



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

**NURS 3034****Nursing of Families Practicum****Start Date:** August, 2003**End Date:** December, 2003**Total Hours:** 128 **Total Weeks:** 8**Term/Level:** 3 **Course Credits:** 5**Hours/Week:** 16 **Lecture:** **Lab:****Other:** Clinical Agency Practicum**Prerequisites****Course No. Course Name**

BHSC 2203 Physiology and Pathophysiology

NURS 1050 Interpersonal Communication 1

NURS 2000 Nursing and Health Issues

NURS 2020 Clinical Techniques 2

NURS 2030 Nursing Practicum 2

Current CPR Certificate

Current RNABC Student Membership or Criminal Records Check

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

NURS 4030 Nursing Practicum 4

**NURS 3034 is a Corequisite for:**

NURS 3032 Family Nursing Theory

**■ Course 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.

**■ Detailed Course Description**

NURS 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 judgments relevant to the provision of holistic care to clients within the context of the family. It may be necessary to switch practicum placements of students to balance clinical groups.

**■ Evaluation**

- Satisfactory/Unsatisfactory standing based on student and instructor evaluation of course outcomes.
- Journal — satisfactory/unsatisfactory reflective/focused journal according to Clinical Journal Guidelines.
- All assignments must be completed to achieve a passing grade.

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

## ■ 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 (when appropriate).
- 1.9 Begins to assess how the patient will cope at home.

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

- 2.1 Engages in helping interactions with 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, co-workers, 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.
- 2.7 Attempts to understand situations from a variety of viewpoints.
- 2.8 Maintains confidentiality when discussing other nursing practices.

### 3. Monitors and reflects on own practice. Determines learning needs and independently acts upon identified learning needs.

- 3.1 Hands in weekly reflective journals.
- 3.2 Celebrates personal and professional growth.
- 3.3 Follows BCIT and agency policies and practices.
- 3.4 Is consistently on time.
- 3.5 Recognizes own limitations and seeks help from appropriate sources.
- 3.6 Self-evaluates.
- 3.7 Open to feedback.
- 3.8 Identifies own learning needs; sets goals and plans strategies for action and writes a learning plan.
- 3.9 Develops and participates in a learning partnership with instructor.

4. **Develops collaborative partnerships with members of the health care team.**
  - 4.1 Introduces self to team members at beginning of each shift and identifies responsibilities and limitations.
  - 4.2 Reports relevant data to RN and instructor in a timely fashion.
  - 4.3 Establishes an effective rapport with RN(s).
5. **Uses creative leadership to manage stable individuals in the context of family.**
  - 5.1 Demonstrates confidence at the bedside.
  - 5.2 Shows initiative in the planning and implementation of patient care.
  - 5.3 Demonstrates assertiveness.
  - 5.4 Requests assistance when own abilities are exceeded.
  - 5.5 Begins to consider issues related to patient advocacy.
  - 5.6 Accepts accountability for own actions and decisions.
6. **Implements technical skills competently with increasing confidence.**
  - 6.1 Anticipates, prepares, organizes for skill performance.
  - 6.2 Uses appropriate resources.
  - 6.3 Observes patient comfort and safety during skills.
  - 6.4 Seeks assistance and supervision as required.
  - 6.5 Practices asepsis.
  - 6.6 Communicates appropriately with the patient and family during skills.
  - 6.7 Teaches the patient and family about the skill when applicable.
  - 6.8 Reports and records skill and interprets observations.
  - 6.9 Seeks opportunities for skill performance.

#### ■ Learning Process Threads

**Professionalism:** Students further develop an understanding of the professional nurse's role. They begin the process of assessing and intervening with individuals and families. They begin to analyze data and develop care plans. They pursue shared meaning with individual's families to establish partnerships. They understand healthy development in families and nurse to support and facilitate this process. They begin to consider the impact of health and illness on the family and the influence of family interactions on health and illness. They understand nursing in the context of family. They evaluate their care and incorporate a code of ethics consistent with professional practice.

**Communication:** Students dialogue with colleagues and teachers in the process of learning. With increasing independence, students establish relationships with individuals based on shared meaning and incorporate this into their assessments. They utilize effective communication skills and evaluate the impact of these interactions on the family. With assistance, students document and report patient assessments and nursing care. Students teach using the principles of teaching and learning.

**Systematic Inquiry:** Students are increasingly independent with critical thinking and use a variety of sources of knowing to guide care. They reflect on their competencies related to nursing knowledge, skills, attitudes and judgment. Students anticipate alternate perspectives of nursing practice and explore their relevance and relationship to care.

