Reese Campus

Course Syllabus

COURSE: VNSG 2662 Clinical Level 3
SEMESTER: Fall 2020
CLINICAL TIMES: Monday, Tuesday and Friday; Times vary depending on clinical assignment
INSTRUCTOR: All instructors under the direction of Korbi Berryhill
OFFICE: Reese Center, Building 5
OFFICE HOURS: Fridays, 9-11 a.m.
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Facebook: https://www.facebook.com/SouthPlainsCollegeVocationalNursing

"South Plains College improves each student's life."

It is the responsibility of each student to be familiar with the content and requirements listed in the course syllabus.

Prerequisite courses: VNSG 1260, 2661

CO-requisite courses (concurrent): VNSG 2410, 1334, 1219, 1133

FACE COVERING COURSE SYLLABUS STATEMENT
It is the policy of South Plains College for the Fall 2020 semester that as a condition of on-campus enrollment, all students are required to engage in safe behaviors to avoid the spread of COVID-19 in the SPC community. Such behaviors specifically include the requirement that all students properly wear CDC-compliant face coverings while in SPC buildings including in classrooms, labs, hallways, and restrooms. Failure to comply with this policy may result in dismissal from the current class session. If the student refuses to leave the classroom or lab after being dismissed, the student may be referred to the Dean of Students on the Levelland campus or the Dean/Director of external centers for Student Code of Conduct Violation.

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 is the responsibility of college faculty. Clinical experiences are unpaid external learning experiences.

STUDENT LEARNING OUTCOMES

At the completion of the semester students will: (based on the Differentiated Essential Competencies of Texas Board of Nursing [DECS])
1.   Become a Member of the Profession
2.   Provider of Patient-Centered Care
3.   Be a Patient Safety Advocate
4.   Become a Member of the Health Care Team

COURSE OBJECTIVES - Outline form (C-5, C-6, C-7, C-8, C-15, C-16, C-17, C-18, C-19, C-20) (F-1, F-2, F-7, F-8, F-9, F-10, F-11, F-12)

At the completion of this course the student will:
•   Apply the theory, concepts and skills involving specialized materials, equipment, procedures, regulations, laws, and interactions within and among political, economical, environmental, social and legal systems associated with Vocational Nursing
•   Demonstrate legal and ethical behavior
•   Demonstrate the ability to care for multiple patients in multiple patient-care situations
•   Demonstrate safety practices within the health care setting

• Demonstrate interpersonal teamwork skills
• Communicates in the applicable language of health care
• Be prepared to practice within the legal, ethical and professional standards of vocational nursing as a health care team member in a variety of roles
• Exhibit an awareness of the changing roles of the nurse
• Utilize the nursing process as a basis for clinical judgment and action
• Accept responsibility for personal and professional growth
• Be present and punctual for all clinical assignments and lab with no more than 3 (three) absences.

COURSE COMPETENCIES: To exit this course and graduate from the Vocational Nursing Program (VNP), the student must
- ➢ Have a 75 average grade AND
- ➢ Complete and turn in all required clinical paperwork by the scheduled due date; a paper turned in within one week of the missed deadline will have a 25% grade reduction; after a week, the recorded grade is "0"; however, the completed work must be turned in in order to successfully exit the course. Students who fail to turn in work fail the clinical course regardless of other grades.
- ➢ Maintain CPR and immunizations AND
- ➢ Complete all required lab practices and check offs and complete the Lab self-evaluation forms AND
- ➢ Complete 90% of the skills checklist 4 weeks prior to graduation AND
- ➢ Complete BOTH sterile procedures (foley catheter and sterile dressing change) AND
- ➢ Have no more than three (3) absences this semester AND
- ➢ Pass the Capstone Exam at 95% expectation of passing NCLEX AND
- ➢ Pass the Summative Evaluation AND
- ➢ Practice within the score of practice for SVNs, demonstrating movement to the graduate level of practice and clinical judgment

EVALUATION METHODS
Weekly clinical performance evaluations, Clinical Judgment Process, vSims and other assignments with a final Summative Evaluation at the end of the semester.

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 any work which he or she has not honestly performed is regarded by the faculty and administration as a most serious offense and renders the offender liable to serious consequences, possibly suspension.

Cheating - Dishonesty of any kind on examinations or on written assignments, illegal possession of examinations, the use of unauthorized notes during an examination, obtaining information during an examination from the textbook or from the examination paper of another student, assisting others to cheat, alteration of grade records, illegal entry or unauthorized presence in the office are examples of cheating. Complete honesty is required of the student in the presentation of any and all phases of coursework. This applies to quizzes of whatever length, as well as final examinations, to daily reports and to term papers.

Plagiarism - Offering the work of another as one's own, without proper acknowledgment, is plagiarism; therefore, any student who fails to give credit for quotations or essentially identical expression of material taken from books, encyclopedias, magazines and other reference works, or from themes, reports or other writings of a fellow student, is guilty of plagiarism. _**This includes your Concept Map, Drug Cards, Diagnosis information and vSim Pathophysiology!**_

VARIFICATION OF WORKPLACE COMPETENCIES

Successful completion of this course and all required concurrent theory courses entitles the student to receive a Certificate of Proficiency and to apply to write the examination for licensure (NCLEX-PN) to practice as a Licensed Vocational Nurse in the State of Texas.

BLACKBOARD
Blackboard is an e-Education platform designed to enable educational innovations everywhere by connecting people and technology. This educational tool will be used in this course throughout the semester as a reporting tool and communication too. Students should be aware that the "total" points noted on this education platform does not reflect the actual grade of the student because it does not take in to consideration the percentages of each grade. Please calculate your grade according to the criteria in this syllabus.

FACEBOOK
The Vocational Nursing Program has a Facebook page at https://www.facebook.com/SouthPlainsCollegeVocationalNursingProgram in addition to the South Plains College website; this Facebook page will be used to keep students up-to-date on program activities, South Plains College announcements and will help with program recruitment. "Liking" the South Plains College Vocational Nursing Program Facebook page is not mandatory, nor are personal Facebook accounts, in order to access this page.

SCANS and FOUNDATION SKILLS
Refer also to Course Objectives. Scans and Foundation Skills attached

SPECIFIC COURSE INFORMATION

LEVEL 3 CLINICAL OBJECTIVES: (Based on the TBON DECs)

During the clinical course, the competent vocational nursing student progresses to proficient graduate vocational nurse through the following:

I. MEMBER OF THE PROFESSION: *The student vocational nurse (SVN) exhibits behaviors that reflect commitment to the growth and development of the role and function of nursing consistent with state and national regulations and with ethical and professional standards; aspires to improve the discipline of nursing and its contribution to society; and values self-assessment and the need for lifelong learning.*

     A. Functions within the SVN's legal scope of practice and in accordance with the policies and procedures of South Plains College and the clinical agencies.
          1. Provides nursing care within student limits & nursing standards (follows VNP policies) [Functions within a directed scope of practice of the SVN with appropriate supervision.]
          2. Follows SPC Student Dress Code
          3. Follows Attendance Policy and is on time.
          4. Assists in determination of predictable health care needs of a patient to provide individualized, goal-directed nursing care.
          5. a. Practices according to facility policies and procedures
            b. Questions orders, policies, and procedures that may not be in the patient's best interest.
     B. Assumes responsibility and accountability for the quality of nursing care provided to patients and their families.
          1. Provides nursing care within the parameters of SVN knowledge, scope of practice, education, experience, and ethical/legal standards of care at this level.
          2. a. Practices nursing in a caring, nonjudgmental, nondiscriminatory manner.
            b. Provides culturally sensitive health care to patients and their families
            c. Provides holistic care that addresses the needs of diverse individuals across the lifespan.
          3. Uses performance and self-evaluation processes to improve individual nursing practice and professional growth
          4. Assumes accountability for individual nursing practice
          5. a. Follows established policies and procedures
            b. Uses nursing judgment to anticipate and prevent patient harm
          6. Uses communication techniques to maintain professional boundaries in the nurse/ patient relationship
          7. Complies with professional appearance (dress code) requirements according to SPC policies.
     C. Contributes to activities that promote the development and practice of vocational nursing.
          1. Identifies historical evolution of nursing practice and issues affecting the development and practice of vocational nursing.

