



**School of Nursing
NSG 3031
Nursing of Families: Childbearing Families Clinical Practicum (2.5
units)
Fall 2023**

Meeting days: Tuesdays or Thursdays	Instructors: Shannon Barnett, BSN, RN Adjunct Professor of Nursing Mobile: 760-917-0579 shannonbarnett@pointloma.edu Jennifer Dyck BSN, RN Adjunct Professor of Nursing Mobile: 480-221-2656 jdyck@pointloma.edu Mary Adams PhD, RN Professor of Nursing Mobile: 630-962-2378 Madams1@pointloma.edu
Meeting times: Tuesday AM: 0600-1400 (Dyck) Tuesday PM: 1130-1930 (Adams) Thursday AM: 0600-1400 (Barnett) Thursday PM: 1130-1930 (Barnett)	
Meeting location: Sharp Mary Birch Hospital	
Placement: Junior year	

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

Consists of opportunities for application of nursing theory as it relates to families throughout pregnancy, labor, delivery, and the postpartum period, including the care of the newborn. Graded Credit/No Credit.

Concurrent: NSG 3030

PROGRAM LEARNING OUTCOMES

Upon completion of the program, you will be able to achieve the following outcomes:

PLO 1: 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.	
1.1 Integrate scientific findings to promote patient outcomes and wellness	1.2 Apply evidence and clinical judgment in the delivery of care

<i>Essentials Domain 1, 4</i>	<i>Essentials Domain 1, 5, 8</i>
PLO 2: 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.	
2.1 Demonstrate Christian servant leadership through holistic compassionate care <i>Essentials Domain 2, 6</i>	2.2 Utilize ethical principles in promoting health of diverse individuals and populations <i>Essentials Domain 3, 9</i>
PLO 3: 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 that conveys information, thoughts, actions and feelings through the use of verbal and nonverbal skills.	
3.1 Incorporate information and communication technologies to facilitate optimal care of patients, nurses, and organizations <i>Essentials Domain 8</i>	3.2 Participate in interprofessional healthcare teams to influence positive patient outcomes across the lifespan <i>Essentials Domain 6</i>
PLO 4: 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.	
4.1 Implement health policies to improve care of diverse patients, communities, and populations <i>Essentials Domain 3, 5</i>	4.2 Develop as a professional nurse through self-reflection, accountability, and life-long learning processes <i>Essentials Domain 9, 10</i>
PLO 5: 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, discernment.	
5.1 Demonstrate systems-thinking to enhance access, quality, and cost effectiveness across the healthcare delivery continuum <i>Essentials Domain 5, 7</i>	5.2 Apply evidence-based, quality improvement principles to improve patient care delivery <i>Essentials Domain 4, 5</i>

COURSE LEARNING OUTCOMES

This course is mapped to the:

- Program Learning Outcomes (PLO)
- American Association of Colleges of Nursing Essentials, 2021: Domains, Competencies, Sub-Competencies (AACN)
- Public Health California Code of Regulations: Qualifications and Requirements (PHCCR)

Upon completion of this course, you will be able to:

1. Provide patient centered care for the childbearing family incorporating patient history, needs, and culture from antepartum through discharge
AACN Essentials Domains:
PLOs:
2. Use effective communication when interacting with the healthcare team
AACN Essentials Domains:
PLOs:
3. Evaluates the implementation of evidence-based practice care within the healthcare setting
AACN Essentials Domains:
PLOs:
4. Discuss the nurse's role in patient safety and quality improvement initiatives
AACN Essentials Domains:
PLOs:
5. Collaborates with patient, interdisciplinary care team and nursing faculty to advocate for patient and family
AACN Essentials Domains:
PLOs:
6. Engage with information technologies to document and monitor patient care and education.
AACN Essentials Domains:
PLOs:
7. Demonstrate professional values and positive attitude in all interactions with the healthcare team, peers, and faculty
AACN Essentials Domains:
PLOs:

REQUIRED LEARNING RESOURCES

Same as NSG 3030.

ASSESSMENT AND GRADING

Students will receive a "Credit" or "No Credit" grade for each clinical course. The "Credit" grade is passing or satisfactory; the "No Credit" is not passing.

Clinical Performance Evaluation

The Clinical Performance Evaluation (CPE) form is designed to evaluate students' performance during clinical courses and to highlight areas in which the students are progressing satisfactorily as well as areas that require improvement. The clinical preceptor/faculty will use this evaluation tool for both midterm and end of course evaluations of students in clinical practice. The student will rate themselves first, prior to giving the form to the clinical preceptor/faculty who will then rate the student. Both will review the form together to generate discussion and future performance goals. Both midterm and end of course evaluations will occur on the same form.

