="list-style-type: none"> • Clear introductory sentence • Purpose of the paper • Relevance of developmental assessment to pediatrics • Topics to be covered in the paper 	<ul style="list-style-type: none"> • Includes one or fewer criteria • No citations (automatic zero on entire section) 	<ul style="list-style-type: none"> • Includes 2 or fewer criteria 	<ul style="list-style-type: none"> • Includes 3 elements in criteria • May have some grammar, spelling errors 	<ul style="list-style-type: none"> • Clear, well-written • Includes all 4 elements in criteria • No grammatical or spelling errors 	5	
<p>Identifying Data:</p> <ul style="list-style-type: none"> • Provides patient initials and age (years and months). No names!! • Diagnosis • Brief history of present illness • General appearance statement • Brief physical and developmental statement – are they within norms? • List height and weight (and FOC if less than 2 years) • List child’s present percentile (height and weight) • The expected 50th percentile for a child of similar age 	<ul style="list-style-type: none"> • No identifying data OR • less than 3 required items • No citations (automatic zero on entire section) 	<ul style="list-style-type: none"> • Between 3 to 5 of the required criteria 	<ul style="list-style-type: none"> • Includes 6 -7 criteria • May have some grammar, spelling errors 	<ul style="list-style-type: none"> • Includes all 8 criteria of identifying data • Section creates a solid “picture” of patient’s status and reason for hospitalization • No grammatical or spelling errors 	5	

Developmental Paper Grading and Assessment Rubric

PSYCHOSOCIAL & INTELLECTUAL

Criteria	Initial (0-40%)	Emerging (40-60%)	Developed (60-80%)	Highly Developed (90-100%)	Max Points Possible	Points Given
<p>Psychosocial Tasks – Erikson</p> <ul style="list-style-type: none"> State expected Erickson stage for this age child. Does the child meet or not? Conducts an assessment of child’s actual stage and provides evidence to support assessment findings (behaviors, abilities, interactions, etc.) Suggest at least 2 specific HOME-BASED interventions to promote completion of psychosocial tasks based on the child’s actual stage. 	<ul style="list-style-type: none"> Does not include this section <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Provides poor evidence for actual stage or stage incorrect based on evidence given No citations (automatic zero on entire section) 	<ul style="list-style-type: none"> Includes 2 or fewer criteria for this section <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> All criteria present but conclusions lack evidence and support Multiple grammar, spelling errors 	<ul style="list-style-type: none"> Includes all elements of this section Lacks sufficient or appropriate evidence to support assessment of child’s actual stage May have some grammar, spelling errors 	<ul style="list-style-type: none"> Includes all 3 criteria of this section Well-developed concepts and strong evidence for assessed stage No grammatical or spelling errors 	10	
<p>Intellectual Development-Piaget</p> <ul style="list-style-type: none"> State expected Piaget stage for this age. Does the child meet this or not? Conducts an assessment of child’s actual stage and provides evidence to support assessment findings (behaviors, abilities, interactions, etc.) Suggest at least 2 specific HOME-BASED interventions to promote completion of intellectual development - including specific types of play 	<ul style="list-style-type: none"> Does not include this section <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Provides poor evidence for actual stage or stage incorrect based on evidence given No citations (automatic zero on entire section) 	<ul style="list-style-type: none"> Includes 2 or fewer criteria for this section <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> All criteria present but conclusions lack evidence and support Multiple grammar, spelling errors 	<ul style="list-style-type: none"> Includes all elements of this section Lacks sufficient or appropriate evidence to support assessment of child’s actual stage May have some grammar, spelling errors 	<ul style="list-style-type: none"> Includes all 3 criteria of this section Well-developed concepts and strong evidence for assessed stage No grammatical or spelling errors 	10	

Developmental Paper Grading and Assessment Rubric
GROSS & FINE MOTOR

Criteria	Initial (0-40%)	Emerging (40-60%)	Developed (60-80%)	Highly Developed (90-100%)	Max Points Possible	Points Given
<p>Gross and Fine Motor Neuromuscular Development</p> <ul style="list-style-type: none"> • Make assessment of present fine motor skills and stage and compare to norms for this age. Does the child meet norms or not? • Provides evidence to support assessment findings (behaviors, abilities, interactions, etc.) • Provides at least 2 specific HOME-BASED interventions to promote completion of fine motor development • Provides a broad plan for HOME-BASED accident prevention measures for this age (consider physical, social, psychological safety issues) 	<ul style="list-style-type: none"> • Does not include this section <p align="center">OR</p> <ul style="list-style-type: none"> • Provides poor evidence for assessment • No citations (automatic zero on entire section) 	<ul style="list-style-type: none"> • Includes 3 or fewer criteria for this section 	<ul style="list-style-type: none"> • Includes all criteria of this section but, lacks sufficient or appropriate evidence to support assessment of child's gross or fine motor development • May have some minor grammar, spelling errors 	<ul style="list-style-type: none"> • Includes all 4 criteria of this section • Well-developed concepts and strong evidence for assessed stage • No grammatical or spelling errors 	10	

