Faculty: Mary Jane Hamilton, Ph.D. RN
Susan Greathouse, MSN, BN, RN
Karen Smith, MSN, RN

Office Hours: Dr. Hamilton Wed. 1-3, All others by appt.
Ms. Smith Monday 1-3, All others by appt.
Ms. Greathouse Monday 1-3, All others by appt.

Office Phone: Dr. Hamilton 825-2649 FC 151
Ms. Greathouse 825-2476 – CI 350D
Ms. Smith 825-3782 CI 358

1-800 Number: 1-800-293-0965

Internet: Mary.Hamilton@tamucc.edu
Susan.Greathouse@tamucc.edu
Karen.Smith@tamucc.edu

Fax: Hamilton 825-2484
All faculty in CI 825-5853

Credits: 5 credit hours

Prerequisites: All required fall junior year nursing courses.

Course Description:
Applying a family centered approach; this course focuses on health promotion, acute and chronic health conditions, and rehabilitative needs of children. Emphasis is placed on developmental, physiological, psychosocial, cultural, and spiritual care of the child within the family unit. Using the nursing process, strategies are formulated for promoting and maintaining optimal functioning of the child-family unit and for enhancing the strengths of the family unit. Clinical activities emphasize the application of theory to practice in a variety of communities and acute care settings.
Course Objectives with examples of outcome criteria:

1. Examine applicable nursing and non-nursing theories related to growth and development and transcultural nursing.
   a. Utilize the developmental framework in applying knowledge of values, life styles, ethnicity, and religion to families. Identify specific factors that contribute to the dynamic state of health for children and families.
   b. Apply the concept of sick role and/or patient role to ill children.

2. Describe ethical and legal principles impacting health care across the age/health continua, including provision of informed consent, protecting diminished autonomy, individual freedom of choice, and confidentiality.

3. Describe caring behaviors to be utilized while providing nursing care to children and families from diverse populations.

4. Describe and implement patient teaching plans for selected patient problems.

5. Identify concepts related to the disruption of growth and development patterns across the life span.

6. Demonstrate effective and appropriate communication skills with children and their families.

7. Implement the nursing process with individuals experiencing acute or chronic illness.
   a. Utilizing critical thinking, assess children and families responses to specific illnesses.
   b. Utilize the data collection process based upon Gordon’s functional health patterns to derive nursing diagnoses appropriate to the individual child and family.
   c. Describe appropriate nursing and medical interventions for illnesses common in children.
   d. Demonstrate appropriate therapeutic nursing interventions to assist children and families to attain, maintain, or regain optimal health.
   e. Demonstrate safe, technically competent care of children and their families.

8. Give examples of relevant and recent research findings, particularly as they relate to nursing care of children and their families undergoing disorders of the physiological systems.
   a. Discuss research topics that could improve the care of children and their families.
   b. Seek opportunities to acquire and apply new knowledge to practice.

9. Demonstrate responsibility for own learning at levels consistent with course and professional expectations.
   a. Demonstrate professional role behavior.
   b. Demonstrate accountability for own behavior in implementation of nursing care.
   c. Demonstrate collaborative skills with members of the interdisciplinary health care team in planning, coordinating, providing and evaluating patient care.
Required Textbooks:
These books are in a bundle and will be in the bookstore.

Test access

Learning Experiences and Teaching Methods:
Course objectives may be met through individual study using suggested resources, active involvement in classroom activities, formal, and informal exchange of ideas with classmates and colleagues regarding specific topics as well as utilizing critical thinking skills. Teaching methods include lecture, seminar, discussion, small group work, independent study of texts and library resources, computer-assisted instruction, audio-visual aids and the assignments listed below. While the professor will provide guidance and consultation, the student is responsible for identification of learning needs, self-direction, seeking consultation and demonstration of course objectives.

Student Class Responsibilities
1. Students are expected to respect the learning rights of all others in the classroom. Individual conversations, arriving to class late, sleeping during class-time, and studying for another class during classroom time are unacceptable behaviors. Students who demonstrate these behaviors may be asked to leave class. Pagers and Cell Phones will be turned off for the duration of the class.
2. Students are expected to complete all required readings prior to each class period. Written homework may be assigned at the discretion of the faculty. As a 5-semester credit course, faculty expects 8 - 10 hours of independent preparation and study each week, in addition to class time and clinical time. Preparation for all classes includes assigned readings for the scheduled topics, review of anatomy and physiology, review of assessment, and review of class notes from previous courses as applicable.
3. Permission to tape record must be obtained from each lecturer prior to class. Clinical examples or examples from clinical experiences can not be recorded due to patient confidentiality and HIPPA regulations.
4. Children are NOT permitted in the classroom at any time. (See University Student Manual.)
5. Laptops are permitted and encouraged for note taking and class research purposes only.

