NURS 350 Clinical Skills I: Fundamentals of Nursing

Abilene Christian University

Fall 2013

NURS 350 — Thursday: 7 – 11 or 1-5 pm (Lab)

Friday: Clinical sites (Hours variable)

4 credit hours — Classroom: Simulation Lab

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ACU Mission

To educate students for Christian service and leadership throughout the world.

School of Nursing Mission

To inspire and educate students for excellence in professional practice in preparation for Christian leadership and service as registered nurses throughout the world.

Course Description

Clinical Skills I introduces students to the competencies needed to understand and apply the evidence-based clinical reasoning, assessment, planning, implementation, and evaluation within the nursing scope of practice to adult patients across the continuum of care. The course requires simulation and clinical experience in a variety of health care settings.

"Jesus said, . . . love others as well as you love yourself." Matthew 22: 37, 38

Prerequisites

NURS 250 and admission to the School of Nursing

Co-requisites

NURS 320, NURS 330, NURS 351, NURS 352

Course Purpose and Audience

Clinical Skills I is required in junior Level 1 after students are admitted to the school of nursing. This course provides fundamental understanding and application of nursing skills in the care of adult patients within complex health care systems. The course will allow practice and validation of fundamental cognitive and psychomotor skills required of professional nurses. Students will be introduced to professional values and the importance of integration into nursing practice.

Professional Behavior Expectations

Baccalaureate educated nurses are prepared to function within an interdisciplinary team to lead and serve diverse patients (individuals, families, groups, communities, populations) across the life span in a variety of settings along the continuum of care. Since nurses' assume the responsibility of the care of others, professional attitudes, behaviors, judgments and skills must be learned and applied in all communication and interactions to provide safe and quality practice. The faculty at the SON believe that the classroom, simulation labs, and clinical experiences all provide settings for professional learning. Students are asked to engage actively in all settings as preparation for professional expectations encountered in their careers. Active engagement assumes attention to the topics, activities, speakers, faculty, peers, and patients involved in any given setting. Distractions should be for emergencies only, and faculty notified if potential phone or other issues are anticipated.

Teaching Philosophy and Christian Perspective

Faculty are responsible to facilitate the learning of students in preparation for professional careers in nursing. The faculty are responsible for modeling Christian character, authenticity, service, and leadership in nursing education and practice, and want to engage students by discussion in the faculty successes and failure of this responsibility. The faculty at the SON believe that nursing curriculum should reflect the current practice environment in compliance with evidence-based professional standards and rules of regulatory organizations. The curriculum integrates the mission of the university. Concepts will reflect the knowledge, judgment, behaviors, skills, attitudes, and values required of a professional nurse. The faculty believe that active participatory student-centered learning is required in baccalaureate generalist education to develop the professional competencies required of the graduate.

Faith and learning resources as a background for this course; Exodus 20:16; Leviticus 19:13, 18; Proverbs 27:10; Matthew 19:19; Luke 10:29-37; Romans 13:10. The faculty invite the students to bring further resources in the semester discussion of faith in nursing practice.

Course Content

This course provides fundamental understanding and application of nursing science in the care of adult patients within complex health care systems. Content covered in the course will be grouped in the categories of Provider of Patient- Centered Care, Patient Safety Advocate, Member of Health Care Team, and Member of the Profession. Specific content includes comprehensive assessment, focused assessment, assessment of the hospitalized patient, transfer of patients within the health care system, hygiene, vital signs, principles of infection control, medical asepsis,

documentation, informatics, client safety, positioning, oxygen therapy, oral and enteral nutrition, medication administration, pain assessment, urinary/bowel elimination, wound care, irrigations, dressings, bandages, binders, and warm and cold therapy. Students will exposed to simple adult patient problems for simulation practice of nursing responses.

Student Goals

After successful completion of this course, as a novice, the student will:

Provider of Patient-Centered Care

1. Apply beginning clinical reasoning and established evidenced based nursing competencies (knowledge, behaviors, judgments, skills, and attitudes) to holistically address and prioritize simple patient (individuals, families, groups) preferences, values, and needs.

Patient Safety Advocate

2. Demonstrate basic knowledge of professional, legal, ethical, and regulatory standards for individual performance and identify elements of system effectiveness for safe nursing competencies (KBJSA), understand the decisions needed in the delegation of patient care to others, and state the importance of the efficient use and allocation of health care resources.