2. Works collegially with members of the interdisciplinary health care team.
    D. Demonstrates responsibility for continued competence in nursing practice, and develops insight through reflection,
       self-analysis, self care, and lifelong learning.
          1. Uses self-evaluation, reflection, instructor evaluation and feedback to modify and improve practice. [does not keep making same mistake]
          2. Demonstrates accountability to reassess and establish new competency when changing practice areas. [able to   follow unit objectives]

II. PROVIDER OF PATIENT CENTERED CARE: *The SVN who, based on educational preparation and scope of practice, accepts responsibility for the quality of nursing care and provides safe, compassionate nursing care using a systematic process of assessment, analysis, planning, intervention, and evaluation that focuses on the needs and preferences of patients and their families. The nurse incorporates professional values and ethical principles into nursing practice and provides care to individual patients and their families.*

A. Uses clinical reasoning and established evidence-based policies as the basis for decision making in nursing practice.
          1. Is prepared for clinical practice [appropriate patients, appropriate research]
          2. Uses problem-solving approach to make decisions regarding care of assigned patient.
          3. a. Organizes care for assigned patient based upon problem-solving and identified priorities
             b. proactively manages priorities in patient care and follow-up on clinical problems that warrant investigation with consideration of anticipated risks.
          4.. Identifies and communicates patient physical and mental health care problems encountered in practice.

B. Assists in determining the physical and mental health status, needs, and preferences of culturally, ethnically, and socially divers patients and their families based on interpretation of health-related data.
          1. Identifies health care needs (Uses structured assessment tool to obtain patient history)
             a. assesses patient needs appropriately & timely with appropriate documentation
             b. completes assessment in a timely manner
          2. Performs focused assessment to assist in identifying health status and monitoring change in patient.
          3. Reports and documents focused patient assessment data.
             a. reports abnormals appropriately and timely
             b. maintains documentation throughout the shift
          4. Identifies predictable and multiple health needs of patient and recognizes signs of decompensation.
          5. Shares observations that assist health care team (HCT) members in meeting patient needs.
          6. Differentiates abnormal from normal health data of patient.
          7. Recognizes healthcare outcomes and reports patient status.

C. Reports data to assist in the identification of problems and formulation of goals/outcomes and patient-centered plans of care in collaboration with patients, their families, and the interdisciplinary HCT.
          1. Relates meds/diagnostics/treatments to medical diagnoses and is able to discuss them (Integrates concepts from basic sciences and humanities to deliver safe and compassionate care in delivery of patient care).
          2. Evaluates, documents care, modifies plan of care with Health Care Team (Identifies short-term goals and outcomes, selects interventions considering cultural aspects, and establishes priorities for care in collaboration with patients, their families, and the interdisciplinary team.)
          3. Identifies priorities & makes judgments re: basic needs of multiple patients & manages time to provide care for these patients. (Participates in the development and modification of the nursing plan of care across the lifespan, including end-of-life care)

4. Contributes to the plan of care (POC) by collaborating with interdisciplinary HCT.

5. Demonstrates basic knowledge of disease prevention and health promotion in delivery of care to patients and their families.

D. Provides safe, compassionate, basic nursing care to assigned patients with predictable health care needs through a supervised, directed scope of practice.

1. Meets basic physiological needs of the patient [bed bath/shower, a.m. care, linen change]

2. Assumes accountability and responsibility for nursing care through a directed scope of practice under the supervision of the instructor or licensed nurse, using standards of care and professional values

3. a. identifies priorities and makes judgements concerning basic needs of one patient with predictable health care needs in order to organize care.

 b. recognizes changes in patient status.

c. communicates changes in patient status to other providers

E. Implements aspects of the plan of care (POC) within legal, ethical, and regulatory parameters and in consideration of patient factors.

1. implements individualized POC to assist patient to meet basic physical and psychosocial needs

2. Implements nursing interventions to promote health, rehabilitation, and implements nursing care for clients with chronic physical and mental health problems and disabilities. [ROM activities, activity, ambulation, up to chair, positioning, etc]. Promotes psychological, spiritual, social and cultural well being

3. communicates accurately and completely responses of patients to treatment to other health care professionals clearly and in a timely manner

4. Fosters coping mechanisms of patients and their families during alterations in health status and end of life.

5. Seeks clarification as needed

6. Informs patient of Bill of Rights

7. Communicates ethical and legal concerns through established channels of communication

8. Uses basic therapeutic communication skills when interacting with patients, their families, and other professionals.

9. Facilitates maintenance of patient confidentiality

10. a. Demonstrates accountability by providing nursing interventions safely and effectively using a directed scope of practice.

 b. Provides nursing interventions safely and effectively using established evidence-based practice guidelines

11. Provides direct patient care in disease prevention and health promotion and/or restoration

F. Identifies and reports alterations in patient responses to therapeutic interventions in comparison to expected outcomes.

1. Reports changes in assessment data

2. Uses standard references to compare expected and achieved outcomes of nursing care

3. Reports patient's responses to nursing interventions

G. Implements teaching plans for patients and their families with common health problems in well-defined health learning needs.

1. Identifies health-related learning needs of patients and their families.

H. Assists in the coordination of human, information, and material resources in providing care for assigned patients and their families.

1. Communicates effectively with patient, family, staff, Health Care Team, faculty [verbal, nonverbal, teaching]

2.Reports unsafe patient care environment and equipment

3. implements established cost containment measures in direct patient care

4. assists with maintenance of standards of care

III. PATIENT SAFETY ADVOCATE: *The SVN who promotes safety in the patient and family environment by: following scope and standards of nursing practice; practicing within the parameters of individual knowledge, skills, and abilities; identifying and reporting actual and potential unsafe practices; and implementing measures to prevent harm.*

A. Demonstrates knowledge of the Texas Nursing Practice Act (NPA) and Texas Board of Nursing (BON) rules that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards.
1. Practices according to the Texas NPA and Texas BON rules, and SPC policies
2. Seeks assistance if practice requires behaviors or judgments outside of individual knowledge and expertise.
3. Uses standards of nursing practice to provide and evaluate patient care
4. Recognizes and reports unsafe practices and contributes to quality improvement processes.

B. Implements measures to promote quality and a safe environment for patients, self, and others.
1. Promotes a safe, effective care environment conducive to the optimal health and dignity of the patients and their families.
2. Accurately identifies patients [2 patient identifiers]
3. Safely performs preventative and therapeutic procedures and nursing measures including safe patient handling.
   Safely performs therapeutic skills, treatments & procedures at this level of student practice.
     a. completes all required remediation
4. Safely administers medications, following all SPC policies and PSCCL guidelines
     a. able to discuss medications in relation to diagnoses
     b. completed all required remediation
5. Clarifies any order or treatment regimen believed to be inaccurate, non-efficacious, contraindicated, or otherwise harmful to the patient.
6. Reports reactions and untoward effects to medications, treatments, and procedures, and clearly and accurately communicates the same to other health care professionals.
7. Reports environmental and systems incidents and issues that affect safety. Provides safe environment [SR, brakes, bed position, ambulation/transfers safely, follows Safety Codes, administers CPR/Heimlich]
8. Implements measures to prevent risk of patient harm resulting from errors and preventable occurrences.

C. Assists in the formulation of goals and outcomes to reduce patient risks.
1. Implements measures to prevent exposure to infectious pathogens and communicable conditions.
     a. anticipates risk for the patient
     b. washes hands appropriately
     c. wears gloves appropriately
     d. follows Isolation Precautions
     e. maintains clean environment [room clean, no linens on floor, trash maintained, meal trays out, etc]
2. Implements established policies related to disease prevention and control

D. Obtains instruction, supervision, or training as needed when implementing nursing procedures or practices.
1. Evaluates individual scope of practice and competency related to assigned task [knows when to ask for help]
2. Seeks orientation/training for competency when encountering unfamiliar patient care situations

E. Complies with mandatory reporting requirements of the Texas NPA.
      1. Reports unsafe practices of healthcare providers using appropriate channels of communication
      2. Reports safety incidents and issues through the appropriate channels
F. Accepts and takes assignments that take into consideration patient safety and organizational policy.
      1. Accepts only those assignments that fall within individual scope of practice based on experience and educational preparation.

IV. MEMBER OF THE HEALTH CARE TEAM (HCT): *The student vocational nurse who provides patient-centered care by collaborating, coordinating, and/or facilitating comprehensive care with an interdisciplinary/multidisciplinary health care team to determine and implement best practices for the patient and their families*.
A. Communicates and collaborates with patients, their families, and the interdisciplinary health care team to assist in the planning, delivery, and coordination of patient-centered care to assigned patients.
      1. Involves patients and their families with other interdisciplinary health care team members in patient care across the lifespan
      2. cooperates and communicates to assist in planning and delivering interdisciplinary health care.
B. Participates as an advocate in activities that focus on improving the health care of patients and their families.
      1. Respects the privacy and dignity of the patient
      2. Identifies unmet health needs of patients.
      3. Acts as an advocate for patient's basic needs, including following established procedures for reporting and solving institutional care problems and chain of command
C. Participates in the identification of patient needs for referral to resources that facilitate continuity of care, and ensure confidentiality.
      1. Identifies support systems of patients and their families
      2. a. Communicates patient needs to the family and members of the HCT.
        b. Maintains confidentiality according to HIPAA guidelines
D. Communicates and collaborates in a timely manner with members of the interdisciplinary health care team to promotes and maintain optimal health status of patients and their families.
      1. Communicates changes in patient status and/or negative outcomes in patient responses to care with members of the interdisciplinary HCT.
      2. Follows legal guidelines in communicating changes in patient status, including chain of command and Texas NPA.
      3. Contributes to positive professional working relationships
      4. Recognizes and manages conflict through the chain of command
      5. Identifies and reports need for nursing or interdisciplinary team meetings
E. Communicates patient data using technology to support decision making to improve patient care.
      1. Identifies, collects, processes, and manages data in the delivery of patient care and in support of nursing practice and education
      2. Uses recognized, credible sources of information, including internet sites
      3. Accesses, reviews, and uses electronic data to support decision making
      4. Applies knowledge of facility regulations when accessing patient records.

MEDICAL-SURGICAL ROTATIONS

University Medical Center: Medical-Surgical Floor Objectives

Clinical Rotations are on Monday, Tuesday

Unit	Location	Phone	Speciality
3 West	3rd floor west of patio	775-8909	Orthopedics: pre/post op care for joint replacements, amputations, arthroscopy or trauma. May also have overflow medical patients.
3 East	3rd floor east of patio	775-8903	Medical and Surgical patients such as pneumonia, GI bleeds, skin issues, pain
3 West Tower	3rd floor West Tower	775-9770	Gertiatric trauma and supportive care. Supportive care manages pain, nausea, loss of appetites or other s/s caused by illness or medical treatments. Floor includes end-of-life care
5 West	5th floor west of patio	775-9790	Medical or surgical patients and patients for "observation". Admissions & discharges are frequent
5 East	5th floor east of patio	775-9780	Medical/Surgical/Telemetry patients; includes pre/post op, cardiac procedures and medical problems.

General Guidelines for ALL Medical Surgical Rotations in Level 3

Criteria	Level 3
Number of patients	3-5
Medication administration with instructor supervision	Yes
EMR documentation on student pages	Yes
Chart Pack	Yes
VS and brief assessment by 0730	Yes
Full assessment documented by 0930	Yes
Staple removal with instructor supervision	Yes
Foley Catheter insertion (preferred with instructor) TPCN	Yes
Sterile Dressing change (preferred with instructor) TPCN	Yes
Follow Do and Don't List in handbook	Yes

PEDIATRIC OBJECTIVES:

1. Demonstrates an awareness of safety factors applicable to the hospitalized child and initiates action to provide a safe environment for the client.
2. Demonstrates the ability to assess the needs of and implements a care plan to meet the needs of the hospitalized child, using measures to make the experience less threatening for the child.

3. Maintains the holistic nature of the ill or hospitalized child by recognizing the importance of play and diversion activity in his/her overall care plan.
4. Demonstrates an understanding of nutrition for the recovery and continued growth and development of the child client.
5. Recognizes the normal range of vital signs in the child as contrasted to those in the adult client.
6. Recognizes the normal growth and development for age, thereby identifying abnormal aspects relative to the total assessment of the child client.
7. Analyzes the parent-child relationship and implements nursing measures geared to strengthen and support the child, as well as the family.

8. Demonstrates knowledge of immunization schedule and aspects of preventative pediatrics which contribute to the "weakness" of the child.
9. Demonstrate accountability for own nursing practice
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GUIDELINES FOR PEDIATRIC ROTATION

#1 Rule: DOUBLE check with TPC nurse/Charge Nurse prior to performing a procedure, treatment or giving meds. An error with a child can quickly result in a poor client outcome.
#2 Rule: Children are usually allowed to sleep in the morning instead of being awakened early for vital signs unless otherwise ordered or if condition requires. Ask your TPC nurse when to take VS and do assessment.

Children's Hospital @ UMC
Pediatrics Location: 2nd Floor East
Phone: 775-8838
Pediatric ICU
Phone: 775-8828

ALL SVN's

1. Meds must be double checked by the TPC nurse and the TPC nurse must accompany the student to administer them.   The student may give oral or topical meds only.
2. Take three pediatric clients if available (less should only be taken if low census)
3. The student should spend time with the client/family--find appropriate toys, diversion activities, etc. Identify if the child is meeting milestones for age.
4. If the unit is not busy, the student may work on the child/family study or may study pediatrics. The student MAY NOT work on any other material or read magazines, newspapers, etc.

Criteria	Level 3
Number of patients	3-5 (take 2 if census is low)
Medication administration with instructor supervision	PO only Yes
EMR documentation on student pages	Yes
Chart Pack	Yes
VS and brief assessment by 0730	Yes
Full assessment documented by 0930	Yes
Staple removal with instructor supervision	Yes

Foley Catheter insertion (preferred with instructor) TPCN	Yes
Sterile Dressing change (preferred with instructor) TPCN	Yes
Follow Do and Don't List in handbook	Yes

Medication Administration Rotation

Please note: there is limited time available for medication administration rotation. If a student misses a day in this rotation, the student may not be able to complete the required rotation, thus failing the clinical course. You must have 4 days of direct, instructor supervised medication administration to complete this rotation.

PURPOSE: To ensure a safe medication administration rotation in a timely manner for vocational nursing students of South Plains College, Reese Center.

Prerequisite for assignment to PSCCL:
1. Successful passage of Departmental Math Exam at the beginning of the semester
2. Successful passage of PSCCL exam
3. Successful passage of PSCCL lab

POLICY: All Vocational Nursing students will complete an intensive medication rotation as early as possible during the Level 2 semester to ensure adequate and safe medication administration by all routes excluding IV.

PROCEDURE:
1. All students will receive instruction on medication administration during Essentials of Medication Administration in Applied Nursing Skills (VNSG 1402) during Level 1 and will demonstrate knowledge of drug classifications in Level 2.
2. This instruction will include IM injection lab in which students inject each other with sterile saline and receive instruction on actual medication administration (lab.)
3. Students will receive an orientation on medication administration as part of this instruction during Level 2.
4. The lab will be available to students to practice medication administration.
5. Following the review, the Pharmacology Skills Critical Competency Lab will begin and all students must pass the PSCCL in three (3) attempts or less. *If the student does not pass on the third (3rd) attempt, the student fails the Level 2 clinical course and is withdrawn from the VNP.*
7. Patients must be able to respond to the student during medication administration; therefore, comatose, dialysis patients or patients NPO for surgeries or tests are NOT appropriate patients for medication administration rotation.
8. **All students must pass medication rotation in order to graduate.**

RESPONSIBILITIES:
1. All nursing students are responsible for learning the medication skill and for practicing in the nursing lab.
2. During the PSCCL, instructors will NOT make any comments, but upon coming to an error, will say "stop" and the student will have an opportunity to make any adjustment. Should the student self-correct, the lab will continue. Should the student be unable to self-correct, the student will fail the lab and have to be rescheduled. Instructors will NOT make any other comments. **If the student has to be stopped more than three (3) times, the student fails the PSCCL.**
3. Students will "talk" through the entire lab procedures as if they were actually in the hospital setting; i.e., when reviewing the chart, the student will say "I am reviewing the chart for meds – here is the order for Digoxin 0.125 mg and here is the notation on the MAR."
4. Once the PSCCL has been passed, students will proceed to the clinical setting and may administer medications with instructor supervision.
5. The student should practice enough prior to the PSCCL so that there is success during the lab. A failed PSCCL lab will be re-scheduled at a later date; however, due to timing and scheduling, a student may fail medication rotation because there was not enough time to complete the lab and get the required 4 days of medication administration

IMPLEMENTATION: It is the responsibility of all students and faculty to ensure compliance with this policy.

Guidelines for Medication Administration during Clinical Medication Administration

THE STUDENT WILL:

1. Be assigned a floor and be assigned medication administration by the faculty.
2. Obtain all information on the patient regarding diagnosis and medications for the first clinical day and prepare all diagnosis and medication cards on the patient and have everything prepared for the instructor on the second day.
3. Prepare drug sheet for the patient(s) that must include all active medications the patient is prescribed by the physician – scheduled meds, prn meds that the patient has had within the last three days, and IVPB medications.

Please Note: Information obtained from the Pixus systems is incomplete and does not give the student enough information for safe drug administration; therefore, the student must have a completed drug sheet.

4. Be able to verbally tell the instructor and/or TPCN from memory or by reading drug sheet the following:
   a. medication name (trade and generic)
   b. classification
   c. effect (action)--reason patient is on medication (diagnosis)
   d. route ordered
   e. normal dose range for route ordered
   f. major common side effects (expect/report)
   g. nursing implications (V/S, lab, safety, etc.)
   h. patient teaching.

THE FIRST TIME THE STUDENT IS UNABLE TO GIVE THIS INFORMATION ON EACH MEDICATION FOR EACH ASSIGNED PATIENT, THE STUDENT WILL have points deducted from the clinical grade (This applies to incomplete/missing RX information as well) AND will be placed on PROBATION. A second infraction will result in dismissal from the program. This policy will carry over from medication rotation all the way through to graduation.

5. Find all orders for all medications to be administered and know where orders are located in the patient(s) chart or on the computer.
6. Review medications with instructor and then administer medications only under the supervision of an instructor.

SHOULD A STUDENT ADMINISTER MEDICATIONS WITHOUT *INSTRUCTOR* SUPERVISION, THE STUDENT WILL BE PLACED ON PROBATION. A SECOND INFRACTION WILL RESULT IN THE STUDENT BEING WITHDRAWN FROM THE VOCATIONAL NURSING PROGRAM FOR UNSAFE PRACTICE. This policy is followed all the way through graduation!

7. Follow hospital policies which state that SVNs may give medications by all routes **EXCEPT IV** with supervision by the instructor.
8. Complete all other aspects of patient care.
9. Students may NOT print drug card information from the clinical facilities; this is theft of hospital property.
10. Should the student not have four (4) days of medication administration during the Level II semester, the student will fail the clinical course, regardless of other grades.

MEDICATION ADMINISTRATION AFTER MED ROTATION

Medication Administration by Student Vocational Nurses after successful medication rotation

DECs: Member of a Profession, Provider of Patient-Centered Care, Patient Safety Advocate

POLICY: Student Vocational Nurses will administer medications following all guidelines and policies for safe, effective administration of medications.

STUDENT VOCATIONAL NURSES DO NOT ADMINISTER ANY MEDICATIONS UNTIL SUCCESSFUL PHARMACOLOGY CRITICAL COMPETENCY LAB in Level 2.

Definition of Supervision: Instructor reviews medications and escorts student to the patient room, at all times.   This includes scheduled and prn medication administration. [Please note: the OB floors are an exception to this policy and will be discussed thoroughly by the OB instructor.]

VIOLATION: Unsafe Nursing Practice, Unprofessional Conduct

1.   The student will follow the SPC/VNP and facility's policy and procedures on medication administration by the student vocational nurse.
2.   The student will not pass medications without direct instructor supervision following hospital policy which states that the student vocational nurse may give medications by all routes EXCEPT IV (except on pediatrics where only oral and topical medications can be administered) with supervision by the instructor.
3.   If the student has not administered a particular route and seeks the experience, the student must have complete medication information for that medication and call the instructor. The route will be documented on the Med/Surg checklist.
4.   The student **must** have complete medication information **prior** to administering any medication. Failure to do so will result in disciplinary action. Students may administer herbal medicines and supplements with required information for which a written physician's order is on the chart and the pharmacy has supplied for the patient. Supplements from home are not to be given by SVNs.
5.   The student will be able to administer medication in the following areas:
Short Stay   Post Partum
Rehabilitation   Med-Surg Floors
Telemetry Floors **except Renal patients**   Long Term Care facilities
Students may give meds to two or more patients.
6.   Students will administer 0900 to 1500 medications on the day shift and 1700 to 2100 meds on the evening shift. Students either give ALL medications that they are allowed to give (PO, IM, SQ) for the assigned patient(s) or NO medications. In other words, a student would not give 5 pills and then ask the TPCN to give 5 pills – this would be too confusing!
7.   Students should communicate with the TPCN and notify them that they will be administering medications with their instructor for that patient. Please ask the TPCN to pull the medications from the PIXUS.
8.   The student will be responsible for all patient care for assigned patients.
9.   If a medication error is made, after assuring patient safety, the student will immediately notify the TPC nurse and instructor. The TPC nurse or instructor will notify the physician of the error, and an investigative report will be completed. The Medication Administration Error Quotient will be completed by the instructor and appropriate student action taken. See the example of the Quotient Form IN THE STUDENT HANDBOOK.
10.   The student must have a completed med sheet on all medications.
11.   For new medication orders (orders written between nursing report and 0900):
  a.   Look up the new medication in the drug book, review the information and mark the book.
  b.   Give the medication per SPC policy following all nursing implications.
  c.   Be prepared to show the instructor the new order and to discuss the new medication, including why it was ordered.
  d.   Complete the medication sheet and turn it in to the instructor the next classroom day.
  e.   Should the student fail to turn in the sheet on the following class day, the student will be subject to disciplinary action.
  f.   This process should be the **EXCEPTION**, rather than the rule, meaning that this should only happen on occasion and not daily or weekly! This will be monitored and the student who consistently has to "look up" drugs will be subject to disciplinary action.

TEXT AND MATERIALS

Students should use current resources from theory textbooks such as the Williams & Hopper, Davis Drug Guide, etc. as tools to equip them for patient care. Websites that the student may use should end in ".org" ".gov" or ".edu". Wiki websites are not acceptable; neither are WebMD or Mayo Clinic [these websites are designed for laypeople—not professionals!]
Students are required to have the following items with them for the clinical experience:
- Student Vocational Nurse Handbook
- This syllabus (has objectives)
- Davis Drug Guide

ADDITIONAL CLINICAL ITEMS

Students should come to clinicals with all required research, chart pack or clinic notes. The student must be in full clinical uniform which includes the student badge, stethoscope, blood pressure cuff, penlight, bandage scissors, black ink pen and analog watch Refer to the Student Handbook for the full dress code

ATTENDANCE POLICY (*READ CAREFULLY)
Clinical Attendance

Clinical experiences offer the student the opportunity to apply theory of nursing to actual nursing practice. Students are expected to attend all assigned clinical experiences, including Simulation, Clinical Judgment Experiences and vSims. The student may be administratively withdrawn from the course when absences become excessive as defined in the course syllabus. * For Covid exposure, please refer to student handbook policy

Recognizing that sometimes students are ill or have ill children or have some other real reason to be absent, students may have three absences this semester—this includes any day the student is sent home for clinicals for a rules violation (see Student Handbook). Because students cannot be evaluated if they are absent, points are deducted from the weekly clinical grade. Exceeding allowable clinical absences (3) is failure in the clinical course. The student will be administratively withdrawn. FOR MORE INFORMATION, please refer to the student handbook. *Please note: in the event of a Covid-19 exposure or illness, the Vocational Nursing Program will follow the SPC policy. Make-up clinical time may be required after the semester is over.*

 Students are officially enrolled in all courses for which they pay tuition and fees at the time of registration. Should a student, for any reason, delay in reporting to a class after official enrollment, absences will be attributed to the student from the first class meeting.

Students who enroll in a course but have "Never Attended" by the official census date, as reported by the faculty member, will be administratively dropped by the Office of Admissions and Records. A student who does not meet the attendance requirements of a class as stated in the course syllabus and does not officially withdraw from that course by the official census date of the semester, may be administratively withdrawn from that course and receive a grade of "X" or "F" as determined by the instructor. Instructors are responsible for clearly stating their administrative drop policy in the course syllabus, and it is the student's responsibility to be aware of that policy.

It is the student's responsibility to verify administrative drops for excessive absences through MySPC using his or her student online account. If it is determined that a student is awarded financial aid for a class or classes in which the student never attended or participated, the financial aid award will be adjusted in accordance with the classes in which the student did attend/participate and the student will owe any balance resulting from the adjustment.

 (http://catalog.southplainscollege.edu/content.php?catoid=47&navoid=1229#Class_Attendance)

Hospital Clinical Times: (must be clocked in BEFORE the "Absent at" time; students are absent on the given time.

Facility	Clinical Time	Lunch	Absent at:	Call In Time	May leave floor at
University Medical Center; Grace Medical Center	0630-1530	30 minutes	0640	0600	1515
Simulation	0755-1600	Approx. 60 minutes	0800	0700	1600
EVENING SHIFTs if indicated at UMC	1400-2200	30 minutes	1340	1300	2200

Clinical time is "on the job" learning. Students are expected to be up and working throughout the entire shift. Students MAY NOT leave the assigned unit at the hospitals until 3:15 at the hospitals. This means that the student gives report, checks on the patients and participates in patient care until 3:15 and then gathers belongings, leaves the floor and clocks out. Students who leave the floor before 3:15 or students who clock out right at 3:15 (which means they had to leave early in order to get to the time clock by then) are given an absence for the entire day. The clock out time should be no earlier than 3:20!

PLEASE NOTE: The Time Clock located at UMC (or Covenant) is the OFFICIAL clinical time. It is usually set to the Universal Time as found on digital media. Please set your analog watch to the time clock.

Outpatient Clinics Clinical Times: (must be signed in exactly at the START time in the outpatient clinics which means you must arrive at least 5 minutes early) **TIME SHEET REQUIRED FOR EACH CLINIC** turned in each Wednesday via email to your clinical instructor.

Clinic	Hours	Contact/Phone No	Absent at	Lunch	Parking	Required Research PRIOR to rotation
Covenant Health Plus, 7601 Quaker	0800-1600	Sherry Marston 725-9408	0800	Approx. 1 hr (based on pt load); may eat out	Outside parameter on N or S sides; come in through front door	Antibiotic Med List Hormone Med List Immunization Med List
Lubbock Health Dept 806 18th (corner of 18th and Cricket Ave)	0830-1630 MONDAY Only*	775-2933	0800	Approx 1 hr; must be PROMPT on your return if you leave	On the street	Diagnosis Sheets for: Gonorrhea, Chlamydia, Syphilis, HIV; HPV Immunization Med List Antibiotic Med List
TTUHSC Clinics @ Pavillon, 3601 4th ST (see below for specific info)	0800-1600	743-4263 ask for unit mgr; IT Help: 743-1815	0800	Approx. 1 hr (based on pt load); may eat out	Lots	See each clinic's requirement listed below
Wound Care Clinic, 2002 Oxford Ave	0800-1600	793-8869	0800	Approx. 1 hr (based on pt load); may eat out	In the lot that enters the facility (not door spaces)	Antibiotics Med List Anti-emetics Med List

Students in the clinics work with all staff including nurses and physicians in providing outpatient care. Students should anticipate that they will assist staff with calling patients back, taking vital signs, completing focused assessments, assisting with procedures, removing sutures (nurse supervision), administering medications (nurse supervision), completing fingerstick blood sugars and Coumadin checks (nurse supervision), as well as assisting with all phases of nursing care. Students must always have complete medication information while administering any medication and follow all SPC policies and guidelines.

Assignment for each clinic: Complete the Clinic Notes posted on Black Board and follow those instructions. Submit as an attachment to your clinical instructor Tuesday afternoon by 5 p.m.

Texas Tech University Health Sciences Center (TTUHSC) Clinics Specific Information

Clinic	Abbreviation	Location	Phone Number	Days
Family Medicine	Pav FM	First floor	743-1177	M, T,
Internal Medicine	Pav IM	Second Floor	743-3150	M, T,
OB-GYN	Pav OB	Third floor	743-2340	M, T,
PEDI	Pav Pedi	Third floor	743-7335	M, T,
Urology	Pav Uro	Third floor	743-1810	M, T,
Orthopedics	Pav Ortho	Fourth floor	743-2373	M, T,
Ear, Nose & Throat	Pav ENT	Fourth floor		M, T,
Pedi Subspeciality*	HD/507	4102 24th St Suite 507		*T, (2nd day of LH rotat)
Pedi Surgery*	HD/508	4102 24th St Suite 507		*T, (2nd day of LH rotat)
Cardiology	Pav Card	Building North of Pavilon		M, T,

Dropping a class

Students should submit a **[Student Initiated Drop Form](#)** online**.**

Students will not be required to obtain an instructor signature to drop, however, we do encourage students to communicate with instructors or advisors prior to dropping a course when they are able. **There will be no charge for drops for the fall or spring semesters**.

Withdrawing from all classes
If a student wishes to withdraw from all courses, they should initiate that process with the Advising Office. They can schedule an appointment with an advisor by visiting http://www.southplainscollege.edu/admission-aid/advising/spcadvisors.php or by calling 806-716-2366.

Schedule Change (after late registration and before census date)
To make a schedule change after late registration (August 28) and before the census date (September 9), students should submit a **[Schedule Change Form.](#)**
After late registration, adding a class requires instructor approval. If a student is requesting to be added to one of your courses and you approve, please email registrar@southplainscollege.edu with your approval. This can take the place of signature on the Schedule Change Form that we have required in the past.

For additional information regarding schedule changes, drops and withdrawals, click here.

FRIDAY vSim time/Lab review/mapping & other: **8- 4 p.m. A variety of clinical judgment activities will be planned for Friday Labs.** A ZOOM post-conference will be held each Friday at 1 p.m. All students must attend the Zoom meeting for post-conference discussion.

Student MAY NOT attend clinical when running a fever, experiencing vomiting or diarrhea, having pink eye or any other infectious process. The student should anticipate that such illnesses or other emergencies may occur and should judiciously take an absence. Please refer to the Student Vocational Nurse Handbook for more information on attendance, infectious processes for which the student should stay home, NO SHOW policy and call in procedures.

LUNCH—the lunch break in the hospital setting is 30 minutes; this begins when the student reports off care of the patient until the time the student returns and resumes care. If the student spends 10 minutes waiting on the elevator, the student has 20 minutes remaining on the lunch break.
In some outpatient settings, the student may be given an hour for lunch IF there are no meetings during the noon hour which would give the student an additional learning experience (see each clinic objective). A student who takes excessive lunches or who leaves the site when there was a meeting during the noon hour will receive full disciplinary action and possible dismissal for unprofessional conduct.

BREAKS—please refer to the Student Handbook for information about breaks

TARDIES—tardiness is considered unprofessional. There are no tardies in the Vocational Nursing Program.

CLINIC TIMES—some clinics may finish their work early and staff may tell the student that they can leave early. THIS DOES NOT MEAN you can leave. Please contact your instructor and request instructions for the rest of the scheduled time; many times the student may be moved to another clinical for additional experience. To "assume" it is okay to leave the clinical setting results in an absence assigned for that day. If this absence causes the student to fail, the student will fail the clinical course, regardless of other clinical grades.

CLOCKING IN/OUT: Clocking in/out for other student is PROHIBITED and is considered unprofessional conduct as dishonest behavior. All students involved are dismissed from the Vocational Nursing Program (please refer to the Student Handbook).

Time sheets are required at off-hospital rotations. Students who misrepresent themselves on the time sheet or forge a time sheet are deemed "unprofessional" and are dismissed from the program for unprofessional conduct (please refer to the Student Handbook).

Please refer to the Student Handbook for more information about the clinical experience and policies and the NO SHOW policy.

ASSIGNMENT POLICY—CLINICAL PREPARATION
All assignments must be completed by the assigned due date/time. Late and/or incomplete work will not be accepted and a grade of zero will be recorded.

It is the responsibility of the student to be informed of class progress and assignments and to come to clinical prepared to participate in patient care, to turn in any assignments due, and/or take the quiz or test scheduled for that day in Friday lab. Students will be required to write Care Plans and Case Studies as part of the clinical experience.

Clinical Care Maps

Clinical Care Maps are designed to enhance critical thinking and to allow the student to connect disease processes, labs, diagnostics, medications, diet and to see the relationships that these have for the patient. This thinking leads to SAFE PATIENT CARE. CCMs use color and short wording to emphasize relationships of nursing care and should help the student develop critical thinking skills. CCMs can be done in any patient situation.

You may choose to do your Map by hand (see supplies listed below) or you may use your computer in a WORD document. The colors must be the same for either way.

Required supplies: colored pencils or markers, ruler, protractors, 8 ½ x 11 manila folders (you can open the manila folder and have a larger working area)

You will also need your patient information, your diagnoses, medications and labs.

Instructions for completing your CCM: Thursday morning [this is still a clinical day], choose one patient from this week complete your care map. It must be emailed to your clinical instructor by noon. If you do a map by hand, please take a picture of your map and send it as an attachment. If you do it on computer, please attach it in an email.

How to THINK and write your map:

1. Put your general information in the center of your folder. Think about any of those factors that will affect the patient's outcome and care (is the patient old? Does that patient have specific cultural or religious beliefs?) WHAT brought the patient to the hospital—**the chief complaint**: "a subjective statement made by a patient describing the most significant or serious symptoms or signs of illness or dysfunction that caused him or her to seek health care."
   Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier
2. Now you need to think about the patient's diagnosis(es). You must know what these are [SAFE NURSING PRACTICE]—you cannot understand what the patient is going through and how to care for that patient if you don't know about the disease and it's pathophysiology—to do so is UNSAFE NURSING PRACTICE. What is the medical diagnosis? A **medical diagnosis** "identifies a disease condition based on an evaluation of physical signs, symptoms, history, and diagnostic tests and procedures. http://quizlet.com/6336548/nursing-process-diagnosis-flash-cards/
   A **pathophysiology** is an abnormal process that occurs in the body that leads to the development of the disease.

3. Add those to the map spaced evenly around the map so that you have space to write. Does your patient have risk factors for these diseases or for complications of the diseases?
4. What signs/symptoms does the patient have (compared to the literature?)
5. Review the patient's medications? What is their purpose (why are they prescribed?) What are we expecting to happen? What conditions do they treat? Medications aren't just prescribed for the fun of it—there has to be a reason—you need to discover the reason, then write the meds by the appropriate diagnosis—this is SAFE NURSING PRACTICE.
6. Look at your labs and diagnostics. What do they indicate (why are they ordered—what is the physician looking for?) You have to discover this (SAFE NURSING PRACTICE). Are some ordered because of medications? Do some of the medications affect the labs? (In your drug book, drugs that affect labs or are affected by labs are written as *Lab Considerations.*) Think about these and add these to your map.
7. What nursing care is required for this patient—what do you need to do to help this patient get better? Don't just look at the obvious physical actions—what about communication (spending time talking to the patient)? What about spiritual needs (is patient depressed, hopeless?) Consider what basic nursing care tasks (like a bed bath) are important to the patient [what all does a bed bath do? –it is more than just washing the patient!] Nurses must provide thoughtful, therapeutic nursing care for SAFE NURSING PRACTICE.
8. After you carefully think about, add the other elements.
9. If maps are very deficient or if they are grossly incorrect, the student will be expected to make corrections and submit by 7 p.m. that day.
10. Between 1-1:30 p.m., the Faculty Member of the Day (FMD) will invite you to a Zoom meeting. During the meeting, selected students will present their map. During the presentations, the student, the clinical group and the instructor will discuss the map, ask questions and make suggestions. The purpose of this discussion is to expand everyone's critical thinking and to critically think and make clinical judgments about patient care
11. If the student fails to submit the map by 4 p.m., the student will be counted as absent for the clinical day.

Clinical Care Map Colors

YELLOW Circle: (This is information about your patient).Please use black ink, then color the circle yellow—don't write in yellow. Pt's initials, age, sex, code status, allergies, diet, culture, religion, "chief complaint", date of admission, height, weight. Initial VS should be in yellow box, but VS for each day should be dated and in pink.

Black Box: Primary Diagnosis(es), Secondary Diagnosis, surgeries and other pre-existing medical problems should be listed in separate boxes around the folder. Each disease should be defined UNLESS you have a diagnosis card, map card or are completely versed in that disease process. If you have a diagnosis card or map card, you must have that with your map. If you are versed, place a # by that diagnosis. If a patient has many disease processes, be sure and ask your instructor for clarification for which ones need to be on your map on Monday before you leave! Underline the patient's signs/symptoms of the disease.

Gray Circle: For any RISK factors that your patient may have that has led to a particular condition, indicate it with a gray circle.

Red Circle: Medications. List each medication that the patient is receiving by the diagnosis the medication is treating. If a medication is DC'd during your care, place an "X" over the circle and write the date. If a new medication is added during dates of care, please add new circle with date. If a medication requires a specific nursing action or specific lab, indicate it by the medication in the appropriate color (see below). For meds that have no specific diagnosis, indicate that separately and write the reason for the med in LIME green.

Green triangle: "lab data": CBC, electrolytes, CMP, BMP, CHF-BNP, Cardiac Panel, Amylase, Lipase, UA, C&C, ABG's,etc. . . . .Use your lab list from your chart pack to assist in this section. Place the lab with the appropriate diagnosis and/or medication. For repeated labs, place dates with the results.

Brown circle: Consults (examples: PT, OT, RT, ST, and other physician's)

Dark Blue box: Diagnostics: xrays, MRI, CT, EGD, EEG, colonoscopy, cardiac cath's, appendectomy, hysterectomy, pacemakers, CABG, EKG, bronchoscopy, mastectomy, ultrasounds, barium swallow, mammograms, biopsies, PICC line placements, Central line placements, Doppler studies, shunt placements, etc. Place them by the appropriate diagnosis. Write the dates by the ordered diagnostics.

Orange Protractor: At the bottom of the page, write specific patient teaching and discharge instructions for this patient. Remember that Discharge Planning begins on admission.

Light Blue Box: Address any complications from the disease process. Add nursing interventions where appropriate.

IV Fluids: Draw an IV bag of the fluid and add it to your map.

Red Star: any unusual events, hazards, adverse reactions that have occurred.

Show relationships by a solid line connecting the different elements; if an element directly affects or leads to a particular element, add an arrow to the line. If the element *possibly* is related to another element, indicate this by a broken line/arrow.

Purple Box: IN LEVEL III, Identify the patient problems—each in a purple box. Specific nursing interventions should be written under the specific Patient problems rather than the medical diagnosis. This needs to be very specific to your patient. Place a check mark by any action that you completed

Burgandy Circle: For pediatrics, place growth and developmental milestones in burgundy. Place a small check if the patient is meeting the milestone.

ANY noted resemblance to another student's work will be considered plagiarism! You must do your own work!

vSim: **When a virtual simulation is assigned, the student will complete a vSim located on the vSim website. The vSim will be posted each Friday morning for the student to complete.** All work must be submitted by 4 p.m. to the Faculty Member of the Day (FMD). All students must attend a Virtual Simulation at 1 p.m.

1. You are expected to start the work no later than 8 a.m.
2. The student will complete the following on the vSim
   a. Pre-test
   b. Simulation
   c. Post-test
   d. Pathophysiology form
   e. Lab form
   f. Medication sheet
   g. Reflection sheet
3. The student may do the simulation and post-test more than one time; however, only the first attempt of each will be counted in the grading.
4. The assignments must be submitted to the FMD by 4 p.m. on Friday.
5. Students who do not complete the vSim work or attend the Zoom on Friday will be counted as absent.

Clinical Preparation
Each student is expected to prepare for clinical practice in such a way that makes the student a safe, effective care giver. Not understanding the disease process and the expected care is equal to unsafe nursing practice. Preparing for clinical practice is a DUTY of the student vocational nurse and leads to SAFE NURSING PRACTICE. The student is required to prepare for clinical in such a way as to understand the medical diagnoses and medications, the implications of labs and diagnostics, the potential complications and how to prevent the, and the required nursing care. **Adequate preparation is a must**. The student should plan on a *minimum* of two hours of prep time per day for each clinical experience

Prepare" is the **intentional** effort on our part—to fix, establish and set. This means that the student must intentional spend time and effort to fix, establish and "set" in the student mind the disease processes of the patient and the care required. The student will be expected to demonstrate this understanding through the care of the patient, as well as discuss this understanding with the instructor.

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Requirements:

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1. The student will demonstrate understanding of the patient's diagnosis(es) through knowledgeable discussion of the diagnosis, risk factors, s/s, treatments, nursing interventions and rationales, and patient teaching.
   a. The student may have this information in any form the student chooses, i.e., diagnosis sheets, diagnosis cards, tabbed diagnosis book, etc.
   b. Students are encouraged to have this information written so that when the student becomes nervous, there is a reference for the student to use during discussion; however, a written form is not required *as long as* the student can discuss the information in a logical, organized, reasonable manner.

      c. Students who are unable to discuss this information will receive a clinical deduction and may be instructed to have written information on subsequent clinical experiences.
2. The student will demonstrate understanding of the patient's medications through knowledgeable discussion of the medication, its action, its indication, the dosage and times of administration, possible side effects/adverse reactions, and applicable nursing indicators and patient teaching.
      a. The Medication List is to be thoroughly completed for each patient. There is a deduction for any incomplete Med List
      b. Students who are unable to discuss the medications will receive a clinical deduction and may be instructed to have write additional information on medications.
      c. For students with really poor discussion of medications or for incomplete med list, med administration may be forfeited, with additional point deductions.
3. The student will demonstrate understanding of the patient's laboratory status through discussion of the lab, the normal values, the abnormal values and the indicators of the lab values.
      a. The Lab Analysis Sheet is to be thoroughly completed for each patient.
      b. Students who are unable to discuss the laboratory values will receive a clinical deduction and may be instructed to do additional written work on labs.
      c. There is a deduction for incomplete lab data.

