

CLINICAL Syllabi



School of Nursing
NSG 341 Practicum: Adult Health III
(3 Unit)
Fall 2018

Clinical Instructors	E-mail /Phone/Text	Meeting Locations	Meeting day/time	Office location and hours:
Joseph Combs	jcombs@pointloma.edu 619-227-5033	Scripps La Jolla	Tues 0630-1500	Office hours by appointment
Anna Montejano	amonteja@pointloma.edu 916-365-5739	UCSD Hillcrest	Thurs 0630-1500	Office hours by appointment
Alex Blackhall	ablackha@pointloma.edu 619-952-5855	Scripps Mercy	Thurs 0630-1500	Office hours by appointment
Elliot Tonna	etonna@pointloma.edu	Scripps CV	Tues 0630-1500	Office hours by appointment
Placement: Junior		Final Exam: N/A		

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:

Focuses on the nursing process as it is applied to adults experiencing multi-system failure. Emphasis is placed on assessment of individual and family needs in critical illness (3 units).

PREREQUISITES:

Current Junior standing in the nursing program.

Note: A minimum grade of "C" must be achieved in all prerequisite courses for course eligibility.

COREQUISITE:

Nursing 340 Nursing of Families: Adult Health III

Note: A minimum grade of "C" must be achieved in all co-requisite courses in order to progress in the program.

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 3 unit class delivered over 15 weeks.

PROGRAM & COURSE LEARNING OUTCOMES (PLOs & CLOs)

Upon completion of this program, students will be able to achieve

School of Nursing Program Values & PLOs	NSG 340: Adult Health III CLOs	NSG 341: Practicum-Adult Health III CLOs
<p>I. INQUIRING Faithfully: 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 and the nursing process.</p> <ul style="list-style-type: none"> A. Initiate dialogue regarding current practice to improve healthcare BSN Essentials II, VI, VII, VIII, I B. Demonstrate use of evidence-based practices as an advocate for self and others BSN Essentials II, III, VI C. Promotes positive client outcomes using evidence-based data BSN Essentials VI D. Provide holistic care by considering all of the client needs (e.g. physical, psychosocial, spiritual, environmental) including family in a multicultural community BSN Essentials II, IV, V, VI, VI E. Engage in self-care practices that facilitates optimal care of clients BSN Essentials I, IV, V, VI, VI 		
<p>1. Describe reliable sources for locating evidence reports and clinical practice guidelines related to critical medical situations PLOs I.B, I.C PHCCR 1491-4:A-L</p>		
<p>2. Implement individualized EBP nursing care plan that reflects an understanding of disease process and management among adult patient populations with complex disease process PLOs I.B, I.C, I.D PHCCR 1491-4:A-L</p>		
<p>3. Develops comprehensive EBP nursing care plan for adult patient populations with complex disease process PLOs I.A, I.C, I.D, IV.A PHCCR 1491-4:A-L</p>		
<p>4. Provides client-centered care with sensitivity and respect for the diversity of human experience PLOs I.A,I.B, I.C, I.D, IV.B, V.C PHCCR 1491-4:A-L</p>		
<p>5. Acknowledge own personal beliefs and experiences related to family-centered care PLOs I.D, V.B</p>		

PHCCR 1491-4:A-L
6. Implement individualized evidence-based plan of care for adult patients with multiple complex disorders. PLOs I.A, I.C, I.D , IV.A PHCCR 1491-4:A-L
7. Apply skills of inquiry, analysis and information literacy to care of adult patients with multiple complex disorders. PLOs I.A,I.B, I.C ,I.D, IV.B, V.C PHCCR 1491-4:A-L
8. Appraise the quality of scientific evidence for nursing practice. PLOs I.B, I.C PHCCR 1491-4:A-L
PLOs I.D, V.B PHCCR 1491-4:A-L

School of Nursing Program Values & PLOs	NSG 340: Adult Health III CLOs	NSG 341: Practicum-Adult Health III CLOs
II. 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.		
A. Demonstrate compassionate care to all people while mirroring Christ’s love for all BSN Essentials VI, VII, VII		
B. Partner with the community to establish a trusting relationship BSN Essentials II, V, VI, VII, IX		
C. Demonstrate ethics and values consistent with the practice of professional nursing BSN Essentials I, V, VI, VII, VIII, I		
1 Incorporate physiological, psychological, and spiritual assessment data into patient care PLOs I.B, I.C, I.D, II.A, II.B, II.C PHCCR 1491-4:A-L		
2. Examine patient’s value and preferences PLOs I.A, I.D, II.C PHCCR 1491-4:A-L		
3. Exemplify Christ’s love through compassionate care for adult patients with multiple complex disorders and their families. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C		
4. Investigate community resources to advocate for optimal health care for patients, families and communities. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C		
5. Incorporate patient’s health beliefs, culture, and health literacy into plan of nursing care. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C		
6. Reflect on personal beliefs and values as related to professional nursing practice.		

PLOs I.B, II.B, III.A, IV.A, V.B, V.C
PHCCR 1491-6: A-C

School of Nursing Program Values & PLOs	NSG 340: Adult Health III CLOs	NSG 341: Practicum-Adult Health III CLOs
<p>III. 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 conveys information, thoughts, actions and feelings through the use of verbal and nonverbal skills.</p> <p>A. Engage in active listening to promote therapeutic relationships BSN Essentials I, VI</p> <p>B. Demonstrate effective verbal and nonverbal communication skills to provide patient care BSN Essentials I,V, VI, VIII</p> <p>C. Dialogues with members of the healthcare team, including the patient to facilitate positive patient outcomes BSN Essentials I, II, VI, VII</p> <p>D. Advocate for patients/families and self BSN Essentials II, VI,VIII</p> <p>E. Implements patient care while revering the diversity of patients, families and Communities BSN Essentials II, VI, VII, VIII</p>		
<p>1 Employ effective communication strategies to optimize patient care PLOs I, A, III.A, III.B, III.C, III.D, III. E PHCCR 1491-4:A-L</p>		
<p>2 Engage information technologies to provide effective patient care PLOs I.B, I.C, II.A, III. E PHCCR 1491-4:A-L</p>		
<p>3 Foster open communication among the healthcare team to improve patient health outcomes PLOs I.A, I.C, III.B, III.C, III.D, III.E, V.C PHCCR 1491-4:A-L</p>		
<p>4 Advocate for high quality and safe client care as a member of the inter-professional team. PLOs I. B, I.C, II.A, II.C, III.C, III.D, V.C PHCCR 1491-4:A-L</p>		
<p>5 Evaluate the impact of culture, ethnicity and family dynamics on clinical decision-making PLOs I.C, I.D, II.A, III. E, V.C PHCCR 1491-4:A-L</p>		
<p>6. Engage with information technology to document and monitor patient care. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C</p>		
<p>7. Formulate evidence-based health education to enhance patient/family understanding of health care practices. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C</p>		
<p>8. Apply therapeutic communication skills to deliver patient/family-centered care. PLOs I.B, II.B, III.A, IV.A, V.B, V.C</p>		