Class Policies
Grading Policy
Completion of NURS 3548 requires the successful completion of both the clinical and theoretical components of the course. Theory is given a letter grade and if the student passes clinical, the course grade will be the grade achieved in theory. The theory grade is based on three unit exams, a comprehensive final, a teaching project and unit assignments to evaluate your knowledge of pediatric nursing practice. **To pass the theory component, the student must achieve a**
minimum average of 75% on the electronic examinations. The unit exams and comprehensive final are HESI custom examinations. They are developed by the faculty in consultation with HESI consultants. The percentage value of each requirement is as follows:

- Exam I 20%
- Exam II 20%
- Exam III 20%
- Assignments 20%
- Final Exam 20%

Grading scale for Texas A&M University-Corpus Christi, College of Nursing & Health Sciences is:

- A 90-100
- B 83-89
- C 75-82
- D 65-74
- F 0-64

Attendance Policy:
The class roll list will be passed to the students at the beginning of each class. Students are expected to sign in if they are present. Absences from more than 3 classes may result in a reduction in class grade of one level, for example, from an A to a B. Each class period is worth 3 hours of lecture, persons leaving or asked to leave prior to the end of class, or at anytime during class, will be counted absent for that hour of class. Although there are no excused class absences except for official university business, persons who are ill should be courteous to classmates and not attend class.

Make-up Examinations:
No make-up examinations will be administered. If a student misses either Exam 1, 2, or 3 the percentage weight of the missed exam will be added to the percentage weight of the final exam.

Examination Guidelines:
1) An examination blueprint is on the course website for each exam.
2) Medication math items will be included on each examination.
3) The final examination will be comprehensive.
4) Testable material is based on course, classroom, and clinical objectives. Included are all required readings, lecture and discussion content, related material in the course syllabus, content covered by media presented in or required for class/clinical, overhead transparencies, and material given as handouts.
5) Exam dates, times and locations are subject to change.
6) Students will be allowed to use a calculator for medication type questions. If calculator is required, students may only use the one available on the computer or simple calculator. No cell phone or PDA devices will be allowed.
7) No Cell Phones, PDAs or Beepers are allowed during examination times.
8) Course faculty will review the exam and the grades will be posted on WebCT. Those students scoring below 75 on any exam are encouraged to make an appointment with the faculty of record to review their exam and address their concerns.

**Academic Honesty**

Students entering the profession of nursing are held to the highest standards of ethical behavior. For this reason you will be asked to sign a pledge adhering to standards of academic and professional honesty. Please refer to the University Catalogue, Student Handbook and College Student Handbook for descriptions of academic honesty and dishonesty. If you violate the rules of academic honesty you will receive an F in this course and you may be dismissed from the program. Example of violations of academic dishonesty are found at the end of the syllabus.

**Class Cancellation:**

In the event that a class is canceled, class falls on a holiday or the campus is closed, the student is expected to do the readings and complete the objectives for that day. The content will still be included on course examinations.
<table>
<thead>
<tr>
<th>Date</th>
<th>Title of Lecture</th>
<th>Lecturer</th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 14 2009</td>
<td>Orientation to the Course Family Centered Care</td>
<td>Team</td>
<td>Web support for content Chapters 26</td>
</tr>
<tr>
<td>Jan 19, 2009</td>
<td>Balance &amp; Imbalance of Body Fluids Conditions that Produce Fluid &amp; Electrolyte Imbalance</td>
<td>Greathouse</td>
<td>Web Content Text: Chapters 28 &amp; 29</td>
</tr>
<tr>
<td>Jan 26 2009</td>
<td>Hereditary Influences on Health Promotion of the Child &amp; Family Child with respiratory Dysfunction Virtual Excursions: Carrie Richards</td>
<td>Hamilton</td>
<td>Text: Chapters 5, 31, &amp; 32</td>
</tr>
<tr>
<td>Feb 2, 2009</td>
<td>The Child with Cardiovascular Dysfunction</td>
<td>Hamilton</td>
<td>Text: Chapters 34</td>
</tr>
<tr>
<td>Feb 9, 2009</td>
<td><strong>Test I</strong> Health Promotion of the Infant</td>
<td>Smith</td>
<td>Text: Chapters 12 &amp; 13</td>
</tr>
<tr>
<td>Feb 16, 2009</td>
<td>The Child with Renal Dysfunction The Child with Gastrointestinal Dysfunction</td>
<td>Hamilton</td>
<td>Text: Chapter 30 &amp;32 Chapter 11 pp 458-476 Unit Two: Web Content</td>
</tr>
<tr>
<td>Feb 23, 2009</td>
<td>Health Promotion of the Toddler, Preschooler Health Problems of Early Childhood</td>
<td>Smith</td>
<td>Text: Chapters 14, 15, &amp; 16</td>
</tr>
<tr>
<td>Mar 2, 2009</td>
<td>Child with Musculoskeletal or Articular Dysfunction The Child with Neuromuscular or Muscular Dysfunction</td>
<td>Greathouse</td>
<td>Text: Chapter 39 &amp; 40 Chapter 11 pp. 451-457</td>
</tr>
<tr>
<td>Mar 9, 2009</td>
<td>Family Centered Care of Child with Chronic Illness <strong>Test II</strong></td>
<td>Smith</td>
<td>Text: Chapters 22</td>
</tr>
<tr>
<td>Mar 16, 2009</td>
<td><strong>SPRING BREAK</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 23, 2009</td>
<td>The Child with Cerebral Dysfunction The Child with Cognitive, Sensory, or Communication</td>
<td>Greathouse</td>
<td>Text: Chapters 37, 24 Chapter 11 pp. 430-450</td>
</tr>
<tr>
<td>Date</td>
<td>Title of Lecture</td>
<td>Lecturer</td>
<td>Readings</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>--------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Mar 30, 2009</td>
<td>Impairment Virtual Excursions: Stephanie Brown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr 6, 2009</td>
<td>The Child with Hematological or Immunologic Dysfunction</td>
<td>Hamilton</td>
<td>Text: Chapter 35</td>
</tr>
<tr>
<td>Apr 13, 2009</td>
<td>Pain Assessment &amp; Management in Children Care of Hospitalized Child</td>
<td>Smith</td>
<td>Text: Chapter 7,</td>
</tr>
</tbody>
</table>
| April 20, 2009 | **Test III**  
The Child with Endocrine Dysfunction  
Virtual Excursions: George Gonzales           | Smith        | Text: Chapters 38          |
| April 27, 2009 | Health Promotion of the School Age Child and Adolescent                          | Smith        | Text: Chapters 17,18, 19    |
| May 4, 2009  | Family Centered End-of Life Care                                                  | Smith        | Text: Chapter 23            |
| May 8, 2009  | **FINAL EXAM**                                                                    | Friday 8:00-10:30am | Comprehensive               |

