California State University, Long Beach

School of Nursing

N452 Senior Concentration

Critical Care

Spring 2017

Lecture Faculty

Wendy Dugan, MSN, RN, CCRN

Clinical Supervision Faculty

Wendy Dugan, MSN, RN, CCRN

Beth R. Keely, PhD, MSN, MA, RN

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CALIFORNIA STATE UNIVERSITY, LONG BEACH

College of Health & Human Services

School of Nursing

# I. General Information

A. Course Number: NRSG 452 and NRSG 452L

B. Title: Senior Concentration in Critical Care

C. Units: 6 (2 units lecture and 4 units clinical laboratory)

D. Pre-requisites: N400 and N402 or consent of instructor.

E. Co-Requisites: N450 and N451 or consent of Instructor

F. Course Classification: 2 units @ C-2 and 4 units at S-3

G. Terms Offered: Fall, Spring, Summer

H. Lecture Faculty: Wendy Dugan, MSN, RN, CCRN

Nrsg #4; Phone: (562) 233-6126

E-mail: [wendy.dugan@csulb.edu](mailto:anthony.mcguire@csulb.edu)

I. Class Meeting Times: Mondays 1300 - 1450

J. Class Location: NRSG - 066

K. Term: Fall 2016

L. Clinical Faculty: Melissa Dyo

Wendy Dugan, MSN, RN, CCRN

Beth R. Keely, PhD, MSN, MA, RN

## Catalog Description

Provides advanced theoretical concepts and clinical experiences in critical care/emergency department with application of management/leadership theories to select populations. Integration of evidence based practice and critical care nursing knowledge critical to new professional roles.

## III. Student Learning Outcomes

A. Accurately assess the physical, psychological, social and spiritual health status of human beings (individuals, family units, and communities) across various cultural and age groups; assess the environment which are directly and indirectly affects the health of human beings by demonstrating the ability to:

1. Identify and analyze specific pathophysiological problems confronting critical care/emergency department patients.

2. Identify and analyze specific behavioral problems confronting most critical care patients and develop one into a formal paper.

3. Compare and contrast the various cultural differences between critically ill patients and cultural dynamics that influence the patient's progress.

4. Identify and analyze the family's role in critical care as it relates to the health team and/or patient progress.

5. Analyze and describe complex legal, social, moral, ethical and economic influences affecting health and nursing care; use the knowledge to optimize nursing care delivered to human beings.

6. Utilize an ethical decision-making framework that incorporates personal values and beliefs, moral concepts, and professional ethics.

7. Advocate for patients' legal and ethical rights.

8. Demonstrate accountability for one's own practice.

9. Assist patients and families to make quality-of-life and end-of-life decisions and achieve a peaceful death.

B. Diagnose a variety of overt and covert, simple and complex health needs and health problems for human beings by demonstrating ability to:

1. Analyze the nurse's role in consumer advocacy with regard to specific health care issues including the delineation of a plan of care for the multidimensional health problems organized around AACN synergy model.

2. Assess protective and predictive factors that influence the health of patients.

3. Implement strategies for health promotion, risk reduction, and disease prevention across the life span.

4. Use information technologies to communicate health promotion disease prevention information to the patient in a variety of settings.

5. Develop an awareness of complementary modalities and their usefulness in promoting health.

6. Assist patients to access and interpret health information to identify healthy lifestyle behaviors.

7. Perform a risk assessment of the individual including the assessment of lifestyle, family history, and other risk factors.

8. Perform a holistic assessment of the individual across the lifespan, including a health history which includes spiritual, social, cultural, and psychological assessment, as well as a comprehensive physical exam.

9. Use information and communication technologies to document and evaluate patient care, advance patient education, and enhance the accessibility of care.

10. Use appropriate technologies in the process of assessing and monitoring patients.

11. Work in an interdisciplinary team to make ethical decisions regarding the application of technologies and the acquisition of data.

12. Teach and adapt the use of technologies to patients and families:

13. Protect the safety and privacy of patients in relation to the use of health care and information.

14. Use information technologies to enhance one's own knowledge base.

C. Perform nursing interventions to alter, maintain or strengthen the position of human beings on the health continuum by demonstrating the ability to:

1. Delineate appropriate independent, interdependent and dependent nursing interventions for behavioral and collaborative nursing diagnosis.

2. Identify and develop a case managed program for patients and their families.

3. Perform the skills of complex decision making, high level critical thinking, and multiple task priority setting while delivering nursing care to human beings.

4. Use nursing and other appropriate theories and models, and an appropriate ethical framework.

5. Apply knowledge and research from nursing and the sciences as the basis for practice.

6. Use clinical judgment and decision-making skills.

7. Evaluate nursing outcomes through the acquisition of data and the questioning of inconsistencies, allowing for the revision of actions and goals.

8. Engage in creative problem solving.

D. Evaluate the results of planned nursing care action through observation and analysis of human beings' responses and act appropriately on this reassessment by demonstrating the ability to:

1. Anticipate and plan for alternate, complex and/or unusual responses of human beings to various health care actions and nursing interventions.
2. Identify and advocate strategies that overcome barriers to optimal health for human beings.

E. Develop collaborative relationships with other members of the health care team by working despondently, interdependently, and independently to improve health according to the needs of human beings by demonstrating ability to:

1. Discuss ways in which today's critical care nurse provides case management for a variety of critically ill patients who represent high cost, high risk and high volume.

2. Identify and describe various leadership theories and leadership qualities as they pertain to critical care nursing.

3. Delineate alternative ways to cost out or reimburse health care services for selected patients in critical care or emergency department.