Midterm Assessment. The student and preceptor will review the form together to discuss each core competency and jointly rate the student's performance. With faculty, the student will then review the feedback and develop a plan for improvement regarding any areas that were rated as "Below Expectations" or "Does Not Meet Expectations".

Final Evaluation results in a clinical **grade** of either Credit or No Credit. Clinical performance is evaluated using the listed core competencies that mirror the Quality & Safety Education for Nurses (2003) competencies. Students must earn a minimum of 75% of the total possible competency points in order to receive a passing grade. A competency rating of "Does Not Meet Expectations" (i.e. rating of 1), upon final course evaluation, may result in clinical failure (grade of NC).

Fall Pre-Season and Spring Training

Prior to the start of clinical in the fall and spring semesters, Juniors and Seniors are required to participate in clinical skills and judgment practice and testing. The purpose of these mandatory training sessions is to validate students' ability to perform essential clinical skills prior to patient care. Students must pass the medication calculation exam (93%) and the medication administration competency in order to pass medications in clinical.

If a student is not successful in passing the medication calculation exam or the medication administration skill, they will need to remediate and retest. The need for a second attempt of either competency will require the initiation of a Learning Plan. The need for a third attempt will require the initiation of a Performance Improvement Plan. Those who do not successfully complete a third attempt will be put on Probation.

Required Clinical Modules

Students are required to complete specific modules per PLNU, the San Diego Nursing Education Consortium, and their specific assigned clinical agency before they can begin their clinical rotation. Failure to complete these modules on time can delay the student and/or their entire clinical group from beginning their rotation. Late completion may also require the initiation of the Corrective Action Process.

ASSIGNMENTS

The **signature assignment** for this course is:

- Case Study Presentation and Final Care Map

Keep in mind that students in all SON programs must earn a passing grade (75%) for each signature assignment in order to pass a course.

Additional clinical assignments include:

- 5 themed journal reflections
- On campus and virtual simulation
- Two Care Maps
- Weekly Clinical Worksheets specific to unit assigned
- Three Obstetric Study Guides
- Medication Grid
- WIC Nutritional Assessment Observation
- Prenatal Class Visit Reflection
- Clinical instructor and clinical site evaluations

See the NSG 3030 Canvas for assignment details.

TRIGGER WARNING

I acknowledge that each of you comes to PLNU with your own unique life experiences. This contributes to the way you perceive several types of information. In *Nursing of Families: Childbearing Process Clinical Practicum*, you will encounter various difficult patient situations, some of which you may find triggering. These situations may include discussion or exposure to: birth, fetal or newborn demise, suicide, self-harm, psychosis, trauma, abuse, violence, and other difficult obstetric issues. Each time this topic appears in a reading or unit, it is marked on the syllabus. The experiences of being triggered versus intellectually challenged are different. The main difference is that an individual must have experienced trauma to experience being triggered, whereas an intellectual challenge has nothing to do with trauma. If you are a trauma survivor and encounter a topic in this class that is triggering for you, you may feel overwhelmed or panicked and find it difficult to concentrate. In response, I encourage you to take the necessary steps for your emotional safety. This may include leaving class while the topic is discussed or talking to a therapist at the Counseling Center. Should you choose to sit out on discussion of a certain topic, know that you are still responsible for the material; but we can discuss if there are other methods for accessing that material, and for assessing your learning on that material. Class topics are discussed for the sole purpose of expanding your intellectual engagement in the area of psychiatric nursing and I will support you throughout your learning in this course.

INCOMPLETE AND LATE ASSIGNMENTS

All assignments are to be submitted by the due dates. Late assignments may affect a student's scoring on the Clinical Performance Evaluation. There will be a 10% reduction of possible points for **each day** an assignment is late and **assignments will not be accepted for credit four (4) days after the due date. Day 1 starts on the specified due date/time. Assignments will be considered late if posted after the due date and time using Pacific Standard Time.**

However, I recognize that life happens. If you need an extension, you must contact me **before** the assignment deadline and we will discuss an extension of the due date.

SPIRITUAL CARE

Please be aware PLNU strives to be a place where you grow as whole persons. To this end, we provide resources for our students to encounter God and grow in their Christian faith. If students have questions, a desire to meet with the chaplain or have prayer requests you can contact your professor or the [Office of Spiritual Life and Formation](#).

STATE AUTHORIZATION

State authorization is a formal determination by a state that Point Loma Nazarene University is approved to conduct activities regulated by that state. In certain states outside California, Point Loma Nazarene University is not authorized to enroll online (distance education) students. If a student moves to another state after admission to the program and/or enrollment in an online course, continuation within the program and/or course will depend on whether Point Loma Nazarene University is authorized to offer distance education courses in that state. It is the student's responsibility to notify the institution of any change in his or her physical location. Refer to the map on [State Authorization](#) to view which states allow online (distance education) outside of California.

PLNU COPYRIGHT POLICY

Point Loma Nazarene University, as a non-profit educational institution, is entitled by law to use materials protected by the US Copyright Act for classroom education. Any use of those materials outside the class may violate the law.

PLNU ACADEMIC HONESTY POLICY

Students should demonstrate academic honesty by doing original work and by giving appropriate credit to the ideas of others. 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. A faculty member who believes a situation involving academic dishonesty has been detected may assign a failing grade for that assignment or examination, or, depending on the seriousness of the offense, for the course. Faculty should follow and students may appeal using the procedure in the university Catalog. See [Academic Policies](#) for definitions of kinds of academic dishonesty and for further policy information.

ARTIFICIAL INTELLIGENCE (AI) POLICY

Use of Artificial Intelligence (AI) tools (e.g, ChatGPT, iA Writer, Marmot, Botowski) is not permitted, and use of these tools will be treated as plagiarism.

PLNU ACADEMIC ACCOMMODATIONS POLICY

PLNU is committed to providing equal opportunity for participation in all its programs, services, and activities. Students with disabilities may request course-related accommodations by contacting the Educational Access Center (EAC), located in the Bond

Academic Center (EAC@pointloma.edu or 619-849-2486). Once a student's eligibility for an accommodation has been determined, the EAC will issue an academic accommodation plan ("AP") to all faculty who teach courses in which the student is enrolled each semester.

PLNU highly recommends that students speak with their professors during the first two weeks of each semester/term about the implementation of their AP in that particular course and/or if they do not wish to utilize some or all of the elements of their AP in that course.

Students who need accommodations for a disability should contact the EAC as early as possible (i.e., ideally before the beginning of the semester) to assure appropriate accommodations can be provided. It is the student's responsibility to make the first contact with the EAC.

LANGUAGE AND BELONGING

Point Loma Nazarene University faculty are committed to helping create a safe and hospitable learning environment for all students. As Christian scholars we are keenly aware of the power of language and believe in treating others with dignity. As such, it is important that our language be equitable, inclusive, and prejudice free. Inclusive/Bias-free language is the standard outlined by all major academic style guides, including MLA, APA, and Chicago, and it is the expected norm in university-level work. Good writing and speaking do not use unsubstantiated or irrelevant generalizations about personal qualities such as age, disability, economic class, ethnicity, marital status, parentage, political or religious beliefs, race, gender, sex, or sexual orientation. Inclusive language also avoids using stereotypes or terminology that demeans persons or groups based on age, disability, class, ethnicity, gender, race, language, or national origin. Respectful use of language is particularly important when referring to those outside of the religious and lifestyle commitments of those in the PLNU community. By working toward precision and clarity of language, we mark ourselves as serious and respectful scholars, and we model the Christ-like quality of hospitality.

You may report an incident(s) using the [Bias Incident Reporting Form](#).

SEXUAL MISCONDUCT AND DISCRIMINATION

Point Loma Nazarene University faculty are committed to helping create a safe learning environment for all students. If you (or someone you know) have experienced any form of sexual discrimination or misconduct, including sexual assault, dating or domestic violence, or stalking, know that help and support are available through the Title IX Office at pointloma.edu/Title-IX. Please be aware that under Title IX of the Education Amendments of 1972, it is required to disclose information about such misconduct to the Title IX Office.

If you wish to speak to a confidential employee who does not have this reporting responsibility, you can contact Counseling Services

at counselingservices@pointloma.edu or find a list of campus pastors at pointloma.edu/title-ix

PLNU ATTENDANCE AND PARTICIPATION POLICY

Regular and punctual attendance to all clinical experiences is considered essential to optimum academic achievement. All clinical hours must be completed and/or made-up. It is the responsibility of the student to initiate communication regarding arrangements for make-up. Make-up for clinical hours is at the discretion of the faculty. Failure to complete clinical hours will result in a “No Credit” for the clinical practicum and an incomplete for the co-requisite theory course. ***Please call/text your clinical instructor if you are late or absent for any reason prior to the clinical time.***

For this 2.5-unit course, 100 clinical hours are required. See the table below for details.

Clinical Experience	Direct Hours	Indirect Hours	PHN Hours	PHCCR 1491
Pre-Season/Spring Training		5		
Clinical Orientation		4		4J, 4C
On Campus Lab for Orientation		4		
Sharp Mary Birch Hospital (8 weeks)	64			
Antenatal Testing Day (Sharp Mary Birch)	8		8	
WIC Nutritional Assessment Observation	4		4	
Prenatal Class Attendance	2			
On Campus Simulation and VSim		10		
TOTALS	78	23	12	
TOTAL HOURS = 101				

USE OF TECHNOLOGY

In order to be successful in the nursing program, you'll need to meet the minimum technology and system requirements; please refer to the [Technology and System Requirements](#) information. Additionally, students are required to have headphone speakers, microphone, or webcams compatible with their computer available to use. Please note that nursing courses utilize online proctored exams which require a computer with a camera (tablets are not compatible) to complete exams online.

Problems with technology do not relieve you of the responsibility of participating, turning in your assignments, or completing your class work.

SON PROFESSIONAL STANDARDS

Students are required to adhere to professional standards while students at PLNU. The nursing department had developed these standards to provide clarification of expected professional behaviors.

1. Presenting yourself professionally in interactions with all persons
2. Behaving with honesty and ethics

3. Respectful communication techniques
4. Being proactive versus reactive
5. Accepting accountability for one's own actions
6. Being prepared and punctual

Additional Guidelines

Social networking sites are a great way to connect with many others. These sites can be used to your disadvantage and all persons are advised to employ professional standards on these sites. A general rule would be if what you have posted does not enhance your professional image then it probably needs to be reviewed.

The use of laptops, cell phones and other electronic devices is at the discretion of the course instructor. Generally, it is considered inappropriate to use any device for alternate uses not related to the class being taught. Cell phones should be kept on vibrate or silent during class times unless arrangements have previously been made.

Speaking negatively, relating stories or presenting a biased viewpoint about any class, instructor or other student that is not supportive of the individual involved and can be perceived as incivility. Disagreements are a part of life, but should be worked through in a private manner. Questioning the integrity of a persons' character is disrespectful. Each person is responsible and accountable for their words and actions.

Plagiarism or cheating ***in any class*** (nursing or non-nursing) will have consequences within the School of Nursing. Disciplinary action will be at the discretion of the instructor, the guidance of the Associate Dean and/or Dean of the School of Nursing, and may include assignment/class failure and possible dismissal from the program.

CLINICAL DRESS CODES

Students are expected to present and maintain a professional appearance at all times, including during their clinical rotations and pre-clinical times in any clinical setting, and when wearing the uniform out in public. Students shall adhere to the following dress code guidelines set forth by the SON and the San Diego Nursing Service-Education Consortium, based on the type of clinical setting:

Acute Care Settings

- PLNU-issued green scrubs, kept clean and unwrinkled.
- PLNU student nurse ID badge that is worn above the waist and visible at all times.
- Wristwatch must be non-electronic and must include a second hand.
- A lab coat or plain black sweatshirt/jacket may be worn if the student is cold.
- Clean, low-heeled shoes with closed toes. Clogs must have a strap around the heels. No sandals or flip-flops. Shoes must be white or black.
- Solid colored, neutral socks must be worn.
- Jewelry: Only wedding or simple rings and limited to one per hand No piercings or jewelry/hardware may be evident other than one small stud earring per ear.
- Hair color must fall within natural occurring shades, be neat, and if long, secured back. Facial hair must be neatly trimmed.

- Tattoos must be covered at all times.
- Fingernails must be trimmed short. Light or clear polish without chips is acceptable. No artificial or acrylic nails or components thereof are permitted.
- Makeup is to be worn in moderation.
- No perfumes or scented lotions.
- No low necklines.
- Undergarments cannot be visible through the uniform.

Community Settings

1. PLNU-issued green polo shirt, kept clean and unwrinkled.
2. Black scrub pants, kept clean and unwrinkled.
3. See additional requirements, as listed above.

TOPIC: Clinical Orientation

Student Learning Outcomes :

Upon completion of the orientation and discussion, the student will :

1. Verbalize familiarity with the clinical syllabus, required assignments and the schedule of a typical clinical day.
2. Prove completion of the clinical facility requirements, including paperwork (i.e. HIPAA, safety & confidentiality requirements).
3. Verbalize basics of Electronic Fetal Monitoring, including fetal heart rate baseline, accelerations, decelerations, and contraction pattern.
4. Demonstrate components of the physical assessment of the neonate.
5. Demonstrate proper administration of Vitamin K and erythromycin ointment, swaddling, and changing a diaper on the newborn
6. Demonstrate the components of the physical assessment of the postpartum woman.
7. Demonstrate the postpartum assessment using the BUBBLE guide
8. Verbalize critical elements to assess in the breastfeeding process, including the benefits to mom and baby, common positions, LATCH assessment and common discomforts.

