COURSE SYLLABUS

VNSG 1260 (2:0:6)
VNSG 2661
VNSG 2662

CLINICAL – PRACTICAL NURSING

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VOCATIONAL NURSING

NURSING DEPARTMENT

HEALTH OCCUPATIONS DIVISION

LEVELLAND CAMPUS

SOUTH PLAINS COLLEGE

FALL 2019
SPRING 2020
SUMMER 2020

Levelland
Campus

COURSE SYLLABUS

COURSE TITLE: Clinical – Practical Nursing VNSG 1260, VNSG 2661, VNSG 2662

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OFFICE HOURS: By Appointment

SOUTH PLAINS COLLEGE IMPROVES EACH STUDENT'S LIFE

I. GENERAL COURSE INFORMATION

A. COURSE DESCRIPTION:
A method of instruction providing detailed education, training and work based experience and direct patient/client care, generally at a clinical site. On-site clinical instruction, supervision, evaluation and placement are the responsibility of the college faculty. Clinical experiences are unpaid external learning experiences.

B. STUDENT LEARNING OUTCOMES:

Differentiated Essential Competencies (DECS): This course continues to discuss the nursing concepts needed to develop the vocational nurse who becomes a

1. Member of the profession
2. Provider of patient-centered care
3. Patient safety advocate
4. Member of the health care team

(Please refer to clinical objectives/graduate outcomes)

1. Demonstrates ability to practice within the legal, ethical and professional standards of vocational nursing as a health care team member in a variety of roles, utilizing the nursing process.

   (SCANS) C1, 4, 5, 6, 7, 8, 9, 10, 11, 14, 15, 18, 19) (F1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12)

2. Demonstrates knowledge of the changing roles of the nurse

   (SCANS) (C2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14) (F1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12)

3. Demonstrates ability to accept responsibility for personal and professional growth.

   (SCANS) (F13, 14, 15, 16, 17)

WECM/Course specific

C. The student will apply the theory, concepts and skills involving specialized materials, equipment, procedures, regulations, laws and interactions within and among political, economic, environmental, social, legal systems associated with vocational nursing and health care; demonstrate legal and ethical behavior, safety practices, interpersonal teamwork skills, communicating in the applicable language of the health care team.

D. COURSE COMPETENCES

Students will successfully complete clinical course VNSG 1260, 2661, 2662 with a grade of 77 % or higher. Students who fail the course will not be allowed to continue in the nursing program. The written assignments and weekly average of the daily evaluations will be averaged together for course grade determination, as described below. In addition, the student must achieve the expected level of achievement, as noted on the summative evaluation.

Grading:

A= 100-90
B= 80-89%
C = 79-77%
D = 70-76%
F= 69 and below
Grades are not rounded up. A 76.9 is a "D"

The student MUST receive a minimum of 77% in EACH course and meet the specified criteria within a semester in order to qualify for progression to the following semester or to graduate.

Overall Clinical grade is determined as follows

Clinical Weekly Evaluations	70%
Written Assignments	30%

Daily evaluations: Students will be evaluated daily by the faculty, in critical areas of achievement each clinical day. The guidelines are based on the critical elements of the DECS criteria, the 4 roles of nurses. Student will be expected to demonstrate proficiency at the expected level of achievement.

Semester/summative evaluations: End of Level I; Student will be evaluated according to the expected level of achievement. Level II will have a mid-semester evaluation to assist students determine areas of progress and areas needed for improvement. End level II and III evaluations will be administered at the end of the semester. Additional evaluations are given at faculty discretion.

At the clinical setting, students are required to complete skills taught during the semesters. Students are required to obtain signatures on the day a skill is performed.

Students must complete clinical check offs in a timely manner during the semester. A student may be removed from the nursing program for failure to perform and to document completion of an adequate number of skills. See evaluation forms for each semester regarding number of skills required to progress to the next level or to graduation.

E. ACADEMIC INTEGRITY:

It is the aim of the faculty of South Plains College to foster a spirit of complete honesty and a high standard of integrity. The attempt of any student to present as his or her own work which he or she has not honestly performed is regarded by the faculty and administration as a most serious offense ***and will result in dismissal from South Plains College. See honesty policy within this syllabus.***

F. VERIFICATION OF WORKPLACE COMPETENCIES:

Successful completion of the DECS Competency statements at the level specified by the course (Level Objectives) will allow the student to continue to advance within the program. Upon successful completion of the program, students will be eligible to take the state board exam (NCLEX) for vocational nurse licensure.

G. SIMULATION LAB POLICY

Students will conduct themselves as professionals during the SIM lab experience, including being in compliance with the attendance and dress code. The student is graded each day during the rotation. Students are expected to prepare for the experience and will be expected to produce a concept map over assignments designated by the faculty. The student will be expected to perform skills on the manikin. If the student is unable to perform assigned skills, the student will be expected to remediate by practicing the skill for the required amount of time and then will be expected to demonstrate proficiency.

II SPECIFIC COURSE/INSTRUCTOR REQUIREMENTS

A. CPR	All students must be CPR certified for Health Care Providers, using American Heart Association standards, to take this course at SPC. Should CPR certification expire during the course, the student is not allowed to attend clinicals until CPR is renewed, accruing absences.
B. Immunizations	A student must have all immunizations and titers completed and up-to-date prior to beginning this course. A student must have at least the first two Hepatitis B immunizations before beginning clinicals.

