



A POLYTECHNIC INSTITUTION

School of Health Sciences

Program: Bachelor of Science in Nursing

Option:

NURS 3034**Nursing of Families Practicum****Start Date:** January 9, 2007**End Date:** May 2, 2007**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 Level C/HCP Certificate

Current CRNBC Student Registration

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

NURS 4032 Nursing Practicum 4

NURS 3034 is a Corequisite for:

NURS 3033 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 clients/families with predictable and stable health situations. With consultation and assistance, students may provide nursing care to clients/families experiencing rapidly changing 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 3033 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, students will care for individuals and family members who are experiencing predictable* health issues. 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 based on instructor evaluation.
- All assignments must be completed satisfactorily to achieve a passing grade.

* Predictability and rapidly changing are terms used in describing the variability or the "degree to which a client's condition or situation changes or is likely to change" (CRNBC. (2005). Assignment between nurses. *Practice standard*. Vancouver: Author).

■ 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 *Professional Standards for Registered Nurses and Nurse Practitioners* (CRNBC, 2005) is used as the basis of the course outcomes. The *Professional Standards* have 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 (clinical practice indicators) following the standards.

Standard #1: Responsibility and Accountability

Maintains standards of nursing practice and professional conduct determined by CRNBC 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 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 (2002) *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 in the Public Interest

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

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

- *Monitors and reflects on own practice. Determines learning needs and independently acts upon identified learning needs.*

Clinical Practice Indicators

- 6.1 Maintains current CRNBC student registration and CPR Level C/HCP.
- 6.2 Submits a minimum of four satisfactory 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.

■ **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 and 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 appreciate alternate perspectives of nursing practice and explore their relevance and relationship to care.

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 rapidly 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.

Karin Begg
Authoring Instructor

Jan 05/07
Date

I verify that this course outline has been reviewed.

J. Hunt
Program Head/Chief Instructor

Jan 05/07
Date

I verify that this course outline complies with BCIT policy.

J. Freeman
Dean/Associate Dean

Jan. 05/07
Date

Note: Signed original on file in nursing department. Should changes be required to the content of this course outline, students will be given reasonable notice.

■ **Instructors**

Diane Belyk (course leader)	Office No.: SE12-418	Office Phone: 604-432-8910
Karen Driol	SE12-418	604-451-6946
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., Lowdermilk, D. L., & Wilson, D. (2006). *Maternal child nursing care* (3rd ed.). St. Louis, MO: Mosby.
- Doane, G. H., & Varcoe, C. (2005). *Family nursing as relational inquiry: Developing health-promoting practice*. Philadelphia: Lippincott Williams & Wilkins.
- BCIT Nursing Program. (2006). *Student guidelines, policies and procedures*. Download from <http://www.bcit.ca/health/nursing/>

Generic texts: required

Canadian Nurses Association (2002). *Code of ethics for registered nurses*. Ottawa: Author.
www.cna-nurses.ca/cna/documents/pdf/publications/CodeofEthics2002_e.pdf
CRNBC (2005). *Professional Standards for registered nurses and nurse practitioners*. Vancouver, BC: Author. Download <http://www.crnbc.ca> nursing practice, requirements section
Fundamentals of Nursing
Laboratory and Diagnostic Textbook

Equipment:

- See Dress code for recently updated uniform and equipment requirements for practicum experiences (refer to *BCIT Nursing Program Guidelines, Policies, and Procedures*). The practicum instructors will inform you about uniform standards in specific agencies.

■ Information for Students

(Information below can be adapted and supplemented as necessary.)

The following statements are in accordance with the BCIT Student Regulations Policy 5002. To review the full policy, please refer to: <http://www.bcit.ca/~presoff/5002.pdf>.

Attendance/Illness:

In case of illness or other unavoidable cause of absence, the student must communicate as soon as possible with his/her instructor or Program Head or Chief Instructor, indicating the reason for the absence. Prolonged illness of three or more consecutive days must have a BCIT medical certificate sent to the department. Excessive absence may result in failure or immediate withdrawal from the course or program.

Academic Misconduct:

Violations of academic integrity, including dishonesty in assignments, examinations, or other academic performances are prohibited and will be handled in accordance with the 'Violations of Standards of Conduct' section of Policy 5002.

Cheating, Fabrication, Plagiarism, and/or Dishonesty:

First Offense: Any student in the School of Health Sciences involved in an initial act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, at the discretion of the Associate Dean.

Second Offense: Any student in the School of Health Sciences involved in a second act of academic misconduct — **cheating, fabrication, plagiarism, and/or dishonesty** will receive a Zero (0) or Unsatisfactory (U) on the particular assignment and may receive a Zero (0) or Unsatisfactory (U) in the course, and the Associate Dean will recommend to the BCIT Vice-President, Education and/or President, that the student be expelled from the program.

Attempts:

Students must successfully complete a course within a maximum of three attempts at the course. Students with two attempts in a single course will be allowed to repeat the course only upon special written permission from the Associate Dean. Students who have not successfully completed a course within three attempts will not be eligible to graduate from their respective program.

Readmission:

Students who have any combination of two instances of withdrawal or failure in any Nursing Practicum course(s) for academic or performance reasons will not be readmitted to the program.

■ 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 instructor 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. Practicum hours may include days and evenings.

It is expected that students will be in satisfactory health when providing nursing care. 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.

■ Learning Plan Guidelines

Please note that a learning plan is your guide to successful achievement of course outcomes. Each new practicum course brings with it many new learning needs and opportunities. Your learning plan should reflect the context of the practicum area and should also include any continuing learning needs from previous practicums.

1. Review Level 1 Guide to the use of learning plans for students and instructors. (See handout provided.)
2. Submit updated learning plan on Friday by 0730 hrs by e-mail. (See practicum map for due dates.) Electronic templates are available from my.bcit course file area.
3. Review the course outcomes and write a personalized learning plan to reflect all course outcomes and to guide your learning during the family practicum.
4. Update and revise your learning plan as required for midterm and final evaluations.

5. Revise learning plan as directed by your instructor or when new learning needs arise.
6. Please make an appointment to see your instructor if you require assistance or more feedback at any time during the practicum experience.

■ Practicum Journal Guidelines

1. Submit journals on Friday by 0730 hrs via e-mail attachment. *(See practicum map for due dates.)
2. Journals are to be done using the electronic template. (Templates and sample journal are available from my.bcit course file area.)
3. Journals must 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.
4. Do not use patient or staff names in your journal, just initials.

* Submission of assignments by e-mail facilitates timely instructor feedback.

The goal of reflective journaling is to provide you with an opportunity for **reflection and critical analysis** of your weekly practicum 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 to enhance your critical reflection. 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 description should be approximately 300–500 words.
2. Critically reflect on the event(s). Read Doane and Varcoe (2005), pp. 90–94 for an overview of “ways of knowing.” You may also wish to refer to Carper’s four patterns of knowing (Heath, 1998, p. 1054). Cue questions (Doane & Varcoe, 2005; Grech, 2004) are noted below to assist you to apply 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?” Personal knowing also includes knowing the patient as a person. Ask yourself “what do I know about the patient that helps me see the situation from their perspective?”

Empirical Knowing — Empirical knowing involves answering questions by drawing conclusions from systematic inquiry of 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?"

Sociopolitical Knowing — Sociopolitical knowing draws "attention to the broader context of practice" and reveals assumptions about nursing practices, our profession, and health policies. To inform "our practice through sociopolitical knowing," nurses must consider "the context of family, nurses, and health care" (Doane & Varcoe, 2005, pp. 93–94). Ask yourself these questions: What does this family value about my teaching? Was my teaching relevant and valid for them (cultural competence)?

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? (See Thorpe (2004) for examples of reflectors and non-reflectors.) Your insights should be approximately 150–200 words.

Literature used to support your analysis must be referenced per APA format.

■ References

- Doane, G. H., & Varcoe, C. (2005). Family nursing as relational inquiry: Developing health-promoting practice. Philadelphia: Lippincott Williams & Wilkins, pp. 90–94.
- 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.
- Thorpe, K. (2004). Reflective learning journals: From concept to practice. *Reflective Practice*, 5(3), 327–343. (See Files under Course Homepage in my.bcit.ca)

■ Weekly Required Readings

1. Please see practicum maps for required readings.
2. Readings include ≈ 50–125 pages per week as well as specific research for assigned patients. This amount of reading is consistent with expectations for a 5-credit course (10–15 hrs/week).

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"> • Administering meds • Respiratory Distress (video) RJ 433 A77 1988 • Pediatric safe doses • Pediatric assessment 	<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>Play Role of Pediatric Nurse Pediatric Assessment</p>	<p>Readings: Wong, Perry, Hockenberry, Lowdermilk & Wilson (2006) (~ 123 pages)</p> <ul style="list-style-type: none"> • Chapter 29 Contemporary Pediatric Nursing, 873–887 • Chapter 35 Physical and Developmental Assessment of the Child, 983–1025 • Chapter 45 Pediatric Variations of Nursing Interventions, 1355–1422 <p>Updated learning plan using NURS 3034 course outcomes due 0730 hrs Friday.</p>
2	<p>Patient assessment (1 patient) Growth and development Review admission, immunization Provide basic nursing care and treatments Administer oral/topical/IV meds with instructor supervision 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 IV meds with direct supervision Charting</p>	<p>1 hour debriefing Pediatric assessment Hospitalization</p>	<p>Growth and development Assigned illness Family context</p>	<p>Readings: Wong, Perry, Hockenberry, Lowdermilk & Wilson (2006) (~ 105 pages)</p> <ul style="list-style-type: none"> • Chapter 34 Communication and Health Assessment of the Child and Family, 958–982 • Chapter 44 Reaction to Illness and Hospitalization, 1297–1351 • Chapter 46 Respiratory Dysfunction, 1425–1472

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
					<p>Each week read the text chapter(s) related to the illness of assigned child.</p> <p>Also, 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 due 0730 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 treatment, tests, etc. Charting Administer oral/topical meds and IV meds with direct supervision</p>	<p>Patient care Monitor IVs NCP as per previous weeks Charting</p>	<p>Specific illness</p>	<p>Family diversity Health team</p>	<p>Readings: Wong, Perry, Hockenberry, Lowdermilk & Wilson (2006) (~ 68 pages).</p> <ul style="list-style-type: none"> • Chapter 47 Gastrointestinal Dysfunction, 1489–1509; 1512–1513 • Chapter 51 Cerebral Dysfunction, 1670–1676; 1697–1712. • Chapter 27 Infants with Gestational Age Related Problems, 795–819 <p>Reflective journal and revised care plan due 0730 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</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</p>	<p>Readings: Wong, Perry, Hockenberry, Lowdermilk & Wilson (2006) (~ 48 pages).</p> <ul style="list-style-type: none"> • Chapter 50 Genitourinary Dysfunction, 1643–1650 • Chapter 53 Integumentary Dysfunction, 1749–1760 • Chapter 54 Musculoskeletal or Articular Dysfunction, 1800–1821; 1829–1830 • Chapter 55 Neuromuscular or Muscular Dysfunction, 1841–1848 <p>Midterm/final evaluation.</p>

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
					<p>Updated learning plan based on your evaluation.</p> <p>Reflective journal and revised care plan as required by instructor.</p>

Maternity Nursing Practicum Map

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
<p>1</p> <p>Focus:</p> <ul style="list-style-type: none"> • orientation • childbirth experience • family/culture 	<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, oral, parenteral, and topical medications and charting</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"> • Birth experience — preparation, plans, expectations, reality, problems/issues • Family — functions and structure • Cultural context • Childbearing beliefs and practices • Family adjustment and coping <p><i>Skills: Communication</i></p>	<p>Updated learning plan using NURS 3034 course outcomes due 0730 hrs Friday.</p> <p>Readings: Wong, Perry, Hockenberry, Lowdermilk & Wilson (2006) (~ 119 pages)</p> <ul style="list-style-type: none"> • Chapter 1 Contemporary Maternity Nursing, 3–20 • Chapter 8 Genetics, Conception, and Fetal Development, 193–210 • Chapter 10 Anatomy and Physiology of Pregnancy, 235–253 • Chapter 20 Maternal Physiologic Changes, 590–598 • Chapter 21 Nursing Care during the Fourth Trimester, 599–627 • Chapter 22 Transition to Parenthood, 629–656 • Chapter 24 Physiologic Adaptations of the Newborn (thermogenic system), 693–695

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
2 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> Breastfeeding — “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 Breastfeeding support: Newborn assessment <i>Skills:</i> Technical, communication, patient/family teaching	Reflective journal due 0730 hrs Friday. Readings: Wong, Perry, Hockenberry, Lowdermilk & Wilson (2006) (~ 148 pages) • Chapter 12 Maternal and Fetal Nutrition, 305–327 • Chapter 23 Postpartum Complications, 659–688 • Chapter 24 Physiologic Adaptations of the Newborn, 691–726 • Chapter 25 Nursing Care of the Newborn, 727–765 • Chapter 26 Newborn Nutrition and Feeding, 768–792
3 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 0730 hrs Friday. Wong, Perry, Hockenberry, Lowdermilk & Wilson (2006) (~ 118 pages). • Chapter 15 Labor and Birth Processes, 418–436 • Chapter 16 Management of Discomfort, 437–464 • Chapter 17 Fetal Assessment during Labor, 467–487 • Chapter 18 Nursing Care during Labor and Birth, 489–542

Week	Tuesday	Wednesday	Practicum Debriefing Conference	Theory Application	Student Assignments
<p>4</p> <p>Focus:</p> <ul style="list-style-type: none"> Family total care Discharge planning and implementation 	<p><i>Patient Assignment:</i> 1–2 stable families</p> <p><i>Observation:</i> Labor and delivery — 2 students (if available)</p>	<p><i>Patient Assignment:</i> 1–2 stable families</p> <p><i>Observation:</i> Labor and delivery — 2 students (if available)</p>	<p>Debrief</p> <p><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</p>	<p>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</p> <p><i>Skills:</i> Technical, communication, patient/family teaching, organization, collaboration</p>	<p>Midterm/final evaluation</p> <p>Updated learning plan based on your evaluation.</p> <p>Reflective journal as required by instructor.</p> <p>Readings: Wong, Perry, Hockenberry, Lowdermilk & Wilson (2006) (~ 126 pages).</p> <ul style="list-style-type: none"> Chapter 14 Pregnancy at Risk: Gestational Conditions, 370–416 Chapter 19 Labor and Birth at Risk, 544–587 Chapter 28 The Newborn at Risk: Acquired and Congenital Problems, 829–866

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