- Review components of birth videos and types of births viewed.

RELATED STUDENT ACTIVITIES:

- Review Canvas site** for required documents and print/complete as directed.
- Complete Hospital requirements** as directed on Complio Site

Clinical Area	Objectives: At the end of the clinical experience, the student will be able to:	Assignment
ANTENATAL TESTING	<ol style="list-style-type: none"> Describe the role of the RN in antenatal testing and identify the educational requirements necessary to perform this role. Recognize and define the differences between non-stress tests. Explain the possible importance of these tests Describe the inter-relationship between the antenatal RN and perinatologist or OB. Observe and describe the ultrasound procedure for antenatal testing. What role does the nurse have in ultrasound? 	<input type="checkbox"/> <i>Fetal Monitoring form</i>

<p>TRIAGE</p>	<ol style="list-style-type: none"> 1. To observe and describe the role of the labor & delivery nurse in triaging pregnant and postpartum women. 2. To recognize and articulate the procedure for assessing the acuity of the clients, and their need for admission. 3. To observe the nurse's role in reporting client status to the attending provider. Describe the interrelationship between the RN and the physician provider in triage and how it differs from that in the Antenatal Testing. 4. Describe common reasons for a client to seek care in the triage unit. 	<p><input type="checkbox"/> <i>Fetal Monitoring form</i></p>
<p>PERINATAL SPECIAL CARE UNIT</p>	<ol style="list-style-type: none"> 1. Articulate the role of the antepartum nurse caring for high-risk antenatal patients. 2. Complete physical and psychosocial assessments on assigned mother under the guidance of the preceptor nurse. 3. Correctly document in the medical record all care and teaching performed for the patient. 4. Participate in the care of the high-risk patient. This includes procedures, medication and IV management at the discretion of the preceptor nurse. 5. Under the direction of the staff nurse or instructor, participate in the discharge and discharge teaching of assigned patients, if indicated. 6. Under the direction of the staff nurse, participate in the transfer to LDR or OR of assigned patient. 7. Be able to articulate and define the most common reasons for admission to the antepartum unit, including: <ol style="list-style-type: none"> a. Preterm Labor (PTL) b. Pregnancy Induced Hypertension (PIH) c. Diabetes, Gestational Diabetes d. Trauma e. Multiple gestations 	<p><input type="checkbox"/> <i>Weekly H&P & Journal</i></p> <p><input type="checkbox"/> <i>Fetal Heart Monitoring form</i></p>

<p>POSTPARTUM</p>	<ol style="list-style-type: none"> 1. Complete physical and psychosocial assessments on his/her assigned mothers and/or babies twice per shift. 2. Correctly document in the medical record all care and teaching performed on patient (mothers and babies). The first assessment will be documented no later than 90 minutes after the start of the shift. 3. Be responsible for the total care of his/her patients (mothers and babies). This includes procedures, medications and IV management. 4. Under the direction of the staff nurse, participate in the discharge and discharge teaching of assigned patients, if indicated. 5. Manage at least two complex patients or two Mother-Baby couplets in a safe and timely manner by last clinical shift in postpartum. 6. Communicate effectively with staff nurse all assessments, with attention to abnormal findings, in a timely manner. 7. Prioritize client needs and assessments according to client acuity. Be able to articulate rationale for decisions made in the care of the client. 	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Weekly H&P</i> <input type="checkbox"/> <i>Fill out well newborn column on newborn assessment grid</i>
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<p>NICU (Neonatal Intensive Care Unit)</p>	<ol style="list-style-type: none"> 1. Perform a gestational age assessment on a high-risk neonate. Compare and contrast these findings with those of a normal newborn. 2. Discuss the role of the NICU nurse at a high-risk delivery. If possible, attend a high-risk delivery with a NICU nurse. Compare and contrast the role of the NICU nurse with the labor and delivery nurse. 3. If possible, observe the discharge of a high-risk infant. Discuss the aspects of discharge teaching that differs from that of the normal newborn. Discuss the rationale for these differences. 4. Provide care to a minimum of 1 high risk infant in a safe and timely manner. Chart assessment findings under the supervision of the preceptor RN. 5. Safely give medications only with the supervision of the preceptor RN and be able to articulate the needs for the medications and their effect on the infant. 	<ul style="list-style-type: none"> <input type="checkbox"/> <i>Perform an assessment on one high-risk neonate. Fill out the NICU column on Newborn Assessment Grid</i> <input type="checkbox"/> <i>Weekly H&P</i>
<p>LABOR AND DELIVERY</p>	<ol style="list-style-type: none"> 1. Assess the patient's contraction pattern, both manually and via the electronic monitoring system. 2. Begin to identify fetal heart patterns using the fetal monitor. 3. Identify when a fetal monitoring strip warrants calling the physician. 4. Participate in the maternal & infant recovery assessments under the guidance of the LDR nurse. Become familiar with the LDR environment and clinical charting. The staff nurse may assume responsibility for supervision of these activities. 5. Under the supervision of the LDR nurse, chart vital signs, IV's, catheterizations/voids, and position changes. THE STAFF NURSE OR INSTRUCTOR MUST BE PRESENT when IVs are changed or when narcotics are given. The student is NOT to call a physician or take orders from a physician. 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <i>Weekly H&P and Journal each day</i> <input type="checkbox"/> <input type="checkbox"/> <i>Fetal Heart Monitoring Form each day</i>

