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Credits: 5 credit hours

Prerequisites: All required Fundamentals semester courses.

Course Description:

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

1. Demonstrate Critical Thinking and Problem Solving through classroom assignments, lab experiences, and clinical practice.

2. Examine and apply nursing and non-nursing theories related to growth and development, and the disruption of growth and development patterns.

3. Identify concepts related to family centered care, legal/ethical care, and health promotion, protection, and prevention in relation to social responsibility.

4. Utilize the concepts of global health and transcultural nursing in applying knowledge of values, life styles, ethnicity, and religion to families.

5. Describe and demonstrate caring behaviors while providing nursing care to children and families from diverse populations.

6. Demonstrate effective and appropriate communication skills with children, their families, health care teams, and classmates/faculty by expressing ideas clearly and coherently orally, in writing, and electronically.

7. Implement the nursing process with individuals experiencing acute or chronic illness.
   a. Utilizing critical thinking, assess children and families responses to specific illnesses.
   b. Utilize the data collection process based upon Gordon’s functional health patterns, Piaget, Erickson, and Maslow to derive NANDA nursing diagnoses appropriate to the individual child and family.
   c. Identify appropriate goals and outcomes to meet the client and family needs.
   d. List appropriate nursing interventions and rationales for identified nursing diagnosis.
   e. Demonstrate appropriate therapeutic nursing interventions to assist children and families to attain, maintain, or regain optimal health.
   f. Describe and implement patient teaching plans for selected patient problems.
   g. Demonstrate safe, technically competent care of children and their families.
   h. Evaluate the effectiveness of care and revise plan as needed.

8. Give examples of relevant and recent research findings, particularly as they relate to nursing care of children and their families undergoing disorders of the physiological systems.

9. Demonstrate responsibility for own learning at levels consistent with course and professional expectations.
   a. Seek opportunities to acquire and apply new knowledge to practice.
   b. Demonstrate professional role behavior.
   c. Demonstrate accountability for own behavior.
   d. Demonstrate collaborative skills with members of the interdisciplinary health care team in planning, coordinating, providing and evaluating patient care.
Course Requirements:


Evolve Website access @ https://evolve.elsevier.com/staticPages/index.html

TAMU-CC Blackboard Access @ https://iol.tamucc.edu/

Recommended: (NCLEX Study Prep)

Optional: (Only because students ask about more books – not because you need them.)


Teaching / Learning Strategies:

“Some old school types complain these days that the higher education too often feels like it is all about customer service. Students and their parents believe they are paying top dollar for a product, and so they want it to be valuable in a measurable way. It’s as if they’ve walked into a department store, and instead of buying five pairs of designer jeans, they’ve purchased a 5-subject course load.

I don’t fully reject the customer-service model, but I think it’s important to use the right metaphor. It’s not retail. Instead, I’d compare college tuition to paying for a personal trainer at an athletic club. We professors play the roles of trainers, giving people access to the equipment (books, labs, our expertise) and after that, it is our job to be demanding. We need to make sure that our students are exerting themselves. We need to praise them when they deserve it and tell them honestly when they have it in them to work harder.”

– Randy Pausch, from The Last Lecture

Teaching methods include lecture, seminar, discussion, small group work, independent study of texts and library resources, computer assisted instruction, audio-visual aids and assignments. While the Professor will provide guidance and consultation, the student is responsible for identification of learning needs, self-direction, seeking consultation and demonstration of course objectives. Students will participate in the following:

1. **Written assignments**: Students are expected to follow instructions associated with the assignments for this course. Students who are confused about an assignment should contact the appropriate faculty member (lecture assignments – classroom instructor; clinical assignments- clinical faculty) in a timely manner to ensure satisfactory completion of the assignment on the date it is due. No late work is accepted. All work must be turned in following the instructions provided for that assignment. (No emailed assignments will be graded.) Unless otherwise instructed, students should use the APA Publication Manual, 6th Edition as a reference for formatting and organizing written assignments. **Points will be deducted for poorly written papers, for both formal and informal writing.**