### ■ Learning Process Threads (cont'd.)

**Professional Growth:** Students take responsibility for their learning. They consult or interact with a variety of health professionals. They reflect on their experiences. They recognize their limitations and seek assistance. They value discussions of their performance and self-evaluate and act on their learning needs. They share knowledge and experiences with colleagues and take responsibility for the debriefing sessions. They demonstrate responsibility for attaining and maintaining a safe level of skill performance. Also, they are responsible and accountable for their actions and are becoming committed to professional growth.

**Creative Leadership:** Students appreciate the role of nurses in the health care system and understand the various components in this context of practice. They work to establish collaborative partnerships with colleagues. Self-direction and dialogue are essential to partnerships. With assistance, students develop increased confidence, assertiveness and initiative in the provision of nursing care. Students manage changing patient situations with assistance. They gain knowledge of and are actively involved in the continuum of care for specific patients. They participate in and support appropriate referrals for continuing and/or alternate care. Therefore, they are beginning to understand nursing leadership within this context of practice.

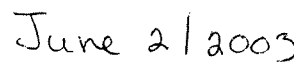
**Technical Skills:** Students are safe with technical skills and with assistance, show increasing confidence in their ability to modify skills to fit the context of practice. They review agency policy regarding skills.

### ■ Verification

I verify that the content of this course outline is current.

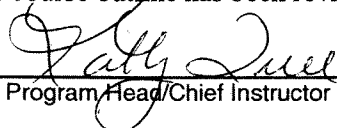


Authoring Instructor

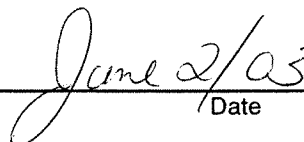


Date

I verify that this course outline has been reviewed.



Program Head/Chief Instructor

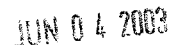


Date

I verify that this course outline complies with BCIT policy.



Dean/Associate Dean



Date

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

## ■ Instructor(s)

Karen Driol (course/leader)	Office No.: SE12-418	Office Phone: 604-451-6946
Diane Belyk	SE12-418	604-432-8910
Kathaleen Appleby	SE12-418	604-451-6949
Kathy Martin	SE12-418	TBA

## ■ Learning Resources

### **Required:**

### **Course-specific:**

- Wong, D.L., Perry, S.E., & Hockenberry, M.J. (2002). *Maternal child nursing care* (2nd ed.). Toronto, ON: Mosby.
- BCIT Nursing Program. (1999). *Student guidelines, policies and procedures*. Revised April 2003. [Http://www.health.bcit.ca/nursing/student\\_policies\\_updated\\_April\\_2003.doc](http://www.health.bcit.ca/nursing/student_policies_updated_April_2003.doc)

### **Recommended:**

- Carpenito, L.J. (1999). *Nursing care plans and documentation: Nursing diagnoses and collaborative problems* (3rd ed.). Philadelphia: Lippincott.
- Cox, H.C., et al. (2002). *Clinical applications of nursing diagnosis: Adult, child, women's, psychiatric, gerontic and home health considerations* (4th ed.). Philadelphia: F.A. Davis.

### **Generic texts:**

*Code of Ethics*  
*Standards for Nursing Practice*  
*Fundamentals of Nursing*  
*Health Assessment*  
*Medical-Surgical Nursing Textbook*  
*Nursing-Medical Dictionary*  
*Laboratory and Diagnostic Handbook*  
*Pharmacology Handout*

### **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.
- white 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.

## ■ Information for Students

**Illness:** A doctor's note is required for any illness causing you to miss assignments, quizzes, tests, projects or exam.

## ■ 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 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 1230 hr to the instructor's mailbox in SE12-418 or by e-mail.
2. Journals are to be done in a duo-tang or small notebook (8½ 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. Do not use patient names in your journal, just initials.
7. Please make an appointment to see your clinical instructor if you require assistance or more feedback at any time during the clinical experience.

**Part 1:** 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 and 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 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 childbirth.
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 childbirth 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 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. Which aspects of behavior do they find most positive, and which are challenges? What strategies did the parent(s) use to cope with difficult behavior? How is this information relevant to your practice?
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. Discuss the blocks to shared meaning. Describe your ability to handle this type of interaction. How would you 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 level three 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.**

### Pediatric Nursing Practicum Map

Week	Tuesday	Wednesday	Practicum Conference Debriefing/Learning	Theory Application	Student Assignments
1	<p>Orientation: Hospitalization of children. Nursing children</p> <ul style="list-style-type: none"> <li>Administering meds.</li> <li>Resp. assessment VC 4204.</li> </ul>	<p>Hospital and ward tour. Student Ids. Student orientation activities. Focus charting/legalities. Talk with family member re hospitalized child.</p>	<p>1400–1500 h. Course outcomes. Unit practices. Discuss children, their family and the nurse.</p>	<p>Illness/Injury prevention. Family. Hospitalization.</p>	<p>Readings: Chapters from text 29, 30, 31, 32 and 33.</p> <p>Journal (see Guidelines).</p>
2	<p>0730–1530 h. Patient assessment (1 pt). Growth and development. Play. Review admission, immunization. Provide basic nursing care and treatments. Administer oral/topical meds. Charting.</p>	<p>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.</p>	<p>Pediatric assessment. Child/family. Basic care. Review charting. Play</p>	<p>Health promotion. Growth and development. Assessment. Specific care. Play. Family context. Skills: pulse oximetry. BPs, temp, lung auscultation, isolation, specimen collection.</p>	<p>Read Chapters 34, 35, 36–40 and 45.</p> <p>Each week read the text chapter(s) related to the illness your assigned child has.</p> <p>Health Problems of Children (Chapters 46–55).</p> <p><b>Also</b>, each week read the chapter related to the specific growth and developmental stage of your assigned child.</p> <p>Continue to do this for each patient assigned during the following weeks.</p> <p>Develop a NCP (1 pt) on Tuesday and review with instructor in practicum. Do this each week of Peds. experience.</p> <p>Journal.</p>

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.	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. Midterm/final evaluation.

### Maternity Nursing Practicum Map

Week	Tuesday	Wednesday	Clinical Conference (Debriefing/Learning)	Theory Application	Student Assignments
<b>ONE</b>  Focus: <ul style="list-style-type: none"> <li>• orientation</li> <li>• childbirth experience</li> <li>• family/culture</li> </ul>	<i>Orientation to Obs. (theory)</i>  1. Pregnancy — Bitter Sweet Experience (video) 2. Labor & Del. — (video) 3. P.P. Assessment & Nsg. Care — Modern 4. The Neonate 5. Meet with clinical group	<i>Hospital Orientation</i>  <ul style="list-style-type: none"> <li>• hospital tour and student ID</li> <li>• unit tour</li> <li>• review course outcomes and expectations</li> <li>• review unit practices/policies, e.g., medications, charting, etc.</li> </ul>	<i>Seminar</i>  Re: family/cultural assessment/issues	<ul style="list-style-type: none"> <li>• Birth Experience — preparation, plans, expectations, reality, problems/issues</li> <li>• Family — functions and structure</li> <li>• Cultural context</li> <li>• Childbearing beliefs and practices</li> <li>• Family adjustment and coping</li> </ul> <i>Skills: Communication</i>	1. Reflective/focused journal.  2. Assigned readings: Text: Ch. 20, 21, 22 for Wednesday, Week 1.
<b>TWO</b>  Focus: Stable postpartum client within the context of family.	<i>Clinical 0730–1500 h</i>  Pt. Assignment: 1 stable p.p. client (vaginal del. under 24 hours (preferred)).	<i>Clinical 0730–1400 h</i>  Pt. Assignment: Complete pt. care for 1 stable p.p. client. Pt./family interview re: birth experience.	<i>1400–1500 h</i>  Debrief  <i>Seminar</i> Breast feeding — “getting started.” How to be helpful.	Complete postpartum 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 Reading:</i> Text: Ch. 23, 24, 25, 26 for Week 2.  Text: ch. 15, 16, 17, 18 prior to L&D observation day.
	Demo: postpartum assessment. Review: focused charting and chart forms.	Return demo — postpartum assessment in AM. Demo: NB assessment, NB and bath in PM. Discuss: issues re: thermoregulation, nutrition.			

Week	Tuesday	Wednesday	Clinical Conference (Debriefing/Learning)	Theory Application	Student Assignments
<b>THREE</b>  Focus: Stable neonate within the context of family	<i>Clinical 0730–1500 h</i>  Pt. Assignment: 1 stable family (vag. del. under 24 hr. preferred).  * Complete care mom and baby	<i>Clinical 0730–1400 h</i>  Pt. Assignment: 1 stable family  * Complete care mom and baby	<i>1400–1500 h</i>  Debrief  <i>Seminar:</i> Assessing priority teaching/learning needs of the pt./family. Discharge planning/teaching and anticipatory guidance.	Breast feeding support: Complete (stable) newborn assessment and basic care.  Skills: Technical, communication, pt./family teaching, organization.	1. Reflective/focused journal.  <i>Assigned Readings:</i>  Text, Ch. 19 for Week 4. Text: Ch. 15, 16, 17, 18 prior to L&D observation day.
	<i>Observation:</i> Labor and delivery — 2 students.	<i>Observation:</i> Labor and delivery — 2 students.			
<b>FOUR</b>  Focus: <ul style="list-style-type: none"> <li>Family — total care.</li> <li>Discharge planning and implementation</li> </ul>	<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.	<i>1400–1500 h</i>  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 postpartum, 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.*