4. Identify the role of the critical care or emergency department nurse in identifying and negotiating conflicts.

5. Delineate strategies to negotiate conflict amongst peers in critical care and emergency department.

6. Recognize the effects of modeling the role of professional nurse on peers and other health care team workers.

7. Assist patients to access and interpret the meaning, and validity of health information.

8. Establish and maintain effective working, relationships within an interdisciplinary team.

9. Produce clear, accurate and relevant writing.

10. Use therapeutic communication within the nurse/patient relationship;

11. Appropriately, accurately, and effectively communicate with diverse groups and disciplines using a variety of strategies.

12. Access and utilize data and information from a wide range of resources.

13. Provide relevant and sensitive health education information and counseling to

patients.

F. Indicate leadership and self direction by demonstrating ability to:

1. Seek, facilitate and take responsibility for own learning experience.

2. Define leadership and management theories and identify how they apply to various health care organizations and settings.

3. Use knowledge and techniques of leadership and management to appropriately delegate, staff, negotiate, resolve conflict, conserve and use resources, and select priorities for a work group or unit.

4. Use theory and research-based knowledge from the arts. humanities and sciences as a foundation for practice.

5. Apply appropriate knowledge of major health problems and cultural diversity in performing nursing interventions.

6. Demonstrate knowledge of the importance and meaning of health and illness for the patient in providing nursing care.

7. Integrate technologies to enable optimal outcomes.

1. Participate in research that focuses on efficacy of nursing interventions.
2. Delegate and supervise the performance of nursing interventions.
3. Incorporate principles of quality management into the plan of care.

10. Utilize outcome measures to evaluate effectiveness of care.

11. Perform direct and indirect therapeutic interventions.

12. Develop a comprehensive plan of care in collaboration with the patient; integrate care with other members of the interdisciplinary health care team.

13. Assume a leadership role within one's scope of practice.

14. Coordinate and manage care to meet the special needs of vulnerable populations, in order to maximize independence and quality of life.

15. Coordinate the health care of patient(s) across the lifespan utilizing principles and knowledge of interdisciplinary models of care delivery and case management.

G. Develop selected abilities leading to expansion of the knowledge base in nursing by demonstrating the ability to:

1. Evaluate the value, quality and quantity of nursing research in selected areas.

2. Recognize and define the steps used to design and carry out nursing research.

1. Collect the most relevant and best evidence to answer clinical questions, including searching for systematic reviews/meta-analyses or clinical practice guidelines first.
2. Use evidence-based model practice when creating nursing care reimbursement based on case studies.

H. Apply the nursing process in nursing care delivery for clients including individuals, families, groups and communities in multiple health care settings by:

1. Applying the knowledge of complex, specific pathophysiological and behavioral problems confronting selected patients.

2. Applying theoretical rationale for identification of nursing diagnoses and collaborative problems in selected patients.

3. Performing appropriate independent, interdependent and dependent nursing interventions that achieve expected patient outcomes.

4. Applying the nursing process in carrying out the principles of planning, organizing, directing, controlling, and evaluating nursing care delivery in clinical settings.

1. Provide professional nursing care on a synthesis of knowledge derived from theory and research in nursing, and from the physical, biological, and behavioral sciences by:

1. Delivering professional nursing care for critically ill patients and their families

based on a synthesis of knowledge derived from theory and research in

nursing, and from the physical, biological, and behavioral sciences.

2. Applying theoretical principles underlying biopsychosocial and spiritual problems among patients and families to nursing care delivery.

3. Accurately assessing the physical, psychological, social, and spiritual health status of selected patients and families across various cultural and age groups.

4. Identifying a variety of covert and complex health status problems among selected patients.

1. Diagnosing a variety of covert, complex health status problems arising in complex

populations.

6. Performing nursing interventions that will alter, maintain, or strengthen the position of patients and families on the wellness-illness continuum.

7. Evaluating the results of planned health care action through analysis of the care delivered.

8. Use evidence-based practice to document patient outcomes and interventions in patient write-ups.

J. Collaborate with other health care professionals and members of the community at large in planning, coordinating, providing, and evaluating care according to the needs of clients by:

1. Demonstrating ways in which the critical care nurse can provide nursing case management for a variety of high cost, high risk, and high volume clients.

2. Collaborating with other health care professionals to plan and organize cost effective and comprehensive delivery health care for selected populations.

3. Coordinating health care delivery with the client, other health care professionals, and services to determine the need for change.

4. Collaborating with other health care professionals to facilitate the independent role of clients in meeting their own health needs.

5. Identifying how to develop professional, collaborative relationships to facilitate improved health care for selected clients across the life-span.

K. Assume responsibility and accountability for one’s own practice and continuing professional development in order to meet the changing health care needs of society by:

1. Demonstrating ways to effectively translate specialty knowledge into nursing practice.

2. Facilitating one’s own learning experience through selected projects.

3. Facilitating one’s own learning by increasing knowledge and utilizing related research.

4. Identifying the process involved in being responsible and accountable for decisions, actions, and outcomes in the nurse manager role within a selected setting.

L. Incorporate ethical, legal, and professional standards into nursing practice by:

1. Observing in the clinical setting, the major ethical standards and emergent ethical dilemmas in providing nursing care in a selected setting.

2. Identifying the legal and economic factors confronting selected populations.

3. Identifying the extent of legal responsibilities of the nurse leader and manager which are specific to a setting delivering health care in a specialty setting.

M. Utilize knowledge of relevant cultural, social, political, economic, demographic, and ecological variables that affect delivery of nursing care throughout the range of health care services by:

1. Observing the sources of power as they impact upon the role as a nurse leader/manager in settings which deliver health care to selected clients.

2. Identifying nursing management models and management theories to guide specialty nursing practice.

1. Observing how the structure, behavior, politics, and culture of an organization, influences the role and practice of the specialty-practice nurse.

N. Contribute to the quality of nursing practice by evaluating research for its applicability to practice by:

1. Identifying evidence of the use or attempted use in the clinical setting of nursing research that applies specifically to the delivery of health care to selected populations.

2. Identifying evidence of the use or attempted use in the clinical setting of research reports published by non-nurses that apply specifically to the delivery of health care to selected populations.

3. Incorporating current and relevant evidence-based research in assigned written and group projects.

O. Assume a leadership role in the delivery of nursing care within a variety of practice settings by:

1. Applying leadership based upon the knowledge of theory and management principles as they relate to providing nursing care for

selected clients and families.

2. Applying strategies to resolve conflict, to negotiate desired outcomes.

3. Using the steps of the delegation process, including what should be delegated and to whom it should be delegated to effectively complete the tasks involved in delivering health care to selected populations.

4. Observing the process of disciplining personnel, including the awareness of when discipline it necessary, how to apply discipline, and how to evaluate the desired change in behavior.

5. Demonstrating leadership and self-direction by leading a peer group through selected learning tasks within a given time frame.

IV. Required Textbooks:

Aehlert, B. (2006). *ECGs made easy* (3rd ed.). St. Louis: Elsevier Mosby.

Carlson, K. K. (2009). *Advanced critical care nursing*. St. Louis: Saunders Elselvier.

# Course Modality

## Traditional Class- face-to-face contact such as lecture, discussion, demonstration,

## and direct exchange of materials as the primary method of communication.

# Topics to be Covered (Select topics from objectives—subject to change)

1. Contemporary Critical Care Environments

a. Data use for quality and prognostic value

i. Comorbid conditions

b. Nursing competencies for critical care

i. Quality and Safety Education in Nursing (QSEN)

c. Improving outcomes through prophylaxis

2. Nursing Care of Clients with CV Disorders

1. Dysrhythmias: blocks, pacers
2. Acute cardiac disorders
   * 1. 12 lead EKG interpretation
     2. Open heart surgery
     3. Acute Coronary Syndrome
3. Hemodynamic monitoring—including SVO2 monitoring

3. Medical Emergencies: (time permitting)

a. Neurological: Head/SC Injury / ICP Management

b. Acute CV Disorders (CVA/SAH – Aneurysm)

c. Sepsis

# Methods of Evaluation

A. Lecture (40% of total grade)

1. In-Class Activities/Attendance /Participation 10 points

2. Resume CR/NCR

3. Midterm Exam 33 points

4. Presentation—Research Articles 24 points

5. Final Exam 33 points

Total 100 points

B. Clinical Laboratory (60% of total grade)

1. Development and Approval of Clinical

Objectives and Learning Contract Required

2. Professional Courtesy Letter to Preceptor Required

3. Journal Part 1 25 points

4. Journal Part 2 25 points

5. Preceptor Evaluation #1 15 points

6. Plan for improvement with Journal #1 5 points

7. Preceptor Evaluation #2 20 points

8. Communicating Schedule to Instructor 5 points

9. Summary of Clinical Experience 5 points

10. Skills Check Off List – completed

and signed by fellow student Optional

Total 100 points

SEE PRECEPTOR ORIENTATION SYLLABUS FOR LAB REQUIREMENTS

|  |
| --- |
| The following grading criteria will be used:  A = 90% - 100%  B = 80% - 89.99%  C = 70% - 79.99%  F = Less than 70% in either Lecture or Clinical  \*Students must attain a minimum of 70% in both lecture and clinical in order to pass the course. All assignments must be completed to pass the course. Failure to successfully meet the passing criteria in either the lecture or clinical portions of the course will mean the student fails the entire course and receives F for all 6 Units. Failure to submit required items will result in a failing grade for the class. Grades are calculated to the second decimal point (e.g. 79.99, 89.99). There will be no rounding of grades to the next higher letter grade. Class attendance is required. |
|  |

***Lecture Component Assignments*** (40% of total grade):

Class Participation (10% of grade/ 10 points):

Class attendance is required. Excessive unexcused absences will result in failing the course at the discretion of the instructor per University Policy. Your attendance, participation and completion of in-class activities in the N452 class session is worth 10% of your final course grade. Not participating in class will result in a ***5 point reduction per episode***. This means if you’re not in class you can’t participate and the points will be docked from your grade. ***Two*** unexcused absences results in the ***full 10% reduction***. Excused absences will not result in the loss of points. If you need to miss class please contact the instructor ***prior*** to class and provide a valid reason for your absence (see student policy for excused absences in the CSULB catalog). ***Missing class for clinical is not permitted; do not schedule clinical on lecture days or the night prior to lecture***. Attendance will be taken at the beginning and end of each class. Two tardies will incur a loss of 5 participation points. Four tardies will incur a loss of all participation points. You will be expected to attend each class session and to be prepared for each class session by:

--Pre reading the assignment and being ready to participate in class.

--electronics in the classroom are limited to prompted activity

(no cell phone, tablet, or lap tops are to be used during lecture time)

**Resume (CR/NCR):**

You must prepare a one page professional resume. Utilize the CSULB Career Development Center website. The Career Development Center has quick links to resumes . The center offers workshops on Resume Writing Essentials and drop in sessions for resume reviews, please review the Workshop Calendar quick link. A hard copy of each is due at the beginning of class on February 13.

Exams (66% of grade) (one midterm 33% and one final 33%):

Students will be given two exams in class. The instructor must be ***notified prior*** to an examination if the student anticipates missing the examination. Make up tests are only giving for University approved excuses. Missing an exam without prior notification of the instructor will result in zero points for the exam. Students requiring testing accommodation due to documented learning disability should notify the instructor at the beginning of the semester or as soon as the disability is documented.