2. **Students are expected to complete all required readings prior to each class period.** Written homework may be assigned at the discretion of the faculty. As a 5-semester credit course, faculty expects 8 - 10 hours of independent preparation and study each week, in addition to class time and clinical time. Preparation for all classes includes assigned readings for the scheduled topics, review of anatomy and physiology, review of assessment, and review of class notes from previous courses as applicable.
3. **Students are expected to participate in classroom discussions** – we were all children once and most have families. It is assumed that students will prepare for each class so that they can make knowledgeable contributions on the subject. All contributions should be made in a respectful manner and the discussion should be an orderly sharing of ideas. NO disrespect to classmates will be tolerated.

4. **Students are expected to respect the learning rights of all others in the classroom.** Individual conversations, accessing social media, using a personal computer for other than taking notes or researching current topics, arriving to class late, sleeping during class-time, and studying for another class during classroom time are unacceptable behaviors. Students who demonstrate these behaviors may be asked to leave class. Pagers and Cell Phones will be turned off or on vibrate.

5. **Students are expected to complete an anonymous course evaluation at the end of the course.** The evaluation will be available through Blackboard. Grades will not be released to students until 75% of the class has completed a course evaluation. The practice of providing feedback to educational experiences is consistent with professional nursing responsibilities.

6. Permission to tape record must be obtained from each lecturer prior to class. Clinical examples or examples from clinical experiences cannot be recorded due to patient confidentiality and HIPPA regulations.

**Grading Policy**

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

- Exam I 20%
- Exam II 20%
- Exam III 20%
- Final Exam 20%
- Assignments 10%
- Attendance 10%
Examination Guidelines:

1) Exams are created to not only test your knowledge of content but to help you practice testing using the NCLEX style questions. As you progress through nursing school, research shows that the pattern you have created on these exams is reflective of how you will do on your Exit HESI and eventually NCLEX.

2) Medication math items will be included on each examination.

3) The final examination will be comprehensive.

4) Testable material is based on course, classroom, lab, and clinical objectives. Included are all required readings, lecture and discussion content, related material in the course syllabus, content covered by media presented in or required for class/clinical, and material given as handouts.

5) Exam dates, times and locations are subject to change.

6) Students will be allowed to use the calculator available on the computer or a simple calculator for medication type questions.

7) No Cell Phones, IPods/IPads, PDAs or Beepers are allowed during examination times.

8) Course faculty will review the exam and the grades will be posted on Blackboard. Those students scoring below 75 on any exam are encouraged to make an appointment with the faculty of record to review their exam and address their concerns.

Late work & Make-up Examinations:

No make-up examinations will be administered. If a student misses either Exam 1, 2, or 3 the final exam will count as double. Two missed exams constitute a failure in the course. Most assignments will be in class assignments; however, on the occasion that it is something done at home, late assignments will not be graded unless there are extenuating circumstances. If your faculty is not notified prior to or on the date the assignment is due the grade will be 0 regardless of circumstances. In class work cannot be made up – if you were not in class, regardless of the reason, you will not get those points. See attendance Policy below.

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

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<td>D</td>
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<td>F</td>
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**Attendance Policy:**

Absences will be a '0' for attendance and the work completed in class that day cannot be made up. There are no excused class absences except for official university business, however, persons with fever should be courteous to classmates and not attend class. Absences from more than 2 classes may result in a reduction in class grade of one letter grade, for example, from an A to a B. Each class period is worth 3 hours of lecture, persons leaving or asked to leave prior to the end of class, or who come late to class, will be counted absent for that hour of class. Consequently, 6 times of being late or leaving early will also constitute a lowering of your letter grade by one letter grade. We look for patterns of professionalism, this chronic attendance problem should never happen.

**Class Cancellation:**

In the event that a class is canceled, the student is expected to do the readings and complete the objectives for that day. The content will still be included on examinations. The material in this syllabus and dates identified in the Course Calendar are subject to change. Check your Islander e-mail for all university closing updates. Check Blackboard for all course related emails.