Developmental Paper Grading and Assessment Rubric
SOCIAL, EMOTIONAL & FAMILY RELATIONSHIPS

Criteria	Initial (0-40%)	Emerging (40-60%)	Developed (60-80%)	Highly Developed (90-100%)	Max Points Possible	Points Given
<p>Social Development</p> <ul style="list-style-type: none"> • Make assessment in the area of socialization considering the following: <ul style="list-style-type: none"> • Child’s personality and temperament • Communication ability • Stressors in their life, or parents life and how they deal with them • Friends or lack of friends • School or work • Activities • Social support (for the child/family) • Parental involvement • Sexuality (if applicable) • Provides evidence to support assessment findings • Suggest at least 2 specific HOME-BASED interventions to promote socialization and appropriate social behavior for the child’s age 	<ul style="list-style-type: none"> • Does not include this section <p align="center">OR</p> <ul style="list-style-type: none"> • No citations (automatic zero on entire section) 	<ul style="list-style-type: none"> • Includes 2 or fewer criteria for this section 	<ul style="list-style-type: none"> • Includes all 3 criteria of this section • Provides a fair assessment of 6 or fewer aspects of socialization • May have some minor grammar, spelling errors 	<ul style="list-style-type: none"> • Includes all 3 criteria of this section • Provides a strong assessment by addressing 7 or more aspects of socialization for this child • Well-developed concepts and strong evidence for assessments • Grammar and spelling strong 	10	

Criteria	Initial (0-40%)	Emerging (40-60%)	Developed (60-80%)	Highly Developed (90-100%)	Max Points Possible	Points Given
Emotional Development <ul style="list-style-type: none"> Assess status of emotional development (fears, stress, control, volatile behavior, regression, attachment to parents) Provides appropriate evidence to support assessment findings Suggest at least 2 specific HOME-BASED interventions to promote resilience and healthy emotional behavior 	<ul style="list-style-type: none"> Does not include this section <p>OR</p> <ul style="list-style-type: none"> No citations (automatic zero on entire section) 	<ul style="list-style-type: none"> Includes 2 or fewer criteria for this section 	<ul style="list-style-type: none"> Includes all 3 criteria of this section Provides brief assessment or lacks evidence to support May have some minor grammar, spelling errors 	<ul style="list-style-type: none"> Includes all 3 criteria of this section Well-developed concepts and strong evidence for assessments Grammar and spelling strong 	10	
Family Relationships <ul style="list-style-type: none"> <u>Use a family theory to assess family dynamics,</u> their relationships Describe how the family's function influences the development of the client Suggest at least 2 specific HOME-BASED interventions to promote healthy family interactions 	<ul style="list-style-type: none"> Does not include this section <p>OR</p> <ul style="list-style-type: none"> No citations (automatic zero on entire section) 	<ul style="list-style-type: none"> Includes 2 or fewer criteria for this section <p>OR</p> <ul style="list-style-type: none"> Does not use a family theory to assess family dynamics 	<ul style="list-style-type: none"> Includes all criteria of this section Does not use a valid family theory to assess family dynamics or does not use appropriate family theory May have some minor grammar, spelling errors 	<ul style="list-style-type: none"> Includes all elements of this section Well-developed concepts and explanations Grammar and spelling strong 	10	

Criteria	Initial (0-40%)	Emerging (40-60%)	Developed (60-80%)	Highly Developed (90-100%)	Max Points Possible	Points Given
Nutritional Needs <ul style="list-style-type: none"> Assess the patients present dietary habits or diet regimen Perform an assessment of the child's nutritional needs taking into consideration: <ul style="list-style-type: none"> Calories needed Current BMI Specific nutrients needed Eating behaviors Meal times/snacks Source(s) of food Dietary practices (cultural/religious) Growth and Development Likes and Dislikes Suggest at least 2 specific HOME-BASED interventions to promote nutrition and meet the child's nutritional needs 	<ul style="list-style-type: none"> Does not include this section <p>OR</p> <ul style="list-style-type: none"> No citations (automatic zero on entire section) 	<ul style="list-style-type: none"> Includes 2 or fewer criteria for this section <p>OR</p> <ul style="list-style-type: none"> nutritional assessment addresses 3 or fewer elements 	<ul style="list-style-type: none"> Includes 2 or fewer criteria for this section <p>OR</p> <ul style="list-style-type: none"> Does not use a family theory to assess family dynamics May have some minor grammar, spelling errors 	<ul style="list-style-type: none"> Includes all criteria for this section Well – developed, comprehensive assessment with corresponding interventions Grammar and spelling strong 	10	