Oral Presentation (24% of Grade):

Oral presentations will be prepared outside of class time. Presentations will be given as scheduled to the class. The presentation will be no longer than fifteen minutes and provided a synthesis of the research you have reviewed on your topic. You need to present the ***overall findings*** of your topic not just list the research findings one by one. Pick a topic that is something you want to learn more about and is related to your chosen specialty area. State the research question. Research the topic and have if prepared for presentation as per the lecture schedule. No power points are necessary but may be used using your personal computer or tablet. Leave time for questions and discussion within your group. The grade for this presentation will be given with feedback from each member in your workgroup 10%. The remaining 14% will be based on the written summary and analysis. Lack of preparation for the presentation will result in a loss of the 24% of the assignment along with a loss of participation points for the class as per above.

The content for the presentation is based on the following description: Select 3 research articles related to your area of interest that answer your research question (these can also be used for your lab write up paper). At the time of the presentation: Prepare a two page summary and analysis of the three articles. This should not just be a “book report” and the summary should not use any more than 1 page. The second page of the writing should be more analytical (one page for the summary of all three articles and one page for the analysis of all three articles). Explore the validity of the research and if you think it is strong enough to base a practice change on.

***Clinical Component Assignments (60% of total grade):***

Grading Criteria:

The final grade for 452 Clinical Laboratory is 60% of the total 452 grade and is based on the following components:

Development and Approval of Clinical

Objectives and Learning Contract Required

**🢂** Due Date: After 1st meeting with preceptor.

Turn in completed & Signed Undergraduate Practicum/

Preceptor Agreement with personal learning objectives,

Preceptor Information Sheet and clinical schedule.

Must provide faculty with calendar of scheduled preceptor days

Communication of Schedule and changes in schedule 5%

Journal Part 1 **🢂** March 13 25%

Journal Part 2 **🢂** May 1 25%

Preceptor Evaluation #1 **🢂** with Journal Part 1 15%

Plan for improvement with Journal Part 1 5%

Including Self Behavioral Evaluation

Preceptor Evaluation #2 **🢂** with Journal Part 2 20%

Summary of Clinical Experience with Journal Part 2 5%

100

Professional Courtesy Letter to Preceptor Required

**🢂** Due Date- Include with Final Binder

Clinical Site Survey on BB to be completed by

May 1- your grade will not be released

until this survey is completed. Required

A= 90-100%

B= 80-89.99%

C= 70-79.99%

F= Less than 70%

Note: A Grade of C or better is required for successful completion of the course. Failing the clinical component of the class will result in failure of 452 and result in a grade of F being posted for the entire 6 units of the class. Assignments marked required must be submitted to pass the course. Grades are calculated to the second decimal point (e.g. 79.99, 89.99). There will be no rounding of grades to the next higher letter grade.

EVALUATION BY CLINICAL PRECEPTOR

(Mid Term 20% and Final 25% of Clinical Grade)

You are to ask your preceptor to formally evaluate you, utilizing the Clinical Evaluation Form, twice during the semester. The first time should be mid-term after you have completed approximately 90 hours and the second the last week of clinical. The evaluation tools in included in preceptor packet.

You are to review the Clinical Evaluation Form with your preceptor. Your preceptor is to sign and date this form. This is to be included in the binder that is submitted.

Once you receive the completed form from your preceptor, you are to develop a plan to improve your knowledge and skills based on the feedback provided by the clinical evaluation. ***You*** are to complete the Behavioral Evaluation Tool for both the midterm and final evaluations. You are then to develop a plan for the midterm improvement, incorporating your self assessment from the Behavioral Evaluation Tool as well as your preceptor’s feedback into the plan. This plan should include a modification of your behavioral objectives for the remaining weeks of the semester. Any changes in the behavioral objectives must be shared with the preceptor and the instructor. You might look at additional types of patients or learning experiences you would like to have during the remaining time of your preceptorship.

The plan for improvement should state specific areas in which you need to improve and a plan for improving each identified weakness. Even if your preceptor does not identify areas of weakness, you should look at areas that need improvement based on your own self assessment, including the areas found on the Behavioral Evaluation Tool. Speak to your objectives in the document.

Journal Writing Assignments (50% of Clinical Grade –two assignments at 25% each)

Assignment Journal One:

Quality and Safety Education in Nursing (QSEN) Guidelines

QSEN URL: http://qsen.org/competencies/pre-licensure-ksas/

QSEN’s mission is to decrease the number of preventable deaths in healthcare each year. There are six QSEN initiatives. The purpose of this assignment is for you to do a critical analysis of the implementation of the QSEN initiatives in the organization, and on the unit, where you are doing your preceptorship. This is a formal paper and should be referenced properly, be 12-15 pages in length and done using APA style.

1. Go to the QSEN Website and review the materials that are there. Select ***two*** of the QSEN competencies and write a detailed analysis of their implementation at your facility following these criteria:

1. Describe two specific competencies and the goals for 15 points

implementation (facts from the website)

2. Describe what has been done *at your facility* to initiate each of 15 points

these two competencies and give details of what evidence is present

to support your analysis.

3. Discuss what still needs to be done at your facility to fully 15 points

implement the intent of the competency.

4. What specific recommendations would you give to assist the 15 points

organization to fully meet the intended outcomes? How could

they go about fulfilling this goal?