**Classroom/Professional Behavior:**

Texas A&M University-Corpus Christi, as an academic community, requires that each individual respect the needs of others to study and learn in a peaceful atmosphere. Under Article III of the Student Code of Conduct, classroom behavior that interferes with either (a) the instructor’s ability to conduct the class or (b) the ability of other students to profit from the instructional program may be considered a breach of the peace and is subject to disciplinary sanction outlined in article VII of the Student Code of Conduct. Students engaging in unacceptable behavior may be instructed to leave the classroom. This prohibition applies to all instructional forums, including classrooms, electronic classrooms, labs, discussion groups, field trips, etc.

**Academic Honesty:**

We take this VERY seriously – one day you will be a nurse and your integrity (honesty) is imperative. There will be times that being a nurse will challenge your integrity to do “the right thing”. Start now to do “the right thing”. University students are expected to conduct themselves in accordance with the highest standards of academic honesty. Academic misconduct for which a student is subject to a penalty includes all forms of cheating, such as illicit possession of examinations or examination materials, forgery, or plagiarism. (Plagiarism is the presentation of the work of another as one's own work.) At best you end up with a “0”, and at worst, you are removed from the University. Below is the University’s policy on Academic Honesty. Three of the most common ways students cheat unknowingly:
1. Work in a study group to answer questions or work on a paper that is to be individual work. Study groups are great to discuss content; however, formulating answers to an individual assignment is cheating.

2. A friend is in a panic and asks to see what you did because the instructions are unclear. Nurses are kind and helpful people, so we help. Giving that student your work allows that student to copy your work and it makes it impossible for the instructor to decide what the intent actually was. You will both be punished for cheating. Instead, point them toward the resources that you used to help them find the answer.

3. Copying and pasting from internet sources or textbooks without giving due credit. ALWAYS cite your sources! (Even when answering questions – if you got it somewhere – cite it.)

University students are expected to conduct themselves in accordance with the highest standards of academic honesty. Academic misconduct for which a student is subject to a penalty includes all forms of cheating, such as illicit possession of examinations or examination materials, forgery, or plagiarism.

Plagiarism means to steal and pass off the work of another as one’s own work. It usually results from bad paraphrasing or improper referencing. The substitution of a few changes from those of the original author and forgetting to use quotation marks, and reference citation are technically considered plagiarism. The only safe way to paraphrase is to read the original over several times and then write your conception of what you have read without looking at the original. In other words, when paraphrasing, keep the source book closed! Wilson, p. 523)


http://falcon.tamucc.edu/~students/JAffairs/ja_code_of_conduct_article3.htm

Dropping a Class:

I hope that you never find it necessary to drop this or any other class. However, events can sometimes occur that make dropping a course necessary or wise. Please consult with Ms. Dinkens or Ms. Snyder before you decide to drop to be sure it is the best thing to do. Should dropping the course be the best course of action, you must initiate the process to drop the course by going to the Student Services Center and filling out a course drop form. Just stopping attendance and participation WILL NOT automatically result in your being dropped from the class. Faculty cannot drop you from a course. Please refer to the University calendar for the last day to drop a class with an automatic grade of “W” this term.

Grade Appeals

As stated in University Rule 13.02.99.C2, Student Grade Appeals, a student who believes that he or she has not been held to appropriate academic standards as outlined in the class syllabus, equitable evaluation procedures, or appropriate grading,
may appeal the final grade given in the course. The burden of proof is upon the student to demonstrate the appropriateness of the appeal. A student with a complaint about a grade is encouraged to first discuss the matter with the instructor. For complete details, including the responsibilities of the parties involved in the process and the number of days allowed for completing the steps in the process, see University Rule 13.02.99.C2, Student Grade Appeals, and University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures. These documents are accessible through the University Rules Website at http://www.tamucc.edu/provost/university_rules/index.html. For assistance and/or guidance in the grade appeal process, students may contact the Office of Student Affairs.