**Website information:**

This is a web-supported course. All course and class materials will be on the web and accessed through WebCT. The URL for WebCT is http://islandonline.tamucc.edu/islandonline.php

You will be oriented to the website during the first day of class. Class slides and notes will be obtained from the site. A discussion list, announcements, e-mail access as well as class information will be contained on this site. Grades will be posted to this site. **Please do not use this site for class communications other than NURS 3548.** It is recommended that students check the site daily. Students are responsible for the information on the website.
EXAMPLES OF ACADEMIC DISHONESTY

Caution:
This list of behaviors is not inclusive of all possible violations. When in doubt about whether your actions may violate the Academic Honesty Pledge, please consult with your instructor.

Plagiarism:
1. In a paper or assignment, if you include material that you researched in a book, magazine, newspaper, and/or on the Web, you MUST cite the source.

2. You must cite the source in the BODY of the text AND in a Works Cited or Reference section.

3. If you copy somebody's test answers, take an essay from a magazine and pass it off as your own, lift a well-phrased sentence or two and copy and paste them without crediting the author or using quotation marks, or even pass off somebody's good ideas as examples of your own genius, you are committing plagiarism.

4. Plagiarism covers unpublished as well as published sources. This can mean borrowing another's term paper, handing in as one's own work a paper purchased from an individual or off the Net, or submitting as one's own any papers from living group's, club's, or organization's files.

5. EVEN HANDING IN THE SAME PAPER IN MORE THAN ONE CLASS can be considered plagiarism. Always check with the instructor BEFORE doing this. Professors must cite themselves when writing up their research; you are held to the same standards as a "junior" researcher.

Other Forms of Academic Cheating:
These include, but are not limited to:

1. consultation of textbooks, library materials, or notes in examinations where such materials are not to be used during the test;

2. consultation of cell phone text messages, PDAs, programmable calculators with materials that give an advantage over other students during an exam;

3. use of crib sheets or other hidden notes in an examination, or looking at another student's test paper to copy strategies or answers;
4. having another person supply questions or answers from an examination to be given or in progress;

5. having a person other than oneself (registered for the class) attempt to take or take an examination or any other graded activity. In these cases all consenting parties to the attempt to gain unfair advantage may be charged with an Academic Honesty Pledge violation;

6. deliberate falsification of laboratory results, or submission of samples or findings not legitimately derived in the situation and by the procedures prescribed or allowable;

7. revising and resubmitting a quiz or exam for regrading, without the instructor's knowledge and consent;

8. giving or receiving unauthorized aid on a take-home examination;

9. facilitating academic dishonesty: intentionally or knowingly helping or attempting to help another to violate the Academic Honesty Pledge;

10. signing in another student's name on attendance sheets, rosters, Scantrons;

11. submission in a paper, thesis, lab report, or other academic exercise of falsified, invented, or fictitious data or evidence, or deliberate or knowing concealment or distortion of the true nature, origin, or function of such data or evidence;

12. procurement and/or alteration without permission from appropriate authority of examinations, papers, lab reports, or other academic exercises, whether discarded or actually used, and either before or after such materials have been handed in to the appropriate recipient; and

13. collaborating with others on projects where such collaboration is expressly forbidden, or where the syllabus states the default being one's own work.
Academic Honesty Pledge

"I pledge that I will not give, receive, or tolerate unauthorized aid, nor will I abuse academic resources while I am a member of this academic community." I understand the consequences for violations of the code of academic conduct. Furthermore, I accept the responsibility to conduct honorably all my academic Activities, as a College of Nursing and Health Sciences student at Texas A & M University—Corpus Christi and pledge to abide by and uphold the principles of academic integrity and professionalism. I also agree to read all course information contained within the Syllabus and Schedule and will stay abreast of ongoing changes, updates within course documents.

------------------------------------------
Student Signature/Date

Please print out, sign this form and turn it in to:

College of Nursing & Health Sciences
Texas A&M University-Corpus Christi
6300 Ocean Drive
Corpus Christi, Texas 78413
INFORMATION RELATED TO CLINICAL ACTIVITIES

Clinical Practice
Clinical practice is the application of the theoretical component into the practice area. Clinical practice is comprised of the hospital/community clinical experiences and the learning lab. Students are expected to exhibit the achievement of clinical objectives by the end of a clinical course. Students must pass the Math Test with a grade of 90 or better in order to go to clinical on the first clinical day. The opportunities to do both of these requirements will be given during their clinical orientation. Clinical Orientation is mandatory. Students who do not or can not attend both days of clinical orientation must make arrangements to make up these required clinical hours in order to pass clinical in this course.

Students are expected to adhere to the dress code of the agency/institution in which the clinical practice takes place. If a student is not properly attired, including the College of Nursing and Health Sciences ID badge and patch, the student will be dismissed from clinical for the day. Additionally, students are required to bring all equipment needed to perform patient care and vital signs with them. Students are not allowed to leave the building during the stated hours of clinical practice, nor be on the unit in student attire after clinical is over. Cell phones are allowed to be used when contacting your instructor during clinical times.

Students must attend all clinical practice opportunities. Students who are unable to attend clinical due to illness or family emergency must notify their Clinical Instructor and their assigned nursing unit ahead of time. Students who miss clinical for any other reason and those students who fail to notify both their Clinical Instructor and their assigned nursing unit that they will not be in clinical, will receive an “F” in clinical for that day. Students who are dismissed from clinical for unprofessional conduct, unsafe nursing practice, or inappropriate attire will also receive an F in clinical for that day. A student who earns a total of two F’s will receive a final grade of an F in clinical, even if the allotted clinical practice time has not expired.

Preparation for clinical practice is required. Students are expected to prepare for clinical and do written careplans (Pediatric Data Base, Medication Sheets, Patho Tree, Concept Map and Self-Reflective Journal) after the clinical experience as part of the clinical component. Students will hand in careplans at the end of their last weekly clinical day. Written assignments will be graded on a Pass/Fail basis. Students are required to pass a minimum of two concept maps during their Pediatric rotation. Clinical performance is graded Pass/Fail and is evaluated from a written standard clinical evaluation for the College of Nursing and Health Sciences with special attention to the starred objectives If the student fails clinical, he/she will receive an F in the course, regardless of the theory grade.

Patient Safety
The nature of clinical nursing courses requires that students give direct delivery of patient
care services. The primary purpose of any course is to provide education for students. However, when direct patient care is involved in the learning experience, the safety and well being of patients are also of paramount concern. Nursing clinical courses are structured so that as students progress through the program they are expected to demonstrate increasing independence, critical thinking, and competence in proving nursing care.

Students are expected to demonstrate achievement of clinical objectives by the end of a clinical course and, in usual circumstances, are allowed to continue in a clinical course until the end of that course. **If in the instructor’s professional judgment, a student is unable to provide safe nursing care to patients and if this deficit is such that it cannot be remedied in the given clinical time within the limits of available faculty supervision, the student will be removed from the clinical setting and will receive a grade of F in the course.**

**CLINICAL OBJECTIVES:**

1. Apply caring nursing concepts and non-nursing theories with culturally diverse children and families across the age/health continua.
2. Apply relevant and recent research findings in the clinical setting appropriate to content presented in NURS 3548.
3. Incorporate ethical and legal principles into the nursing process.
4. Apply the nursing process with children and families experiencing acute and chronic illness as examined in NURS 3548.
5. Implement a teaching plan with selected clients as described in NURS 3548.
6. Collaborate effectively with other members of the health care team.
7. Demonstrate safe and competent practice as described in the clinical evaluation criteria.
8. Communicate caring and respect for clients and their families.
9. Evaluate personal strengths and limitations in relationship to personal behavior.
10. Demonstrate responsibility for own learning and behavior.

**CLINICAL EVALUATION CRITERIA:**

**PROVIDER OF CARE: Assessment/Diagnosis**

- Assess by using eleven functional health patterns (Gordon’s)
- Use data collection tools
- Analyze individual, family, aggregate, community, society data.
- Identify appropriate nursing diagnosis
- Apply theories in assessment.
  - Care factors (Watson)
  - Cultural specific care (Leininger)
  - Caring interventions (Benner)
PROVIDER OF CARE: Goal Setting Outcomes

Use data to set outcome goals
Coordinate plans for care
Plan for diverse services
Plan for health promotion/restoration
Do discharge planning.

PROVIDER OF CARE: Accountability

Provide direct care in community based program: disease prevention, health promotion; restoration.
Prioritize and carry out plans of care ethically and legally.*
Responsible for self and others documenting accurately, precisely and truthfully.*
Provide culturally congruent care.
Provide safe, research-based care.*
Use institutional and community resources to address ethical/legal concerns.
Evaluate/clarify client’s understanding of human care rights.

PROVIDER OF CARE: Education

Define client’s learning needs.
Use literature/research to develop/modify teaching plans.
Design and implement teaching plans.
Evaluate implementation of teaching plan
Assess teaching skills.

PROVIDER OF CARE: Outcome Evaluations

Evaluate/interpret individual, family, aggregate, community, society verbal/nonverbal communication in a culturally sensitive way.
Compare expected and achieved outcomes.
Evaluate and report quality effectiveness of intervention
Alter plan as needed.

PROVIDER OF CARE: Implementation: Caring and Delegating

Prioritized/organized care in consultation with individual, family, aggregate, community, society.
Implement plans.
Assign/supervise care in structured and unstructured settings.
Apply human caring theories in practice.

PROVIDER OF CARE: Critical Thinking
Use critical thinking in complex client situations
Apply data collection methods to evaluate practice, activities, problems.
Critically analyze and incorporate research findings in practice.

COORDINATOR OF CARE: Resource Management

Apply leadership/Management concepts in assisting health care providers implementing individual, family, aggregate, community, society care.
Evaluate care by health care providers.
Identify providers and resources to meet individual, family, aggregate, community, society needs.
Apply change strategies appropriate to goal/outcome attainment.
Apply theories appropriate to facilitate health care, organizational individual, family, aggregate, community, society goals.
Participate in multidisciplinary health planning conference

COORDINATOR OF CARE: Collaboration

Work with individual, family, aggregate, community, society in planning health care delivery to improve quality of care provided.
Evaluate communication between individual, family, aggregate, community, society and health care providers in delivery of care; initiate multidisciplinary planning
Analyze health care delivery provided
Collaborate with others to plan and deliver health care for individual, family, aggregate, community, society.
Promote changes to improve care.
Advocate for individual, family, aggregate, community, society in meeting health care needs.

COORDINATOR OF CARE: Referrals

Assess support systems
Refer individual, family, aggregate, community, society to appropriate providers and resources as indicated to meet identified health care needs.
Assist IFACS to communicate needs to their support systems and other health care providers.
Differentiate between services and functions of various resources.

COORDINATOR OF CARE: Facilitation

Analyze management structure and nursing care delivery system within a health
care organizations.
Identify strategies to promote professional growth/development of nursing personnel.
Facilitate coordination of multidisciplinary resources to address individual, family, aggregate, community, society needs.
Collaborates with other health care providers to utilize human and material resources that are optimal, legal, and cost effective.
Organizes groups of people in health related activities.
Demonstrate a beginning leadership role in achieving management goals.
Identify mechanisms within the organizational structure to address ethical dilemmas.

MEMBER OF A PROFESSION: Collegial Quality Performance Appraisal.

Apply legal/ethical principles and professional standards in provision and evaluation of own nursing care as well as care provided by others.*
Identify strategies to promote professional growth and development of own practice.
Promote accountability in quality nursing practice.
Apply research findings and principles research to improve practice base for nursing.

MEMBER OF PROFESSION: Advocacy

Act as advocate, and support work to resolve health care issues. *
Analyze the impact of current issues and trends on the quality of nursing and health care delivery.
Critique research studies for use in care
Identify problems that clients have in accessing care.

MEMBER OF PROFESSION: Activism

Foster ethical/legal/professional awareness in self/others to promote a positive image of nursing.
Analyze the impact of current issues and trends on the nursing profession.
Critique research studies regarding nursing’s impact upon societal change.
Promote accountability/legislative processes affecting the nursing profession.
Identify political/legislative processes affecting the nursing profession.
Analyze impact of nursing organizations and regulatory agencies upon the nursing profession.
Participate in activities that promote consumer awareness of nursing’s contribution to society.
CLINICAL OVERVIEW

The clinical experience focus is on nursing care of children and their families from diverse populations who are experiencing health related issues (health promotion, health maintenance, or health alterations. The clinical begins with one week of laboratory simulation, a nursing skills laboratory and agency orientation. For the remainder of the five-week rotation students will provide total nursing care to children and their families in the acute care setting. Clinical performance will be evaluated with the stated clinical evaluation criteria.

It is critical that students read and understand the following criteria. This is a contract between you and your faculty as to clinical responsibilities. Students will provide total nursing care to clients under the supervision of clinical faculty and assigned staff registered nurses. Students are expected to participate in all nursing care activities of the registered nurse except those activities that require additional RN certification (e.g., arterial punctures, etc.). For additional clarification, the following apply:

1. Students will NOT check or otherwise be held responsible for the administration of blood or blood products.
2. Students MAY sign out narcotics with the direct visual supervision of clinical faculty or assigned RNs.
3. Students MAY draw blood from central lines and arterial lines with direct visual supervision of the staff RN or faculty.
4. Students MAY administer medications with direct visual supervision of the staff RN, only after permission from their clinical instructor. (See additional guidelines under "Reminders").

The student should coordinate all nursing care activities with the assigned staff. This includes but is not limited to aides, LVN’s and RN’s. The student should utilize the Nurse Manager, Charge Nurses, and other members of the health team as resources.

Clinical instructors are responsible for facilitation of the student's learning needs and evaluation of student progress in the clinical area. Feedback from RNs will be used to assist in the evaluation process.

ATTENDANCE POLICY

Clinical lab hours are planned in advance with cooperation of numerous health care professionals and are designed to assist the student in achieving the objectives of the course. The student is required to attend all clinical lab hours as assigned. A CRITICAL BEHAVIOR IS ON TIME ATTENDANCE IN THE CLINICAL SETTING. Students are expected to be on time and prepared for clinical experiences within the healthcare setting, clinical laboratory and as assigned.

Students unable to attend or complete a given clinical rotation may receive
unsatisfactory for the clinical rotation score unless previous arrangements are made with the assigned faculty.

**Students are to contact BOTH the faculty member AND clinical unit charge nurse in case of an absence OR tardiness.** In the case of an absence, students must call faculty AND in patient clinical units one hour prior to their clinical time. Students are to report to faculty member and nurse in charge of patient prior to initiation of patient care, breaks, and termination of assignment. Students must adhere to the Texas Nurse Practice Act and the ANA Code for Nurses. Any violation of either will constitute dismissal from clinical course and the nursing program.

In the event that a student should be dismissed from clinical (e.g., lack of preparation for the clinical experience, unsafe practice, etc.), no make-up will be provided. An unsatisfactory will be given for that day.

**DRESS CODE**

It is an expectation of each student that he/she takes pride in his/her personal appearance as a professional representative of the Texas A & M University - Corpus Christi College of Nursing and Health Science and the nursing profession as a whole. In many instances, both in nursing and other professions, "first impressions" of individuals often have a significant and long-lasting affect on establishing rapport with others. In light of the need to satisfy consumers of health care, a confident, professional and corporate image of nursing will be encouraged.

As a reminder and/or in addition to the dress code in your Student Handbook, the following guidelines have been established to ensure that such an image is portrayed to clients receiving care from students enrolled in NURS 3548:

During Standard Clinical Hours:

1. No jewelry other than a watch and wedding band or other single, significant and conservative ring may be worn. If earrings are worn, only one set of stud earrings are acceptable. All other body piercing jewelry is inappropriate in the patient care setting. (All other earrings are inappropriate as well as wearing more than one earring in each ear.)
2. No hair adornments such as ribbons, bows, or the like are to be worn in the hair. If a device is used to pin hair up, it should be similar in color to one's hair color.
3. No sweaters are permitted in patient care areas.
4. No white jeans are to be worn with uniform pant suits.
5. Nails should be short and well groomed. No artificial nails.
6. Community attire will be determined by the agency in which the student participates.
Appropriate Attire:

1. Clean, pressed, appropriately hemmed, and properly fitting uniform with Texas A & M picture I.D. Female students should wear a slip under uniform dress. For male students, a white, unadorned, round-neck T-shirt must be worn under the standard uniform tunic. For outpatient or clinic experiences, apparel will be determined by agency.

2. Shoes are to be white and clean with clean laces. Female students are to wear hose or white solid socks. Male students are to wear solid white socks.

3. Hair: Students should evaluate their choice of hairstyles so hair is neat, controlled, and appropriately arranged off the face. In terms of hair length, one should consider the possibility of long hair interfering with direct patient care and/or personal safety. Therefore, if hair is of shoulder length or longer, it should be pinned up or otherwise appropriately secured to the head. Likewise, swinging braids and/or ponytails are not allowed. Male students should be clean-shaven or beards neatly trimmed.

During Other (TBA) Clinical Hours:

Students are expected to wear professional (business casual) attire. No jeans, shorts, miniskirts, tank tops, tennis shoes, or sandals should be worn.

Appropriate Attire:

1. A clean and pressed lab coat with name pin and picture I.D.

2. A coordinated wardrobe with low heeled, closed toe shoes. Female students should wear hose.

3. A neat, controlled, and professional hair style that is appropriately arranged off the face.

4. Jewelry, cosmetics, and perfume/cologne worn in moderation.

Should you have questions or concerns regarding these guidelines, please feel free to discuss them with your clinical instructor.

REMINDERS

1. Students are held responsible for all nursing skills learned from previous courses. While absolute fluency in performing basic skills is not expected, competency and requisite knowledge of how to perform basic skills is expected. Therefore, it is likewise expected that the student will return to the skills laboratory to practice any basic nursing procedure in which he/she is uncomfortable prior to performing the skill in clinical. If necessary, the instructor may advise the student to return to the skills laboratory for assistance with an unsatisfactory procedure. In such a case, the student will need a signed slip by the skills lab manager stating that he/she has practiced the procedure before returning for the next clinical week.
2. Complete honesty to the clinical instructor is an expectation of every student. Dishonesty shall be defined to include withholding information and/or failing to immediately disclose appropriate information pertaining to the client and/or clinical scenario to the faculty member and/or the assigned registered nurse. Students who are found to be practicing in a dishonest manner will be asked to leave the clinical setting and further, will immediately receive a failing grade in the course and dismissal from the nursing program.

3. Confidential handling of all patient information, both written and verbal is an expected critical behavior of the nursing students. Violation of confidentiality is a reason for receiving a failing grade in the course. Examples of violations are: talking about patient matters in social non professional situations, removing confidential materials from agency premises, revealing client/patient names to non professional or professional non related persons.

4. Before any medication administration the student must have prior approval by the assigned faculty. Should the faculty member be unavailable at the time a medication is due (e.g., working with another student), the student shall consult his/her assigned registered nurse and administer the medication ONLY with DIRECT VISUAL supervision of the Registered Nurse AT THE CLIENT'S BEDSIDE. Failure to follow this policy, in any way and/or any time, may result in the student receiving a failing grade in the course. **Remember, most clinical errors can be corrected if discovered quickly and reported to the instructor and physician. Students are required to report IMMEDIATELY any nursing errors to their clinical instructor and the assigned nurse. FAILURE TO DO SO JEOPARDIZES THE CLIENT'S WELFARE. Critical nursing errors are defined as commission and/or omission of nursing judgments and/or interventions and evaluations that adversely affect a client's welfare and/or place a patient's health at risk.

