“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 community and acute care settings.”

Please note in the course description that “physiological” care is only one component of what we will study in this course. Pediatrics is about a growing human being and therefore “developmental and psychosocial” aspects are equally as important as the medical/surgical aspects of care. Play is a child’s “work” and therefore student participation in play activities is encouraged. Because children are part of a family, we must also consider the cultural and spiritual influence on the family and client’s care. Parenting styles and parent expectations/concerns in response to illness and treatment are examined and thus teaching interventions and modeling of appropriate communication and play are important interventions. Because a Pediatric client is most often seen in well-child clinics, acute care clinics, school and family community health centers, many of your clinical hours will be achieved through assignments that examine or simulate these type of nursing environments; hospital nursing is only one type of Pediatric nursing. While in the hospital, every effort will be made for the student to experience a critical care environment as well as opportunities provided to learn from non-nursing but nurse-supportive members of the health care team.
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. **Communication** – You may reach the course or clinical instructors via TAMU-CC email, Blackboard email, phone, or office hours – some also Facebook or text but are not required to do so. **We recommend you set your Islander email to come directly to your phone as we send emergency information in this manner.** Although faculty try to answer email within 48 hours, remember, even if you are not in clinical, clinical faculty are in clinical from Wednesday through Saturday. In addition, many times emailed questions or concerns are asking about what is/was stated in class, in the syllabus, or on assignment instructions. Consequently, all emails will be read but all may not be answered if already covered by another means (lecture, announcement, discussion, general email, syllabus, calendar, assignment instructions or grading rubric, etc.) and maybe not by the student’s expected time frame. Plan ahead, read all course materials thoroughly, and come to class. Evenings and weekends are reserved for family and personal interests, and although we are not expected to work, we often do to accommodate the student; however, this should not be an expectation by the student.
3. **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 expect 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, review of class notes from previous courses as applicable, and homework assignments and quizzes.

4. **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, faculty, or guests will be tolerated.

5. **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.

6. **Students are expected to complete an anonymous course evaluation at the end of the course.** The evaluation will be available through Blackboard. The practice of providing feedback to educational experiences is consistent with professional nursing responsibilities. Constructive criticism is valued. Although we make every attempt to meet your educational needs, sometimes we may miss something. Please do not interpret our lack of changing our course based on your opinion as a disregard for that opinion, but remember you are only one voice in a large classroom. We thoughtfully go through each suggestion to see if we can accommodate it for the best of the whole class.

7. **Recording** - Permission to video or audio 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. Any use of an audio or video of anything to do with this course or clinical that is posted or shared via any form of social media without the coarse coordinator’s specific permission may be prosecuted to the full extent of the law.

**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 and quizzes to evaluate your knowledge of pediatric nursing practice. **To pass the theory component, the student must achieve a minimum test average of 75%.** Test Average is calculated by averaging the Tests 1-3 and the Final Exam – the Quiz Average will be added into the Final Grade but not used in calculating Test Average. The percentage value (weight) of each requirement is as follows:

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Grade weights:

Test 1 = 10%  
Test 2 (HESI) = 20%  
Test 3 (HESI) = 20%  
Comprehensive Final HESI Exam = 20%  
Quizzes (10) = 10%  
Journals and Teaching Project = 10%  
Assignments (10) = 10%

- Assignments 1-14 are evolve Case Studies (CS) and HESI Practice Reviews (PR) – a screenshot (or photo) including your grade, name, and date must be uploaded to the assignment area in Blackboard by the deadline in order to receive credit.
- The 5 HESI Practice Reviews (PR) Assignments, the Teaching Project, 2 Care plans, and the self-evaluations in your Journals count toward clinical requirements. **These must be completed with a 75/100 or better in order to pass clinical.** Failure to pass clinical constitutes a failure in the course.
- **NO late assignments accepted.**

You must have a test average of 75% or better in order to pass the course regardless of other grades. Test Average is calculated by averaging the Tests 1-3 and the Final Exam – the Quiz Average will be added into the Final Grade but not used in calculating Test Average.

Examination Guidelines:

1) Exams/Quizzes 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 including guest speakers, 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. Reminder – a total test/quiz average of 75% or better is required to pass the course regardless of your other grades. See Grading Policy above for calculation.
Grading scale:

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

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. No late assignments accepted. Emailed assignments will not be graded. See Attendance Policy below.

Attendance Policy:

Attendance is expected. Every semester, I have a few students tell me they can learn better on their own….the numbers show they can’t and those very ones that were questioned as to why they were missing class, often end up failing. Although you are required to do much of your learning through reading independently, we go over needed information in class. We look for patterns of professionalism and a chronic attendance problem is not professional behavior.

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 Islander email AND 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”. 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

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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)


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 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 Web site 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.

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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 Clinical Skill Competency lab in the learning lab with a grade of 90 or better in order to go to the first clinical day. If competency is NOT demonstrated, students will be expected to attend remediation and attempt competency. This may cause a delay in the student’s clinical rotation and/or cause a student to receive a clinical warning for the missed 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 four and half-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 is 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.

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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 the nurse in charge of the 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.

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in the clinical area. Feedback from staff RNs is used to assist in the evaluation process. Students will sign a “Critical Elements” to clarify and acknowledge their safety and legal 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.
   
   f. Students will **NOT** take care of a patient with airborne precautions without checking with their instructor for permission.

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 only 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 effect.

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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.

**Dress Code 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 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. For outpatient or clinic experiences, apparel will be determined by agency. Please see the student handbook as some items may have changed.

2. **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 in the pediatric environment, 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.

3. **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.

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

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

6. **Shoes** may be black or white leather; no mesh or cloth.

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

**Alternate Clinical Hours:**

The clinical experience may include 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.

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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. Driscoll has a no cell phones policy for their staff.

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 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 (including the DCH “brains”), 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 (RN) and administer the medication **ONLY with DIRECT VISUAL supervision of the clinical instructor OR the Registered Nurse AT THE CLIENT’S BEDSIDE.** Failure to follow this policy, in any way and/or any time, may result in the student receiving a failing grade in the course. **Remember, most clinical errors can be corrected if discovered quickly and reported to the instructor and physician. Students are required to report IMMEDIATELY any nursing errors to their clinical instructor and the assigned nurse. FAILURE TO DO SO JEOPARDIZES THE CLIENT’S WELFARE. **Critical nursing errors are defined as commission and/or omission of nursing judgments and/or interventions and evaluations that adversely affect a client's welfare and/or place a patient's health at risk.**
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 scholarliness 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.

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**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.

**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. Both the student and the clinical instructor do evaluations of the student hospital experience throughout the clinical rotation. The evaluation tool used is the same tool used in all clinical courses and is based on the objectives of the TAMU-CC 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

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Clinical Warning. As stated above, if a student receives two (2) clinical warnings, the student 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.
Determination of Clinical Performance

Evaluation is a process of reflection that includes discovery and verification of teaching and learning in the clinical setting. The evaluation of clinical performance is the shared responsibility of the student and the clinical faculty; with the faculty having the primary responsibility of determining whether the student’s performance meets essential clinical evaluation outcomes. Competence is “an expected level of performance, integrates knowledge, skills, abilities, and judgments,” that develops over time as the student progresses through the nursing program (American Nurses Association, 2008, p. 3). A major underlying principle of clinical evaluation is safety/risk reduction of the client. Students are evaluated according to safe nursing practice and progression based on course expectations and must demonstrate performance at the Satisfactory (S) or Progressing (P) level.

Process of Evaluation

During the clinical rotation, faculty provides ongoing verbal feedback related to clinical performance and at any time the faculty may provide additional feedback in relation to clinical concerns. A written Clinical Concern Form may be initiated according to the course syllabus.

Faculty and students MAY complete a “formative evaluation” (mid-clinical) of the student’s progress. At the end of the clinical rotation both the student and the faculty WILL complete a written “summative evaluation” (final) of the student’s performance, reflecting on the clinical objectives. A meeting ensues to discuss the student’s clinical progress, culminating with the student signing and commenting on the written feedback. The Clinical Evaluation is filed into the student’s CONHS permanent record.

Key to the Evaluation Tool

E = Exceeds Expectations - Efficient, coordinated, confident, frequently independent needing few supportive cues, insightful, self-directed, accurate, and safe.

S = Satisfactory - Efficient, coordinated, confident, follows directives, generally independent, needs occasional supportive cues and verbal directives, and safe.

P = Progressing - Lacks efficiency and coordination, needs occasional verbal or physical cues in addition to supportive ones, skillful in parts of behavior and/or procedures/interventions in relation to the starred objectives, requests supervision appropriately, and safe.

U = Unsatisfactory - Unable to consistently demonstrate behavior and/or procedure/interventions related to the starred objectives; lacks confidence, coordination and efficiency; needs frequent verbal feedback and cues; unprepared and unsafe.

N/A = Not applicable   N/O = Not observed

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## A. MEMBER OF THE PROFESSION

1. Demonstrates the professional standards of moral, ethical and legal conduct in evaluating the care provided by self and others (in accordance with Texas BON, ANA code of ethics, etc).

2. Identifies personal, professional and environmental risks that impact one’s personal and professional choices/behaviors.

3. Recognizes the relationship between personal health, self-renewal, and the ability to deliver sustained quality care.

4. Identifies need for assistance in providing care.

5. Identifies strategies for improving care provision by self and others.

6. Identifies impact of current issues and trends on the quality of nursing and health care delivery and access to care.

7. Follows agency/CONHS policies pertaining to dress code, attendance, and lateness.

8. Demonstrates behaviors consistent with professional values (such as preparedness, confidentiality, respect, caring, and reliability); participates in identifying own strengths and areas for further growth.

9. Reports errors and/or changes in client condition to instructor immediately.

10. Advocates for clients and families in meeting health care needs.

11. Accepts responsibility/accountability for own nursing practice, utilizing appropriate suggestions, and guidance.

12. Promotes a positive image of nursing and participates in activities that promote consumer awareness of nursing’s contribution to society.

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### B. PROVIDER OF PATIENT-CENTERED CARE
(FOR DIVERSE INDIVIDUALS, FAMILIES, GROUPS, COMMUNITIES, AND POPULATIONS)

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13. Applies the Theory of Caring as defined by Dr. Jean Watson in all aspects of the nursing process.

14. Assesses from all relevant sources, including technology, the health beliefs, values, attitudes, preferences, and practices with regard for diversity.

15. Performs holistic assessments correctly and timely.

16. Determines the health status needs, and preferences based on a synthesis of nursing knowledge.


18. Develops, implements, evaluates, and revises measurable goals and teaching plans with realistic time for attainment.

19. Demonstrates progression in the process of problem solving and clinical reasoning with an oversight and accountability for care delivery in a variety of settings.

**Formative Evaluation Student Comments:**

**Formative Evaluation Faculty Comments:**

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Signature/Date: ____________________________

**Summative Evaluation Student Comments:**

**Summative Evaluation Faculty Comments:**

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### C. PATIENT SAFETY ADVOCATE
(FOR DIVERSE INDIVIDUALS, FAMILIES, GROUPS, COMMUNITIES, AND POPULATIONS)

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20. Identifies, anticipates and appropriately prioritizes risk/problems.

21. Formulates goals and outcomes using an evidence based and theoretical analysis of available data to reduce risks.

22. Provides safe and effective care (checking orders prior to medication and treatment administration, receiving adequate training on equipment, following agency policy, avoiding injury or harm, and reassessing patient for responses to medication, treatment, and etc.).

23. Implements, evaluates, and revises nursing actions efficiently, timely, and independently to minimize risks in compliance with the standards and laws of the profession.

24. Evaluates and reports outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence based practice and research findings, and plans follow up nursing care.

**Formative Evaluation Student Comments:**

**Formative Evaluation Faculty Comments:**

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Signature/Date: ________________________________

**Summative Evaluation Student Comments:**

**Summative Evaluation Faculty Comments:**

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| **D. COORDINATOR OF CARE - MEMBER OF A HEALTH CARE TEAM**  
(For Diverse Individuals, Families, Groups, Communities, and Populations) |

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<td>25.</td>
<td>Collaborates and effectively communicates with other members of the interdisciplinary health care team to assess needs and available support systems.</td>
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<td>26.</td>
<td>Collaborates and effectively communicates with other members of the interdisciplinary health care team to identify, develop, and prioritize nursing diagnoses.</td>
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<td>27.</td>
<td>Coordinates, collaborates, and communicates with the patient and interdisciplinary health care team to plan and deliver prioritized care.</td>
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<td>28.</td>
<td>Assigns and/or delegates nursing care to other members of the health care team based upon an analysis of patient or organizational need.</td>
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<td>29.</td>
<td>Communicates and collaborates with multiple referral sources and members of the interdisciplinary health care team to advocate for the promotion, maintenance, and restoration of optimal health status by considering cost, confidentiality, effectiveness, efficiency, continuum, and continuity of care.</td>
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<td>30.</td>
<td>Communicates and manages information using technology to support decision making to improve patient care and delivery systems and to monitor the quality and accessibility of health care services.</td>
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<td>31.</td>
<td>Coordinates information and material management resources in providing care.</td>
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<td>32.</td>
<td>Utilizes leadership concepts and decision making to reduce risks and provide safe, compassionate, comprehensive nursing care through a broad array of health care services.</td>
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<td>33.</td>
<td>Incorporates effective and professional communication techniques, including negotiation and conflict resolution, to produce positive, professional working relationships, and collaborative skills to deliver evidence based care.</td>
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<td>34.</td>
<td>Supervises nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation.</td>
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