



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Technology in Nursing

Option:

**NURS 3034****Nursing of Families Practicum****Start Date:** January 10, 2005**End Date:** May 4, 2005**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	Applied Nursing Science 2
NURS 2020	Clinical Techniques 2
NURS 2030	Nursing Practicum 2

Current CPR Certificate  
Current RNABC Student Membership

**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
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**■ 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 NURS 3000 Applied Nursing Science 3 and NURS 3032 Family Nursing Theory courses.

**■ 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.

**■ Evaluation**

- Satisfactory/Unsatisfactory standing based on student and instructor evaluation of course outcomes.
- Journal — satisfactory/unsatisfactory reflective 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

All professional nurses in the province of British Columbia must do a yearly practice self-evaluation, plan remedial activities and evaluate the activities as a requirement for continued nurse registration. The *Standards for Nursing Practice in British Columbia* (RNABC, 2003) is used as the basis of the course outcomes. The *Standards for Nursing Practice in British Columbia* (RNABC) has been used to organize and supplement the course outcomes in this document. The course outcomes are organized by the standards (1–6) with the specific NURS 3034 sub-outcomes following the standards.

### **Standard #1: Responsibility and Accountability**

Maintains standards of nursing practice and professional conduct determined by RNABC and the practice setting.

#### *Course Outcomes*

- *Provides professional caring which is based on knowledge and skills.*
- *Monitors and reflects on own practice.*
- *Implements technical skills competently with increasing confidence.*

#### **Clinical Practice Indicators**

- 1.1 Follows BCIT and practicum agency policies and procedures.
- 1.2 Demonstrates responsibility for own learning and actions.
- 1.3 Demonstrates accountability for attaining and maintaining a safe and ethical level of nursing practice.
- 1.4 Consistently arrives to family practicum experiences on time.
- 1.5 Consistently hands in all family practicum assignments on time.

### **Standard #2: Specialized Body of Knowledge**

Bases practice on the best evidence from nursing science and other sciences and humanities.

#### *Course Outcomes*

- *Provides professional caring which is based on knowledge and skills.*
- *Pursues shared meaning by communicating effectively with individuals within the context of their family.*

#### **Clinical Practice Indicators**

- 2.1. Prepares (researches) for all assigned patients during the family practicum experiences.
  - 2.1.1. discusses diagnosis, related physiology and pathophysiology
  - 2.1.2. anticipates potential problems and nursing care.
- 2.2. Uses evidence-based knowledge from nursing health sciences and related disciplines to provide safe, individualized care nursing care within the context of the family.

- 2.3. Establishes partnerships with patients, family, instructor, peers and health care team
  - 2.3.1. builds on interpersonal communication theory to effectively use listening, interviewing and clarification skills.

**Standard #3: Competent Application of Knowledge**

Makes decisions about actual or potential problems and strengths, plans and performs interventions, and evaluates outcomes.

*Course Outcomes*

- *Provides professional caring which is based on knowledge and skills.*
- *Pursues shared meaning by communicating effectively with individuals in the context of their family.*
- *Uses creative leadership skills to manage stable individuals within the context of their family.*
- *Implements technical skills competently with increasing confidence.*

**Clinical Practice Indicators**

- 3.1. Performs focused, thorough and ongoing assessments of the patient within the context of their family.
  - 3.1.1. Applies specialty (childbearing, child rearing and family theory) as well as previously learned knowledge and experience
  - 3.1.2. Begins to assess how the patient will cope at home.
- 3.2. Engages in helping interactions with patient and family.
  - 3.2.1. Involves patient and family (when appropriate) in planning care.
- 3.3. Organizes care based on priorities.
- 3.4. Implements technical skills competently
  - 3.4.1. Anticipates, prepares and organizes for skill performance.
  - 3.4.2. Practices asepsis.
  - 3.4.3. Observes patient comfort and safety during skills.
  - 3.4.4. Communicates appropriately with the patient and family during skills.
  - 3.4.5. Teaches the patient and family about the skill when applicable.
  - 3.4.6. Reports and records skills and interprets observations.
- 3.5. Recognizes and communicates problems promptly.
  - 3.5.1. Reports patient care and progress to appropriate team member in a timely fashion.
- 3.6. Follows charting guidelines used in the assigned hospital setting.
  - 3.6.1. Charting is clear, concise, relevant and timely.
- 3.7. Plans, implements and evaluates patient and family teaching (when appropriate).
- 3.8. Attempts to understand situations from a variety of viewpoints.
- 3.9. Uses appropriate resources.
- 3.10. Demonstrates confidence at the bedside.
- 3.11. Shows initiative in the planning and implementation of patient care.

3.12. Demonstrates assertiveness.

**Standard #4: Code of Ethics**

Adheres to the ethical standards of the nursing profession.

*Course Outcomes*

- *Provides professional caring which is based on knowledge and skills.*
- *Pursues shared meaning by communicating effectively with individuals within the context of their family.*

**Clinical Practice Indicators**

4.1 Upholds the values contained in the Canadian Nurses Association (CAN) Code of Ethics for Registered Nurses, namely:

- Safe, competent and ethical care
- Health and well-being
- Choice
- Dignity
- Confidentiality
- Justice
- Accountability
- Quality practice environments

4.2 Demonstrates respect for patients, families, co-workers, students and instructor.

4.2.1 Is non-judgmental, respectful and willing to see things from another's viewpoint (patient, family, staff, and peers.)

4.3 Maintains strict confidentiality of patient and family information.

4.3.1 Maintains confidentiality when discussing other nursing practices.

**Standard #5: Provision of Service to the Public**

Provides nursing services and collaborates with other members of the health care team in providing health care service.

*Course Outcomes*

- *Pursues shared meaning by communicating effectively with individuals within the context of their family*
- *Develops collaborative partnerships with members of the health care team.*

**Clinical Practice Indicators**

5.1 Communicates, collaborates and consults with other members of the health care team about the patient's care.

5.2 Develops collaborative, professional and respectful relationships with peers, instructor and other members of the health team.

5.2.1 Develops and participates in a learning partnership with instructor.

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

5.3 Begins to consider issues related to patient advocacy.

**Standard #6: Self-Regulation**

Assumes primary responsibility for maintaining competence and fitness to practice.

*Course Outcomes*

- *Monitor and reflect on own practice. Determine learning needs and independently act upon identified learning needs.*

**Clinical Practice Indicators**

- 6.1 Maintains current RNABC student membership and CPR Level C.
- 6.2 Submits a minimum of four reflective journals.
- 6.3 Practices within own level of competence
  - 6.3.1 Self-evaluates
  - 6.3.2 Recognizes own limitations and seeks help from appropriate resources.
  - 6.3.3 Recognizes when own limitations contribute to unsafe implementation of nursing care and takes action to prevent errors.
  - 6.3.4 Requests assistance when own abilities are exceeded.
  - 6.3.5 Celebrates personal and professional growth.
- 6.4 Open to feedback.
- 6.5 Writes a learning plan
  - 6.5.1 Identifies own learning needs
  - 6.5.2 Sets goals and plans strategies for action.
- 6.6 Maintains own physical, psychological and emotional fitness to practice.
- 6.7 Seeks learning opportunities to develop clinical competencies (previously — 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.)

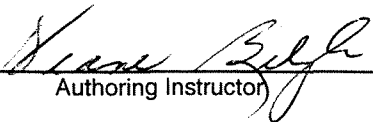
**Professional Growth:** Students take responsibility for their learning. They consult or interact with a variety of health professionals. They reflect on their experiences. They recognize their limitations and seek assistance. They value discussions of their performance and self-evaluate and act on 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

Dec 22/04  
Date

I verify that this course outline has been reviewed.

  
Program Head/Chief Instructor

Jan 4, 05  
Date

I verify that this course outline complies with BCIT policy.

  
Dean/Associate Dean

Dec. 22/04  
Date

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

### ■ Instructor(s)

Diane Belyk (course leader)	Office No.: SE12-418	Office Phone: 604-432-8910
Karen Driol	SE12-418	604-451-6946
Ether Pang-Wong	SE12-418	604-453-4096
Farah Jetha	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. (2004). *Student guidelines, policies and procedures*.  
<http://www.bcit.ca/files/health/nursing/pdf/studentpolicies040304.pdf>

#### **Generic texts: required**

*Code of Ethics*  
*Standards for Nursing Practice*  
*Fundamentals of Nursing*  
*Laboratory and Diagnostic Handbook*

#### **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.

#### **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.
- Stethoscope.
- Black and red ballpoint pens and notebook.
- Bandage scissors.
- Digital watch or pocket watch with a second hand.



## ■ 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 journals must be completed to achieve a satisfactory standing in this course. The reflective 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 practicum 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 pediatric practicum experience if possible. Patient information will be provided just prior to the maternity practicum experience. 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 ( $8\frac{1}{2} \times 11$ ) or using the electronic template.
3. Please leave a 2" margin on the right side of the page for instructor comments.
4. The journal requirement 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.
5. Do not use patient or staff names in your journal, just initials.
6. Please make an appointment to see your clinical instructor if you require assistance or more feedback at any time during the clinical experience.

The goal of reflective journaling is to provide you with an opportunity for reflection and critical analysis of **your weekly clinical experiences**. The ongoing dialogue with your instructor is intended to enhance your professional growth as you become more critically aware of your learning experiences.

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. Ensure that you include the three sections of the journal as outlined below:

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**. You may have been a participant or an observer during this event. Rather than focus on deficiencies in practice for your journal, you should gain insights on positive practice. As Heath notes, "reflective practice should also be used to identify why a situation went well as this will identify knowledge embedded in practice" (1997, p. 1059). 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 Carper's four patterns of knowing (Heath, 1998, p. 1054). Cue questions from John's model of guided reflection (Grech, 2004) are noted below to assist you to apply Carper's patterns of knowing to your learning experiences.

*Personal Knowing* — Personal knowing encompasses the inner experience of becoming whole and is gained from reporting on a situation in which you were directly involved as a participant or indirectly involved as an observer. Reflective processes include opening, centering and realizing. The goal is to consciously reflect on your behavior/observations by asking yourself questions such as "how did I feel in this situation? or what internal factors were influencing me?"

*Empirical Knowing* — Empirical knowing involves answering questions by drawing conclusions from systemic inquired based on empirical data. Processes used include describing, explaining and predicting. Ask yourself "what knowledge did or should have informed me?"

*Ethical Knowing* — Ethical knowing arises from one's consideration of what is right or good in a situation from a moral perspective. Ethical knowing involves knowing the basis for difficult decision making and knowledge of ethical principles and codes. Reflective processes used include valuing, clarifying one's own beliefs and advocating. Ask yourself "how did my actions match with my beliefs?" and how do specific ethical principles or codes relate to this event?

*Aesthetics or 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. Reflective processes used include engaging, interpreting and envisioning. Ask yourself these questions "What was I trying to achieve? What were the consequences for the client, others and myself? How was the person(s) feeling? How do I know this?"

3. Identify what learning has occurred and what insight you have gained by this experience. John's (Grech, 2004) process of reflexivity suggests further questions to frame your learning. These include: How did this connect with previous experiences? How do I now feel about this situation? Has this changed my ways of knowing? Can I support myself and others better as a consequence?

## ■ References

- Grech, E. (2004). Hegel's dialectic and reflective practice: A short essay. *International Journal of Psychosocial Rehabilitation*, 8, 69-72.
- Heath, H. (1998). Reflection and patterns of knowing in nursing. *Journal of Advanced Nursing*, 27, 1054-1059.

### Pediatric Nursing Practicum Map

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
1	<p>Orientation: Hospitalization of children. Nursing children</p> <ul style="list-style-type: none"> <li>• Administering meds.</li> <li>• Respiratory Distress (video) RJ 433 A77 1988.</li> </ul>	<p>Hospital and ward tour. Student IDs. Student orientation activities. Focus charting/legalities. Talk with family member re hospitalized child.</p>	<p>Debriefing. Course outcomes. Unit practices. Discuss children, their family and the nurse.</p>	<p>Illness/Injury prevention. Family. Hospitalization. Play.</p>	<p>Readings: Wong, Perry, &amp; Hockenberry (2002). (~ 193 pages).</p> <ul style="list-style-type: none"> <li>• Chapter 29 Contemporary Pediatric Nursing, 671–686</li> <li>• Chapter 31 Family Influence on Child Health Promotion, 691–706</li> <li>• Chapter 33 Developmental Influences on Child Health Promotion, 736–756</li> <li>• Chapter 44 Reaction to Illness and Hospitalization, 1069–1117</li> <li>• Chapter 45 Pediatric Variations of Nursing Interventions, 1120–1185.</li> </ul> <p>Updated learning plan using NURS 3034 course outcomes due 1230 hrs Friday.</p>
2	<p>Patient assessment (1 patient). Growth and development. Review admission, immunization. Provide basic nursing care and treatments. Administer oral/topical meds. Charting.</p>	<p>Patient assignment (1 patient). Assessment. Identify problems. Organize priorities. Nursing care and rationales. Evaluation of care. Look at individual within context family. Family assessment. Administer oral/topical meds.</p>	<p>1 hour debriefing. Pediatric assessment. Child/family. Basic care.</p>	<p>Growth and development. Assessment. Specific care. Family context. Technical skills as assigned. Care of infants and toddlers.</p>	<p>Readings: Wong, Perry, &amp; Hockenberry (2002). (~ 218 pages).</p> <ul style="list-style-type: none"> <li>• Chapter 32 Social, Cultural and Religious Influences on Child Health Promotion, 707–735</li> <li>• Chapter 34 Communication and Health Assessment of the Child and Family,</li> </ul>

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
		Charting.			<p>757–782</p> <ul style="list-style-type: none"> <li>• Chapter 35 Physical and Developmental Assessment of the Child, 783–825</li> <li>• Chapter 36 The Infant and Family, 826–879</li> <li>• Chapter 37 The Toddler and Family, 880–901</li> <li>• Chapter 46 Respiratory Dysfunction, 1188–1234.</li> </ul> <p>Each week read the text chapter(s) related to the illness of assigned child.</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 an NCP (1 patient) on Tuesday and review with instructor in practicum. Do this each week of Peds. experience.</p> <p>Reflective journal and revised care plan and growth and development assessment due 1230 hrs Friday.</p>

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
3	<p>Patient care. Communicate with different family members. Include patient teaching of txs, tests, etc. Charting.</p>	<p>Patient care. Monitor IVs. NCP as per previous weeks. Charting.</p>	<p>Specific illness.</p>	<p>Family diversity. Health team. Preschooler and the school-age child.</p>	<p>Readings: Wong, Perry, &amp; Hockenberry (2002). (~ 225 pages).</p> <ul style="list-style-type: none"> <li>• Chapter 38 The Preschooler and Family, 903–938</li> <li>• Chapter 39 The School-age Child and Family, 939–967</li> <li>• Chapter 47 Gastrointestinal Dysfunction, 1235–1305</li> <li>• Chapter 48 Cardiovascular Dysfunction, 1307–1352</li> <li>• Chapter 51 Cerebral Dysfunction, 1421–1467.</li> </ul> <p>Reflective journal and revised care plan and growth and development assessment due 1230 hrs Friday.</p>
4	<p>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).</p>	<p>Assign 2 patients (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.</p>	<p>How to encourage healthy lifestyles within context of the family. Patient/parent teaching. Community resources. Parenting. Health promotion.</p>	<p>Total family assessment and care. Discharge teaching. Promoting healthy lifestyles in the family. Community resources utilized. Adolescent.</p>	<p>Readings: Wong, Perry, &amp; Hockenberry (2002). (~ 227 pages).</p> <ul style="list-style-type: none"> <li>• Chapter 40 The Adolescent and Family, 968–1001</li> <li>• Chapter 41 Chronic Illness, Disability and Death, 1002–1033</li> <li>• Chapter 50 Genitourinary Dysfunction, 1394–1420</li> <li>• Chapter 52 Endocrine Dysfunction; 1468–1495</li> <li>• Chapter 53 Integumentary Dysfunction, 1496–1544</li> </ul>

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
					<ul style="list-style-type: none"> <li>• Chapter 54 Musculoskeletal or Articular Dysfunction, 1545– 1581</li> <li>• Chapter 55 Neuromuscular or Muscular Dysfunction, 1582–1602.</li> </ul> <p>Midterm/final evaluation.</p> <p>Updated learning plan based on your evaluation.</p> <p>Reflective journal, revised care plan and growth and development assessment as required.</p>

### Maternity Nursing Practicum Map

Week	Tuesday	Wednesday	Practicum Debriefing Conference	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>	<p><i>Orientation to hospital and maternity theory</i></p> <p>Meet practicum group and instructor, unit tour, review course outcomes and expectations, and review unit practices/policies, e.g., medications, charting, etc.</p> <p>Postpartum Assessment (video) RG 951 N87 no. 1 1991 to be shown Tuesday or Wednesday as available.</p>	<p>Patient Assignment: 1 stable postpartum patient (vaginal delivery under 24 hours – preferred)</p> <p>* May assign post-op C-section patient with assistance re assessment and care.</p> <p>Patient/family interview re birth experience.</p> <p>Postpartum maternal assessment with instructor.</p> <p>Postpartum care and charting (no meds.).</p> <p>No newborn care.</p> <p>Demo (instructor) – newborn bath.</p> <p>Newborn bath with peer/instructor supervision.</p>	<p><i>Debrief/Seminar</i></p> <p>Family/cultural assessment/issues</p> <p>Discuss issues re postpartum assessments, thermoregulation, nutrition.</p>	<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> <p><i>Skills: Communication</i></p>	<p>Updated learning plan using NURS 3034 course outcomes due 1230 hrs Friday.</p> <p>Readings: Wong, Perry, &amp; Hockenberry (2002). (~ 100 pages).</p> <ul style="list-style-type: none"> <li>• Chapter 1 Contemporary Maternity Nursing, 1–8</li> <li>• Chapter 8 Genetics, Conception and Fetal Development, 125–148</li> <li>• Chapter 10 Anatomy and Physiology of Pregnancy, 167–181</li> <li>• Chapter 20 Maternal Physiologic Changes, 445–451</li> <li>• Chapter 21 Nursing Care during the Fourth Trimester, 452–474</li> <li>• Chapter 22 Transition to Parenthood 475–497</li> <li>• Chapter 24 Physiologic Adaptations of the Newborn (thermoregulation), 527–528</li> <li>• Chapter 25 Nursing Care of the Newborn (sponge bathing, cord care and skin care), 585–587.</li> </ul>



Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
<b>TWO</b>  Focus: Stable patient within the context of family.	Patient Assignment: 1 stable postpartum client. Return demo – postpartum assessment. Demo (instructor) – newborn assessment.	Patient Assignment: Complete patient care for 1 stable postpartum client. Newborn assessment with instructor.	<i>Debrief/Seminar</i>  Breast feeding — “getting started.” How to be helpful. Newborn assessment (video as available).	Complete postpartum assessment and care including potential problems/complications, e.g., hemorrhage and infection. Breast feeding support: Newborn assessment.  <i>Skills:</i> Technical, communication, patient/family teaching.	Reflective journal due 1230 hrs. Friday.  Readings: Wong, Perry, & Hockenberry (2002). (~ 134 pages). <ul style="list-style-type: none"> <li>• Chapter 23 Postpartum Complications, 498–524</li> <li>• Chapter 24 Physiologic Adaptations of the Newborn, 525–557</li> <li>• Chapter 25 Nursing Care of the Newborn, 558–588</li> <li>• Chapter 26 Newborn Nutrition and Feeding, 589–609</li> <li>• Chapter 27 Infants with Gestational Age-Related Problems, 610–634.</li> </ul>
<b>THREE</b>  Focus: Stable neonate within the context of family	Patient Assignment: 1 stable family. Complete care mom and baby.  <i>Observation:</i> Labor and delivery – 2 students (if available).	Patient Assignment: 1 stable family. Complete care mom and baby.  <i>Observation:</i> Labor and delivery – 2 students (if available).	Debrief  <i>Seminar:</i> Assessing priority teaching/learning needs of the patient/family. Discharge planning/teaching and anticipatory guidance.	Complete (stable) newborn assessment and basic care.  <i>Skills:</i> Technical, communication, patient/family teaching, organization.	Reflective journal due 1230 hrs Friday.  Wong, Perry, & Hockenberry (2002). (~ 94 pages). <ul style="list-style-type: none"> <li>• Chapter 15 Labor and Birth Processes, 313–329</li> <li>• Chapter 16 Management of Discomfort, 330–348</li> <li>• Chapter 17 Fetal Assessment, 349–366</li> <li>• Chapter 18 Nursing Care during Labor and Birth, 367–409.</li> </ul>

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
<b>FOUR</b>  Focus: <ul style="list-style-type: none"> <li>Family total care.</li> <li>Discharge planning and implementation.</li> </ul>	<i>Patient Assignment:</i> 1–2 stable families.  <i>Observation:</i> Labor and delivery – 2 students (if available).	<i>Patient Assignment:</i> 1–2 stable families.  <i>Observation:</i> Labor and delivery – 2 students (if available).	Debrief  <i>Seminar:</i> Nursing Care Management of Labor and Delivery complications/risks in childbirth and postpartum – “When things don’t go as planned.” Newborns at risk.	Total family assessment and care. Implementation of discharge teaching. Integrate community services in planning (with assistance). Assessment and care of the high risk patient/family postpartum, e.g., C/S.  <i>Skills:</i> Technical, communication, patient/family teaching, organization, collaboration.	<i>Midterm/final evaluation.</i>  <i>Updated learning plan            based on your evaluation.</i>  Readings: Wong, Perry, & Hockenberry (2002). (~ 69 pages). <ul style="list-style-type: none"> <li>Chapter 19 Labor and                Birth at Risk, 410–444</li> <li>Chapter 28 The Newborn                at Risk: Acquired and                Congenital Problems,                635–670.</li> </ul>

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