5. Always keep your assigned staff RN informed of your patient's clinical status at regular intervals. Report any changes immediately to faculty and the supervising RN.

6. Basic Life Support (BLS-C) certification at the "C" provider level that extends through the entire semester is required by each student. Such certification is the responsibility of the student. Any student practicing without current certification may receive a failing grade in the course.

7. Patient/client care of any type is strictly prohibited when faculty are not present in the clinical facility.

8. All assigned written work will be evaluated by presentation of data to support achievement of the objective(s). It is expected that all work will reflect the student's junior standing in the College of Nursing and Health Science. Therefore, critical consideration will be given to scholarliness including quality of content, neatness, spelling, and grammar. All written work is due promptly at the completion of the clinical experience each week unless otherwise arranged with the instructor.

9. Nursing care maps are to be completed satisfactorily for each week of clinical except Week #1 (Orientation). Nursing care maps will be used during the Pediatric clinical rotation and will include a minimum of three nursing diagnoses, interventions, rationales and outcomes. In addition, the nursing care plan assignment will also include a Data Assessment Guide, Laboratory Data, Pathophysiology and Medication
Sheets.
10. Evaluation conferences with the clinical instructor are required during each rotation.
11. Students at Driscoll Children's Hospital will be requested to sign a confidentiality statement that is required of all persons giving nursing care in those facilities.
12. Students engaging in the practice of nursing must be aware of and adhere to the Texas Nurse Practice Act and the ANA Code for Nurses. Violation of either of these documents is considered endangering patient rights and safety and will be grounds for dismissal from the nursing program.
PREPARATION FOR CLINICAL

Specific preparation for clinical rotations may vary according to the clinical site and/or faculty. However, the following are general expectations of the course faculty:

Students should be able to verbalize a complete focused/head to toe assessment of the client(s) assigned to them. Students should also be able to discuss the pathophysiology of the client's underlying health problem in addition to the plan of care required by the clinical instructor. Discussion of pathophysiology should include (a) expected findings, (b) medical management, (c) possible complications, and (d) nursing management.

Students are also expected to be familiar with medications prescribed to the client. Commercial drug cards may be utilized; however, students may not read directly from the cards when questioned by the instructor. Familiarity with the following is expected:

- Brand and Generic Name
- Classification
- Normal Dosage
- Use/Indications for Specific Patient
- Actions (physiological action on the body)
- Nursing Implications - contraindications, etc.
- Major Side Effects

CLIENT DATA BASE / PLAN OF CARE

General Data:
- Age, Ethnic background, Gender
- # of Children in family
- Parental and child’s Educational Level, Religion
- Developmental Considerations
- Psychosocial Stressors
- Admission History and Chief Complaint
- Medical History
- Surgical History
- Current Medications

FOCUSED/HEAD-TO-TOE ASSESSMENT:

- NEUROLOGICAL - level of consciousness, orientation, etc. neuro intact?
- PULMONARY - ventilation, O2 therapy, ABGs with interpretation, O2 sat, respiratory rate, breath sounds, sputum, respiratory treatments
CARDIOVASCULAR - EKG interpretation, vital signs, hemodynamics including equipment, edema, pulses, capillary refill, heart sounds, skin integrity

GASTROINTESTINAL - bowel sounds, gastric tubes, nutritional support

URINARY - urine color with output, void/catheter, etc.

EQUIPMENT - Lines: arterial, pulmonary artery (Swan-Ganz), CVP, IVs, chest tubes, etc.

FLUID/ELECTROLYTE STATUS - All pertinent abnormal labs identified and rationale for possible deviation from norm given.
TEACHING PROJECT
EARLY CHILDHOOD DEVELOPMENT CENTER

This project will give each clinical group of students an opportunity to develop, implement and evaluate a short health-teaching project to a particular pediatric age group attending the Early Childhood Development Center.

There are six grades in the Early Childhood Development Center. They are as follows:

- Pre K three (three year olds)
- Pre K four (four year olds)
- Kindergarten (five year olds)
- First Grade (Six – Seven year olds)
- Second Grade (Seven – eight year olds)
- Third Grade (Eight – nine year olds)

The faculty will coordinate teaching projects (grade level, date and time). You will pick a health topic appropriate to the age group you have chosen. Each group will develop the teaching project to include a lesson plan with measurable objectives and then implement it and evaluate it based upon the lesson plan and the objectives.

A paper written in APA format including the following will be required for each project. It will be due the following Monday after completing the project unless otherwise assigned by clinical faculty. You may use the sample Lesson Plan as an example, It DOES NOT include all criteria, but is a good place to start.

**Grading criteria:**

Lesson Plan: 50 Points

- Objectives 15 Points
  - 5 points measurable
  - 5 points appropriateness
  - 5 points clearly stated
Adaptation of Instruction to Diverse Learning Styles and backgrounds and abilities and age. 25 Points

10 points for age
5 points for background
5 points for abilities
5 points of style of learning

Evaluation 10 points
5 points appropriateness
5 points group self-evaluation

Presentation: 50 points

20 Appropriateness (time, language av.’s, etc.)
10 Originality
10 Flow (How the presentation is organized and implemented)
10 Actual evaluation of participants
Sample Lesson Plan

Balanced Meals
An Ask ERIC Lesson Plan

Submitted by: Katie Catlin
Email: Cokeanuthd@aol.com
School/University/Affiliation: Troy State University
Date: October 22, 1998

Grade Level(s): 1, 2
Subject(s):
  • Health/Nutrition

Description:
As a way to set the stage, the teacher will talk to the students about food. He or she will then ask the students to raise their hands and name their favorite foods. Then he or she will ask them to raise their hands if they like to eat vegetables.

Goals: Besides being a concept that students in second grade must learn according to the Alabama Course of Study, students should learn about balanced meals to promote and provide a healthier generation and society.

Objective(s): When today's lesson is complete the student will:
A. Name at least two reasons why eating vegetables is important.
B. Name the five food groups.
C. Select a balanced meal.
D. Construct a balanced meal.

Materials:
  • overhead projector
  • poster board
  • markers
  • magazine pictures
  • colored
  • stickers
  • borderette
  • wrapping paper
  • macaroni
  • sentence strips
  • wrapping
  • paper tube
  • tape
  • yarn
• tacks
• baskets
• computer generated pictures of food
• audio cassette: Fran Avni Sings Artichokes and Brussel Sprouts
• cassette player
• paper plates
• staples

Procedure:

Presentation I

After the teacher and students discuss their favorite foods and take a poll of who does and does not like to eat vegetables, then the class will listen to the song, "Artichokes and Brussel Sprouts" from Fran Avni Sings Artichokes and Brussel Sprouts.

Activity A

1. When the song is over the teacher will ask the students the following questions:

*What was in the bags and what did her grandmother want her to eat?
*What would she rather eat?
*Why should she eat the artichokes and brussel sprouts and not the hotdogs, ice cream, and chocolate cake?

2. The teacher will inform the students that vegetables are important for growth and development, to make your body healthy, and to help protect against diseases.

3. Students will discuss what other foods are important for a healthy body.

Presentation II

The teacher will then introduce the definition of a balanced meal. It will be prepared on a sheet of poster board and the students will read it aloud with the teacher, and he or she will help them with the complicated words.

He or she will define balanced meal as: a meal that has enough, but not too much, food from each of the five food groups. It should include food that gives you the daily amount of vitamins, minerals, fats, proteins, and carbohydrates.

Next, the teacher will present the food pyramid on a transparency.

Activity B

1. The teacher and students will discuss the six components of the food pyramid, and the proportions by explaining the significance of the pyramid formation.

2. They will discuss what daily amounts are, what nutrients each food group provides, and why everyone should eat something from each food group in every meal.

Activity C
The next activity will be to play *The Balance Game*. The students, as a class, will be given six meals made of paper food, and the students will have to decide if the meal is balanced or not. If it is, then they will be instructed to clap. If it is not, then, they will be instructed to rub their own head. The game is played with a makeshift balance. If the meal is balanced, the balance will not move, but if the meal is not balanced, the balance will be significantly uneven. This is designed to visually show the students what a balanced meal is.

As a second part to *The Balance Game*, the students and teacher will use the interactive bulletin board titled, *Meals on Wheels*, to decide if the balanced meals in *The Balance Game* had the proper daily amounts of nutrients in them. The names of the food groups on the wheel are written in various colors. The teacher will then take the corresponding stickers and have the students tell him or her to which category each food item on the meal plate belongs. He or she will then place a corresponding color sticker on the wheel in the appropriate food group. Then, the students will add up the amount of stickers in each category and see if they had the daily amounts that they needed to have healthy meals that day.

**Concluding the Lesson**

The teacher will conclude the lesson by telling students to write down what they eat for dinner that night, and instruct them to come back and report to the class what they ate and if the meal was balanced.

**Adaptation of Instruction to Diverse Learning Styles, Backgrounds, and Abilities**

*For the visual learner(s)*

The teacher will have transparencies with the words to the Artichokes and Brussel Sprouts song displayed on the overhead projector. He or she will also have pictures of food and the food guide pyramid for the students to see.

*For the auditory learner(s)*

The teacher will play the audio recording of the song, Artichokes and Brussel Sprouts.

*For the kinesthetic learner(s)*

The teacher will have the students respond by clapping and rubbing their heads, instead of verbally giving answers to questions. Also, the teacher will have the students physically place the foods on the bulletin board.

*For a student or students from another culture*

The teacher will list various ethnic foods and foods from the student's culture and help them place the food in the correct food group.

*For the gifted learner(s)*
The teacher will have the child(ren) choose at least one thing about the lesson that he or she likes and write a mock article for the school or class newsletter. He or she also could find an internet site on the World Wide Web for the class to talk about and view.

**Assessment:**

*Student Assessment*

1. The students will be divided into three groups. Each group will have a different meal (Breakfast, Lunch, and Dinner).
2. They will be given a bag containing pictures of food.
3. They are to take the food and form a balanced meal.
4. When everyone is finished, each group will select a leader that will come up to the bulletin board and put the contents of the meal in the appropriate food pyramid position.
5. Then the leader will do as the teacher did earlier and place the corresponding stickers in the categories as the students tell him or her where to place them.

*Teacher self-evaluation*

The teacher will observe the students at lunch time to see if they are selecting the correct foods from the school lunch line or bringing the proper food from home.