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PROCESS:

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1. First day of clinicals: In the afternoon, ***after all patient care is completed***, the student may access the patient's medical record for approximately 30 minutes to gather information. This information should include
      a. Patient's medical and surgical history
      b. Current diagnoses
      c. Medications
      d. Labs
2. Prior to leaving for the day, the student may verify with the instructor what information is important for research.**NO RESEARCH IS TO BE DONE ON THE UNIT!**
3. After clinical clock-out , the student should begin the preparation process so that there is enough time to research and organize the student's prepared work.
4. The student should organize the information and be ready to present the information to the instructor. If this patient(s) has been dismissed, the student may still discuss the current information.
5. IF PATIENTS are dismissed, the student is expected to pick a new patient and begin the research process again.
6. IF PATIENTS are dismissed on the last clinical day, the student is expected to select new patients to provide care for during the day; however, clinical preparedness will not be required that evening.

To prepare for the Outpatient Clinics: Clinic rotations are senior-level rotations in which the student functions in a more independent role under the supervision of the clinical instructor and clinic nursing staff.
General rules:
1. Students may be assigned to a clinic more than one time during the semester; some clinics may not be available to every student
2. Each clinic has specific requirements of preparation that the student MUST do PRIOR to the rotation. Please see the table below.
3. Each clinic will require the following which should be emailed to the clinical instructor by 5 p.m. Wednesdays
      a. Clinic Note
      b. Med Log (if no meds are administered, please write "No meds administered" and submit)
      c. Med Sheet from chart pack completely filled out for that clinic
      d. Diagnosis Sheets as indicated by the clinic objective

4. Each student will submit a signed time sheet for the clinic rotation as an attachment to the clinical instructor.
5. Additional clinical deductions will be taken for failure to turn the above documents in completed and on time.
6. Students who get placed on probation will forfeit all further clinic rotations so that greater instructor supervision is available to assist the probated student
7. Students at the clinics must follow all SPC guidelines.
8. The Clinic Notes and Medication Log are posted on Blackboard

Clinic Required Research

Clinic	Required Research PRIOR to rotation
Family Medicine	Med sheets for: Antibiotics, Vitamins, Depo drugs, Immunizations (child & adult), Pain, Diuretics, Antiemetics Childhood diseases Diagnosis Sheets: Chickenpox, Measles, Mumps, Rubella, RSV,
Internal Medicine	Med sheets for Pain, Antihistamine, Antihypertensives, Immunizations, Insulin, Steroids, Antianginals, Medrols, antibiotics
OB-GYN	Med sheets for Hormones, Immunizations, Antibiotics Childhood Diseases Diagnosis Sheets: Chickenpox, Measles, Mumps, Rubella, RSV,
PEDI	Med sheets for Pain, Respiratory, Antibiotics, Immunizations, Steroids Child hood disease Diagnosis Sheets: Chickenpox, Measles, Mumps, Rubella, RSV,
Urology	Med sheets for Antibiotics, Hormones, antineoplastics
Orthopedics	Med sheets for Antibiotics, Steroids, pain
Ear, Nose & Throat	
Pedi Subspeciality*	
Pedi Surgery*	
Cardiology	Meds sheets for antihypertensives, Diuretics

__ANY noted resemblance to another student's work will be considered plagiarism! You must do your own work!__

CHART PACK:
In all medical-surgical rotations, the student must complete individual research and the chart pack. The Chart Pack is the student's practice documentation and is considered a legal document (it may be subpoenaed for evidence); therefore, the Chart Pack should be treated with respect and completed up to the point the student relinquishes care of the patient. The student must complete the Chart Pack daily.

CLINIC NOTES: Prior to the clinic rotation, the student should review the clinic and determine the type of patient the student may be seeing based on this review.
1. The student should determine at least ONE (1) learning goal for this clinic. Remember **goals must be measurable** and **goals must have a time frame**. Since this is about you, the student, you are the focus of the goal; therefore, you can start with "I will . . ." There should be at least one learning goal for each day of the rotation. The goal **MUST BE MORE SPECIFIC** than "Today I will learn about this clinic." Please date each Learning Goal.
2. Some clinics have different areas for learning. If you worked in one specific area on the first day, you may ask to work in another area the next day. You should ask by saying that one of your learning goals for this clinic is something specific in the next area of the clinic. [Please note: staff may request that you stay in the same area; discuss this with your instructor.]
3. On Thursdays: Select one patient for study and learning from that clinic assignment and make a Clinic Care Map just as for med-surg nursing.

   PROCESS: Using the Student Clinic Notes posted on BlackBoard:
1. Print your name, the clinic, and the date at the top of the page.
2. Write your measurable learning goal
3. Identify the chosen patient for study. Write the patient's initials, age, sex and chief complaint (CC) [why they came to the clinic]
4. Write the medical diagnosis
5. Write the home medications. Be sure to include the dosage, the route and the frequency with each medication.
6. Identify the subjective symptoms.
7. Identify the objectives signs.
8. Write your nursing interventions for this patient. At home, write the rationale for each action and underline the rationale. Nursing interventions should be listed in order of priority.
9. Identify the patient teaching that is needed and/or done. If the teaching was done, please indicate it. If the teaching was not done, please give a reason and state when it should be done.
10. Include your medication log (see information on blackboard)
11. Submit this work to your clinical instructor.

COMPUTER USAGE
Clinical Computer Usage: Computer systems at the clinical sites are for the purposes of clinical work. Students may only use the agency computer systems for accessing important patient data the student needs for safe and effective patient care. **Students MAY NOT use the agency computer for personal usages such as checking emails (even SPC or instructor-sent emails are prohibited on agency computers), Black Board, websites (including drug or diagnoses websites) or other personal usage. No "research" is to be done during the clinical period**. Students who engage in inappropriate computer usage will be placed on probation for the first offense and dismissed from the VNP for a subsequent offense. Refer to the Student Vocational Nurse Handbook.

As computer technology in the field of health occupations continues to become more popular, computers may be used in this course for Case Studies and Care Plans if the student chooses to use them. All students have access to computers and printers on the South Plains College campus. All registered students are supplied with a working email account from South Plains College.

ALL STUDENTS ARE EXPECTED TO KNOW THEIR SPC STUDENT USER NAME AND PASSWORD.

COMPUTER LAB USAGE

The computer lab(s) on any campus may be used by students during scheduled open hours or as assigned by an instructor. Printer paper will not be provided for students to print materials but students may seek assistance from faculty or staff to request lab paper from the college if needed. Lack of computer lab paper is not an excuse for not completing assignments

GRADING POLICY

Students must earn an overall grade of 75 or better in this course to pass this course, but have some specific grading criteria:

Final semester grades will be based on the following:
A. **Departmental Math Exam**—the student must pass the semester's departmental math exam by the third testing with an 80 or better on the exam. Students who do not achieve an 80 by the third testing fail the clinical course and are administratively withdrawn at that time, regardless of other grades. Students will not pass medications until this exam is passed.
B. **Weekly clinical evaluation**—students will receive a weekly clinical evaluation based on the student's individual clinical performance and preparedness to practice nursing. The weekly ratings are averaged together for the length of the course. The student must have a 75 performance average in order to complete the course, and if not, fails the clinical course, regardless of other clinical grades. The weekly grade also includes the Thursday's clinical judgment day and Sims Friday vSim
C. **Written Work**: vSim & post test; Patho form, lab and med forms
D. **Completion of Skills Checklist to 90% and Performance of both sterile skills**—four weeks prior to graduation, the student must have completed 90% of the skills checklist and must have performed the two sterile procedures at least once in order to graduate. Students who fail to complete 90% of the checklist OR who fail to complete both sterile skills, fail the clinical course, regardless of other clinical grades.
E. **Written Capstone Exam**—students are expected to achieve a 95% national average (equals a 75 grade) on the capstone exam; the normative grade is averaged in with the written work
F. **Clinical Capstone**—students are expected to achieve a passing score on a clinical capstone simulation; the grade is a stand alone clinical grade
G. **CPR and Immunizations**—CPR and immunizations must be kept current. If CPR expires or if an immunization booster/update is required, the student may not attend clinicals, accruing absences. Should this put the student over the allowable absences, the student will fail the clinical course, regardless of other grades. If the student misses one day due to an expired CPR or immunization, that student will have to make up that day in the clinical setting. IT IS THE RESPONSIBILITY OF THE STUDENT TO MAINTAIN CPR AND IMMUNZATIONS.
H. **Summative Evaluation**—at the end of the semester, the student will have a summative evaluation that states if the student met all expectations of the clinical experience. The student must have completed all assignments, remediation, clinical experiences and make up days in order to have a successful summary.

GRADING SCALE:
        90-100   = A
        80-89.99 = B
        75-79.99 = C
.   <75   = F (There is no "D" in clinicals)
Please note: clinical grades are reported as whole numbers; decimals are dropped and are not rounded up.

GRADE BREAKDOWN

Weekly Evaluations: 60%
Written Work: 40%

    Electronic communication between instructor and students in this course will utilize the South Plains College Blackboard and email systems. The instructor will not initiate communication using private email accounts. Students are encouraged to check SPC email on a regular basis. Students will also have access to assignments, web-links, handouts, and other vital material which will be delivered via Blackboard. Any student having difficulty accessing the Blackboard or their email should immediately contact the help

Email Policy:

    A. Students are expected to read and, if needed, respond in a timely manner to college e-mails. It is suggested that students check college e-mail daily to avoid missing time-sensitive or important college messages. Students may forward college e-mails to alternate e-mail addresses; however, SPC will not be held responsible for e-mails forwarded to alternate addresses.

    B. A student's failure to receive or read official communications sent to the student's assigned e-mail address in a timely manner does not absolve the student from knowing and complying with the content of the official communication.

    C. The official college e-mail address assigned to students can be revoked if it is determined the student is utilizing it inappropriately. College e-mail must not be used to send offensive or disruptive messages nor to display messages that violate state or federal law

    D. Instructors make every attempt to respond to student emails *during regular college business hours* when faculty are on campus. Instructors *are not* required to answer emails after hours or on weekends.

    E. Students who use email inappropriately to faculty, students, staff or others will be placed on probation for the first offense; dismissed from the program for a second offense.

Texting Faculty: Students should not text faculty via the faculty cell phone. Written communication should be by email, office phone, or personal notes. The faculty cell phone is for contact during the clinical hours ONLY and should not be used outside the clinical experience. Students who text faculty will be placed on probation for the first offense and dismissed from the program for the second offense.

Cell Phones: cell phones are PROHIBITED at any clinical setting, Simulation and during Zoom meetings. Students should not have cell phones on their person, in their back packs, pockets or other personal areas during clinicals. Cell phones should be left in the student vehicle so that there is no temptation to use. Students who violate this policy and have their cell phone out during the clinical day for any reason will be sent home as absent—no matter when the infraction is discovered. If this absent causes the student to exceed the allowable absences, the student fails the clinical course, regardless of other clinical grades. This is considered a professional violation. Please refer to the Student Handbook for more information.

STUDENT CONDUCT—Please refer to the Student Vocational Nursing Handbook for all Program Rules & Policies

Rules and regulations relating to the students at South Plains College are made with the view of protecting the best interests of the individual, the general welfare of the entire student body and the educational objectives of the college. As in any segment of society, a college community must be guided by standards that are stringent enough to prevent disorder, yet moderate enough to provide an atmosphere conducive to intellectual and personal development.

A high standard of conduct is expected of all students. When a student enrolls at South Plains College, it is assumed that the student accepts the obligations of performance and behavior imposed by the college relevant to its lawful missions, processes and functions. Obedience to the law, respect for properly constituted authority, personal honor, integrity and common sense guide the actions of each member of the college community both in and out of the classroom.

Students are subject to federal, state and local laws, as well as South Plains College rules and regulations. A student is not entitled to greater immunities or privileges before the law than those enjoyed by other citizens. Students are subject to such reasonable disciplinary action as the administration of the college may consider appropriate, including suspension and expulsion in appropriate cases for breach of federal, state or local laws, or college rules and regulations. This principle extends to conduct off-campus which is likely to have adverse effects on the college or on the educational process which identifies the offender as an unfit associate for fellow students.

Any student who fails to perform according to expected standards may be asked to withdraw.

Rules and regulations regarding student conduct appear in the current Student Guide and in the Vocational Nursing Student Handbook.

COURSE DISCLAIMER

FOUNDATION SKILLS

BASIC SKILLS–Reads, Writes, Performs Arithmetic and Mathematical Operations, Listens and Speaks
F-1 Reading–locates, understands, and interprets written information in prose and in documents such as manuals, graphs, and schedules.
F-2 Writing–communicates thoughts, ideas, information and messages in writing and creates documents such as letters, directions, manuals, reports, graphs, and flow charts.
F-3 Arithmetic–performs basic computations; uses basic numerical concepts such as whole numbers, etc.
F-4 Mathematics–approaches practical problems by choosing appropriately from a variety of mathematical techniques.
F-5 Listening–receives, attends to, interprets, and responds to verbal messages and other cues.
F-6 Speaking–organizes ideas and communicates orally.

THINKING SKILLS–Thinks Creatively, Makes Decisions, Solves Problems, Visualizes and Knows How to Learn and Reason
F-7 Creative Thinking–generates new ideas.
F-8 Decision-Making–specifies goals and constraints, generates alternatives, considers risks, evaluates and chooses best alternative.
F-9 Problem Solving–recognizes problems, devises and implements plan of action.
F-10 Seeing Things in the Mind's Eye–organizes and processes symbols, pictures, graphs, objects, and other information.
F-11 Knowing How to Learn–uses efficient learning techniques to acquire and apply new knowledge and skills.
F-12 Reasoning–discovers a rule or principle underlying the relationship between two or more objects and applies it when solving a problem.

PERSONAL QUALITIES–Displays Responsibility, Self-Esteem, Sociability, Self-Management, Integrity and Honesty
F-13 Responsibility–exerts a high level of effort and perseveres towards goal attainment.
F-14 Self-Esteem–believes in own self-worth and maintains a positive view of self.
F-15 Sociability–demonstrates understanding, friendliness, adaptability, empathy and politeness in group settings.
F-16 Self-Management–assesses self accurately, sets personal goals, monitors progress and exhibits self-control.
F-17 Integrity/Honesty–chooses ethical courses of action.

SCANS COMPETENCIES
C-1 **TIME** - Selects goal - relevant activities, ranks them, allocates time, prepares and follows schedules.
C-2 **MONEY** - Uses or prepares budgets, makes forecasts, keeps records and makes adjustments to meet objectives.
C-3 **MATERIALS AND FACILITIES** - Acquires, stores, allocates, and uses materials or space efficiently.
C-4 **HUMAN RESOURCES** - Assesses skills and distributes work accordingly, evaluates performances and provides feedback.

INFORMATION - Acquires and Uses Information

C-5 Acquires and evaluates information.
C-6 Organizes and maintains information.
C-7 Interprets and communicates information.
C-8 Uses computers to process information.

INTERPERSONAL–Works With Others
C-9 Participates as a member of a team and contributes to group effort.
C-10 Teaches others new skills.
C-11 Serves Clients/Customers–works to satisfy customer's expectations.
C-12 Exercises Leadership–communicates ideas to justify position, persuades and convinces others, responsibly challenges existing procedures and policies.
C-13 Negotiates-works toward agreements involving exchanges of resources; resolves divergent interests.
C-14 Works With Diversity–works well with men and women from diverse backgrounds.

SYSTEMS–Understands Complex Interrelationships
C-15 Understands Systems–knows how social, organizational, and technological systems work and operates effectively with them.
C-16 Monitors and Corrects Performance–distinguishes trends, predicts impacts on system operations, diagnoses systems performance and corrects malfunctions.
C-17 Improves or Designs Systems–suggests modifications to existing systems and develops new or alternative systems to improve performance.

TECHNOLOGY–Works with a Variety of Technologies
C-18 Selects Technology–chooses procedures, tools, or equipment, including computers and related technologies.
C-19 Applies Technology to Task–understands overall intent and proper procedures for setup and operation of equipment.
C-20 Maintains and Troubleshoots Equipment–prevents, identifies, or solves problems with equipment, including computers and other technologies.

Course Schedule—refer to Black Board

Korbi Berryhill, MSN, RN, CRRN
Vocational Nursing Program Director
South Plains College Reese Center

VNSG 2662 Syllabus Contract

After you have reviewed this syllabus, please print and sign this statement and turn in at clinical orientation: (you cannot attend clinicals until this statement is received.

PRINT Name: _____

I have read the VSNG 2662 syllabus and understand the course requirements. I have had the opportunity to ask questions. I can comply with all requirements found in this syllabus and the Student Vocational Nurse Handbook.

Signed: _____ Date: _____