<p>Operating Room/Post Anesthesia Care Unit</p>	<ol style="list-style-type: none">1. Articulate the role of the Scrub nurse and the Circulating nurse. Articulate the comparison and contrast their roles.2. Observe and describe the inter-relationship and team-work of all of the professionals in the Operating room (surgical suite).3. Recognize and describe asepsis and sterile techniques before, during, and after surgery. Also describe the areas that are sterile or clean. Observe and describe scrubbing techniques and appropriate Operating Room attire.4. Provide care to a minimum of 1 recovering client (mother /baby couplet if possible) in a safe and timely manner. This should include assessments and medications as appropriate and with the RN present to assist.5. Articulate how the needs of a post surgical client differ from that of a client who did not undergo a surgical birth.6. Prioritize the needs of the postsurgical client.7. Articulate the requirements for discharge to the postpartum unit.	
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APPENDICES

- Appendix A Postpartum Information Sheets
- Appendix B Clinical Site Addresses, parking information
- Appendix C Clinical Evaluation
- Appendix D Technical Skills and Safety Measures
- Appendix E Critical Behaviors
- Appendix F Actual and Potential Critical Incident OR
Medication Error
- Appendix G Infection Control - Blood/Body Fluid Exposure

APPENDIX A

ADDITIONAL POSTPARTUM INFORMATION

CALL YOUR INSTRUCTOR & NOTIFY NURSE IF:

Baby	Mother
<ul style="list-style-type: none">· Baby Temperature: <i>below</i> 97.7 (36.5 C) OR <i>above</i> 99.4 (37.5 C)· Respirations: below 35 OR above 60· Pulse: below 110 OR above 160· Glucose: below 40 mg/dl OR above 150 mg/dl· Has not voided or stooled on your shift· Bilirubin above 11 mg/dl	<ul style="list-style-type: none">● Mom's fundus above the umbilicus or deviated after voiding, boggy fundus, large amount of lochia or passing clots, saturating 1 peripad in less than 2 hours● Palpable bladder, no void in past 4 hours, inability to void<ul style="list-style-type: none">· Abdominal distention, inability to pass gas 24-36hrs past cesarean section● Maternal temp. >100.4 F (38.0), pulse >110, BP 140/90, RR <14

ASSESSMENTS MUST BE DONE AND CHARTED EVERY 4 HOURS ON BOTH MOTHER AND BABY. FOR A MOTHER WHO IS A NEW ADMISSION ASSESSMENTS ARE DONE EVERY 2 HOURS. THE FIRST THREE TIMES A NEW POSTPARTUM PATIENT VOIDS IT MUST BE MEASURED AND RECORDED.

Students are required to have Absolute Compliance with the Following:

A. Students are responsible for assessing their assigned patients and documenting their assessments at the start of their shift, prior to patient discharge, and 1 hour before the end of their shift. The Point Loma Instructor may or may not be present for these assessments.

B. Check with the Point Loma instructor or nurse preceptor prior to attempting new procedures and have one of them observe you. Remember to record the date you performed the new procedure in your *Student Skill Book*.

C. The Point Loma *instructor or preceptor nurse MUST be present* when the student is giving **any medication**. The *student is NOT to call a physician or take orders from a physician.*

APPENDIX B

**Sharp Mary Birch Hospital for Women and Newborns
3003 Health Center Drive
San Diego, CA 92123**

PARKING

Effective December 1, 2017 the shuttle is no longer available and students are encouraged to use public transportation or park on public streets. Students that carpool may show their student ID and pay \$4.00 upon exit. Students who do not carpool will pay the full amount upon exit – up to \$20. In order to ensure convenient space for patients and visitors, students are asked to park *on the roof of the structures or on the next floor below the roof, if the roof is full.*

APPENDIX C

ACTUAL AND POTENTIAL INCIDENT REPORTING

The following procedure is to be followed by the Faculty at the time of any actual or potential critical incidents or medication errors. This is a confidential survey that is intended to be used for patient/student safety and tracking purposes. The following is a list of occasions that may require reporting, including but not limited to:

Medication related incidents such as:

1. Administration of the wrong medication.
2. Administering medication to the wrong patient.
3. Administering the wrong drip rate or dose.
4. Administering the medication at the wrong time or omitting a dose by mistake.
5. Unsafe medication administration.
6. "Near miss" – medication error was stopped prior to administration by RN or Instructor.

Patient related incidents such as:

1. Incomplete, inaccurate or incorrect charting.
2. Inappropriate actions resulting in actual or potential danger to patient well-being.
3. Demonstration of inadequate knowledge base to carry out safe clinical practice (inadequate preparation for clinical).
4. Patient fall or injury.
5. Other behaviors which warrant the concern of the nursing instructor or clinical staff.

Student related incidents such as:

1. Any injury requiring medical treatment that occurs during clinical hours.
2. Fall, with or without loss of consciousness or injury.
3. Needle-stick (please see **Infection Control - Blood and Body Fluid Exposure** policy)
4. Blood or Body fluid exposure (please see **Infection Control - Blood and Body Fluid Exposure** policy)

STUDENT Procedure:

1. The student will complete the incident report as soon as possible after incident or near miss, and after notifying clinical instructor of event requiring report (within 48 hours unless otherwise arranged by clinical instructor).
2. The student will access the **SON Incident Report** form in the SON resource folder and follow the link provided (see below).

(<https://eclass.pointloma.edu/>> School of Nursing Resource Site >SON Documents>Misc. Forms)

3. The survey must be completed in one sitting, once started it must be finished. Please be aware that any information pertaining to the event needs to be collected prior to beginning the survey.

4. Once report is complete, student to notify faculty of record for the course in which the incident took place.

Consequences, if any, of such reports shall be determined by the level team faculty in the School of Nursing.

FACULTY Procedure:

1. Once notified of an incident requiring the completion of the **SON Incident Report**, direct student to complete report form located in eclass under the SON resource form (see above for student procedure and possible occasions requiring completion of a report).
2. If possible, assist the student in completing the form while together at the hospital, or arrange for the student to complete the form within 48 hours (unless otherwise unable).
3. Once the student has completed the form, enter Qualtrics via the link provided here to review the students report. <https://pointloma.us.qualtrics.com/ControlPanel/>
4. If there are any necessary updates or clarifications to be made, type up a Word document with your clarifications indicating the date and time of completion.
5. Contact the ASAC Chairperson, or other designee in the SON, to notify them of the students completion of the Incident Report and give comments or clarifications to them for attachment to the report and placement into the student Shared Folder.

APPENDIX D
INFECTION CONTROL - BLOOD/BODY FLUID EXPOSURE

Purpose: This policy is established because of the particular concern for exposure to Hepatitis B, Hepatitis C, or HIV in the clinical setting.

For: **Any person (faculty or student) exposed** to blood/body fluids by puncture, laceration, bites, contact through eye, nose, or mouth, or contact with pre-existing breaks in the skin. The **source person** is the person whose blood/body fluids have come in contact with the exposed person as previously listed.

- I. **Immediate First Aid** (Responsibility of the Exposed Person)
 - A. Squeeze the wound/cut to make it bleed and wash with soap and water. *(Please note the CDC does not recommend this).*
 - B. Rinse mouth, eye, or nose with large volumes of clean water or saline.
 - C. If sutures are required or other medical intervention, the exposed person should receive immediate attention by the agency's urgent care/emergency services (student or insurance company will be billed for expenses).

- II. **Report of Incident** (Responsibility of the Exposed Person)
 - A. Contact Instructor and Supervisor/Preceptor/Primary Nurse
 - B. Complete Agency Incident Report **AND** School of Nursing Incident Report (via eclass link) as soon as possible.
 - C. Seek professional first-aid follow-up via the urgent care/emergency department **within one hour of the incident.**
 - D. Contact personal health care provider.