1. Again, going to the QSEN website, look for the pre-licensure competencies and the knowledge, skills, and attitudes on the categories listed below**.**

[Patient-Centered Care](http://qsen.org/competencies/pre-licensure-ksas/#patient-centered_care)

[Teamwork and Collaboration](http://qsen.org/competencies/pre-licensure-ksas/#teamwork_collaboration)

[Evidence-based Practice (EBP)](http://qsen.org/competencies/pre-licensure-ksas/#evidence-based_practice)

[Quality Improvement (QI)](http://qsen.org/competencies/pre-licensure-ksas/#quality_improvement)

[Safety](http://qsen.org/competencies/pre-licensure-ksas/#safety)

[Informatics](http://qsen.org/competencies/pre-licensure-ksas/#informatics)

1. For ***each of the six*** competencies listed above, assess your own 15 points

level of knowledge, skill, or attitude and provide a written response

for each category.

1. Provide a plan of what you are going to do to improve the 15 points

levels of expertise in those areas you feel the weakest. (Be specific).

Content grade : 90 points

Professional Appearance /APA : 5 points

All items included in journal: 5 points

Journal total: 100 points

Assignment Journal Two: Patient Care Standards of Care, Literature Review, and Analysis.

Be sure to label these sections in your write-up using appropriate levels of heading: This is to be written as a formal paper 10-15 pages in length using APA format. Professional appearance and APA is worth 10% of the grade.

1. Overview of patient (10 points): select a patient that you have cared for during your preceptorship and briefly describe the patient scenario in a case study format.

2. Describe the standards of care (25 points) for this patient population with this diagnosis. Use standards and/or guidelines published by the appropriate professional

organizations and include research literature to back this up.

1. Discussion of select “hot topic” from research literature (50 points):

(25 points) Identify a current nursing practice issue (hot topic) related to the care of this patient from the literature. The issue can be related to diagnosis, treatment, new

standards or innovated therapies, new evidence based care, health service delivery, etc. Search the literature on the diagnosis to get a feel for what is happening within this

specific disease or population. Discuss the literature using appropriate references and supportive documentation (research based literature). In your discussion, synthesize the literature so that you can write knowledgably about it. This section should be well documented with current references. Follow A.P.A. format for your documentation. Please feel free to discuss your approach with me.

(25 points) Analyze the patient care in the context of the EBP in the context of nursing implications. Answer the questions: Are the guidelines consistent with the current literature? Was this patient’s care consistent with the guidelines and what is known from the literature? This is your chance to have an educated opinion related to the care of this patient. So make an argument about how you think the patient’s outcome was related to the care they received. (Remember: this is a formal paper…so don’t use phrases like…..I think my patients would….). Use professional language and reference your thoughts in text, consult the APA manual for review.

Summary of Clinical Experience (5% of grade):

You are to write a 2-3 page summary of your clinical experience. This should be a thoughtful evaluation of your clinical experience in this area of concentration. It might include a summary of specific new knowledge and skills obtained, why certain objectives were not able to be met, how this experience contributed to your nursing education, why you are or are not suited for this area of clinical practice—this is a time to reflect and synthesize the total preceptorship experience and ***what plans you have from this point forward*** regarding your professional development.

The Professional Courtesy Letter is a letter written by you and sent to your preceptor. This letter should be a formal and suitable for inclusion in their personnel file. Such feedback is often used to help with clinical advancement and thus you need to be specific in detailing how your preceptor assisted you and acted as a role model. A copy of this letter should be sent to your preceptor’s immediate supervisor as well as the preceptor him/herself.

Skills lab checklist; Each student may sign up for four practice sessions in the skills lab. In the content tab on BeachBoard, you will find a check list for 1) NG tube insertion, 2) Foley catheter insertion, 3) IV starting 4) hanging primary and secondary IV solutions**.** Print these, bring them to the skills lab and these checklists will be signed by your classmate. This is not an exam- you are working together to review these skills. You are to view the videos listed on the content tab BEFORE you go to the skills lab. Try and get this done before you start clinicals. Turn your checklist in with Journal Part 1. When you are in the lab everything is set up for you. There is no instructor present, you are expected to practice on your own. Make sure you clean up after yourself in the lab, making each station ready for the next student team to use. This is meant to be a wonderful review for you to be more confident as you start clinicals. The hours you take to practice count as part of your clinical hours, including viewing the videos. You may only take the time you used and only up to 4 hours. Include these hours on your Clinical Hours and daily Experience Log.

Guidelines for Journal Preparation\*

Purpose: The written journal experience allows the student to reflect on the theoretical application in their clinical experiences. It also enables the student to evaluate fulfillment of their individualized behavioral objectives developed for this course.

The journal is to be submitted after one half of the clinical hours are completed (after 90 hours of clinical). The latest it may be submitted is the due date and time listed under the grading criteria section. If you will not be completing 90 hours by the due date, talk to your clinical faculty to make arrangements regarding the due date. The wise student will not get behind and get started on the journal the first week.

Format: The journal entries must be:

Submitted in a 3 ring loose leaf binder with a front title page With Student Name, Course Name, Clinical Instructor Name and Date identified on the front of the Binder

Organized with Table of Contents

Sheet separators that are tabbed

Typed (one side of paper only); APA format; Proof-read

The Clinical Journal should include all course paperwork:

Part 1: Signed Preceptor Agreement and Data Sheet

Personal Objectives

Updated Schedule

Clinical Hours and Daily Experience Summary Log

(hours are totaled from the first day; should equal 90)

Midterm Preceptor and Behavioral Evaluation

Plan for improvement (assess objectives, write new ones and/or delete some if needed).

Mid-term writing assignment (QSEN).

Grading Sheet

Part 2: All of the contents from Part One in the back of the binder and label

with a tab marked Journal Part One

Personal Objectives

Clinical Hours and Daily Experience Summary Log

(make sure hours are totaled from the first day through to

the last; should equal 180)

Copy of Professional Courtesy Letter

Final Preceptor and Behavioral Evaluation

Summary of Clinical Experience

Final writing assignment (Literature Review)

Grading Sheet

The binders should be professional in appearance with title page in front slip cover including the student clinical faculty names. Use sheet separators and tabs for each item. Submit grading sheets on one single sided page for graded assignments or your binder will not be graded and will considered late until this deficit is correct (the late paper policy will then be in effect until the grading sheet is turned it).

Components:

A. Clinical Hours and Daily Experience Summary Log:

Journal entry should include a clinical log summarizing the clinical hours for this time period. This log is to be signed and dated by your preceptor at the time the log is submitted to your instructor (mid-term/final). This log should be a cumulative record of your clinical hours completed throughout the semester. To successfully pass N452 you are to complete 180 hours of clinical practice with your assigned preceptor. Twelve of the 180 hours can come from related classes (e.g. ACLS, PALS class) or agency-required clinical orientations. You must provide evidence of CE hours (e.g. certificate of attendance). A maximum of 12 hours is allowed per day.

Each journal entry should provide a Daily Experience Summary, listing all major patient/client contact, including diagnoses or major problem area. Any meetings, conferences or in-services attended, or other experiences that account for your clinical time should be included. The log should reflect a cumulative record of your clinical experiences completed throughout the semester, and should be related back to your personal objectives.

**Sample Format:**

Date Hours Your Signature Preceptors Signature Pt DX Objectives Met

8/29/16 8 XXX XXX orientation

8/30/16 8 XXX XXX ACS #2-7

9/01/16 12 XXX XXX STEMI #2-5 & #8

# General Course Policies:

## Commitment to Inclusion

California State University, Long Beach is committed to maintaining an inclusive learning community that values diversity and fosters mutual respect. All students have the right to participate fully in university programs and activities free from discrimination, harassment, sexual violence, and retaliation. Students who believe they have been subjected to

discrimination, harassment, sexual violence, or retaliation on the basis of a protected status such as age, disability, gender, gender identity/expression, sexual orientation, race, color, ethnicity, religion, national origin, veteran/veteran status or any other status protected by law, should contact the Office of Equity and Diversity at (562) 985-8256, University Student Union (USU) Suite 301, <http://www.csulb.edu/depts/oed>.

B. Statement of Accessibility <http://www.csulb.edu/divisions/aa/academic_technology/itss/course_materials/accessibility/>

1. Accommodation

It is the student’s responsibility to notify the instructor in advance of the need for accommodation of a university verified disability (PS 11-07, Course Syllabi and Standard Course Outlines).

Students needing special consideration for class format and schedule due to   
religious observance or military obligations must notify the instructor in advance of those needs.

Students who require additional time or other accommodation for assignments must secure

verification/assistance from the CSULB Disabled Student Services (DSS) office located at

270 Brotman Hall. The telephone number is (562) 985-5401.

Accommodation is a process in which the student, DSS, and instructor each play an important role. Students contact DSS so that their eligibility and need for accommodation can be determined. DSS identifies how much time is required for each exam. The student is responsible for discussing his/her need with the instructor and for making appropriate arrangements. Students who are eligible to receive accommodation should present an

Accommodation Cover Letter and a DSS Student/Teacher Testing Agreement Form to the instructor as early in the semester as possible, but no later than a week before the first test. (It takes one week to schedule taking an exam at the DSS office.) The instructor welcomes the opportunity to implement the accommodations determined by DSS. Please ask the instructor if you have any questions.

## C. Cheating and Plagiarism (CSULB Catalog, AY 2010-2011, pp. 50-52)

1. “Plagiarism is defined as the act of using the ideas or work of another person or persons as if they were one’s own, without giving credit to the source. Examples of plagiarism include, but are not limited to, the following: the submission of a work, either in part or in whole, completed by another; failure to give credit for ideas, statements, facts or conclusions [which] rightfully

belong to another; in written work, failure to use quotation marks when quoting directly from another, or close and lengthy paraphrasing of another’s writing or programming.”

2. “Cheating is defined as the act of obtaining or attempting to obtain or aiding another to obtain academic credit for work by the use of any dishonest, deceptive or fraudulent means. Common examples of cheating during an examination would include, but not be limited to the following: copying, either in part or in wholes, from another test or examination; giving or receiving copies of an exam without the permission of the instructor; using or displaying notes; “cheat sheets,” or other information or devices inappropriate to the prescribed test conditions; allowing someone other than the officially enrolled student to represent the same.”

3. “Faculty choices for confirmed plagiarism include:

a. review- no action; and/or

b. An oral reprimand with emphasis on counseling toward prevention of further occurrences;

and/or

c. A requirement that the work be repeated; and/or

d. Assignment of a score of zero (0) for the specific demonstration of competence, resulting in the proportional reduction of final course grade; and/or

e. Assignment of a failing final grade; and/or

f. Referral to the Office of Judicial Affairs for possible probation, suspension, or expulsion.”

1. All papers and assignments are due on the noted date. If you need an extension, it should be requested in writing via e-mail at least one week prior to the due date. Unexcused late assignments will be docked 10% per day. Late is defined as any time past the due date and time. For example, if journal one is submitted at 1:01pm on the due date it will be docked 10% and at 1:01pm the next day and additional 10% and so on and so forth. Assignments later than three days will not be accepted and a grade of zero will be given.

E. Required documentation:

***Prior*** to the beginning of the clinical experience each student must show the preceptor (or student placement coordinator of the facility) and clinical instructor evidence of:

1) Evidence of registration for N452. You CANNOT begin your clinical experience until you are registered in N452 and you have a signed preceptor contract.

2) Current RN license in the state of California (if applicable).

3) Current nursing liability insurance to cover dates of clinical experience.

4) Current American Heart Assn. BLS-C Certification

5) Current PPD or negative chest x-ray.

6) Other documentation required by the clinical placement.

F. Illness notification:

If you will be absent from your N452 clinical, you MUST notify your clinical preceptor and faculty member a minimum of 2 **hours prior to the start** of your scheduled shift.

G. Course Withdrawal Policy: To withdraw from the course you must follow the University policy stated in the CSULB Catalog.

H. Department of Nursing Incomplete Grade Policy:

“A nursing student who has received an Incomplete grade (I) in a theory or clinical course that is prerequisite to subsequent courses in the nursing program is required to make up all incomplete work by the start of the third week of the following semester to assure progression in the nursing program.”

I. Uniforms: ***YOU MUST WEAR THE SCHOOL UNIFORMS AT CLINICAl and following the dress standards.***

This is a School Policy. Remember your student handbook is still in effect. If you are not in uniform you could be sent home from clinical and disciplinary action can be taken. Faculty site visits may be scheduled or may be impromptu. Always conduct yourselves as though someone is looking.

J. Schedule: As soon as you obtain your preceptor schedule, you must submit it to your clinical faculty. Clinical hours are not permitted during class times. (No night shifts prior to lecture or day shifts during scheduled lecture is acceptable. Violation of this policy will result in a 10% participation grade reduction and counseling). Clinical faculty may visit your clinical site at any time during your shifts. If you change your schedule or call in sick, you need to notify your clinical faculty so they will know you will not be at your clinical site on the scheduled day. Failure to do this will result in a loss of points from your journal submissions.

K. Agency Orientation/Requirements: Students are placed in a variety of clinical settings. Each agency has unique orientation and participation requirements. It is an expectation that the students participate in the requirements of the agency to maintain their placement. If an agency exits a student from the placement related to non-compliance and/or behavioral issues, it is likely to result in failure of the course.

## L. Campus Behavior

1. “Civility Statement- Civility and mutual respect toward all members of

the University community are intrinsic to the establishment of   
excellence in teaching and learning. The University espouses and practices zero tolerance for violence against any member of the University community. A threat of violence is an expression of intention that implies impending physical injury, abuse, or damage to an individual or his/her belongings. All allegations of such incidents will be aggressively investigated. Allegations that are sustained may result in disciplinary action up to and including dismissal from employment,   
expulsion from the University, and/or civil and criminal prosecution.” (CSULB Catalog, AY 2010-2011, p. 743).

1. Classroom Expectations- All students of the California State University system must adhere to the Student Conduct Code as stated in Section 41301 of the Title 5 of the California Code of Regulations as well as all campus rules, regulations, codes and policies. Students as emerging professionals are expected to maintain courtesy, respect for difference, and respect for the rights of others.
2. Unprofessional and Disruptive Behavior- It is important to foster a climate of civility in the classroom where all are treated with dignity and respect. Therefore, students engaging in disruptive or disrespectful behavior in class will be counseled about this behavior. If the disruptive or disrespectful behavior continues, additional disciplinary actions may be taken.

# CAMPUS CIVILITY AND THE DISRUPTION OF LEARNING

CSULB takes seriously its tradition of maintaining civility and mutual respect among all members of the University community. These qualities are intrinsic to excellence in teaching

and learning. Civility is the responsibility of everyone who participates on the CSULB campus. Student behavior is governed by University policies, including the CSULB Student Code of Conduct. All students of the California State University system must adhere to the Student Conduct Code as stated in Section 41301 of the Title 5 of the California Code of Regulations as well as all campus rules, regulations, codes and policies. The Student Conduct Code is published in the Schedule of Classes and the University Catalog.

1. Definition of Disruptive Behavior

Behavior is considered disruptive when it interferes in a significant way with the opportunity of other students to learn, or with the administrative functions of the University. Disruptive behavior may sometimes be so severe as to threaten or endanger the physical safety or psychological wellbeing of personnel or students.

1. Examples of Disruptive Behavior
2. persistently arriving late to class or leaving early in a manner that interferes with the learning activities of other students
3. talking incessantly while the instructor is delivering a lecture or when others students are

presenting, thus preventing others from benefiting educationally from the class

1. using personal electronic devices such as pagers and cell phones
2. interrupting the educational process with inappropriate questions or interjections in such a way that interferes with other students’ learning
3. being disrespectful, offensive, and/or threatening
4. persistently calling or interrupting faculty or staff, thus hampering normal work activities
5. becoming belligerent when asked about his or her behavior
6. Consequences

Students demonstrating disruptive behavior may be required to leave the class pending discussion and resolution of the problem and may be referred to the Department Chair, the Associate Dean and/or Dean of the College, the University Ombudsman, Counseling and Psychological Services, the Dean of Students, or the Office of Judicial Affairs.

* 1. Additional Classroom Expectations

1. ***Electronic devices are not permitted in the classroom to assure active listening and participation in the content***.
2. E-mail: E-mail is the preferred method of communication for this class. Please make it a point to check your account daily during the week and keep your preferred e-mail address updated

through MyCSULB. It is the student’s responsibility to obtain information from a fellow student for any missed lectures. Students should feel free to seek clarification from the instructor for any questions regarding the material presented in lecture or course expectations.

Class participation points may be deducted for violation of any of the civility criteria at the instructor’s discretion.

# XI. Justification

This course is designed to prepare the student for transition to the professional nursing role upon graduation. The clinical preceptorship is a capstone experience which integrates advanced knowledge and clinical skills with leadership/management theories in preparation for entry into professional nursing practice.

References:

Baird, M.S., Keen, J.H., & Swearingen, P. (2005). *Manual of critical care nursing: Nursing interventions and collaborative management (5th ed).* St. Louis: Elsevier Mosby.

Chen, Y., Chou, S., Lin, L., & Wu, L. (2006). The effect of intermittent nasogastric feeding on preventing aspiration pneumonia in ventilated critically ill patients. *Journ of Nursing Research, 14*(3), 167-179.

Duffy, M. E. (2005). The agency for healthcare research and quality: A valuable resource for evidence-based practice. *Clinical Nurse Specialist, 19*(3), 117-120.

Goldhill, David R., Imhoff, Michael, McLean, Barbara, & Waldmann, Carl. (2007). Rotational bed therapy to prevent and treat respiratory complications: A review and meta-analysis. *Am J Crit Care, 16*(1), 50-61.

Howard, J., Sundararajan, R., Thomas, S., Walsh, M., & Sundararajan,, M. (2006). Reducing Missed Injuries at a Level II Trauma Center. Journal of Trauma Nursing, 13(3), 89-95

Melnyk, B.M. (2003). Finding and appraising systematic reviews of clinical interventions: Critical skills for evidence-based practice. *Pediatric Nursing, 29*(2), 147-125.

Melnyk, B.M., & Overholt-Fineout, E. (2002). Key steps in implementing evidence-based practice: Asking compelling, searchable questions and searching for the best evidence. *Pediatric Nursing, 22*(3), 262-264.

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Schmidt, Christopher E., & Bottoni, Thomas. (2003). Improving medication safety and patient care in the emergency department. *Journal of Emergency Nursing, 29*(1), 12.

Tolentino-DelosReyes, Arlene F., Ruppert, Susan D., & Shiao, Shyang-Yun Pamela K. (2007). Evidence-based practice: Use of the ventilator bundle to prevent ventilator-associated pneumonia. *Am J Crit Care, 16*(1), 20-27.

On-line Resources:

Agency for Healthcare Research and Quality: http://www.ahrq.gov

American Association of Critical Care Nurses. <http://www.aacn.org>

Society for Critical Care Medicine. <http:///www.sccm.org>

Institute for Healthcare Improvement. [www.ihi.org](http://www.ihi.org)

Joint Commission of Hospitals. http://www.jointcommission.org/

Cochrane Database of Systematic Reviews: <http://www.cochrane.org/reviews/>

Welch Med. Great Site: <http://www.welch.jhu.edu/internet/ebr.html>

Evidence-Based Nursing. Sigma Theta Tau International. [www.nursingsociety.org](http://www.nursingsociety.org)

National Guideline Clearinghouse. [www.guideline.gov](http://www.guideline.gov)

Sara Cole Hirsch Institute for Best Nursing Practice Based on Evidence at Case Western.

[http://fpb.cwru.edu/HirshInstitute](http://fpb.cwru.edu/hirshinstitute)

University of Rochester Medical Center

[http://www.urmc.rochester.edu/HSLT/miner/resources/evidence\_based/index.cfm](http://www.urmc.rochester.edu/hslt/miner/resources/evidence_based/index.cfm)

WelchWeb.Evidence-Based Site (Excellent\*\*\*)

<http://www.welch.jhu.edu/internet/ebr.html>

## N452--JOURNAL Part 1 GRADING SHEET

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Faculty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. Clinical Hours and Daily Experience Log CR/NCR --Identification of Clinical Objectives fulfilled

II. Signed learning contract, current schedule, copy of midterm evaluation done by preceptor, and Behavioral evaluation done by you.

III. Plan for Improvement: (5% of total grade) \_\_\_\_\_

Pts. Pts.

Possible Attained

IV. All Journal items included and submitted 5 \_\_\_\_\_\_

on time.

Professional appearance/APA 5 \_\_\_\_\_\_

V. QSEN Paper

1. Describe the specific competency and the goals for 15 \_\_\_\_\_\_ implementation (outcomes).

2. Describe what has been done to initiate each competency 15 \_\_\_\_\_\_

and give details of what evidence is present to support your

analysis.

3. Discuss what still needs to be done to fully implement the 15 \_\_\_\_\_\_

intent of the competency.

4. What specific recommendations would you give to assist the 15 \_\_\_\_\_\_

organization to fully meet the intended outcomes? How could

they go about fulfilling this goal?

5. For each domain, assess your own level of knowledge, skill 15 \_\_\_\_\_\_

or attitude and provide a written response for each category.

6. Provide a plan on what you are going to do to improve the 15 \_\_\_\_\_\_ levels of expertise in those areas you feel the weakest.

Comments:

Total 100 \_\_\_\_\_\_

JOURNAL Part 2: GRADING SHEET

N452 Advanced Nursing in Critical Care Clinical Studies

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Faculty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. Clinical Hours and Daily Experience Log CR/NCR --Identification of Clinical Objectives fulfilled

II. Pts. Pts.

Possible Attained

All Journal items included and submitted 5 \_\_\_\_\_\_

on time. All of Part 1 items, clinical log with hours totaled,

copy of professional letter to preceptor, and summary clinical experience.

Preceptor evaluation and your behavioral evaluation.

Professional Appearance/APA 10 \_\_\_\_\_\_

Overview of Patient 10 \_\_\_\_\_\_

Description of current standards of care 25 \_\_\_\_\_\_

Comprehensive discussion of major issue 50 \_\_\_\_\_\_ in the context of nursing implications.

Discussion (25 points) \_\_\_\_\_\_\_\_

Analysis (25 points) \_\_\_\_\_\_\_\_

Total 100 \_\_\_\_\_\_

Schedule communicated regularly to faculty (5% total grade) \_\_\_\_\_\_ Summary of total Clinical Experience (5% total grade) \_\_\_\_\_\_

Professional Courtesy Letter CR/NCR

Site Survey Completed on BB CR/NCR

Comments: