



MAY - 2 2002

Course Outline

BRITISH COLUMBIA INSTITUTE OF TECHNOLOGY

Operating Unit: Health Sciences

Program: Nursing

Option:

NURS 3034**Nursing of Families Practicum****Start Date:** January, 2000**End Date:** May, 2000**Course Credits:** 7.5**Term/Level:** 3**Total Hours:** 112**Total Weeks:** 8**Hours/Week:** 14 **Lecture:** **Lab:** **Shop:** **Seminar:** **Other:** Practicum Experience**Prerequisites****Course No. Course Name**

NURS 2000 Nursing & Health Issues
NURS 2030 Nursing Practicum 2
NURS 1050 Interpersonal Communication 1
NURS 2020 Clinical Techniques 2
BHSC 2203 Physiology and Pathophysiology

NURS 3034 is a Prerequisite for:**Course No. Course Name**

NURS 4030 Nursing Practicum 4

Corequisite:

NURS 3032 Family Nursing Theory

Course Calendar Description

In this course, students will gain nursing experience in perinatal nursing and nursing of families with a hospitalized child. Emphasis will be placed on nursing care of hospitalized clients within the context of their families. Students will begin to assess and include the family in nursing interventions. Students are expected to provide knowledgeable and safe nursing care to stable clients/families. With consultation and assistance, students may provide nursing care to clients/families experiencing unstable health issues. The scope of nursing practice includes consideration of health promotion and illness prevention.

The course builds on the concepts discussed in Nursing and Health Issues 3, and the Family Nursing Theory course.

Course Goals

Nursing 3034 is a practicum course that introduces students to the nursing care of childbearing families and families with a hospitalized child. In these settings individuals and family members who are experiencing stable* health issues will be cared for. Emphasis is placed on developing knowledge, skills, attitudes and judgements relevant to the provision of holistic care to clients within the context of the family.

* Stable – For the purpose of this course 'stable' refers to stable client health situations in which the "client does not require the frequent presence of, and evaluation by, the registered nurse, since the clients health status is consistent and not fluctuating rapidly." RNABC (1998) *Competencies Required of a New Graduate*.

Evaluation

- Satisfactory/Unsatisfactory standing based on student and instructor evaluation of course outcomes.
- Journal — satisfactory/unsatisfactory reflective/focused journal according to Clinical Journal Guidelines (see Course Outline Part B).

Course Learning Outcomes/Competencies

This practicum experience is with childbearing families and families with children experiencing stable health issues. In this context, the student will:

1. Provide professional caring that is based on knowledge and skill.

- 1.1 Clinical preparation is evident in that the student is able to discuss diagnosis, related physiology and pathophysiology and can anticipate possible potential problems and nursing care.
- 1.2 Performs focused, thorough and ongoing assessments of the patient within the context of their family. Applies specialty (childbearing, child rearing, and family theory) as well as previously learned knowledge and experience.
- 1.3 Recognizes and communicates problems promptly.
- 1.4 Involves patient and family (when appropriate) in the planning of care.
- 1.5 Uses evidence-based knowledge from nursing, health sciences and related disciplines to provide safe, individualized nursing care within the context of family.
- 1.6 Is non-judgmental, respectful and willing to see things from another's viewpoint (patient, family, staff, peers).
- 1.7 Organizes nursing care based on priorities.
- 1.8 Plans, implements, and evaluates patient and family teaching.
- 1.9 Assesses how the patient will cope at home.

2. Pursues shared meaning by communicating effectively with individuals in the context of their family.

- 2.1 Provides professional (helping) interaction with the focus on patient/family.
- 2.2 Establishes partnerships with patients, family, instructor, peers and health care team by using effective communication skills, e.g., listening, interview skills, clarification.
- 2.3 Demonstrates respect for patients, coworkers, instructor, and students.
- 2.4 Reports patient care and progress to appropriate team member in a timely fashion.
- 2.5 Follows charting guidelines used in the assigned hospital setting.
- 2.6 Charting is clear, concise, relevant, and timely.