Member of Health Care Team

3. Engage with patients (IFG) in their care decisions, and demonstrate beginning communication skills and participation with the interprofessional team for the achievement of the highest potential and safe patient health outcomes.

4. Demonstrate beginning knowledge of health care policy, finance, and regulatory environments by the coordination, evaluation, and modification of care to patients (IFG) to ensure safety and quality, application of established evidence-based best practices, and basic knowledge of the management of confidential information technology for seamless care and transition within health care systems.

Member of the Profession

5. Recognize professional values such as caring, advocacy, altruism, the preservation of human dignity, truth, justice, freedom, equality, ethics, integrity, civility, respect, cultural competence in the pursuit of excellence of the Christian leadership and service of professional nursing.

6. Describe the promotion of the profession of nursing through leadership activities in the implementation of evidence-based practice standards, safety and quality improvement, legal and patient (IFG) advocacy, and participation in professional student nursing organizations.

7. Engage in self care and reflection to prepare for clinical demands, recognize the importance of growth to professional competence within the program, and understand the need to participate in life long career and professional development.

Topical Outline

1. Member of the Profession
    a. Nursing Practice Act, Standards, Unprofessional Conduct
    b. Professional standards/organizations, Rules, Regulations, and Law
    c. Differentiated Entry Level Competencies for BSN Graduates
    d. The Essentials of Nursing Education
    e. Quality and Safety in Nursing Education
    f. Confidentiality, HIPAA, Informatics
    g. Professional Values, Scriptural perspectives
    h. Evidence-based practice
    i. Advocacy
    j. Self-care and professional development
2. Member of the Health Care Team
    a. Beginning communication skills
    b. Functions of interprofessional team
    c. Beginning knowledge of health care policy, finance, and regulatory environments
3. Patient Safety Advocate
    a. Safe medication administration
    b. Legal and ethical decision making
    c. Identify elements of system effectiveness for safe nursing competencies
    d. Delegation of care
4. Provider of Patient-Centered Care
    a. Beginning clinical reasoning with application of the nursing process to single, simple patient/families/groups needs, preferences, and cultural values
    b. Knowledge and skills (Assessment, nursing process, supporting the patient through the health care system, infection control, activity and mobility, safety and comfort,

hygiene, medications, oxygenation, fluid balance, elimination, dressings and wound care)

Texts and Online Learning Resources

Ackley, B.J. & Ladwig, G. B. (2011). *Nursing diagnosis handbook: An evidence-based guide to planning care*. St. Louis: Mosby Elsevier.

Evolve. (2010). *Student resources.* Retrieved at http://evole.elsevier.com/Perry/skills

Evolve. (2012). *Student resources.* Retrieved at http://evolve.elsevier.com/Potter/fundamentals

Evolve. (2012). *Student resources.* Retrieved at http://evolve.elsevier.com/Zerwekh

Ochs, G., LaMar, J. & Turchin, L. *Study guide and skills performance checklists for Potter/Perry fundamentals of nursing, 7th ed.* St. Louis: Mosby Elsevier.

Perry, A. G. & Potter, P. A. (2010). *Clinical nursing skills & techniques, 7th ed.* St. Louis: Mosby Elsevier.

Potter, P. A. & Perry, A. G. (2009). *Fundamentals in nursing, 7th ed*. St. Louis: Mosby Elsevier.

Texas Board of Nursing. (September 2009). *Nursing practice act, nursing peer review, nurse licensure compact, and advanced registered nurse compact*. Retrieved from http://www.bon.texas.gov/nursinglaw/pdfs/npa2009.pdf

Texas Board of Nursing. (2010). *Differentiated essential competencies (DECs) of graduates of Texas nursing programs evidenced by knowledge, clinical judgments, and behaviors: Vocational (VN), diploma/associate degree (Diploma/ADN), baccalaureate degree (BSN).* Retrieved from http://www.bne.state.tx.us/nursingeducation/info.html

Zerwekh, J. & Garneau, A. Z.(2012). *Nursing today: Transition and trends.* St. Louis: Elsevier Saunders.

Course Activities

This is a clinical course that meets 12 hours weekly or 180 hours over the 15 week semester. The 16th week will be used for final course evaluations.The student will be assigned weekly readings which are reinforced by written reflective and discussion in clinical post conference. Professional preparation, behavior, and dress is expected in both clinical settings and the simulation laboratory.

Course Competencies

Cognitive Competency Statements	**Measurement Instruments**	**Performance Indicators or Criteria**
The student retains concepts of clinical reasoning, holistic, comprehensive assessment of adults, culturally sensitive competencies, and evidence-based nursing competences (KBJSA).	Exams, quizzes, concept maps, case studies, written reflection, clinical evaluation tool	Exams and written assignments averages greater than or equal to 80/100.
The student applies the understanding of the health illness continuum, basic knowledge of professional, legal, ethical, and regulatory standards for individual performance and system effectiveness to nursing practice.	Exams, quizzes, concept maps, case studies, written reflection, clinical evaluation tool	Exams and written assignment averages greater than or equal to 80/100.
Psychomotor Competency Statements		
The student explains and analyzes assessment data, responds to emerging data, and prioritizes care appropriately in simple patient (IFG) issues.	Clinical and Simulation experiences, exams, quizzes, assignments	Exams and written assignment averages greater than or equal to 80/100.
The student completes comprehensive, evidence-based care plans based on basic human needs.	Clinical and Simulation Preparation	Score is greater than or equal to 8/10.
The student demonstrates beginning knowledge of health care policy, finance, and regulatory environments by coordination, evaluation, and modification of care to ensure safety and quality, apply established evidence-based best practices, and the management of confidential information technology for seamless care and transition.	Clinical and simulation activities	Score is greater than or equal to 8/10.
The student conducts learning needs assessments, and develops teaching plans for adult patients.	Care plan requirements	Score greater than or equal to 8/10
The student validates successfully all nursing skills	Performance of clinical	Score greater than or

required in the course	skill checklists.	equal to 8/10
Affective Competency Statements		
The student expresses a personal view of the Scriptural perspectives for loving our neighbors as ourselves.	Written assignments, post conference assignments	Score greater than or equal to 8/10
The student recognizes professional values of caring, altruism, human dignity, advocacy, truth, justice, freedom, ethics, civility, respect, and cultural competency.	Written assignments, post conference assignments	Score greater than or equal to 8/10
The student engages in self care in preparation for clinical demands, recognizes the importance of growth to professional competence within the program, and understands the need to participate in life long career and professional development.	Written assignments, post conference assignments	Score greater than or equal to 8/10

Final Course Grading Scale

900 to 1000 points = A

800 to 899 points = B

700 to 799 points = C

600 to 699 points = D

Below 600 points = F

Graded Course Elements

3 Medication Knowledge/Calculation Exams	300 points
10 simulation activities (10 points each)	100 points
10 care plans (20 points each)	200 points
Interprofessional communication blog assignments (10 points each)	100 points
Performance of Skills Checklists (10 points each)	100 points
Clinical Evaluation Tool Final	100 points
Simulation Final	100 points
Total	**1,000 points**

Policies

Progression

There are 2 requirements for successful completion of this course. A Clinical Evaluation Tool Final grade must be 80 or higher, and a minimum final course grade of 800 points or a B is required for progression to Level II in the program.

Attendance and Participation

Attendance is expected and required. Absences will be excused for illness with a doctor's note, death in the family, school sanctioned trips, or other reasons approved by the faculty. See the university policy for school sanctioned absences. Clinical hours are required for successful completion of the course. Excused absences may be made up at the discretion of the faculty. If the student misses more than 2 weeks of clinical, an incomplete or withdrawal will be necessary. The faculty will decide and advise regarding the appropriate course of action. The student is at risk of failure with any unexcused clinical absence. Three tardies greater than 10 minutes will count as one unexcused absence. Professional behaviors described in the previous section are expected. If a student is disrupting the atmosphere of the learning setting, the faculty will ask the student to leave the group, and make an individual appointment with the faculty to correct the issues.

The clinical requirements of the course are 12 hours per week. The first 4 weeks of the semester, the students will spend all the time in the simulation laboratory. Through weeks 5 – 15, the students will spend 4 hours per week in the simulation laboratory and an average of 8 hours per week in assigned clinical settings. During week 16 of the semester, faculty and students will engage in summative clinical evaluation meetings.

Academic Integrity

Violations of academic integrity and other forms of cheating, as defined in ACU's Academic Integrity Policy, involve the intention to deceive, mislead, or misrepresent, and therefore are a form of lying, and represent actions contrary to the behavioral norms that flow from the nature of God. Violations will be addressed as described in the policy. While the university enforces the policy, the most powerful motive for integrity and truthfulness comes from one's desire to imitate God's nature in our lives. Every member of the faculty, staff, and student body is responsible for protecting the integrity of learning, scholarship, and research. The full policy is available for review at the Provost's office web site http://www.acu.edu/campusoffices/provost and the following offices: provost, college deans, dean of campus life, director of student judicial affairs, director of residential life education, and academic departments.

The first instance of cheating in any course in the program will result in a 0 for the assignment. A second incident will result in an F in the course, and dismissal from the program.

Dress Code

Students are expected to conform to the dress code as outlined in the ACU Student Handbook. Students wearing inappropriate attire will be asked to leave class.

Special Needs

Abilene Christian University is dedicated to removing barriers and opening access for students with disabilities in compliance with ADA and Section 504 of the Rehabilitation Act. The Alpha Scholars Program facilitates disability accommodations in cooperation with instructors. In order to receive accommodations, you must be registered with Alpha Scholars Program, and you must complete a specific request for each class in which you need accommodations. If you have a documented disability and wish to discuss academic accommodations, please call our office directly at (325) 674-2667.

Assignments

Exams

The medication exams will be given online with faculty proctors. Attendance is required at exams. The faculty must be notified before the exam if the student is not able to attend. Make-up exams are only given for excused absences (see attendance policy). **Students who score less than 80 on a medication exam will be assigned remedial work/testing at the decision of the faculty. A grade of 100 is required on the third exam, and two attempts offered. The first score earned on each exam will be used in the calculation of the final course grade. A medication exam grade of 100 is required prior to progression to Level II of the program.**

Simulation Activities

Students will work in groups of 2 on 2 simulation activities assigned each week. Students will be assigned case studies, selection a creative format (concept map, diagram, mnemonic, or role play), or completion of an online module to demonstrate relationships and nursing application of content assigned for simulation time. The scores for 10 activities will contribute to the total course points. **See Appendix A for Problem Solving Rubric.**

Care Plans

Students will prepare care plans based on faculty assignments. See Ackley & Ladwig Care Plan Constructor Tool and **Appendix B for Care Analysis/Plan Rubric.**

Appendix B: Care Analysis Plan Rubric

Needs Improvement No points	Acceptable 1 point	Superior 2 points

Content of Data Collection More than 3 areas of documents incomplete; little development of topics; quality of ideas is poor; little analysis	All areas complete except 1-3;reasonable response to topics: moderately sustained and developed ideas; acceptable analysis of clinical data; has a balance of analysis and reflection	As a novice: All areas complete; superior response to topics; fully sustained and developed ideas; outstanding analysis of clinical data; good balance of analysis and reflection
Content of Assessment More than 3 areas of documents incomplete; little development of topics; quality of ideas is poor; little analysis	All areas complete except 1-3;reasonable response to topics: moderately sustained and developed ideas; acceptable analysis of clinical data; has a balance of analysis and reflection	All areas complete; superior response to topics; fully sustained and developed ideas; outstanding analysis of clinical data; good balance of analysis and reflection
Content of Evidenced-Based Care Plan More than 3 areas of documents incomplete; little development of topics; quality of ideas is poor; little analysis	All areas complete except 1-3;reasonable response to topics: moderately sustained and developed ideas; acceptable analysis of clinical data; has a balance of analysis and reflection	All areas complete; superior response to topics; fully sustained and developed ideas; outstanding analysis of clinical data; good balance of analysis and reflection
Prioritization Critical cues are missed, and data clustered inaccurately; Failure to respond to changes in data	Some cues are clustered correctly; some are missed. Failure to respond to rapidly changing data; Needs prompting beyond level of competency expected	All essential data cues are accurately assessed and clustered appropriately for an evidenced-based plan; Responds to changing data
Organization One of the elements missing – not on time, illegible, not organized, APA references in accurate or not present, does not incorporate previous feedback as appropriate		All documents on time, legible, in order. Sentences/phrases understandable; credible references in APA format; Incorporates previous feedback as appropriate

Interprofessional Communication Assignment

Students will document evidence of engaging patients/families in care decisions through the semester. Each student will initiate interaction with members of the interprofessional team, and describe the outcomes. Finally, students will practice and validate therapeutic communication skills in the simulation laboratory. Students will summarize in blog posts. **See Appendix B for Blog Rubric**

Summarizes argument accurately	Misses the point; does not understand claim, reasons, and support (1 point)	Partially identifies claim, reasons, and support (2 points)	Identifies claim, reasons, and support; perhaps not maintaining questions emphasis (4 points)	Accurately identifies claim, reasons, and support without oversimplifying or distorting (5 points)
Includes essential information	Does not distinguish introductory information from argument; includes unneeded examples (1 point)	Does not distinguish introductory information from argument; perhaps includes unneeded examples (2 points)	Includes a little background or an unneeded example or two (4 points)	Excludes introductory information and unneeded examples (5 points)

Clinical Evaluation Tool

The clinical evaluation tool will be used for assessment of beginning competencies related to the role expectations of professional nursing. The student will self evaluate at mid term for practice reflection. Faculty evaluation at mid term is used for formative correction in semester competenices. A separate grade will be made in a final, summative evaluation and will count towards the final course grade. One course requirement for program progression is a grade of 80/100 on this tool. **See Appendix D for the Clinical Evaluation Tool (separate from the syllabus document)**

Performance of Skills Checklists

Skills checklists from Perry & Potter will be assigned in the simulation laboratory throughout the semester. Ten of the checklists will be evaluated by faculty in the lab and will count in the total course points. See **Appendix E for Skills Checklists**

Simulation Final

During the final 2 weeks of the simulation activities of this clinical course, the students will be graded on comprehensive nursing responses (knowledge, judgments, behaviors, skills, and attitudes) to simple adult patient health issues (oxygenation, mobility, pain management, nutrition, and elimination). **See Appendix F for the Lasater Clinical Judgment Rubric**

Lasater Clinical Judgment Rubric				
Dimension	**Exemplary** **10 pts**	**Accomplished** **8 pts**	**Developing** **6 pts**	**Beginning** **2 pts**
Effective noticing involves:				
Focused observation	Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information	Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs	Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information	Confused by the clinical situation and the amount and kind of data; observation is not organized and important data are missed, and/or assessment errors are made
Recognizing deviations from expected patterns	Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment	Recognizes most obvious patterns and deviations in data and uses these to continually assess	Identifies obvious patterns and deviations, missing some important information; unsure hot to continue the assessment	Focuses on one thing at a time and misses most patterns and deviations from expectations; misses opportunities to refine the assessment
Information Seeking	Assertively seeks information to plan intervention: carefully collects useful subjective data from observing and interacting with the patient and family	Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads	Makes limited efforts to seek additional information from the patient and family; often seems to know what information to seek and/or pursues unrelated information	Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the patient and family and fails to collect important subjective data
Effective interpreting involves:				
Prioritizing Data	Focuses on the most relevant and important data useful for explaining the patient's condition	Generally focuses on the most important data and seeks further relevant information but also may try to	Makes an effort to prioritize data nad focus on the most important, but also attends to less relevant or useful data	Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend

		attend to less pertinent data		to all available data
Making sense of data	Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success	In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse	In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance	Even in simple, common, or familiar situations, has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and developing an intervention
Effective responding involves:				
Calm, confident manner	Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families	Generally displays leadership and confidence and is able to control or calm most situations; may show stress particularly difficult or complex situations	Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily	Except in simple and routine situations, is stressed and disorganized, lacks control, makes patients and families anxious or less able to cooperate
Clear Communication	Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team	Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing	Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful;	Has difficulty communicating; explanations are confusing; directions are unclear or contradictory; patients and families are made

	members, explaining and giving directions; checks for understanding	rapport	displays caring but not competence	confused or anxious and are not reassured
Well-planned intervention/flexibility	Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response	Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments	Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response	Focuses on developing a single intervention, addressing a likely solution, but it may be vague, confusing, and/or incomplete; some monitoring may occur
Being skillful	Shows mastery of necessary nursing skills	Displays proficiency in the use of most nursing skills; could improve speed or accuracy	Is hesitant or ineffective in using nursing skills	Is unable to select and/or perform nursing skills
Effective reflecting involves:				
Evaluation/self-analysis	Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives	Evaluates and analyzes personal clinical performance with minimal prompting, primarily about major events or decisions; key decision points are identified, and alternatives are considered	Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices	Even prompted evaluations are brief, cursory, and not used to improve performance; justifies personal decisions and choices without evaluating them
Commitment to improvement	Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths	Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more	Demonstrates awareness of the need for ongoing improvement and makes some effort to learn from experience and improve performance but tends to state the	Appears uninterested in improving performance or is unable to do so; rarely reflects; is uncritical of himself or herself or overly critical (given level of

	and weaknesses and develops specific plans to eliminate weaknesses	systematic in evaluating weaknesses	obvious and needs external evaluation	development); is unable to see flaws or need for improvement
Used with permission. Copy Right, 2005, Kathie Lasater, EdD, RN. Developed from Tanner's (2006) Clinical Judgment Model.				

Course Calendar

Date	**Pre Class Preparation**	**In Class Assignment**	**Assignment Due Dates**
Week 1	Read and audio pod casts Potter & Perry (Fundamentals), Chapters 39,15 Perry & Potter (Skills), Skills 2-1,2-2,2-3, 3-1, 17-1 to 6, Procedural Guidelines 17-1 to 7	Course/Syllabus/ Clinical Evaluation Orientation Practice of nursing assistant skills – vital signs, safe patient handling & transfer, positioning, personal hygiene, bed making **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct HIPAA, Confidentiality DECs, Essentials, QSEN Scripture and Value Exploration Hendrick and ARMC Orientations TBA	Simulation Activities: Skill 7-1 Bathing and personal hygiene (10 points) Skill 7 – 6 Care of patient's environment (10 points)
Week 2	Read and audio pod casts Potter & Perry, Chapter 34 Perry & Potter, Chapter 5-1 to 6, 7-1, 7-2, 8 and Skill 6-7	Vital Signs, Infection Control Intake and output, medical asepsis, sterile technique Taking a patient history, mental status assessment Integrating physical assessment,	Simulation Activities: Vital signs (10 points) Sterile technique Validation (10 points)

		nursing process, and the care plan **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct ANA Code of Ethics Legal Issues Ethical Decision making Scripture and value exploration	Blog 1 Care Plan 1
Date	**Pre Class Preparation**	**In Class Assignment**	**Assignment due dates**
Week 3 12 hours Sim. Lab	Read and audio pod cast Potter & Perry Chapters 24, 26, 38 Perry & Potter, Chapters 4, 9 Skill 9-1,9-2, Skill10-1 to 4, Skill 13-1,3, Skill 23-1 to 4	Documentation/Informatics, Client Safety Recording and reporting, safe patient handling, exercise and ambulation, oxygen therapy **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Evidence-based nursing practice Importance of informatics Patient-Centered Care Cultural Competence Scripture and value exploration	Care plan 2 (10 pts) Documentation activity (10 pts) Intake and output activity (10 points) Blog 2
Week 4	Read and audio pod cast Potter & Perry, Chapter 3, 35, 36 Perry & Potter, Chapters Skills 30- 1 to 3,Procedural guideline 31-1, Skills 21 – 1 to 10	**Lab:** Oral and Enteral Nutrition Physical Assessment Medication Administration: PO, Inhaled, Topical, PR, Vaginal, OU, Otic,	Special Diets Activity (10 pts) Care of pt with NG and PEG tubes (10 pts)

		Learning Activities **Post Conference:** Nursing Practice Act, Standards, Unprofessional Conduct Safety and Quality Initiatives Professionalism Nutritional needs of patients Medication error prevention, safe medication calculation Scripture and values exploration	Blog 3 Care plan 3
Date	**Pre Class Preparation**	**In Class Assignment**	**Assignment Due Dates**
Week 5	Read and audio pod cast Potter & Perry, Chapters 25, 13,14 Perry & Potter, Chapter Skills15-1, 15-5,Skills 22-1 to 4	**Lab:** Client Education Parenteral Medications Pain Assessment Physical Assessment **Clinical:** Unit orientation with RNs and CNAs **Post Conference:** Nursing Practice Act, Standards, Unprofessional Conduct Delegation issues Interdisciplinary communication Organizational policy and procedure Scripture and values exploration	Checklist: Medication Administration: PO PEG Care (10 pts) Care Plan 4 Blog 4
Week	Read and audio pod cast	**Lab:**	Checklists:

6	Perry & Potter, Chapter Procedural Guideline 28-1, Procedural guideline 33-1, Skills 33 – 1 to 4, Skills 43-1 to 5, 43-9, Procedural guidelines 43-1, 43-3,	Intravenous fluids, monitoring access sites Urinary Elimination, Foley catheters Specimen collection Physical Assesment **Clinical:** Unit orientation with RNs and CNAs **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Prioritization Responding to emerging priorities Delegation Interprofessional communication Scripture and values exploration	IM, SC, ID (30 pts) Blog 5 Care Plan 5
Date	**Pre Class Preparation**	**In Class Assignment**	**Assignment Due Dates**
Week 7	Read and audio pod cast Perry & Potter, Chapters Skills 34-1 to 3,Skills 35 – 1 to 3	**Lab:** Bowel Elimination Ostomy Care Physical Assessment **Clinical:** Assume care of 1 patient **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Unit policy and procedures	Medication Calculation Exam I Clinical Evaluation Mid Term

		Grand rounds of day Confidentiality Reporting Scripture and values exploration	
Week 8	Read and audio pod cast Perry & Potter, Chapters Procedural guideline 38-1, Skills 38-1 to 3, Skills39 – 1 to 7,Skills 40-1 to 4	**Lab:** Wound care, irrigations, dressings, bandages, binders, warm & cold therapy Comprehensive physical assessment **Clinical:** Assume care of 1 patient **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Grand rounds of day Delegation Scripture and values exploration	Care Plan 6 Blog 6 Irrigation of wounds Sterile dressing change
Week 9	Read and audio pod cast as needed Perry & Potter, Chapters Skills 18-1,2, Skills 19-1 to 3, Procedural guideline 19-1 to 3	**Lab:** Review of all semester skills Assessment of hospitalized patient **Clinical:** Assume care of 1 patient **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Grand rounds of the day Provider of patient-centered care	Medication Calculation Exam II Blog 7 Care Plan 7

		Patient safety advocate Member of Health care team Member of profession Scripture and values exploration	
Week 10	Read and audio pod cast Perry & Potter, Chapter Skills 16- 1 to 3	**Lab:** Simulation with skills, focused/functional assessment, medication administration based on basic needs Evolve Case Study 8 Care Plan 8 Practice of assessment assignments **Clinical:** Assume care of 1 patient **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Grand rounds of the day Provider of Patient-Centered Care Patient Safety Advocate Member of Health Care Team Member of Profession Scripture and values exploration	Blog 8 Care Plan 8 Simulation Activities
Date	**Pre Class Preparation**	**In Class Assignment**	**Assignment Due Dates**
Week 11	Read and audio pod cast Perry & Potter, Chapter Skills 30-1 to 3	**Lab:** Integrated simulation of all nursing(KJBSA)	Medication Calculation Exam III

		Clinical: Assume care of 1 patient **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Grand rounds of the day Provider of Patient-Centered Care Patient Safety Advocate Member of Health Care Team Member of Profession Scripture and values exploration	
Week 12	Read and audio pod cast	**Lab:** Integrated simulation of all nursing(KJBSA) **Clinical:** Assume care of 2 patients **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Grand rounds of the day Provider of Patient-Centered Care Patient Safety Advocate Member of Health Care Team Member of Profession Scripture and values exploration	Blog 9 Care Plan 9 Simulation Activities
Week 13	Read and audio pod cast	**Lab:** Integrated simulation of all	Blog 10

		nursing(KJBSA) **Clinical:** Assume care of 1-2 patients **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Grand rounds of the day Provider of Patient-Centered Care Patient Safety Advocate Member of Health Care Team Member of Profession Scripture and values exploration	Care Plan 10 Simulation Activities
Week 14		**Lab:** Integrated simulation of all nursing(KJBSA) **Clinical:** Assume care of 1-2 patients **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Grand rounds of the day Provider of Patient-Centered Care Patient Safety Advocate Member of Health Care Team Member of Profession Scripture and values exploration	Make up assignments

Week 15		**Lab:** Integrated simulation of all nursing(KJBSA) **Clinical:** Assume care of 1-2 patients **Post conference:** Nursing Practice Act, Standards, Unprofessional Conduct Grand rounds of the day Provider of Patient-Centered Care Patient Safety Advocate Member of Health Care Team Member of Profession Scripture and values exploration	Make up assignments
Week 16		**Schedule Final Clinical Evaluation with Faculty**	

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