C. Checklist — The student is responsible for maintaining the clinical skill checklist and completing as many skills as possible in Level I. A minimum of 75% of the skills must be completed in order to proceed to Level II. See Levels II and III semester evaluations for skills completion requirement information. All skills must be completed prior to graduation.

D. Criteria — The student is responsible for meeting the level criteria for evaluation

E. Personal and Physical Attributes — The student is expected to meet the personal and physical attributes of the nursing program as stated in the student handbook

F. Handbook — Students are required to comply with student handbook requirements at all times during clinical rotations

G. Clinical Objectives — Students are required to have the clinical objectives and sign off sheets with them at all times during clinical rotations

H. Scheduling — Scheduling of clinical experiences in done by the program coordinator and is designed to assist the student in meeting clinical objectives.

I. Dress Code — Students are expected to follow the dress code as stated in the student handbook.

J. Required Supplies — The student is required to have access to a computer, internet and printer.
REGULAR sized manila folders ***(Letter size ONLY)***
Crayons, colored pencils or markers: black, brown, blue, blue, red, orange, yellow, dark green and light green
Stapler and staples
Manilla envelopes
See policy manual for clinical supplies for each clinical day

Written Assignments: Level I VNSG 1260

Due at 0800	
Concept map: Hypertension	Oct
Concept map: COPD	Oct
Medication Map: Digoxin	Nov
Concept map: Diabetes Mellitus Type 2	Nov
Medication Map: three of patient's current medications	Dec

10 points deducted per day assignment is late after 0800 on the due date.

THESE ASSIGNMENTS REQUIRE ATTENTION TO DETAIL, FOLLOWING SPECIFIC INSTRUCTIONS, CRITICAL THINKING, TIME MANAGEMENT AND GREAT WRITTEN COMMUNICATION SKILLS (JUST LIKE NURSING).

Level I:
Students must adhere to APA writing format, most recent edition, to complete this assignment. Use critical thinking, and the grading criteria to organize this assignment. Do ***not*** simply list items in the sections where detail is required. Use relevant information, with appropriate details. Submit a bibliography page. Make sure all work done by another author is properly cited.

A ***health care related reference*** must be used for each map. Current VN textbooks may not be used. ***Web sites are not appropriate references and cannot be used. This includes .edu and .gov sites.*** This assignment MUST be completed using acceptable references. The references must be less than 10 years old and must be appropriate, health care related. E-books and articles for health care professionals may be downloaded and used. Staple and attach a copy of the first page of each reference, and provide a copy of each page with the information used highlighted. Use APA guidelines, most recent edition, for references.

For the concept map, the student MUST include a copy of the references, with the appropriate information underlined in the appropriate map color. For example, use a reference to list the complications of a disease, and underline the reference's descriptions of complications in red pencil or marker.

For hypertension and COPD:

The maps must include the disease definition, etiology (what causes disease to start), risk factors (which individuals are most likely to get this disease), pathophysiology (how disease progresses), and **at least 8 complications** (what can happen if disease goes untreated). The concept map also needs to ***describe*** **at least 4 signs and symptoms or diagnostics** associated with ***each*** complication.

For Diabetes Mellitus Type 2: see grading criteria and follow closely

The map must include the disease definition, etiology (what causes disease to start), risk factors (which individuals are most likely to get this disease), pathophysiology (how disease progresses). Make sure to clearly depict ALL of the complications listed on the grading criteria sheet and include a ***description of at least 4 signs and symptoms or diagnostics*** associated with EACH complication.

Concept Map **Level 1** Diabetes Mellitus Type 2 Grading Criteria

Possible points				
Clear depiction of definition, etiology and risk factors	20 points Provides very clear accurate depiction and details of definition, specific etiology and risk factors	10-19 points Provides fewer details, has some inaccuracy, less specific information	1-9 points Provides less than half	0 points No criteria met
Clear depiction of disease progression: pathophysiology	20 points Provides very clear, accurate depiction and details of pathophysiology	10-19 points Provides fewer details, has some inaccuracy, less specific information	1-9 points Provides less than half	0 points No criteria met
Clear depiction of ***all*** these complications including corresponding S/S a. Hypoglycemia b. Diabetic ketoacidosis c. Cardiovascular d. Cerebrovascular e. Peripheral vascular f. Kidney g. Eye h. Peripheral nerves i. Autonomic nervous system Gi/GU j. Wound healing k. Risk for infection	40 points Provides very, clear, accurate depiction and details of complications, including corresponding signs and symptoms with definitions and details ***Be sure to include 4 S/S OF EACH complication(with definitions/details)***	21-40 points Missing information, lacking details, has some inaccuracies	1-20 points Provides less than half	0 points No criteria met
Reference, neatness, spelling, grammar, adherence to guidelines	20 points Used health care reference, properly cited, neat, easy to read, spelling, adhered well to guidelines	10-19 points Most sections cited properly, mostly neat, easy to read, incorrectly	1-9 points Provides less than half	0 points Did not submit refs or used inappropriate refs; did not follow guidelines

Grade _____ Student _____ Comments:

Concept map **Level I** HTN or COPD

Possible points				
Clear depiction of definition, etiology and risk factors	20 points Provides very clear accurate depiction and details of definition, specific etiology and risk factors	10-19 points Provides fewer details, has some inaccuracy, less specific information	1-9 points Provides less than half	0 points No criteria met
Clear depiction of disease progression: pathophysiology	20 points Provides very clear, accurate depiction and details of pathophysiology	10-19 points Provides fewer details, has some inaccuracy, less specific information	1-9 points Provides less than half	0 points No criteria met
Clear depiction of these complications including corresponding S/S Must list **at LEAST 8** complications with clear definition and description of complications. Must list **at least 4** relevant signs and symptoms or diagnostic tests results for **each** complication The S/S refer to S/S of each complication	40 points Provides very, clear, accurate depiction and details of complications, including corresponding signs and symptoms	21-40 points Missing information, lacking details, has some inaccuracies	1-20 points Provides less than half	0 points No criteria met
Reference, neatness, spelling, grammar, adherence to guidelines	20 points Used health care reference, properly cited, neat, easy to read, spelling, adhered well to guidelines	10-19 points Most sections cited properly, mostly neat, easy to read, incorrectly	1-9 points Provides less than half	0 points Did not submit refs or used inappropriate refs; did not follow guidelines

Grade: _____ Student: _____ Comments:

Concept Maps

Use a concept map to diagram the disease process and its progression. An appropriate health care reference should be used. Web sites may not be used. E-books and articles for health care providers are acceptable. Submit a bibliography page, using APA format, most recent edition, stapled to the back of the folder. Staple and attach a copy of the first page of the reference and a copy of all pages with the information used highlighted in the appropriate color. For example, submit a copy of the reference used for complications, with the information underlined in red.

Use ONLY standard sized manila folder for concept map. Write name clearly on map and on reference pages. Indicate on the map the source of the referenced material.

Color coding for concept map:

Definition: Black

Etiology: Brown

Risk factors: Purple

Pathophysiology: Blue

Complications: Red

Signs and symptoms: Orange (These need to correlate with the complications)

Based on feedback from previous SUCCESSFUL students, it takes 18-24 hours to complete the concept maps correctly. Please utilize all library resources, plan ahead and learn a lot from these assignments!

Medication Maps

Level I:

Use a concept map, on a manila folder to diagram the prescribed medications. An example will be shown in class. Level I: Digoxin will be used for the first medication map. The patient selected for the 2nd medication map must have at least 3 prescribed medications; this may include active PRN medications. Use ONLY patient initials, no other identifying information, such as facility, DOB, etc. Please pre-approve this with Mrs. Morris prior to submission. Mrs. Morris will grade these maps. Acetaminophen, docusate, cannot be used as one of the 3 meds.

Levels I, II and III:

The purpose of the medication map is to demonstrate critical thinking in medication safety and administration. It helps "show the connection" between pharmacological facts AND appropriate nursing interventions (and labs/VS) AND the relevance to a patient. During the second semester, the preliminary medication maps should be brought to clinicals every Thursday (during 3 day/week clinicals) or Friday (during 2 day/week clinicals). These preliminary med maps should be used for your medication discussion with the faculty. The patient selected for this activity must be approved by the clinical instructor before submitting the map for a grade on the following Monday. During the year, the student can only submit one medication map for a post-partum patient. In addition to the 10 medication maps, the student is required to submit one medication map for the anesthetics used for a patient's general anesthesia.

A minimum of 4 meds should be used for the medication map. Acetaminophen, docusate, and senna will NOT "count" for any of the 4 meds, but should be included in the map if the patient is taking them. Active PRN's (used within the past 48 hours) should be included.

A TOTAL OF 10 MEDICATION MAPS ARE DUE IN THE 2ND SEMESTER. The deadline for the last map accepted for the 2nd semester is the last Monday in April, 2020. You need show the connection between AR's, contraindications and nursing interventions, labs. Align information neatly on the medication map for correlation. Use * to indicate patient info.

In addition, you will need to complete a general anesthesia medication map, using the medications from the patient's general anesthesia. An extra 10 points added if general anesthesia med map is submitted during 2nd semester.

Please review the patient's medical history VERY carefully to determine the EXACT reason the patient is taking each medication. Do NOT guess or assume.

2nd semester: If the *specific* reason the medication was prescribed is not included, 2 points deducted for EACH med.

3rd semester: If the *specific* reason the medication was prescribed is not included, 4 points deducted for EACH med.

Color coding, symbols for medication maps:

Generic name (Brand name), category Indications/uses (BE VERY SPECIFIC show why THIS patient is using)	Black
Action, how med works in body	Brown
Contraindications, cautions (use * if relevant to patient)	Blue
Significant drug/drug or drug/food interactions, (use * if relevant to patient)	Purple
Adverse Effects	
LIFE THREATENING ***ALL CAPS***	RED/ALL CAPS
Common AR's	Orange
Nursing Assessments, Interventions,	Yellow
Labs, indicate WHY this is monitored (use * for patient results)	Light green
Vital Signs, indicate WHY this is monitored (use * patient results)	Darker green

On map, using appropriate colors, indicate medications' generic and brand name, category, and very specific reason THIS patient is taking medications.

For example, a patient taking low molecular weight heparin could be taking this to prevent DVT. You will need to state specifically WHY the patient needs DVT prophylaxis. This is usually due to prevent immobility complications due to bedrest or post-op status. Be sure to make this section VERY clear.

As another example, a seriously ill patient taking a proton pump inhibitor is likely taking the medication to prevent a stress ulcer, NOT because the patient has erosive esophagitis. The patient could also be taking this medication due to GERD.