**Disabilities Accommodations**

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please call or visit Disability Services at (361) 825-5816 in Driftwood 101.

If you are a returning veteran and are experiencing cognitive and/or physical access issues in the classroom or on campus, please contact the Disability Services office for assistance at (361) 825-5816.
NURS 3548 – Nursing Care of Children and Families

Clinical Syllabus

CLINICAL OBJECTIVES:

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

Clinical Practice:

The clinical experience focus is on nursing care of children and their families from diverse populations who are experiencing health related issues (health promotion, health maintenance, or health alterations.) Clinical practice is the application of the theoretical component into the hospital and community practice area. Students must pass a Math Test and a Medication Administration Competency in the learning lab with a grade of 90 or better in order to go to the first clinical day. The opportunities to do both of these requirements are given during a mandatory clinical orientation. Students who do not or cannot attend clinical orientation must make arrangements to make up these required clinical hours in order to attend clinical. For the remainder of the five-week rotation, students will observe various pediatric environments and provide total nursing care to children and their families in the acute care setting. Clinical
performance and all assignments are graded Pass/Fail. The final summative clinical evaluation uses the clinical evaluation for the College of Nursing and Health Sciences. **If the student fails clinical, he/she will receive an F in the course, regardless of the theory grade.**

**Patient Safety:**
If, in the instructor’s professional judgment, a student is unable to provide safe nursing care to patients and if this deficit is such that it cannot be remedied in the given clinical time within the limits of available faculty supervision, the student will be removed from the clinical setting and will receive a grade of F in the course.

**Attendance Policy:**
Clinical hours are planned in advance with cooperation of numerous health care professionals and are designed to assist the student in achieving the objectives of the course. **THE STUDENT IS REQUIRED TO ATTEND AND COMPLETE ALL CLINICAL HOURS AS ASSIGNED; PUNCTUALITY IS EXPECTED.** Students will be on time and prepared for clinical experiences. Students are not allowed to leave the building during the stated hours of clinical practice, nor be on the unit in student attire after clinical is over. Clinical is a time of learning and part of the coursework. The presence of children or other visitors is not appropriate at any time during the clinical experience.

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

Students who miss clinical for any other reason than family emergency or illness, and those students who fail to follow procedure by contacting their faculty prior to clinical, will receive an “F” for that clinical day and a Clinical Warning will be written and signed by the instructor. Students who are dismissed from clinical for unprofessional conduct, unsafe nursing practice, or inappropriate attire will also receive an “F” for that clinical day and no make-up will be provided. A student who earns two Clinical Warnings will receive a final grade of “F” for the clinical even if the time allotted for clinical practice has not expired. Students unable to attend or complete a given clinical rotation may receive an “I” (Incomplete) or “F” (failure) for the clinical rotation depending on arrangements made with the assigned faculty.
Clinical Expectations and Assignments:

Hospital Expectations: Preparation for clinical practice is required. Students will complete written careplans that include; Pediatric Data Base, Anticipatory Guidance, Developmental Theorist Evaluation, Medication Sheets, Patho Tree, Concept Map (including 3 nursing diagnosis, and Intervention Sheets (for 3 nursing diagnosis) as part of the clinical component. Careplans and assignments are due during the week of that particular clinical experience and at the time chosen by the clinical instructor. Written careplans/assignments are graded on a Pass/Fail basis. Students must pass two careplans during the rotation. Observation in various pediatric environments will have their own assignments to validate learning objectives. Clinical instructors are responsible for facilitation of the student's learning needs and evaluation of student progress in the clinical area. Feedback from staff RNs is used to assist in the evaluation process. Students will sign a “Critical Elements” to clarify their safety responsibilities. Some special considerations and responsibilities for the hospital are listed below:

1. Provide total nursing care to clients under the supervision of clinical faculty and assigned staff registered nurses.

2. Participate in all nursing care activities of the registered nurse except those activities that require additional RN certification (ie., arterial punctures, etc.). For additional clarification, the following apply:

   a. Students will NOT check or otherwise be held responsible for the administration of blood or blood products.

   b. Students MAY sign out narcotics with the direct visual supervision of clinical faculty or assigned RNs.

   c. Students MAY draw blood from central lines and arterial lines with direct visual supervision of the staff RN or faculty.

   d. Students MAY administer medications with direct visual supervision of the staff RN, only after clearance from their clinical instructor. (Completed in lab prior to clinical in the hospital.)

   e. Students will NOT give IV push medications nor perform venipuncture for venous access.

3. Coordinate all nursing care activities with the assigned staff. This includes but is not limited to aides, LVN’s and RN’s. The student should utilize the Nurse Manager, Charge Nurses, and other members of the health team as resources.
Assignments in addition to the Hospital Clinical Experience: You are required to complete 90 hours of clinical. The hospital rotation will be some of those hours. Assignments have been developed to encompass other aspects of Pediatric Nursing that cannot be achieved in the hospital environment. These assignments count as clinical hours and therefore, fall under the same attendance and completion rules/policies as the hospital clinical time. Each assignment a student fails to complete in a timely manner will result in a Clinical Warning. As stated above, two clinical warnings constitute a clinical failure.

Dress Code:

Each student will take pride in his/her personal appearance as a professional representative of the Texas A & M University - Corpus Christi College of Nursing and Health Science and the nursing profession as a whole. First impressions of individuals often have a significant and long-lasting affect on establishing rapport with others. In light of the need to satisfy consumers of health care, a confident, professional and corporate image of nursing will be expected. Students will adhere to the dress code of the agency/institution in which the clinical practice takes place. If a student is not properly attired, including the College of Nursing and Health Sciences ID badge and patch, the student will be dismissed from clinical for the day. Students are required to bring all equipment needed to perform patient care and vital signs assessment with them.

During Hospital Clinical Hours:

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

1. **Uniform:** Clean, pressed, appropriately hemmed, and properly fitting scrub with Texas A & M picture I.D. For male students, a white, unadorned, round-neck T-shirt must be worn under the standard uniform tunic. For outpatient or clinic experiences, apparel will be determined by agency. For your Pediatric experience ONLY, a student may choose to wear a pediatric print scrub top with a TAMU-CC patch and their blue scrub pant.

2. **Shoes:** White, leather, and clean with clean laces.

3. **Hair:** Students should evaluate their choice of hairstyles so hair is neat, controlled, and appropriately arranged off the face. Because long hair
may interfere with direct patient care and/or personal safety, it should be pinned up, off the collar. Likewise, swinging braids and/or ponytails are not allowed. No hair adornments such as ribbons or bows are allowed. Male students should be clean-shaven or beards neatly trimmed.

4. Jewelry: A watch and wedding band or other single, significant and conservative ring may be worn. Only one set of stud earrings in the earlobes are acceptable. ALL other body piercing jewelry is inappropriate in the clinical setting and must be removed.

5. Jackets: No sweaters are permitted in patient care areas. A plain white T-Shirt may be worn under your uniform or a scrub jacket in matching blue with the TAMU patch sewn on the sleeve may be worn.

6. Nails: should be short and well groomed; no artificial nails or polish.

7. Community attire: will be determined by the agency.

Alternate Clinical Hours:

The clinical experience includes opportunities outside the hospital setting. These experiences have been chosen to give different perspectives of the pediatric population. Professional behavior is expected. The TAMUCC uniform should be worn.

Reminders:

1. Cell phones are allowed to be used in a private area (never in a client’s room) when contacting your instructor during clinical hours.

2. Skills Competency: Students are responsible for all nursing skills learned from previous courses. While absolute fluency in performing basic skills is not expected, competency and requisite knowledge of how to perform basic skills is expected. Therefore, it is likewise expected that the student will return to the skills laboratory to practice any basic nursing procedure in which he/she is uncomfortable prior to performing the skill in clinical. If necessary, the instructor may advise the student to return to the skills laboratory for assistance with an unsatisfactory procedure. In such a case, the student will need a signed slip by the skills lab manager stating that he/she has practiced the procedure before returning for the next clinical week.

3. Complete honesty to the clinical instructor is an expectation of every student. Dishonesty shall be defined to include withholding information and/or failing to immediately disclose appropriate information pertaining to the client and/or
clinical scenario to the faculty member and/or the assigned registered nurse. Students who are found to be practicing in a dishonest manner will be asked to leave the clinical setting and further, will immediately receive a failing grade in the course and dismissal from the nursing program.

4. **Confidentiality:** Confidential handling of all patient information, both written and verbal is an expected critical behavior and a federal law. Violation results in a failing grade in the course. Examples of violations are: talking about patient matters in social non-professional situations, removing confidential materials from agency premises, revealing client/patient names to non-professional or professional non-related persons. Students will sign a confidentiality statement that is required of all persons giving nursing care at DCH.

5. **Medication Administration:** All students will be evaluated for competency prior to clinical regarding the administration of medications. Before any medication administration, the student must be checked off in a Medication Administration lab prior to starting clinical. Should the faculty member be unavailable at the time a medication is due (e.g., working with another student), the student shall consult his/her assigned registered nurse and administer the medication **ONLY with DIRECT VISUAL supervision of the clinical instructor OR the Registered Nurse AT THE CLIENT'S BEDSIDE.** Students must be logged into EPIC under their own login to give medications. Failure to follow this policy, in any way and/or any time, may result in the student receiving a failing grade in the course. **Remember, most clinical errors can be corrected if discovered quickly and reported to the instructor and physician. Students are required to report IMMEDIATELY any nursing errors to their clinical instructor and the assigned nurse. FAILURE TO DO SO JEOPARDIZES THE CLIENT'S WELFARE. Critical nursing errors are defined as commission and/or omission of nursing judgments and/or interventions and evaluations that adversely affect a client's welfare and/or place a patient's health at risk.**

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

7. **Basic Life Support (BLS-C) for the Healthcare Provider** that remains current through the entire semester is required by each student. Such certification is the responsibility of the student. Any student practicing without current certification may receive a failing grade in the course.

8. **Patient/client care** of any type is strictly prohibited when faculty are not present in the clinical facility.
9. **All written work** will be evaluated by presentation of data to support achievement of the objective(s). All work will reflect the student's junior standing in the College of Nursing and Health Science. Therefore, critical consideration will be given to scholarship including quality of content, neatness, spelling, and grammar.

10. **Evaluation** of clinical performance conferences with the clinical instructor are required during each rotation in the form of individual conferences, post conference or private appointments as deemed necessary by the clinical instructor.

**Clinical Activities and Patient Assessments:**

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

**Medications:** Students are to be familiar with medications prescribed to the client. The bedside medication sheet should be completed for all medications the student has the possibility of administering to the patient during the clinical day. A separate form should be used if medications are given to different patients.

- **Generic Name,** **Brand/Trade Name,** **Classification,** **Safe prescribing dose range,** **Calculation of the patients’ safe dose range** (based on Client’s weight or BSA), **Use/Indications** specific to the patient, **Actions** (physiological action on the body), **Nursing Considerations** (that are applicable to the patient) to include drug interactions, black box warnings, major side effects and contraindications, and pertinent teaching information for the patient.

**Nursing Care Plan:** Information to be completed on the “careplan” patient includes:

**Daily Focused Assessment:** To be completed each clinical day for your selected patient.
- Short info – initial patient check to be done immediately after patient report and at least every 2 hours thereafter.
- Long info – completed every 4 hours at the full assessment times, usually 0800 and 1200.
**Patient Database:** Completed on the selected patient. Each criterion should be answered. If there are multiple choices, choose those that apply to the patient. Only criteria that are obviously Non Applicable should be labeled N/A, such as info applicable to opposite gender, info that is not age appropriate, etc.