3. **Uses systematic inquiry to:**

3a. **Recognize the uniqueness of each family member and respond with appropriate judgement.**

- 3a.1 Attempts to understand situations from a variety of viewpoints.
- 3a.2 Individualizes patient care and responds to patient and family's input.
- 3a.3 Promotes patient involvement in their own care.
- 3a.4 Encourages family involvement inpatient care (where appropriate).

3b. **Raises questions about nursing of families to explore alternatives and consider research as a basis for practice.**

- 3b.1 With assistance, integrates research findings from nursing, health sciences and related disciplines into own nursing practice.
- 3b.2 Diplomatically and tactfully questions the health care team at the appropriate time and place when unsure of the rationale behind nursing practices.
- 3b.3 Questions practices when the rationale seems unclear or if there is no research to support them.
- 3b.4 Maintains confidentiality when discussing other nursing practices.

3c. **Reflects on own nursing practice.**

- 3c.1 Hands in weekly reflective journals.
- 3c.2 Celebrates personal and professional growth.

4. **Monitors own practice. Determines learning needs and independently acts upon identified learning needs.**

- 4.1 Follows BCIT and agency policies and practices.
- 4.2 Is consistently on time.
- 4.3 Recognizes own limitations and seeks help from appropriate sources.
- 4.4 Self-evaluates.
- 4.5 Open to feedback.
- 4.6 Identifies own learning needs; sets goals and plans strategies for action.
- 4.7 Develops and participates in a learning partnership with instructor.

5. **Develops collaborative partnerships with members of the health care team.**

- 5.1 Introduces self to team members at beginning of each shift and identifies responsibilities and limitations.
- 5.2 Reports relevant data to RN and instructor in a timely fashion.
- 5.3 Establishes an effective rapport with RN(s).

- 5.4 Initiates interactions with members of the health care team, e.g., doctor., pharmacist, social worker, dietician, etc.
- 5.5 Identifies, addresses and (with assistance) problem solves any communication issue that may occur.
- 5.6 Spontaneously helps team members.
- 6. Uses creative leadership to manage stable individuals in the context of family.**
 - 6.1 Demonstrates confidence at the bedside.
 - 6.2 Shows initiative in the planning and implementation of patient care.
 - 6.3 Demonstrates assertiveness.
 - 6.4 Requests assistance when own abilities are exceeded.
 - 6.5 Acts as a patient advocate.
 - 6.6 Accepts accountability for own actions and decisions.
 - 6.7 Recognize, report/consult with appropriate members of the health team.
 - 6.8 Collaborates with health team members in the referral process.
- 7. Implements technical skills competently with increasing confidence.**
 - 7.1 Anticipates, prepares, organizes for skill performance.
 - 7.2 Uses appropriate resources.
 - 7.3 Seeks opportunities for skill performance.
 - 7.4 Observes patient comfort and safety during skills.
 - 7.5 Seeks assistance and supervision as required.
 - 7.6 Practices asepsis.
 - 7.7 Communicates appropriately with the patient and family during skills.
 - 7.8 Teaches the patient and family about the skill when applicable.
 - 7.9 Reports and records skill and interprets observations.
 - 7.10 Cleans up and disposes of debris appropriately.

Learning Processes Involved in this Course

- Professionalism — With assistance, students consider theoretical perspectives relevant to understanding individuals and family health issues and begin the process of assessing and intervening. Students pursue shared meaning with clients and families to establish beginning partnerships. They begin to consider the impact of health and illness on the individual/family and the influence of the family interactions on health and illness.
- Communication — with increasing independence, students interact with individuals in the context of family. Students begin to understand family communication patterns and incorporate this into their assessments. Students utilize effective communication skills and evaluate the impact of these interactions on the individual/family.

Learning Processes Involved in this Course (cont'd)

- Systematic Inquiry — students are increasingly independent with critical thinking and use a variety of sources of knowing to guide care. They are learning to use an understanding of theoretical perspectives to guide their practice.
- Learning — students are becoming committed to professional growth. They share experiences and insights in learning conferences with colleagues and instructors. They evaluate and modify their practice.
- Creative Leadership — students work to establish collaborative partnerships with colleagues. With assistance, students will develop increased confidence, assertiveness, and initiative in the provision of nursing care in this setting.
- Technical Skill — students are safe with technical skills and with assistance show increasing confidence in their ability to modify skills to fit the context of practice.

Course Content Verification

I verify that the content of this course outline is current, accurate, and complies with BCIT Policy.



Program Head/Chief Instructor



Date

Note: Should changes be required to the content of this course outline, students will be given reasonable notice.



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Option:

NURS 3034

Nursing of Families Practicum

Instructor(s)

Cheryl Segaric	Office No.: SE12-418	Office Phone: 6948
Loni Milligan	SE12-418	6951
Kathaleen Appleby	SE12-418	6949

Learning Resources

Equipment:

- A uniform that complies with program policies (refer to *BCIT Nursing Program Guidelines Policies and Procedures*). The practicum instructors will inform you about uniform standards in specific agencies.
- Shoes that comply with program policies.
- A stethoscope.
- A pen and notebook.
- Bandage scissors.
- A watch with a second hand.
- A lock may be required if you use a hospital locker to store coats, etc. while at the hospital.

Textbooks/Pamphlets:

Required:

- Wong, D.L., and Perry, S.E. (1998). *Maternal Child Nursing Care*. Toronto: Mosby.
- Canadian Nurses Association. (1997). *Code of Ethics for Registered Nurses*. Ottawa: Author.
- Nursing Program. (1996). *BCIT Nursing Program Guidelines Policies and Procedures*. Burnaby, BC: BCIT.
- Registered Nurses Association of British Columbia. (1998). *Standards for Nursing Practice in British Columbia*. Vancouver: Author.
- Sim, L.K., D'Amico, D., Stiesmeyer, J.K., & Webster, J.A. (1995). *Health Assessment in Nursing*. Menlo Park, CA: Addison Wesley.
- Snyder, M. (1992). *Independent Nursing Interventions* (2nd ed.). Albany, NY: Delmar.

Recommended:

One of the following:

- Craven, R.F., & Hirnle, C.J. (1996). *Fundamentals of Nursing: Human Health and Function* (2nd ed.). Philadelphia: Lippincott.
- Dugas, B.W., & Knor, E.R. (1995). *Nursing Foundations: A Canadian Perspective*. Scarborough, ON:

One of the following:

- LeMone, R.L., & Burke, K.M. (1996). *Medical-Surgical Nursing: Critical Thinking in Client Care*. Menlo Park, CA: Addison Wesley.
- Smeltzer, S.C., & Bare, B.C. (1996). *Brunner & Suddarth's Textbook of Medical-Surgical Nursing* (8th ed.). Philadelphia: Lippincott.
- Black, J.M. & Matassarin – Jacobs, E. (1997). *Medical-Surgical Nursing: Clinical Management of Care* (5th ed.). Philadelphia: Saunders.

One of the following:

- Anderson, L.N., Anderson, L.E., & Glanze, W.D. (1994). *Mosby's Medical, Nursing and Allied Health Dictionary* (4th ed.). St. Louis: Mosby.
- Miller, B.F., & Keane, G.B. (1992). *Encyclopedia and Dictionary of Medicine, Nursing and Allied Health* (5th ed.). Philadelphia: Saunders.

- A pharmacology handbook
- Laboratory and Procedures Manual.
- Specific books and other reading materials related to the specialty areas of Obstetrics and Pediatrics.
The following texts are suggested.

Pediatrics

- Wong, D.L. (1997). *Whaley & Wong's Essentials of pediatric nursing* (5th ed.) Toronto: Mosby.

Obstetrics

- Nichols, Francine H., and Zwelling, Elaine (1997). *Maternal newborn nursing: theory and practice*. Philadelphia: Saunders.

Course Notes (Policies and Procedures)

1. Students are responsible to identify their own learning needs and to consult with instructor about how they might meet these needs.
2. A learning partnership is essential for successful completion of this course. Both student and instructor will communicate openly, will demonstrate respect in the relationship and will work to establish and maintain a collaborative relationship. This can be achieved by:
 - discussing the course outcomes to achieve shared understanding of them.
 - identifying the evidence required to demonstrate achievement of the outcomes.
 - dialoging regularly throughout the course.
3. Students will be expected to develop a plan of care for their patient(s) **each** clinical day. This is to include:
 - thorough data collection.
 - identification of issues/problems.
 - planning and implementing nursing interventions with sound rationale.
 - evaluation of nursing care provided

4. Follow Clinical Journal Guidelines.
 5. Unforeseeable circumstances may necessitate the alteration of course content, sequencing, timing of evaluation. As much as possible, students will be given adequate notice of such changes.
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Student Evaluation

Regular dialogue between instructor and student serves to promote learning and achievement of the course outcomes. Towards the end of the course the student must show evidence that the course outcomes are being met. The student and teacher will meet to draft the final summary of outcome achievement. **All reflective focused learning activities must be completed to achieve a satisfactory standing in this course. The reflective/focused journal must show sufficient thoroughness and thought in order to be accepted. The instructor ultimately has the responsibility to recommend a Satisfactory or Unsatisfactory standing in this course.**

Course Evaluation

Students have the right and the responsibility to evaluate this course. Dialogue with the instructor will assure that the course outcomes will be facilitated as the student moves from one clinical setting to another. An end of term review is aimed at modifying the course for subsequent students.

Attendance

Attendance is required in this course as this practical experience is essential to meet program outcomes and to learn how to practice nursing. BCIT Attendance Policy applies (see Guidelines for Students in the Nursing Program). Practicum hours may include days and evenings.

It is expected that students will be in satisfactory health when providing nursing care for people. If students are not able to attend a clinical experience the instructor and agency must be informed before the experience begins for the day.

Participation

1. Students will be given patient information the day prior to the practicum experience if possible. Research is required before practicum so that students have a reasonable understanding of the reason for hospitalization, type of treatments and interventions and an understanding of what nursing care the patient(s) might require.
2. Safe nursing care is required. The instructor has the responsibility to assist students to provide safe and comfortable care for the patient. Students are expected to take responsibility for errors and to document them according to agency and BCIT policy. Students whose care is unsafe regardless of instructor input and supervision may be removed from the practicum setting. (See *BCIT Nursing Program Guidelines Policies and Procedures*.)
3. Students can expect to attend a weekly practicum debriefing meeting. Students and the instructor have a joint responsibility to see that these debriefings are meaningful. They will decide when the debriefings will be scheduled each week and how the debriefing will be structured. A one hour a week debriefing is suggested.

Clinical Journal Guidelines

1. Submit journals **weekly** on Friday by 1200 h to the instructors' mailbox in SW12-418.
2. Journals are to be done in a duo-tang or small notebook (8 ½ x 11).
3. Please leave a 2" margin on the right side of the page for instructor comments.
4. The journal requirement consists of 2 parts.
5. **Each part of the journal needs to achieve a satisfactory level in order to be successful in Nursing of Families Practicum** — level 3. Instructor feedback will be provided to assist you in your journaling. Guidelines regarding journal expectations are outlined below.
6. Please make an appointment to see your clinical instructor if you require assistance or more feedback at any time during the clinical experience.

Part I: The goal of this part of the journal is to **reflect on and write about your weekly clinical experiences and what you learned.**

Emphasis is placed on the quality, not the quantity of your journal entries. The length of your entry may vary from week to week. Instructor comments and feedback will be provided as required.

1. Describe in detail an event which occurred during the clinical week that you have deemed to be significant in promoting a greater understanding of nursing care. Your response should be approximately one page in length — single spaced.
2. Discuss your interpretation of the event(s). To assist you with this, you may wish to refer to the "Four Ways of Knowing."

Personal Knowing — Personal knowing is gained from reporting on a situation in which you were directly involved as a participant or indirectly involved as an observer. The goal is to consciously reflect on your behavior/observations by asking yourself questions such as — do I know what I do? Do I do what I know?

Empirical Knowing — Empirical knowing is derived from stepping back and looking at a situation retrospectively. In doing so you attempt to gain a broader perspective on the situation. Techniques used include describing, explaining, and predicting.

Ethical Knowing — Ethical knowing arises from one's consideration of what is right or good in a situation from a moral perspective. Examples of skills used include valuing, clarifying one's own beliefs, and advocating.

The Art of Nursing — In developing knowledge and understanding related to the art of nursing, the students will assign meaning to a situation or observation and envision new or creative ways of thinking and responding in clinical practice. Examples of skills used include engaging, interpreting, and envisioning.

3. Identify what learning has occurred and what insight you have gained by this experience.

Part 2: Focused Journal

You will be required to respond to a specific question each week that is relevant to your experience and/or observations. The questions are attached. Your response is likely to vary depending on whether you are in the Obstetric or Pediatric practicum.

Part 2: Focused Journal Questions

1. Describe a patient situation by discussing the diagnosis, assessment data and other relevant data (e.g., growth & development, family context). How did you sort out the data to make sense of it? What nursing decisions resulted? Reflecting on this situation, would you do anything differently? How would you describe your nursing decision-making ability at this point? How would you like to develop this ability?
2. Reflect on the type of nursing you see in pediatrics/obstetrics. What are the differences and similarities in nursing care? What is appealing or not appealing? What have you learned about your own nursing practice through your experience in the specialty?
3. Describe how the family supported the mother during child birth.
4. Describe how the family was supported by the health team during the birthing experience.
5. Reflect on family strengths that help with transition and change of family dynamics for integration of the new baby into the family unit (e.g., siblings).
6. Describe the Mother's experiences during childbirth, and postpartum. Reflect on the affects of child birth on the family. What evidence did you note that this family was coping/ not coping with the birth of their child?
7. Reflect on how a child's illness can impact the child rearing family. Describe support systems available to a family who is experiencing hospitalization of their child.
8. Think about a nursing experience in which you had developed a partnership with a patient/family. Recall a conversation(s) you had with the patient/family in which your aim was to understand the patient's/family's lived experience with a particular aspect of their health status or history. What was significant about your relationship that allowed this person/or family to discuss the meaning of health and their particular situation? What questions did you ask that made it easier for the person/family to be open and responsive? What did you learn about the patient's/family's experience that was meaningful for you as a student nurse?
9. Reflect on an interaction you had with a parent(s) in which you discussed how they spend a typical day with their child. Ascertain which aspects of behavior they find most positive, and which behaviors are challenges. What strategies did the parent use to cope with difficult behavior? How is this information relevant to your nursing work?
10. Reflect on a teaching experience you had with a patient. Discuss the influences that made the session productive for the patient. Describe the involvement of the patient's family. What teaching and learning principles did you use? How would you describe your patient teaching ability at this point in your nursing experience? What skills related to patient teaching would you like to develop further?

11. Describe the lifestyle patterns or characteristics of a patient/ family that enhance or deter health. Describe community resources or agencies that you consider might be beneficial to a patient, or their family. How do you think the patient's/family's lifestyle will benefit from these? How can contact with the community resources or agency be initiated?
12. Describe an ethical dilemma you saw in the clinical area. Describe the variety of perspectives in the situation. What was the dilemma? Discuss your current perception of how ethical dilemmas can affect nursing practice. What skills do you need to cope with ethical dilemmas?
13. Complete an interaction analysis of a small part of dialogue with a peer, a patient or other health care worker in which there was discomfort or an unequal balance of power in an interaction. Discuss the blocks to shared meaning. How would you describe your ability to handle this type of interaction? How would you like to further develop your interactive abilities?
14. What does this statement mean to you? "Knowing the patient means understanding the patient and individualizing nursing interventions." Give some examples from your Obstetric and Pediatric experiences to demonstrate how these two ideas work together.
15. Reflect on a patient situation in which you were frightened. What contributed to your thoughts and feelings in this situation? How did you handle this situation? Explain how you would have liked to handle this situation? What abilities or skills do you want to develop in relation to this type of patient situation?

Additional questions may be posed by your instructor.



Week	Tuesday	Wednesday	Practicum Conference Debriefing/Learning	Theory Application	Student Assignments
1	Orientation: Hospitalization of children. Nursing children <ul style="list-style-type: none"> • Administering meds. • Resp. assessment VC 4204. • growth and development stages. 	Hospital and ward tour. Student IDs. Student orientation activities. Focus charting/legalities. Talk with family member re hospitalized child.	1400–1500 h. Course outcomes. Unit practices. Discuss family interaction.	Health promotion. Illness/Injury prevention. Family. Hospitalization.	Tuesday Readings: Chapters from text 27, 28, 29. Wednesday: Chapter 41. Journal (see Guidelines).
2	0730–1530 h. Patient assessment (1 pt). Growth and development. Play. Review admission, immunization. Provide basic nursing care and txs. Administer oral/topical meds. Charting.	0730–1400 h. (includes 1 hr. debrief). Patient assignment (1 pt). Assessment. Identify problems. Organize priorities. Nursing care and rationales. Evaluation of care. Look at individual within context family. Family assessment. Administer oral/topical meds. Charting.	Pediatric assessment. Child/family. Basic care. Review charting. Play.	Growth and development. Assessment. Specific care. Play. Family context. Skills: pulse oximetry. BPs, Temp, lung auscultation, isolation, specimen collection.	Develop a NCP (1 pt) on Tuesday and review with instructor in practicum. Do this each week of Peds. experience. Each week read the text chapter(s) related to the illness your assigned child has. (chaps. 43-52). Also , each week read the chapter related to the specific growth and developmental stage of assigned child. (chaps. 33-37). Continue to do this for each patient assigned during the following weeks. Journal.

Week	Tuesday	Wednesday	Practicum Conference Debriefing/Learning	Theory Application	Student Assignments
3	Patient care Communicate with different family members. Include patient teaching, of txs, tests, etc. Charting.	Patient care Monitor IVs. NCP as per previous weeks. Charting.	Specific illness. Growth and development. Pain and how it is dealt with clinically.	Pain (assess and control). Children in pain VC3314 (see this on own). How family deals with pain. Review a specific illness not previously cared for FTT, urinary, fractures, etc. Skill: (observe saline lock)	Journal.
4	Patient care (1-2 patients total care) Discharge teaching (situational – include community resources if applicable). (During all patient assignments include referrals required – e.g., social services, home IV, school referrals, talk with community health nurse.	Assign 2 pts (total care) if possible. Could buddy with RN to care for a potentially unstable patient. Communicate with family about lifestyle, health promotion. Administer oral/topical meds and could administer IV meds with direct supervision.	How to encourage healthy lifestyles within context of the family. Health team. Patient teaching. Community resources.	Total family assessment and care. Patient discharge teaching. Promoting healthy lifestyles in the family. Community resources utilized.	Journal. Self-evaluation. Text: Wong, D.L. and Perry, S.E. (1998). Maternal Child Nursing Care, Toronto: Mosby.



NURS 3034
Nursing of Families Practicum
Child Bearing Practicum Map

Week *14 hours/wk	Tuesday	Wednesday	Clinical Conference (Debriefing/Learning)	Theory Application	Student Assignments
ONE Focus: • orientation • childbirth experience • family/culture	<i>Orientation to Obs. (theory)</i> 1. Pregnancy — Bitter Sweet Experience (video) 2. Labour & Del. — (video) 3. P.P. Assessment & Nsg. Care — Modern Obs. — p.p. assessment (video) 4. The Neonate 5. Meet with clinical group	<i>Hospital Orientation</i> • hospital tour and student ID • unit tour • review course outcomes and expectations • review unit practices/policies, e.g., medications, charting, etc. 1230 – 1400 Pt./family interview re: birth experience	1400 – 1500 h. • debrief interviews <i>Seminar</i> Re: family/cultural assessment/issues	• Birth Experience — preparation, plans, expectations, reality, problems/issues • Family — functions and structure • Cultural context • Childbearing beliefs and practices • Family adjustment and coping <i>Skills: Communication/interview</i>	1. Reflective/focused journal 2. <i>Assigned Readings:</i> Wong & Perry, ch. 2 for Wednesday. Wong & Perry, ch. 18, 19, 20 (pp. 537–550) for Week 2.
TWO Focus: Stable post-partum client within the context of family	<i>Clinical 0730–1500 h</i> <i>Pt. Assignment:</i> 1 stable p.p. client (vaginal del. under 24 hours preferred). Demo: post-partum assessment Review: focused charting and chart forms	<i>Clinical 0730–1400 h</i> <i>Pt. Assignment:</i> Complete pt. care for 1 stable p.p. client. Return demo — post-partum assessment. Demo: NB assessment, NB basic care, e.g., diapering, cordcare, bath Discuss: issues re: thermoregulation, nutrition	1400–1500 h Debrief <i>Seminar:</i> Breastfeeding — “getting started.” How to be helpful.	Complete post-partum assessment and care including potential problems/complications, e.g., hemorrhage and infection. <i>Skills: Technical, communication, pt./family teaching.</i>	1. Reflective/focused journal 2. <i>Assigned Readings:</i> Wong & Perry, ch. 24 for Wednesday. Wong & Perry, ch. 22, 23 for Week 3. Wong & Perry, ch. 13, 14, 16 prior to L&D observation day.

Week *14 hours/wk	Tuesday	Wednesday	Clinical Conference (Debriefing/Learning)	Theory Application	Student Assignments
THREE Focus: Stable neonate within the context of family	<i>Clinical 0730–1500 h</i> <i>Pt. Assignment:</i> 1 stable family (vag. del. under 24 hr. preferred). *Complete care mom and baby	<i>Clinical 0730–1400 h</i> <i>Pt. Assignment:</i> 1 stable family *Complete care mom and baby	1400–1500 h Debrief <i>Seminar:</i> Assessing priority teaching/learning needs of the pt./family. Discharge planning/teaching and anticipatory guidance.	Breastfeeding support: Complete (stable) newborn assessment and basic care. <i>Skills:</i> Technical communication, pt./family teaching, organization	1. Reflective/focused Journal 2. <i>Assigned Readings:</i> Wong & Perry, ch. 21 for Wednesday. Wong & Perry, ch. 17, 20 for Week 4. Wong & Perry, ch. 13, 14, 16, prior to L&D observation day.
	<i>Observation:</i> Labor and delivery — 2 students.	<i>Observation:</i> Labor and delivery — 2 students.			
FOUR Focus: <ul style="list-style-type: none"> Family – total care. Discharge planning and implementation Unstable/high risk client in p.p. within the context of family 	<i>Clinical 0730–1530 h</i> <i>Pt. Assignment:</i> 1–2 stable families (vag. del.) *preferably being discharged. *may introduce p. op. C/S pt. with assistance re: assessment and care.	<i>Clinical 0730–1400 h</i> <i>Pt. Assignment:</i> 1–2 stable families (vag. del.) *preferably being discharged. *may introduce p. op. C/S pt. with assistance re: assessment and care.	1400–1500 h Debrief <i>Seminar:</i> Nursing Care Management of Labor and Delivery *complications/risks in childbirth and p.p. — “When things don’t go as planned.”	Total family assessment and care. Implementation of discharge teaching. Integrate community services in planning (with Assistance). Assessment and care of the high risk pt./family in post-partum, e.g., C/S. <i>Skills:</i> Technical Communication, pt./family teaching, organization, collaboration.	1. Reflective/focused journal 2. <i>Midterm/final evaluation</i>
	<i>Observation:</i> Labor and delivery — 2 students.	<i>Observation:</i> Labor and delivery — 2 students.			

Note: This is a practicum guide and is subject to change.