If a medication is a combination medication (ex: Acetaminophen with Codeine or Guaifenesin with dextromethorphan), then both medications need to be included.

Medication Map Grading Criteria: Levels I, II and III

	Possible points: 20 points	10-19 points	1-9 points	0 points
Indications and actions, contra-indications & Adverse Effects Score ____	Lists all indications, actions, contraindications, defines unfamiliar terms. Lists life threatening ARs, common AR's, defines unfamiliar terms Discusses why THIS patient taking medication	Lists most indications, actions, contra-indications and AR's, defines some terms **(In 2nd semester, minus 2 points per medication** if did not discuss ***specific reason*** this patient taking medication) (**Minus 4 points per medication** during 3rd semester)	Lists less than half	No criteria met
Nursing Assessment, & Interventions Score ____	Clearly lists appropriate assessments and interventions, showing correlation with AR's, and/or contraindications	Some assessments or interventions missing, or not all correlated with AR's, and/or contraindications	Lists less than half	No criteria met
Labs and Diagnostics Score ____	Appropriate labs listed. Clearly correlated with ARs, and/or contraindications.	Some Labs missing, not all correlated with contraindications and/or or ARs. Some pt. lab missing	Lists less than half	No criteria met
Vital Signs Score ____	Appropriate VS listed, clearly correlates with contraindications and/or ARs. Pt's VS correlated	Some VS info missing, not correlated with ARs and/or contraindications	Lists less than half	No criteria met
Relationship and correlation demonstrated. Neatness, ease of reading, adherence to guidelines Score ____	Very clear relation indicated between medications, and correlation with patient status. Very neat, easy to read, close adherence to guidelines	Some relationship indicated. Some correlation with patient status. Some areas neat, mostly adheres to guidelines	Shows less than half	No criteria met

Grade: _____ Name: _____ Comments:

Grading Criteria: Concept Map Levels II and III

	Possible points: 20 points	10-19 points	1-9 points	0 points
Relevance to patient situation Score ____	Selects the most relevant information to patient situation, correlates with patient status	Selects some relevant information, some correlation with patient status	Less than half of the relevant information	No criteria met
Prioritization of patient needs Score ____	Demonstrates maximum ability to prioritize according to patient needs	Shows some prioritization according to patient needs	Minimal prioritization according to patient need	No priorities indicated
Thoroughness and details Score ____	All expected areas discussed in appropriate detail	Some areas missing, details missing	More than half of the details missing	No criteria met
References Score ____	Uses appropriate references, APA format, includes required copies of refs, with necessary info highlighted Reference stapled.	Some utilization of appropriate references. APA format	Minimal use of references, APA format	No criteria met; or did not submit refs, or used non-health care refs
Neatness, adherence to guidelines, grammar Score ____	Very neat, easy to read, adheres to all guidelines, correct grammar	Some areas neat. Adheres to most guidelines. Mostly grammatically correct	Minimal neatness and adherence to guidelines, grammatically correct	No criteria met

Grade: _____ Student: _____ Comments:

2nd semester Concept maps:

THESE ASSIGNMENTS REQUIRE ATTENTION TO DETAIL, FOLLOWING SPECIFIC INSTRUCTIONS, CRITICAL THINKING, TIME MANAGEMENT AND GREAT WRITTEN COMMUNICATION SKILLS (JUST LIKE NURSING).

Each concept map is different. You are required to follow the format for each concept map.

Based on feedback from previous ***SUCCESSFUL*** students, it takes approximately 18 – 24 hours of work to complete the concept maps well. Manage your time well, and utilize all available resources, including SPC library and TTUHSC medical library. While you cannot check out books from the TTUHSC library, you may make copies of necessary material. Their hours are posted online and they are generally open much longer on weekends and in the evenings.

The patient selected for concept maps MUST be approved ***prior*** to submitting the assignment and the permission sheet stapled to the folder.

Students will need to use an appropriate health care reference for each concept map. Required classroom texts may not be used as the reference. The student should use appropriate library references for this assignment. (However for the assignment in the maternal and pediatric areas, the student should use the classroom text). ***Web sites are NOT considered appropriate references. This includes .gov and .edu sites.*** E-books and downloaded health care articles may be used. References must be 10 years old or less. Submit a bibliography page, using the most recent APA format. Indicate on the concept map the source of the referenced material. Provide a copy of the first page of the reference and a copy of the located information indicated in the corresponding color. For example, use red color to indicate where the reference discussed complications. Staple the references and pages to the folder.

Concept maps are due the next Monday after caring for the patient, allowing slightly more than a week to complete the research and assignment. ***The student MUST submit the concept map the FIRST time caring for the patient with the required disease process. Do NOT delay or postpone submitting the concept maps. Hospital census varies greatly and failure to use the first contact will VERY likely affect your grade.*** No maps will be accepted for grading after the last Monday in April. It will be the student's responsibility to ensure all papers are turned in a timely manner. 10 points deducted for each day paper is late after 0800 on the due date.

The concept maps for the surgical patient and for the newborn/post-partum assessment will be graded by Mrs. Blair or Mrs. Hargrove. Mrs. Holmes will grade the anesthesia med-map.

Surgical patient: On the first folder, USING A REFERENCE, map out the patient's disease process(es), (such as appendicitis, umbilical hernia etc.) with definition, etiology, risk factors, pathophysiology and possible disease complications, indicating with * asterisk which the patient has. USING A REFERENCE, map out and elaborate ***8 possible risk factors specific to THIS type of surgery and the anesthesia planned for THIS patient.*** (Some examples of this would be risk for hemorrhage due to previous anticoagulant use or risk for respiratory distress due to asthma. Another example could be risk for damage to adjacent organs during laparoscopic surgery.) Correlate and indicate with an * asterisk which actual or potential problems this patient has. Correlate the patient's risk factors with the type of surgery and anesthesia planned, and with the patient's history, assessment findings, lab results etc.

On the second folder, USING A REFERENCE, map out, elaborate and prioritize (using #1-8) 8 nursing interventions to be during the immediate post-operative phase, indicating correlation with what student observed in the OR/PACU/ 1st 2 hours on the nursing unit. Be specific, don't just say "airway".

Use a reference, with the appropriate information indicated, in color, on the references submitted.

The patient selected for this assignment must have general anesthesia with intubation, and must be undergoing major surgery. Cases with ONLY moderate sedation/local anesthesia are not allowed. It is essential to discuss the patient selection with Mrs. Acebedo, and obtain written permission prior to submission. Use a comprehensive nursing text or reference for the disease process and for the immediate post-op care. It is strongly recommended the student use "Alexander's Care of the Patient in Surgery" for the section on possible surgical and anesthesia risks. Use a reference, with the appropriate information highlighted, in color, on the references submitted.

For this case study, the student must care for the patient before, during and after the surgery.

An additional 10 points will be added to the ***OR and the PP/NBN concept map*** submitted in the 2nd semester.

Please be advised: it is often ***VERY difficult*** (almost impossible) to find suitable patients for OR care maps and OB care maps while at UMC. This is due to scheduling delays and disruptions, rotations for other schools of nursing and difficulty finding all information needed for care

maps while actively involved in patient care. Therefore, it is highly advised that students take ALL opportunities (and extra points) in the second semester.

During the SIMS experience in the 2nd semester, students will be expected to participate in an assignment to create a concept map during the experiences caring for a patient with a respiratory problem and a patient with a cardiac problem. The student will have a great deal of preparation to conduct prior to these experiences. Mrs. Hargrove will assign reading.

Post-Partum and Newborn Assessment

You MUST submit this assignment the FIRST time you care for a pp/nbn couplet.

You will be asked to perform a post-partum (either vaginal or C section) assessment and also a newborn assessment. —This will be graded by Mrs. Blair or Mrs. Hargrove AND must be approved by Mrs. Blair or Mrs. Hargrove. In rough draft format, all information (except for priorities of care) must be completed and shown to the clinical instructor prior to leaving the clinical setting on the date of care. Attach rough draft to the final copy to be submitted.

Post-partum Assessment

Student Name _____ Date _____

Patient Initials _____ Age _____

Date student cared for patient _____ Date of delivery _____

PRENATAL INFORMATION:

G _____ T _____ P _____ AB _____ L _____

LMP _____ EDC _____ Week prenatal care began? _____

Complications during this pregnancy:

Significant obstetric history:

Sonogram results during pregnancy:

Blood pressure range during prenatal visits:

Allergies:

DELIVERY INFORMATION:

Type of birth? Vaginal or C-section?

If induced: for what reason?

Onset of labor: Time of onset _____

Rupture of membranes: artificial or spontaneous?

Time of rupture?

Color, odor amount of amniotic fluid?

Episiotomy or Laceration?

Were forceps or vacuum extractor used during delivery? If so, for what reason?

Summary of fetal heart rate monitoring:

Labor/Delivery complications present?

Time of birth: _____ Infant: Male or Female

Perineum: Intact? Laceration (location)? Episiotomy? _____

If C-section: what is reason for C-section?

Type of C-section incision?

Describe any C-section complications:

For both types of deliveries:

Infant Apgar: 1 minute _____ 5 minute _____

Breast or bottle feeding?

Post partum Information and Assessment

Use appropriate terminology to describe findings. (Don't just circle appropriate terms)

Vital signs:

Current Pain level _____ Location _____ Description _____

Neuro/Head/Neck

Lungs:

Heart:

Abdomen:

Extremities:

Breasts:

Uterus:

Bladder:

Bowel:

Lochia:
Legs*:*

Emotion:

Episiotomy/Incision:

Maternal Laboratory results: (If not ordered, state so) Antepartum

Lab with patient results	Expected value	Reason test performed	Explanation of results
WBC			
RBC			
Platelets			
Hgb			
Hct			
Blood type			
Rh factor			
Antibody screen			
Pap Smear			
Rubella			
VDRL or RPR			
HBsAG (hepatitis B)			
Chlamydia			
Gonorrhea (GC)			
GTT results			
Group B strep			
Amniocentesis results if available			

Post-partum lab results

Lab with patient results	Expected value	Reason Test Performed	Explanation of results
Hgb			
Hct			
Other if applicable			
Other if applicable			

Newborn Assessment

Date/Time of birth _____ Date/time of assessment _____

Temp_____ Route _____ Apical Pulse X 1 minute _____ Respiration rate X 1 minute ____

Use appropriate terminology and details:

Color:

LOC:

Cry:

Activity:

Skin:

Head/Scalp:

Fontanelles:

Face:

Eyes:

Ears:

Nose:

Mouth:

Neck:

Heart sounds:

Respirations:

Abdomen:

Umbilical cord:

Back:

Extremities

Hip:

Peripheral pulses:

Genitalia:

Rectum:

Additional comments:

List priorities for mother (1-5) with very specific detail. Explain why this is a priority, in particular, for this patient. With APA format, use classroom text to describe nursing interventions for each priority.

1.

2.

3.

4.

5.

List priorities for newborn (1-3) with very specific detail. Explain why this is a priority, in particular, for this patient. With APA format, use classroom text to describe nursing interventions for each priority.

NB 1.

NB 2.

NB 3.

VNSG 2662 3rd Semester. See reference information Level II

THESE ASSIGNMENTS REQUIRE ATTENTION TO DETAIL, FOLLOWING SPECIFIC INSTRUCTIONS, CRITICAL THINKING, TIME MANAGEMENT AND GREAT WRITTEN COMMUNICATION SKILLS (JUST LIKE NURSING).

3 med maps: one for ***each*** of these units: CICU, SICU, MICU

a. Patient selected must be approved by Mrs. Holmes in advance, with the permission form stapled to the folder.
b. At least 1 med map must contain one or more vasoactive agents and must show how student determined the correct drip rate for the vasoactive agents. The student should look at the IV bag currently used and determine the ml/hr based on the prescribed rate (usually listed at mcg/kg/minute or mg/kg/minute etc.).
c. All meds must be included, except inactive PRNs. The student MUST include at least 8 medications or more.
d. It is extremely important to demonstrate understanding of WHY patient taking each medication**. Four points are deducted from each medication which does not have the correct information in this category.**

Med maps are due to Mrs. Holmes~~Morris~~ the first Monday after patient assignment. 10 points deducted per day if paper is late.

Concept maps: Due the next Monday after pt. assignment. 10 points deducted per day late

See previous requirements for references.

Burn care: ***Patient diseases other than burns are NOT accepted for this concept map. For example, necrotizing fasciitis, envenomation or Stevens-Johnson, etc. are NOT accepted for this project).*** Map, prioritize and elaborate on interventions for 7 body systems/areas of concern which could be affected by a burn injury. Identify which are in place for this patient. The student should include a brief history of the burn, as well as demographic information (like initials, age, sex, geographical area where burn occurred), and a history of how and when the burn occurred. The student must include information correlating the type of burn the patient has to the interventions provided. The student must indicate fluid resuscitation, TBSA, and rule of nines to determine extent of the burns. The degree and location(s) of the burns should be indicated. The student should also include the date of the burn, date of care provided, and pathophysiology related to the specific burn. Prioritize concerns for this patient with #1-7, with 1 being the greatest concern. Be specific. (Don't just say 'airway'). The reference selected must be less than 5 years old, and must have the appropriate information indicated, in color, on the references submitted. Be sure to include relevant past medical/surgical history. Be specific when

describing the care the patient is receiving or should receive, especially with regards to any wound care or grafting the patient has or will have, for example, is the intubation due to inhalation injuries, etc.

Pediatric chronic illness: Using a pediatric patient between the ages of two (2) and ten (10) years either on the pedi floor or in the pediatric intensive care unit, map out and compare expected growth and development, and compare with your patient's actual growth and development. The patient used for this map must be approved by Mrs. Blair prior to completing the map. The consent form should be attached to the manila folder. Mention the categories of: the child's physical development, fine/gross motor skills, cognition, social skills, nutritional intake, activity level and sleep and rest. Describe how illness could potentially affect growth and development in all these areas. Identify and prioritize concerns for this patient with #1-8, with 1 being the greatest concern. Be specific. (Don't just say 'airway'). May use the growth and development text, as well as another health care related reference, which is less than 7 years old. Highlight the information used, in the appropriate color, on the references submitted.

NICU: ***(MUST BE A PREMURE BABY)*** compare normal newborn assessment findings with this premature newborn's assessment findings. Map out and prioritize 8 physical systems (i.e. cardiac, respiratory, GI, etc.)/categories (thermoregulation, bonding/attachment, etc.) in the assessment and indicate which assessment findings your patient has. The student must include information related to the patient's gestational age at birth, age of patient when care provided by student, actual patient diagnosis with pathophysiology, and maternal history or reason for NICU admission. Within each prioritized system, the student should address all relevant issues before and during delivery, immediately after delivery and during the NICU stay. Indicate priorities and concerns for this baby with #1-8, with 1 being the greatest concern. Be specific. (Don't just say 'airway'). May use classroom text for this assignment. Use a health care reference, less than 7 years old, with the appropriate information highlighted in color. Use APA format.

Adult MICU timeline, for patient with diagnoses in several different body systems, must be approved by Mrs. Holmes in advance.

a. Map patient's status, to include definitions, risk factors for the diseases, etiology, pathophysiology, complications, and correlate with patient's current status.
b. With each "step" of the patient's illness course, explain HOW the patient's history is affecting the patient currently
c. Indicate which factors pertain to your patient with an asterisk *
d. Correlate all current lab testing, diagnostic testing and discuss relevance
e. Prioritize nursing interventions, and provide details for the concerns for this patient, using #1-8.
f. Use a reference, with the appropriate information highlighted in color, on the references submitted.

g. This concept map MUST be completed in Adult MICU area. This map WILL require a great deal of time, effort and critical thinking.

Staple the references used, with the information underlined in the appropriate color, and the permission forms to the folder.
Mrs. Hargrove will grade the burn, Pedi and NICU care maps.
Mrs. Blair will grade the OR and PP/NBN maps if not completed in 2nd semester.
Mrs. Holmes will grade the MICU/CICU/SICU med maps and MICU timeline.
The patient selected for the concept map must be approved by the instructor PRIOR to submission of the assignment and a copy of the permission form stapled to the folder.

Please be advised: it is often VERY difficult to find suitable patients for surgical care map and postpartum/newborn care map while at UMC. This is due to scheduling delays and disruptions, rotations for other schools of nursing and new orientation staff and difficulty finding all information needed for care maps while actively involved in patient care. Therefore, it is highly advised that students take ALL opportunities in the second semester, and to take advantage of the extra points awarded!

Please see the additional information at the back of the syllabus. Do not hesitate to contact an instructor if you are having difficulty.

Faculty approval

Student_____

Medication maps:

For the medication map due on _____, these medications will be presented

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.

(Med/surg maps must have at least 4 medications)
(ICU maps must have at least 8 medications)

For the _____ concept map, this disease process/surgical procedure will be presented:

Date of patient care: _____

Due on: Monday _____

Student Signature/date _____

Faculty Signature/ date _____
This signed form must be stapled to the folder and turned in with the appropriate map.

GRADING POLICY/METHODS OF EVALUATION

Clinical Competency is verified by the Clinical Evaluation Tool. Student must reach the expected level of achievement.

Level I: A student who does not pass the clinical competency may not register for Level II courses.

Level II: A student who does not pass the clinical competency may not register for Level III courses.

Level III: A student who does not pass the clinical competency will not graduate.

See grading criteria for written assignments.

II. ATTENDANCE

A. ABSENCES

Attendance is mandatory and there are no excused absences as found in the student handbook. Sim Lab experiences and certain skills labs are considered clinical experiences.

Level I: A student may miss two days and still meet the clinical objectives. Any time missed over 2 days, the student cannot meet the objectives and is withdrawn from the course. The student will receive a grade of 50 each absent day on the weekly clinical evaluation form.

Levels II and III: A student may miss ONLY 3 days and still meet clinical objectives. Any time missed over 3 days, the student cannot meet the objectives and will be withdrawn from the course. The student will receive a grade of "0" each absent day on the weekly clinical evaluation form.

Students MUST call in absences to the clinical faculty and to the assigned clinical unit. See policy in student handbook for "no call-no show".

B. TARDIES

Three tardies count as one absence (Note there are NO tardies in the clinical setting! If you arrive in the clinical area after 0630, you WILL BE SENT HOME and WILL RECEIVE SCORE OF "0" for the day.

Refer to the student handbook for additional explanation of attendance policies.

III. PROFESSIONAL CONDUCT

Students are expected to follow the ethics and rules of professional conduct as outlined in the student handbook, and the Texas State Board of Nursing. Unprofessional conduct on the part of a student as outlined in the student handbook and the Texas State Board of Nursing results in dismissal from the vocational nursing program.

IV. UNSAFE/UNSATISFACTORY CLINICAL PERFORMANCE

The student demonstrates unsafe clinical performance as evidenced by the following:

a. Places a client in physical or emotional jeopardy.
b. Violates previously mastered principles/learning/objectives in carrying out nursing care skills and/or delegated medical functions.
c. Assumes inappropriate independence in action or decisions.
d. Fails to recognize own limitations, incompetence and/or legal responsibilities; or
e. Fails to accept moral and legal responsibility for his/her own actions.
f. The student does not comply with all aspects in the LVN Student Handbook and Clinical Guidelines.
g. The student is unprepared to answer instructor or staff questions regarding patient's medications, doctor's orders, progress notes, patient history and physical assessment and current status of patient.
h. Unsafe medication administration
i. Refusal of a patient assignment

In the event of unsafe or unsatisfactory clinical performance, the student will be dismissed from the clinical setting for the day, a full day's absence will be recorded and a counseling form completed. The student can also be referred to the academic-admissions committee for possible dismissal.

Serious and/or repeated incidences will result in clinical failure and/or dismissal from the Vocational Nursing Program.

VII ACCOMODATION

Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request accommodations in this class should notify the Disability Services Office early in the semester so that the appropriate arrangements may be made. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, call or visit the Disability Services Office at Levelland Student Health & Wellness Center 806 716 2577 or 806 716 2529.

Diversity: In this class, the teacher will establish and support an environment that values and nurtures individual and group differences and encourages engagement and interaction. Understanding and respecting multiple experiences and perspectives will serve to challenge and stimulate all of us to learn about others, about the larger world and about ourselves. By promoting diversity and intellectual exchange, we will not only mirror society as it is, but also model society as it should and can be.

4.1.1.4 Title IX Pregnancy Accommodations Statement

If you are pregnant, or have given birth within six months, Under Title IX you have a right to reasonable accommodations to help continue your education. To activate accommodations you must submit a Title IX pregnancy accommodations request, along with specific medical documentation, to the Director of Health and Wellness. Once approved, notification will be sent to the student and instructors. It is the student's responsibility to work with the instructor to arrange accommodations. Contact Chris Straface, Director of Health and Wellness at 806-716-2362 or email cstraface@southplainscollege.edu for assistance.

Parent Teaching: Newborn (Use this as a reminder for mom/baby discharge teaching)

Teaching Topic	**Specific Information Presented**	**Response to learning**
Feeding infant: frequency, type, proper burping, determining if getting adequate nutrition		
Voiding pattern		
Stooling pattern		
Infant crying		
Sleeping pattern		
Umbilical cord care		

Circumcision care if applicable Immunizations		
Bathing/hygiene		
Clothing, blankets		
Shaken baby syndrome		
SIDS prevention		
Car seat safety		
Household safety		

Parent teaching: Post-Partum

Teaching topic	**Specific Information given to patient**	**Response to learning**
Bonding with baby		
Fatigue		
Post-partum depression		
Breast care/breastfeeding		
Breast care/bottle feeding		
Fundus		
Lochia		
Resumption of usual activity		
Sexual Relations		
Birth control		
Rubella immunization if relevant		
TDaP immunization for patient, all family members		
Nutrition, especially high fiber, high iron		
Bowel care		
Questions/Answers		

Clinical Hours:

(2 days, 1st semester) Levelland Nursing Home, Levelland Covenant Hospital, Lamb County Hospital ***0630-1500.*** Other clinical rotations TBA

Physician's offices, Clinics:

0800-1200 and 1300-1600. Students MUST each lunch in the cafeteria on clinic and physician office days. On clinic days, students must eat in the cafeteria at Littlefield/Levelland and at UMC Lubbock.

SIM lab:

0800 to 1600, Thursday and Friday; and other days as announced throughout the semesters (see the weekly schedule).

Clinical Days:

Please refer to written clinical schedule provided by instructor for particular days. Please refer to student handbook for information on inclement weather. Clinical days are subject to change by faculty. Students will be notified of changes by SPC president via local news (for weather related). In addition, students will be notified by REMIND if changes made by faculty, or notified in class or via phone by instructors. Students reminded to ensure an accurate phone number is provided, and at least one (1) alternate number should be provided.

Generally, in 1st semester, clinicals are on Thursday and Friday.

2nd semester: Above clinical sites, plus Grace Hospital (Lubbock). Clinicals will be on Thursday and Friday. Beginning in mid-February, clinicals will be on Wednesday, Thursday and Friday.

3rd semester: Clinicals at UMC in Lubbock on Tuesday, Wednesday, Thursday and Friday. Clinical times for BICU UMC are 0615 to 1500

Post conference hours are mandatory. Students must remain in full uniform for post-conference, whether the conference takes place at the facility or at SPC.

Plagiarism Declaration
Department of Nursing
South Plains College

By signing this plagiarism declaration I acknowledge that I have received a copy of the honesty policy and been made aware that the penalty for plagiarism is dismissal from the program.

Examples of student plagiarism[1]

- Copying material without quotes, in-text citations, and/or referencing
- Paraphrasing content without in-text citation and/or referencing
- Copying ideas, words, answers, exams, or shared work from others when individual work is required
- Using another's paper in whole or in part
- Allowing another student to use one's work
- Claiming someone else's work is one's own
- Resubmitting one's own coursework, when original work is required (self-plagiarism)
- Falsifying references or bibliographies
- Getting help from another person without faculty knowledge or approval
- Purchasing, borrowing, or selling content with the intent of meeting an academic requirement for oneself or others

_____
Printed Name

_____
Signature

_____
Date

South Plains College
STATEMENT OF UNDERSTANDING
CAMPUS CONCEALED CARRY

Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in South Plains College buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun, a qualified law enforcement officer or those who are otherwise authorized. Pursuant to Penal Code (PC) 46.035 and South Plains College policy, license holders may not carry a concealed handgun in restricted locations. For a list of locations, please refer to the SPC Campus Carry page at http://www.southplainscollege.edu/campuscarry.php.

Pursuant to PC 46.035, the open carrying of handguns is prohibited on all South Plains College campuses. Report violations to the College Police Department at 806-716-2396 or 9-1-1.

The following Penal Code pertains to all hospital owned property such as clinics, physician's offices, ambulances, and ambulance stations.

Texas Penal Code - PENAL § 30.06. Trespass by License Holder with a Concealed Handgun states that an individual cannot carry a handgun (concealed or open carry) on the premises of a hospital licensed under Chapter 241, Health and Safety Code, or on the premises of a nursing facility licensed under Chapter 242, Health and Safety Codes, unless the license holder has written authorization of the hospital or nursing facility administration.

Texas Penal Code - PENAL § 30.07. Trespass by License Holder with an Openly Carried Handgun states that an individual cannot carry a concealed handgun on the premises of a hospital licensed under Chapter 241, Health and Safety Codes, or on the premises of a nursing facility licensed under Chapter 242, Health and Safety Codes, unless the license holder has written authorization of the hospital or nursing facility administration.

- I am aware of the Texas Senate Bill – 11, Campus Concealed Carry law
- I have read both § 30.06 and § 30.07 of the Texas Penal Code regarding hospital/clinical Campus Concealed Carry
- I understand that concealed means that it is not seen, it is not noticeable, it is not touched by another, nor is it talked about
- I understand that it is **legal** to conceal a handgun on a South Plains College campus with a proper license. I understand that it is **illegal** to conceal a handgun at the clinical sites (hospitals & clinics) regardless of license status.
- I understand that if the weapon becomes non-concealed that the SPC Campus Police will be called and the situation will be handled by the SPC Campus Police

_____ _____

Printed name Student Signature

Date _____

(One copy to student file, one copy to student)

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Date _____

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