PHCCR 1491-6: A-C
9. Evaluate the inter- and intra-professional communication to optimize patient outcomes. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C

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<p>IV. 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, being accountable for all actions and treating others with respect and dignity.</p> <p>A. Engage in a professional practice environment that promotes nursing excellence BSN Essentials I, III, IV, V, VI, VII, VIII, IX</p> <p>B. Provides patient care within the boundaries designated by regulatory agencies, professional practices and ethical standards of a Christian nurse BSN Essentials II, VI, VI, VII, VIII, IX</p> <p>C. Avail self of learning opportunities to initiate the life-long learning process BSN Essentials I, II, III, IV, V, VI, VII, VIII, IX</p>		
1 Act to promote safe, legal, and ethical care practices. PLOs I.B, I.C, I.D, I.E, II.C, III.C, III.D, IV.B, PHCCR 1491-4:A-L		
2 Apply professional standards of care according to ethical, legal, and Christian principles. PLOs I, IV.B PHCCR 1491-4:A-L		
3 Involve in a variety of learning opportunities external to the classroom PLOs I, IV.C, PHCCR 1491-4:A-L		
4. Applies professional standards of care according to ethical, legal and Christian principles. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C		
5. Implement the best practice recommendations to promote health and well-being of patients. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C		
6. Participate in lifelong learning and continued professional development for nursing excellence. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C		

School of Nursing Program Values & PLOs	NSG 340: Adult Health III CLOs	NSG 341: Practicum-Adult Health III CLOs
<p>V. 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</p>		

<p>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, discernment.</p> <p>A. Provide graceful service through compassionate response to others’ needs BSN Essentials II, IV, VI, VII, VIII, IX</p> <p>B. Demonstrate the principles of a servant leader as a reflection of Christ’s love BSN Essentials II, IV, V, VI, VII, VIII, IX</p> <p>C. Exhibits patient advocacy that reflects sensitivity to diversity in a holistic manner. BSN Essentials II, IV, V, VI, VII, VIII, IX</p>
<p>1 Engage patients and healthcare team with warm and compassionate manner PLOs II.A, III.C, IV.B, V.A, V.B PHCCR 1491-4:A-L</p>
<p>2 Analyze servant leadership concepts and skills for patient safety and high quality care PLOs II.A, III.C, IV.B, V.A, V.B V.C PHCCR 1491-4:A-L</p>
<p>3 Discuss cultural and ethical variables in various patient care scenarios PLOs I.C, II.C, III.B, III.E, IV.B, V.C PHCCR 1491-4:A-L</p>
<p>4. Create a safe and compassionate caring environment that results in high quality patient outcome. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C</p>
<p>5. Role model Christian nursing by integrating servant leadership in the care of diverse population. PLOs I.B, II.B, III.A, IV.A, V.B, V.C PHCCR 1491-6: A-C</p>

Clinical Experience	PHCCR 1491	* PHN HOURS	Number of hours
Clinical Site Online Orientation Modules		0	0
Orientation to facility			4
Skill lab review and EKG review class		0	6
Clinical experience at Health promotion center	6 A-C	6	6
Inter-professional simulation lab (EMSTA day)	6 A-C	8	8
Clinical experience with individuals and families 10 hours/week (12 weeks)		0	120

Total Clinical Hours = **144**

METHODS OF EVALUATION

Students must meet a minimum of 75% of the standards listed on the *Clinical Evaluation Form* to receive “Credit”

ACADEMIC POLICIES - ATTENDANCE AND PARTICIPATION

Make up for clinical hours is at the discretion of the faculty. All clinical hours must be completed and/or or made-up. It is the responsibility of the student to initiate communication regarding arrangements for make-up. Failure to complete clinical hours will result in a "No Credit" for the clinical practicum and an incomplete for the co-requisite theory course.

Students who are unable to participate in the clinical MUST notify their clinical instructor no later than 0500 on that clinical day. The first late arrival to a clinical experience will be forgiven. Students are expected to be punctual for all clinical days. Tardiness and/or missed clinical place the student in jeopardy for not meeting clinical requirements resulting in clinical failure.

Students unprepared for clinical will be sent home and will make up the clinical day.

REQUIRED TEXTS & RECOMMENDED STUDY RESOURCES

Allender, Judith Ann., Warner, Kristine D., Rector, Cherie L. Allender, Judith Ann. (8th Eds.) (2014). *Community & public health nursing: promoting the public's health*. Philadelphia: Lippincott Williams & Wilkins

ATI RN Adult Medical and Surgical Nursing Review Module Edition 9. (2013)

Urden, L.D., Stacy, K.M., & Lough, M.E. (2014). *Critical Care Nursing: Diagnosis and Management (7th ed)*. Mosby Elsevier: St. Louis. (ISBN 9780323091787).

ASSESSMENT OF LEARNING OUTCOMES & STUDENT PORTFOLIO

The School of Nursing (SON) uses Livetext™ to conduct ongoing program assessment. All required courses in the SON use Livetext™ to assess and grade the Signature Assignment(s) and to conduct clinical evaluation for clinical courses. For this course, the following documents(s) MUST BE submitted to Livetext™ for assessment and grading in order to pass the course:

Signature Assignment(s):

- **Evidence-based nursing care plan paper**
- **Faithfully journals**

Prior to the conclusion of each course, the student is required to update their Livetext™ Portfolio. The portfolio is a body of work that demonstrates achievement of required program outcomes and supports professional development. For this course, the following document(s) MUST BE attached to the student's portfolio in the Body of Work section in Livetext™ in order to pass the course. Note: Simply submitting an assignment into Livetext™ for assessment/grading is not sufficient. The documents listed below must be attached to the Livetext™ portfolio in the designated course area in the Body of Work:

- Signature Assignment(s): *Evidence-based nursing care plan paper and Faithfully journals*
- Leadership/Service Requirement

The student may also use the Portfolio to document additional activities that contribute to their professional development (jobs, clubs, awards, volunteer experience, etc.). However, these items are not required.

LEADERSHIP REQUIREMENT

- Leadership: Attendance at professional association meetings (e.g. STTI, ACCN, AORN, SDNAHN, etc). This requirement is to be completed per course syllabus (i.e. NSG 250 or 260, 340, 480).

POLICIES FOR CLINICAL:

1. Students will wear PLNU uniform to and from clinical assignments. Students must be prompt to the clinical areas and dressed in appropriate student attire which includes **name tag, school patch, stethoscope, black pen, and watch**. Be professional while in uniform and within the clinical setting. Long hair must be off the collar. ONE pair of post- earrings will be allowed. Students without proper identification will not be allowed to remain in the clinical setting.
2. Students are required to attend ALL clinical experiences.
3. Students will complete and submit to Canvas all clinical agency paperwork requirements for your rotation by Friday the week prior to the first week of classes.

Students will not attend clinical until these modules are complete. Non-compliance will result being placed on contract/probation.

4. Students are responsible for reviewing clinical learning outcomes and reading materials for specialty areas prior to clinical experiences. Resources for this reading will include the textbook and relevant articles.
5. Students have 30 minutes for lunch break and are expected to schedule time according to patient care needs.
6. Complete the clinical rotation in a safe manner as documented on the clinical evaluation. Students are responsible for **ALL CARE**, medications administration, ADLs and patient treatment.
7. Students will be sent home, if they are not prepared for the clinical.

CRITICAL BEHAVIORS

Critical behaviors which immediately result in probation or possible failure of course:

- a. Falsifying a client record
- b. Blatant disregard of client confidentiality
- c. Denying responsibility for one's own deviation from standard practice
- d. Actions which place the client in jeopardy
- e. Actions which place student or colleague in jeopardy
- f. Abusive behavior toward clients
- g. Ignoring the need for essential information before intervening
- h. Not maintaining the standards of professional practice (for example: **uniform, conduct, communication**)

(Adheres to ANA Standards of Practice with Interpretive Statements found in the PLNU School of Nursing Student Handbook)

Additional Guidelines:

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/clinical setting is at the discretion of the professor. It is considered unprofessional and discourteous to use any device during class/clinical time for reasons other than course/clinical related purposes. Cell phones should be kept on vibrate or silent during class/clinical 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/clinical failure, as well as possible dismissal from the program.

CLINICAL EXPERIENCE

The purpose of this course is not to prepare the student to be a critical care nurse. Rather it is designed to provide the student with generalist nursing skills for the critically ill patient.

- a. Students will have a total of 15 days of clinical experience including
 - b. 1 day at skill lab review and EKG review class
 - c. 1 day at Health Promotion Center
 - d. 1 day at inter-professional simulation lab (EMSTA Day)
 - e. Alternative clinical experiences, if available, are at the discretion of the faculty.
1. Students are responsible for **ALL CARE**, medication administration, and treatment.
 2. Students will adhere to SON dress code policies and be identified as a nursing student by wearing PLNU ID for all clinical experiences.

POLICY FOR CLINICAL MAKE-UP

A missed clinical will require the student to participate in the School of Nursing clinical make-up simulation day, Saturday, December 1st. Clinical absence beyond one day places the student at risk for not meeting clinical requirements.

Orientation: Skills Lab Days Experience

Date: Thursday, August 30, 2018 for all clinical groups.

Time: 0730-1500

Student Learning Outcomes: Upon completion of the clinical and discussion, the student will be able to:

1. Assess, prepare, and perform skills
2. Participate in post-skills feedback and debriefing.

See schedule in canvas

Alternative Clinical Experiences

Intensive Care Unit Experience

Student learning outcomes: To help students apply course contents to this ICU rotation, the experiences below are expected:

Students will:

- Identify and communicate learning objectives and limits of the clinical day with the ICU preceptor.
- Under the direction of the ICU nurse, participate in the care of the critically ill patient.

Clinical log/journal: Reflect on your clinical experience and address some of the following questions.

1. What is the role of professional nurse in ICU situations?
2. What were identified patient problems, monitor/manage related signs/symptoms, and solve the problems/make the reasoned clinical judgments?
3. What were the education needs of the patient/family?
4. Comment on your critical thinking, organizational, and priority setting skills (provide examples). Which areas were you especially strong in and which need further work?
5. Comment on your communication skills with patients, families, preceptor, or other members of the health care team. How did you communicate with other team members when dealing with complex issues? Was there effective communication? How could communication been improved?

Video

Monitors in ICU <https://www.youtube.com/watch?v=qGFgsbPdg0E&list=PLno-hGHIBer55hHskF%207LWAMK295IZ6b95>

Code Blue <https://www.youtube.com/watch?v=U1zq4T7MEWw>

Mechanical Ventilators in ICU <https://www.youtube.com/watch?v=N3aSuNTaVBY>

Emergency Department (ED) Experience

Student learning outcomes: To help students apply course contents to the ED rotation, the experiences below are expected:

Students will:

- Identify and communicate learning objectives and limits of the clinical day with the ED preceptor.
- Under the direction of the ED nurse, participate in the care of the critically ill patient.

Clinical log/journal: Reflect on your clinical experience and address some of the following questions.

1. What is the role of professional nurse in emergency situations?
2. How was your experience?
3. Comment on your critical thinking, organizational, and priority setting skills (provide examples). Which areas were you especially strong in and which need further work?
4. What were the identified patient problems, monitor/manage related signs/symptoms, and solve the problems/make the reasoned clinical judgments?
5. What were the patient/family education needs
6. Comment on your communication skills with patients, families, preceptor, or other members of the health care team. How did you communicate with other team members when dealing with complex issues? Was there effective communication? How could communication been improved?

Video: https://www.youtube.com/watch?v=_uIeO_zI834

Same Day Surgery Unit (SDS unit)/Operating Room (OR) Experience

Student learning outcomes: To help students apply course contents to the SDS or OR rotation, the experiences below are expected:

Students will:

- Identify and communicate learning objectives and limits of the clinical day with the SDS or OR nurse preceptor.
- Under the direction of the SDS or OR nurse preceptor, participate in the care of the critically ill patient.

Clinical log/journal: Reflect on your clinical experience and address some of the following questions.

1. How was your experience?
2. Describe the surgical procedures and expected outcomes for the patients you observed.
3. Comment on your critical thinking skills (provide examples). Which areas were you especially strong in and which need further work?
4. What were the patient/family education needs?
5. Comment on your communication skills with patients, families, preceptor, or other members of the health care team. How did you communicate with other team members? Was there effective communication? How could communication been improved?

Reading assignment: Review in your Lewis book 10th ed, Section III, Chapter 17-18-19 for the content on surgical procedures and medications prior to your clinical in the PACU/OR/SDS.

EMSTA Disaster preparedness and triage training for nursing

PHN 8 hr, CCR 1491 [(6) A-C]

Date: Tuesday, October 23, 2018

Time: 0800 - 1600

Location: Liberty station

The purpose of this learning activity is to exercise interprofessional simulation educational session on triaging and managing Mass Casualty Incidents (MCIs). This collaborative simulation activities with paramedics students from EMSTA college will provide students learn together to develop and improve inter-professional teamwork and communication skills effectively in a simulated stressful, time-limited environment.

Student Learning Outcomes: Upon completion of the clinical and discussion, the student will be able to:

1. Work collaboratively with others to assess, plan, provide care and make decisions to optimize client/patient/family health outcomes and improve quality of care in a stressful, time-limited environment.
2. Communicate effectively with other inter-professional team members.
3. Participate in simulation day along with post-event feedback and debriefing.
4. Reflect on personal and professional values and respect those of other members.
5. Describe the role of the RN & pre-hospital personnel in disaster events and effective triage

Clinical log/journal:

Reflect on your experience by answering following questions.

1. What role did you play? How was your experience?
2. How did you feel to be making clinical decisions about care in such a compressed timeframe? What was most difficult?
3. What did you learn about your communication style/effectiveness in working alongside with other healthcare team members?
4. Name your team members' strengths in working effectively in a stressful, time-limited situation.
5. Name two improvements your team member could make to work more effectively.
6. What are your overall observations about your team members' communication practices? What are your insights that you gained from this experience?

Video: the national disaster programs

<http://www.caloes.ca.gov/for-individuals-families>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499290/>

Health Promotion Center (HPC) Experience

PHN 6 hrs, CCR 1491 [(6) A-C]

Date/Time: To be announced by clinical instructor

Location: Mid-City Church of the Nazarene
4101 University Avenue
San Diego, CA 92105

Student Learning Outcomes: Upon completion of the clinical and discussion, the student will be able to:

1. Observe clinical roles of the community-based nurse practitioner
2. Provide health education to individuals and families at the health center
3. Assist in patients' health screening, examination, and risk appraisal

What to expect:

- Please contact HPC office, 619-624-9851, in case of being late or ill.
- Review patient education contents on HTN and DM management prior to the clinical day.
- Park the car in the church parking lot.
- Bring the stethoscope, textbooks to read at lunch.
- In the morning clinic: You will be working with the PLNU team which includes Professor Rowe, Family Nurse Practitioner and senior nursing student externs. There will also be a senior Leadership student who will assist in your orientation for the day. Typical Adult III student activities include: greeting patients; taking vital signs; vision screening; weight & height; fingerstick for glucose & Hgb checks; urine collection and testing with a Chem Strip; tetanus immunization; TB Skin Test; phlebotomy for routine lab tests; EKG; pulling and filing patient records; charting vitals and a nursing note ; post-counseling with patient under the guidance of faculty. You will have an orientation to all these activities and your instructor, Professor Rowe will assist and observe along with the Leadership student.
- The morning clinic is for new patients receiving physical exams including PAP smears, etc. You will be given an opportunity to observe the role of the Nurse Practitioner.
- We do have a refrigerator to store lunches.
- The key to a good one day experience is to “jump in” and be a good team player and try your Spanish skills!

Watch video: phlebotomy training video <https://www.youtube.com/watch?v=7mcbUCgDPY>

Video #1: <https://www.youtube.com/watch?v=njkS5wgWQzI>

Video #2: https://www.youtube.com/watch?v=LMZ_WZFjDok

Video #3: https://www.youtube.com/watch?v=aAhfIBJ_4Lw

*If these links to do not work use the ones in the NSG 340 course, modules, Health Promotion Center videos.

REQUIRED LEARNING ACTIVITIES:

Learning Activity 1: Evidence-Based Nursing Care Plan

DUE: (November 16, 2018 at 8:00 am) submit to LiveText

Evaluation: Total points possible: 80 (see rubric for the details on grading)

This learning activity is designed to help students integrate various forms of evidence in developing an evidence-based nursing care plan and discuss the significance of providing EBP-based nursing care.

1. Select one patient from the clinical setting and write a scholarly paper by addressing the history of illness, underlying pathophysiology of the disease process, nursing diagnosis, and nursing management. Incorporate gerontologic issues as appropriate.
2. Use various references including textbooks, drug guide book, textbook for laboratory values, etc. The government or professional organizational association official websites can be cited using APA format. Consumer internet websites such as WebMD or Wikipedia cannot be used as citation sources.
3. Develop THREE highest priority NANDA-approved nursing diagnoses (two from physiological assessment and one from psychosocial/spiritual assessment). Develop nursing interventions based on one Clinical Practice Guidelines (CPGs), or two best current research evidence (less than 5 years old).
4. Discuss patient/family education needs.
5. Attach appendices of diagnostic (and lab) findings table and medications table. The appendices should link to appropriate content in the paper.
6. The paper no more than 10 pages in length, excluding title page, reference pages, and appendix pages.
7. The entire paper must meet all criteria of APA 6th ed. (refer to grading rubric and criteria).
8. Late assignments will follow SON policy-10% points deducted if assignment past due date and time. This includes weekends. For example, if assignment is due at 8:00 am and turned in at 8:01, 10 % will be deducted. A paper turned in 24 hours after the due date will not be accepted and the student will receive an incomplete for NSG 340/341.

Student Learning Outcomes: Upon completion of this assignment, the student will be able to:

1. Apply EBP knowledge and skills in patient care.
2. Develop a patient-specific, evidence-based nursing care plan based on:
 - a) obtain assessment data
 - b) develop nursing diagnoses with expected outcomes
 - c) implement nursing interventions
 - d) evaluate patient outcomes.
3. Demonstrate the critical thinking skills by integrating pathophysiology of disease process of a selected patient case scenario.
4. Write a scholarly paper according to APA guidelines. Refer to APA (6th ed.)

guidelines. <http://owl.english.purdue.edu/owl/resource/560/3/>

Grading rubric: Evidence-based nursing care plan

Student's Name: _____

Total points possible: **80 points**

Competencies/ Outcomes	I. Introduction to EBP care plan			
<i>AACN Essentials # III-6. Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care.</i> <i>CLOs # 1.1, 1.3</i>	Initial 1 points	Emerging 2 points	Developed 4 points	Highly developed 5 points
	Significance of providing EBP and purpose statement is not relevant to a selected pt.	Significance of providing EBP in connection to selected pt is too broad. Purpose statement is vague.	Significance of providing EBP in connection to selected pt is described. Purpose statement is described.	Significance of providing EBP in connection to selected pt is logically discussed. Purpose statement is clear and well-focused.
Competencies/ Outcomes	II. Patient History			
	4 points	6 points	8 points	10 points
<i>AACN Essentials # IV- 6 Evaluate data from all relevant sources, including technology, to inform the delivery of care.</i> <i>CLOs # 2.1, 3.1, 5.3</i>	Missing relevant information on chief complaint, present, past medical history, and current conditions.	Limited information on either chief complaint, present, past medical history, and current condition	Weak connection between chief complaint, present, past medical history, and current conditions.	Relevant chief complaint, present, past medical history (surgical history), and current conditions (on the day of care) are well described and logically flow. The entire section is written in a clear and succinct manner.

Competencies/ Outcomes	III. Assessment			
	4 points	6 points	8 points	10 points
<p><i>AACN Essentials # VII-2. Conduct a health history, including environmental exposure and a family history that recognizes genetic risks, to identify current and future health problems.</i></p> <p><i># IX -8. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches.</i></p> <p><i>CLOs # 2.1, 3.2</i></p>	<p>Summary of assessment findings is presented, but most of the findings are irrelevant to pt's disease process. Incomplete patient's psychosocial assessment findings based on Erickson's developmental stage.</p>	<p>Summary of assessment findings is presented, but half of findings are irrelevant with the pt's disease process. Present irrelevant psychosocial assessment findings based on Erickson's developmental stage.</p>	<p>Summary of assessment findings is presented, most are relevant with the pt's disease process. Present vague psychosocial assessment findings based on Erickson's developmental stage.</p>	<p>Summary of the relevant subjective and objective assessment findings of both physical and psychological aspect. (Include relevant, positive physical exam findings, lab results, and other related diagnostic results such as x-rays, MRI, Cath, CT scan, etc.). The entire section is written in a clear and succinct manner.</p>

Competencies/ Outcomes	IV. Review of disease process			
	4 points	6 points	8 points	10 points
<i>AACN Essentials # III-4 Evaluate the credibility of sources of information, including but not limited to databases and Internet resources. CLOs # 1.1</i>	Summary of pathophysiology is irrelevant with the pt's information in II and III.	Summary of pathophysiology is too general. Most of the discussion is not relevant with the pt's information in II and III.	Summary of pathophysiology is presented, but not well connected with the pt's information or too verbish.	Summarize pathophysiology or disease process in your own words (based on pt's information in II and III). The entire section is written in a clear and succinct manner.

Competencies/ Outcomes	V. Nursing Diagnoses and Care plan Table			
	4 points	6 points	8 points	10 points
<i>AACN Essentials # II-8. Promote achievement of safe and quality outcomes of care for diverse populations. # III-6. Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care. #IV-9. Apply patient care technologies as appropriate to address the needs of a diverse patient</i>	Inappropriate selection of nursing diagnosis in three of three nursing diagnoses (not prioritized, or based on the findings). Discuss irrelevant interventions. Lack of evidence to support interventions (missing CPG and research article).	Inappropriate selection of nursing diagnosis in two of the three nursing diagnoses (not prioritized or based on the findings). Discuss irrelevant interventions. Insufficient evidence to support interventions (missing CPG or research article).	Inappropriate selection of nursing diagnosis in one of the three nursing diagnosis (not prioritized of based on the findings). Discuss irrelevant interventions. Insufficient evidence to support intervention (missing CPG or research article).	Develop 3 patient-specific nursing care plans (2 physiologic & 1 psychological) utilizing evidence based resources including one Clinical Practice Guideline (CPG) or two research articles. Appropriate selection of all three nursing diagnoses (prioritized based on the findings). Discuss appropriate interventions in a logical manner on each nursing diagnosis with

<p><i>population. # VII-5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral, and follow up throughout the lifespan. # VII-6. Use information and communication technologies in preventive care. # IX -8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of patients and promoting health across the lifespan. CLOs # 1.1, 1.4, 2.1, 3.1, 3.2</i></p>				<p>evidence to support interventions (one CPG or two research articles). The entire section is written in a clear and succinct manner.</p>
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Competencies/ Outcomes	VI. Lab and other Diagnostic Findings Table			
	4 points	6 points	8 points	10 points
<p>AACN Essentials # III-4 Evaluate the credibility of sources of information, including but not limited to databases and Internet resources. CLOs # 1.1, 2.1</p>	<p>Incomplete discussion on rationale for obtaining lab values and/or diagnostic findings. Missing discussion on rationale and integration of current lab values and/or diagnostic findings on assessment findings and disease process. Rationales/nursing implications are not specific to this particular patient.</p>	<p>General discussion on rationale for obtaining lab values and/or diagnostic findings. Vague discussion on integration of current lab values and/or diagnostic findings on assessment findings and disease process. Rationales/nursing implications are too general and broad for this particular patient.</p>	<p>General discussion on rationale for obtaining lab values and/or diagnostic findings. Board discussion on integration of current lab values and/or diagnostic findings on assessment findings and disease process. Rationales/nursing implications are partially relevant to this particular patient.</p>	<p>Discussion of each current lab and diagnostic procedure findings, including the following categories: (a) rationale for obtaining each lab and diagnostic procedure on the selected pt; (b) rationale of each abnormal value in relation to assessment findings, disease process, and treatment, and (c) nursing implications (nursing actions and expected treatment modalities). Rationales/nursing implications are relevant and specific to this specific patient.</p>

Competencies/ Outcomes	VII. Medication Table			
	4 points	6 points	8 points	10 points
<p><i>AACN Essentials # III-4</i> <i>Evaluate the credibility of sources of information, including but not limited to databases and Internet resources.</i> <i>CLOs # 1.1, 2.1</i></p>	<p>Incomplete discussion in each category. Rationales of each medication are not relevant and not specific to this particular patient</p>	<p>Broad discussion in each category. Rationales of each medication are too general and broad.</p>	<p>Broad discussion in each category. Rationales of each medication are partially relevant to this particular patient</p>	<p>Discussion of each current medication, including the two following categories (a) classification /action and (b) side effects. Provide rationales of giving each medication to this selected patient supported by subjective and objective data Thorough discussion in each category. Rationales are relevant and specific to this specific patient Integrated with current subjective or objective data</p>
Competencies/ Outcomes	VIII. Summary			
	1 points	2 points	4 points	5 points
<p><i>AACN Essentials # I-3. 3. Use skills of inquiry, analysis, and information literacy to address practice issues.</i> <i>CLOs #3.1, 3.2</i></p>	<p>Summary is incomplete</p>	<p>Summary does not address the purpose statement and related key findings</p>	<p>Summary partly addresses the purpose statement and related key findings</p>	<p>Summarize significant of EBP and the related key findings on this individualized care plan</p>

Competencies/ Outcomes	IX. APA format			
	4 points	6 points	8 points	10 points
<p><i>AACN Essentials # I-4. Use written, verbal, nonverbal, and emerging technology methods to communicate effectively. CLOs #3.1, 3.2</i></p>	<p>The entire section lacks of consistency. Multiple APA format and grammatical errors</p>	<p>Most of the section is written rather diffusely Frequent deviations from APA format (grammatical, spelling, sentence, references, citations, level of headings, abbreviation, table, figure, etc) more than 4 areas.</p>	<p>Part of the paper is written cogently. Occasional deviations from APA format grammatical, spelling, sentence, references, citations, level of headings, abbreviation, table, figure etc.) 2-3 areas.</p>	<p>Entire paper is written cogently and flows smoothly. Follows APA Format. Minimum of grammatical, spelling or mechanical errors.</p>

Learning Activity II: Journal Club Presentation

DUE: Date to be scheduled with Clinical Instructor.
Presentation will take place in post-conference.

Evaluation: Total points possible 15 points (see rubric for the details of grading)

This learning activity is designed to foster evidence-based nursing practice by providing a forum where relevant best current evidence could be discussed and implemented into practice. The clinical instructor will assign a **group of two to three students** at the beginning of the semester. This group will provide a case presentation of the topics of clinical interest during post-conference. The topics should be related to high-acuity medical-surgical nursing.

The group will select **TWO research articles** related to the nursing intervention. The group will prepare a one page summary the key elements of the research articles and distribute the copies to the clinical group. The outline should also include the reference lists of TWO articles.

During post-conference, the group will deliver a 20-minute presentation using a **Concept map** format. The concept map should include the relationship of: brief admission history, main diagnosis, pathophysiology, signs/symptoms, laboratory/diagnostic studies, key medications, medical management, and nursing management priorities. The group will also present the synopsis of the research articles.

During post-conference, the rest of the clinical group will provide peer evaluation of the group's presentation.

Student Learning Outcomes: Upon completion of this assignment, the student will be able to:

1. Demonstrate the basic knowledge, attitudes and skills in EBP process.
2. Demonstrate the application of research evidence and best practice models to nursing practice.
3. Critically examine the main components of the research article.
4. Disseminate the outcomes of best current evidence in a dynamic professional manner.

Grading Rubric: Journal Club

Students' Names: _____ Total score possible: 15 points

Competencies/ Outcomes	Initial	Emerging	Developed	Highly developed
I. Knowledge and Understanding	Score: 2 pts Concept map: Presentation demonstrates lack of understanding and uses incorrect information Logical connection is absent or very weak between disease process and the current hospital course	Score: 3 pts Concept map: Presentation demonstrates partial understanding and uses little relevant or accurate information. Partial connection between disease process and the current hospital course.	Score: 4 pts Concept map: Presentation demonstrates general understanding and use somewhat relevant information to present a disease process. Some connection between the disease process and the current hospital course.	Score: 5 pts Concept map: Presentation demonstrates an in depth of understanding and use relevant and accurate detail to present a disease process. Smooth connection between the disease process to the current hospital course.
II. Use of visual aids-Outlines	Score: 2 pts Errors in format; information disorganized Lack of synthesis of important evidence.	Score: 3 pts Errors in format; information intermittently organized Insufficient synthesis of important evidence	Score: 4 pts Information generally organized in logical sequence; follows acceptable format General synthesis of the important evidence.	Score: 5 pts All information organized in logical sequence; follows acceptable format Critically synthesize important evidence to provide in-depth understanding. Concept map is easy to follow.
III. Presentation/Communication	Score: 2 pts Not able to answer questions or explain concept	Score: 3 pts Able to answer some questions or explain	Score: 4 pts Most of the time able to answer questions or	Score: 5 pts Able to answer questions or explain concept to audiences

Skills	to audiences. Organization is unclear. Poor eye contact. No movement out from podium and no use of gestures. Rate and/or volume made presentation difficult to understand. Appearance was unprofessional and distracting. Language was often unprofessional, inappropriate.	concept to audiences. Organization is attempted, but needs improvement. Eye contact was infrequently made. Slight movements out from podium, gestures were rarely utilized. Rate was too fast or too slow. Volume could use improvement.	explain concept to audiences. Organization is satisfactory and includes opening, main points, transitions, and conclusion. Eye contact was good. Moved out from podium at times, and utilized some gestures. Rate was often understandable, pitch was often varied.	at all time. Clear organization including creative opening, distinct main points, and catchy conclusion. Eye contact was excellent. gestures were effectively utilized, rate was understandable, pitch was varied and presentation was easily heard.
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Comment:

LEARNING ACTIVITY 3: Clinical Assignment for home-based unit Experience

Evaluation: Satisfactory/Unsatisfactory

Student Learning Outcomes: Upon completion of each clinical experience, students will be able to:

1. Develop a realistic and safe plan of care.
2. Evaluate his/her clinical performance through use of reflective writing.
3. Recognize own's strengths and potential areas for improvements.

Throughout the clinical practicum, each student will rotate to various clinical settings. The clinical rotation write-ups will be turned in by the time designated by the clinical instructor.

****I will be providing a template for this assignment prior to your first day on the floor.**

1. Daily care plan

Contains the following information:

- a. **Brief history of chief complaint, present illness & admission, relevant past illness:**
 What was your patient's "Chief Complaint" that brought him/her to the hospital?
 What "Signs and symptoms" were noted on arrival to the hospital?
 What "Diagnostic tests" were completed relative to these manifestations?
 What "Medical treatments/interventions" were implemented to treat these manifestations? (Include medication, transfer to ICU, surgical procedures, etc)
 What "Past illness" that related to this "Admission" and "Chief Complaint"
- b. **Brief pathophysiology related to history (focus on the admitting diagnosis)**
- c. **Additional data:** Physical assessment, vital signs, cardiac rhythm, IV fluid, etc...
- d. **Medication table**
 Include all current medications and PRN medications that were given during your shift
Address at least THREE key adverse effects of each medication relevant to your patient.
- e. **Laboratory table**
 Include current abnormal lab results in the past 24 hours (and 6 am lab) relevant to your patient's diagnosis
- f. **Diagnostic table:**
 Include current diagnostics in the past 24 hours and during your clinical day, such as CXR, US, EKG, CT, etc...
- g. **Nursing care plan:**
 Focus on two physiological and one psych/social/spiritual nursing diagnoses
 Integrate relevant information of physical/psycho/social/spiritual assessment, pertinent laboratory/radiology, results, medications and IV fluid/meds, and patient/family education needs
 Nursing interventions
 Expected outcomes
 Evaluation (or how would you evaluate your interventions.)

2. Clinical experience reflection (utilization of critical thinking skills + journaling):

Reflect on how you've utilized your critical thinking skills in this patient by addressing the questions below that are pertinent to your clinical experience. This section is very important because this will help your clinical instructor see how you are connecting the dots, such as

- What are you on alert for today with this patient? What are the important assessments to make? What complications may occur? What interventions will prevent complications?
- How did you identify patient problems, monitor/manage related signs/symptoms, solve the problems and make the reasoned clinical judgments?
- Comment on your organizational, critical thinking, priority setting skills, communication with pt/family/healthcare members/faculty (provide examples). Which areas are your strengths and what are areas of improvement?
- Journaling: Any other concerns/thoughts related to your school work/life...etc?

Sample of Daily care plan:

History of present illness & admission

Include patho, W.H. is a 68-year-old male who developed acute respiratory distress 5 days ago lasting over an hour at which he became syncopal, cyanotic, and unable to talk. His son called 911 and the patient was taken to a hospital. He was treated for pulmonary edema with Lasix and his condition improved. His admitting diagnosis was Acute Respiratory Failure. The patient had angiogram and was found to have severe sclerosis of three coronary arteries. Four days ago, the patient received CABG x3 and had complication of acute renal failure (ARF). He was placed on daily hemodialysis and was closely monitored in ICU until yesterday. His renal function improved, dialysis was no longer necessary, and he was transferred to 6th floor last night.

Sample: Laboratory Table

Test (normal range)	Day before clinical	Clinical Day	Main function & Rationale (specific to YOUR patient)	Nursing Implications
K+ (3.5-5.0 mEq/L)	3.9	3.4	Primary intracellular ion; important in muscle cell contractility (cardiac muscle) and nerve impulse conduction	Monitor s/s of hyperkalemia (paresthesia, dysrhythmias, irritability) Monitor s/s of hypokalemia (dysrhythmias, cramps, irritability) Nursing action: K+ this AM was 3.6 and replaced with 30 meq KCL per sliding scale; Sinus rhythm. Continue to monitor K+ level.

Sample: Medication Table

Drug (generic & trade name; dosage)	Classification & Action	Rationale for Administration	Nursing Implications
Spironolactone (Aldactone) 25 mg PO daily	Potassium-sparing diuretic Action: Inhibits action of aldosterone(hormone-causes retention of Na and H ₂ O) in distal tubule, promotes excretion of Na and H ₂ , increasing K retention, producing diuresis and lowering BP	-Pt has HF and this med helps manage edema (CXR 9/9 indicate pulmonary edema, also edema present in hands and feet)	<ul style="list-style-type: none"> • Monitor for S/Sx of hyperkalemia (dysrhythmias, bradycardia, V-Fib) dehydration, hyponatremia, lethargy • Monitor I&O, weight, electrolytes • Expect increase in volume/frequency of urination • K+ this AM: 4.0

Sample: Diagnostic Tests

Test/Date	Rationale for the test (specific to YOUR patient)	Clinical Significance	Nursing Implications
CXR	To assess the patient's lungs for pulmonary edema from possible heart failure or pneumonia post CABG.	The fluid and pneumonia will impair gas exchange effecting oxygenation, perfusion to the tissues, healing, etc...	No specific prep prior to going for a CXR. Let technician know if patient is a fall risk, full code, any language barrier, etc... so patient will be safe while away from the unit.

LEARNING ACTIVITY 4:
REFLECTIVE CLINICAL JOURNAL for Junior Level response to Faithfully's

Evaluation: Satisfactory/Unsatisfactory

Student Learning Outcomes: Upon completion of each reflective journaling, the student will be able to:

1. Utilize the self-reflective journaling as a means of enhancing nursing professional values.
2. Engage in ongoing self-reflection and professional development as a life-long learner.

In addition to weekly clinical log/journal, students are required to submit **TWO Guided Reflective Journals** on “**Courage**” and “**Respect/dignity for others**”. The students will describe clinical exemplars of the care they provided and how their care was achieved each of the outcomes below. The paper will be written in single-spaced, 1-2 pages in length and uploaded into LiveText.

1. Following faithfully: Respect/dignity for others

Provide an example of interaction with patients/family members with diverse ethnic, cultural, religious, language or age backgrounds. Initiate effective patient-centered, nursing interventions to engage patients/family in active partnership that promotes health, safety and self-care management. The nursing interventions and patient education should also incorporate patient values, preferences and expressed needs. Reflect upon the respect and dignity for others.

2. Leading Faithfully: Courage

Seek out examples of “**courage**” performed by self and/or others. Explore the literature for references that define “**courage**”. Reflect upon your clinical experience that exemplifies courageous behavior.

LEARNING ACTIVITY 5: Clinical Orientation and Skills Lab
Thursday, August 30, 2018

Time	Topic	Instructors
0730 - 0800	Welcome and Introductions	Dr. Montejano
0800 -1100	Syllabus Review, ECG Lecture	Dr. Montejano
1100 - 1200	Lunch	
1200 - 1230	Introductions and meet With your Clinical Professor	Dr. Montejano and Professors: Blackhall, Combs, and Tonna
1230 - 1445	Skills Review	Dr. Montejano and Professors: Blackhall, Combs, and Tonna
1445 - 1500	Q&A	Dr. Montejano and Professors: Blackhall, Combs, and Tonna

TOPIC: Review nursing skills often performed with critically ill patients

- Peripheral IV starts, IVP medications
- Closed chest drainage system and care
- Critical care medical calculation.

Student Learning Outcomes: Upon completion of the clinical and discussion, the student will be able to:

1. Demonstrate chest tube drainage monitoring and care
2. Demonstrate IV insertion and IVP administration
3. Calculate critical care IV medication dosages

RELATED STUDENT ACTIVITIES:

To prepare for the skills lab review session, students must do the followings:

1. Sign on to your ATI page, click under tab “Tutorials, Simulations, and Quiz Banks”, click under “Skills Modules”, Click on “Access modules”, then complete “Pre-test” on the following skill:
 - Closed Chest Drainage
2. Review your medication calculation, such as mg/min, mg/kg/min. You can use your ATI or any other medication resources you may have.

Point Loma Nazarene University, School of Nursing

Adult Health NSG 341 Clinical Practicum

Clinical Performance Evaluation Form

Student Name: _____

Instructor Name: _____

Semester/Year: _____

Clinical Facility: _____

I. Inquiring Faithfully

Outcome Description	Meets Expected Standards	Needs Improvement to Meet Expected Standards
Implement individualized evidence-based plan of care for adult patients with multiple complex disorders		
Apply skills of inquiry, analysis & information literacy to care of adult patients with multiple complex disorders		
Appraise the quality of scientific evidence for nursing practice		
Examine own personal self- care practices in provision of sustained quality		

Comments: _____

II. Following Faithfully

Outcome Description	Meets Expected Standards	Needs Improvement to Meet Expected Standards
Applies professional standards of care according to ethical, legal, and Christian principles		
Implement the best practice recommendations to promote health & well-being of patients		
Participate in lifelong learning & continued professional development for nursing excellence		

Comments: _____

III. Communicating Faithfully

Outcome Description	Meets Expected Standards	Needs Improvement to Meet Expected Standards
Engage with information technologies to document & monitor patient care		
Formulate evidence-based health education to enhance patient/family understanding of health care practices		
Apply therapeutic communication skills to deliver patient/family centered care		
Evaluate inter & intra-professional communication to optimize patient outcomes		

Comments: _____

IV. Leading Faithfully

Outcome Description	Meets Expected Standards	Needs Improvement to Meet Expected Standards
Create a safe & compassionate caring environment that results in high quality patient outcome		
Role model Christian nursing by integrating servant leadership in the care of diverse population		
Respects the rights & care preferences of patients/ families from diverse cultural backgrounds		

Comments: _____

V. Caring Faithfully

Outcome Description	Meets Expected Standards	Needs Improvement to Meet Expected Standards
Exemplify Christ's love through compassionate care for adult patients with multiple complex disorders		
Investigate community resources to advocate for optimal health care for patients, families & communities		
Incorporate patient's health beliefs, cultures & health literacy into plan of nursing care		
Reflects on personal beliefs & values as related to professional nursing practice		

Comments: _____

Form continued

Completed 100% of clinical time YES___ NO___

Attended Dept. Meeting Date YES___ NO___ Meeting Date _____

E-Portfolio YES___ NO___

Student Comments:

Strengths: _____

Areas for growth/future goals: _____

Instructor Comments:

Strengths: _____

Areas for growth/future goals: _____

Final Grade: Credit _____ No credit _____ Incomplete _____

Student signature: _____ Instructor
signature _____

Date: _____ Date _____