- III. **Instructor's Responsibility**
 - A. Assist in completing Agency Incident Form **AND** School of Nursing Incident Report. Place a copy in the student's file.
 - B. Notify Employee Health/Quality Assurance Personnel in Agency and Human Resources at Point Loma Nazarene University (619-849-2534).
 - C. Notify SON Dean and Human Resources department to initiate Workman's Comp process.
 - D. Assure the student's access to professional first-aid treatment.
 - E. Obtain information on the Agency's policy for Blood/Body/Fluid Exposure treatment.
 - F. Document events related to the incident. Relevant information that should be included (CDC, 1998a):
 1. date and time of exposure;
 2. details of the procedure being performed, including where and how the exposure occurred, and if the exposure was related to a sharp device, the type of device and how and when in the course of handling the device the

- exposure occurred;
3. details of the exposure, including the type and amount of fluid or material and the severity of the exposure, (e.g., for a percutaneous exposure, depth of injury and whether fluid was injected; or for a skin or mucous-membrane exposure, the estimated volume of material and duration of contact and the condition of the skin [e.g., chapped, abraded, or intact]).
- G. Initiate follow-up contact with Clinical Agency Health/Quality Assurance personnel within 72 hours.
 - H. **Urgent Care Protocol:** If there is a clinical agency policy in place for such an incident, adhere to it. Otherwise, if there isn't one, the School of Nursing procedure is to:
 - a. Obtain consent from the source person to have blood withdrawn for testing purposes. If the source person refuses to consent to a lab draw, ***an emergency care physician must submit a report within 24 hours*** and provide an evaluation of the source person within 72 hours. Notify the source person's primary physician who ***must*** respond to the urgent care agency/ED, or to the exposed person's primary physician within three weeks. If the source person refuses to consent to a blood draw, any blood that has been drawn for a diagnostic study can be used (if available). Urgent Care/ED personnel are to notify the person who has been exposed as soon as possible of the test results as to whether or not the source person is positive for HIV.
Note: the CDC recommends an FDA approved test kit that can be used in a situation where enzyme immunoassay (EIA) for HIV, cannot be completed within 24-48 hours.
 - b. Obtain consent from the exposed person to have blood drawn for baseline information.
 - c. Obtain a history of incident and a report of the examination of exposed areas of the exposed person.
 - d. Provide counseling and options of prophylactic procedures to the exposed person.
 - e. Obtain follow-up information about the blood/body fluids of the source person from the Employee Health/Quality Assurance Personnel, and the attending physician.
- IV. **Treatment** - The recommended procedure for:
- A. **Hepatitis B**
 1. Immune Globulin (0.06 ml/kg) within 24 hours if the exposed person has not completed the vaccination series, then follow the accelerated schedule for Hep B vaccine.
 2. If the person has not been vaccinated, give Hep B on an accelerated schedule starting immediately, followed in one, and two months later. Check blood titers one month after 3rd dose of vaccine. Give a booster shot in 12 months.

B. Hepatitis C

1. Draw serum. Give HCV Ab now, then at 3, 6, 12 months.
2. Refer the exposed person to their primary physician if serum is positive.

C. HIV (Clinical Agency)

1. Determine the extent of the exposure, in conjunction with the CDC guidelines (CDC, 1998b). Follow-up care should be in conjunction with the CDC guidelines for management of exposures for postexposure prophylaxis (CDC, 1998b).
2. In the event that treatment is required:
3. Provide and document counseling for the exposed person.
4. Testing for HIV for the exposed person is as follows: baseline, six weeks, three, six, and twelve months post exposure.
5. ***Treatment should be given within 1-2 hours of exposure.*** Alert the exposed person to the possible side effect from the drugs.
6. A prescription of at least four days of antiretroviral medication should be provided to the exposed person.
7. Document that the exposed person knows personal responsibility for follow-up care.
8. Submit confidential report to OSHA.
9. The recommended protocol should follow the most current Communicable Disease Control recommendations for prophylaxis. Current recommendations may be obtained through a free 24-hour hotline, through San Francisco General Hospital, San Francisco, CA (CDC, 1998c). The National Clinicians' Post Exposure Prophylaxis Hotline (PEPLine) is for clinicians in need of advice on how to best treat healthcare workers accidentally exposed to blood-borne disease — **1-888-448-4911**

References:

Center for Disease Control. (2006). Updated Public health service guidelines for the management of health-care worker exposures to HBV, HCV, and HIV and recommendations for postexposure prophylaxis, June 29, 2001. <http://www.thebody.com/cdc/pdfs/rr5011.pdf>

Center for Disease Control. (1998b). Public health service guidelines for the management of health-care worker exposures to HIV and recommendations for postexposure prophylaxis, figure 1, May 15, 1998. <http://www.thebody.com/cdc/pep/figure1.html>.

Center for Disease Control. (1998c). National hotline opens for advice on occupational HIV exposure prophylaxis, November 19, 1997. <Http://www.thebody.com/cdc/pepline.html>.