**Issues, Problems and Concerns:** Using the theories of Gordon, Maslow, Erickson, and Piaget indentify information as appropriate.

**Growth and Development Anticipatory Guidance:** The columns labeled “Milestones Expected” and “Next stage of Development” should be completed after the first clinical day in preparation for the second day. The column “Milestones Achieved” should be completed as evaluation of the patient occurs. “Parent Response” should be completed the second clinical day after teaching of milestones coming up in the next stage of development are presented to the parent(s).

**Medication List:** Completed for the medications that can be given during the clinical day for the selected patient. Remember to always calculate your “Safe dose range” based on the client’s daily weight. This form MUST be complete prior to administration of medications.

**Patho Tree:** Should explain the pathophysiologic cause of the identified patient illness/problem/concern.

**Concept Map:** A diagrammatic representation of the plan of care. “Shapes” are not required. The concept map should include: Patient demographics, Medical Diagnosis, Assessment data (signs/symptoms), Identified nursing diagnosis (3) in priority order,( Nursing diagnosis should include 2 physiologic and 1 psychosocial diagnosis), Long Term Goal/Patient Goal (1), Short Term Goals/Patient Outcomes (2), and evaluation of each goal.

**Nursing Interventions:** Each nursing diagnosis should be restated at the top of the page including the diagnosis, the Related To (R/T) which represents the cause of the nursing problem (NOT THE MEDICAL DIAGNOSIS) and the subjective and objective data that support the diagnosis (As Evidenced By/AEB) Each diagnosis includes 6 interventions (2 assessment, 2 caring, and 2 teaching). Each intervention must be supported by rationale that is evidence based and supported in your textbooks. (Try to use the Pedi text instead of Ackley). Each intervention must be evaluated using 3 criteria, 1. Was the intervention successful? 2. What was the patient response? 3. Will this intervention continue, be modified, or resolved?
**Clinical Evaluation**

**Hospital Clinical:** The clinical experience for Pediatric Nursing is Pass/Fail. Evaluations of the student hospital experience are done at the end of the clinical rotation by the clinical instructor. The evaluation tool used is the same tool used in all clinical courses and is based on the objectives of the TAMUCC Nursing Program. Attached below is a copy for your records.

**Assignments:** The assignments will be based on 100 points and the student must achieve a 75 or greater in order to pass the assignment. If less than a 75 is achieved, the student will receive a Clinical Warning. As stated above, if a student receives two (2) clinical warnings, the students will fail the course. There will be no make-ups, re-dos, or late work allowed. All instructions must be followed including how to submit the work for a grade or it may affect the passing grade. Again, being able to follow directions is imperative and a skill a nurse MUST possess.

**Note:** Even if you have a signed clinical evaluation stating you passed the hospital portion, you have not completed the clinical portion unless all of the required assignments are complete with a score of greater or equal to a 75.
CLINICAL EVALUATION CRITERIA:

PROVIDER OF CARE: Assessment/Diagnosis

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

PROVIDER OF CARE: Goal Setting Outcomes

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

PROVIDER OF CARE: Accountability

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

PROVIDER OF CARE: Education

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

PROVIDER OF CARE: Outcome Evaluations

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

PROVIDER OF CARE: Implementation: Caring and Delegating

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

**PROVIDER OF CARE: Critical Thinking**

- Use critical thinking in complex client situations
- Apply data collection methods to evaluate practice, activities, problems.
- Critically analyze and incorporate research findings in practice.

**COORDINATOR OF CARE: Resource Management**

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

**COORDINATOR OF CARE: Collaboration**

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

**COORDINATOR OF CARE: Referrals**

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

**COORDINATOR OF CARE: Facilitation**

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

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

MEMBER OF PROFESSION: Advocacy

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

MEMBER OF PROFESSION: Activism

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