Criteria	Initial (0-40%)	Emerging (40-60%)	Developed (60-80%)	Highly Developed (90-100%)	Points Possible	Points Given
Cultural/Religious Assessment <ul style="list-style-type: none"> Assess and discuss the cultural and religious context of the child and family. Remember race is not culture! Identify possible factors within the family's cultural or religious value system that may conflict with the healthcare system Discuss interventions to minimize conflicts (real or potential) 	<ul style="list-style-type: none"> Does not include this section and/or does not discuss cultural assessment, factors that may conflict <p>OR</p> <ul style="list-style-type: none"> No citations (automatic zero on entire section) 	<ul style="list-style-type: none"> Includes 2 elements of this section 	<ul style="list-style-type: none"> Includes all elements of this section including religious and cultural assessment Poor assessment of the role of race, culture and religion as it relates to the healthcare system May have some minor grammar, spelling errors 	<ul style="list-style-type: none"> Includes all criteria of this section including religious and cultural assessment Well developed, thoughtful assessment of the role of race, culture and religion as it relates to the healthcare system Grammar and spelling strong 	5	

Criteria	Initial (0-40%)	Emerging (40-60%)	Developed (60-80%)	Highly Developed (90-100%)	Points Possible	Points Given
Clear Conclusion: A general summary of findings, and brief discussion of interventions.	<ul style="list-style-type: none"> No conclusion 	<ul style="list-style-type: none"> Minimal conclusion, does not summarize findings and/or interventions 	<ul style="list-style-type: none"> Clear concluding paragraph with summary of findings and key interventions for further health promotion Grammar and spelling acceptable 	<ul style="list-style-type: none"> Clear concluding paragraph with summary of findings and key interventions for further health promotion Grammar and spelling strong 	5	
APA Format <ul style="list-style-type: none"> Margins 1" around Cover page Headings present for each section as listed above. Spelling, grammar & pagination correct 10 – 14 pages (not including teaching project) Citations appropriate for content 	Zero points for any of the following: <ul style="list-style-type: none"> No headings Poor margins Spelling & grammar poor Not within page limit > 1 page under or over. No citations 	<ul style="list-style-type: none"> May or may not have headings Margins uneven Spelling & grammar fair Not within page limit > 1 page under or over. Few citations (<5) or mostly old citations 	<ul style="list-style-type: none"> Margins correct Headings present for each section Acceptable grammar and spelling throughout Within page limit Adequate Citations present 	<ul style="list-style-type: none"> Margins correct Headings present for each section Strong grammar and spelling throughout Within page limit Appropriate Citations present 	10	

Comments:

Home-Focused Developmental Teaching Project

Grading & Assessment Rubric

Criteria	Initial (0-40%)	Emerging (40-60%)	Developed (60-80%)	Highly Developed (90-100%)	Points Possibl e	Points Given
Project clearly addresses the identified learning needs (based on assessment) of the patient or family REMEMBER: The project must address HOME-FOCUSED teaching needs	<ul style="list-style-type: none"> Does not address identified needs of patient/family Not home focused 	<ul style="list-style-type: none"> Project addresses non-identified needs of family Not home-focused 	<ul style="list-style-type: none"> Project addresses physical/psychosocial needs but misses most important issues 	<ul style="list-style-type: none"> Project clearly addresses appropriately identified physical/psychosocial needs of patient/family 	10	
The project is developmentally appropriate for patient and or family teaching needs	<ul style="list-style-type: none"> Is NOT developmentally appropriate for patient and or family's needs 	<ul style="list-style-type: none"> Is somewhat developmentally appropriate for patient and or family's needs 	<ul style="list-style-type: none"> Is developmentally appropriate but lacks clear relevance to teaching needs 	<ul style="list-style-type: none"> The project is highly developmentally appropriate for patient and or families teaching needs 	20	
Includes a plan for the evaluation of the effectiveness of this project related to patient/family understanding and knowledge	No plan included	Plan brief and non-specific	Plan present but method of evaluation weak or inappropriate Project shows effort	Plan present, highly specific for measuring effectiveness of this project	10	
Project was well-executed showing time, effort and creativity	No project provided = zero for entire project	Project is poorly executed, shows little effort or time	Project shows Time and effort	Project is well-executed and demonstrates the investment of thought, creativity and time into product	5	
Minimum 2-page summary is in APA 6 th edition format with references Project labeled with student name!	No APA used OR No references OR < 2 pages	APA fair OR Missing/inappropriate references OR <2 pages	APA present 4 or > references 2 or > pgs OR Not labeled!	APA format 5 or > appropriate references 2 or > pages Labeled clearly with student name	5	
Projects turned in without a summary page will not be graded and will be given a zero!						
Total Points Possible					50	

Comments: