

N325P
Adult Health Nursing I (Practicum)



School of Nursing

Spring 2015

#57835, 57840, 57845, 57850, 57855, 57860

Amy Holland, MSN, RN
(Course Facilitator)

The University of Texas at Austin
School of Nursing
N325P Adult Health Nursing I (Practicum)
Spring 2015

Course Credit: 3 semester hours credit; 8 lab hours/week

Placement in Curriculum: First Semester, Junior Year

Prerequisites: Completion of 69 hours of prerequisite course work and credit for or registration for N325

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Course Faculty: Abram Bustamante, MSN, RN
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Course Faculty: Megan Pfitzinger-Lippe, MSN, RN
Room; Phones: NUR 2.308; 512-232-4148 (office); 210-394-9877 (cell)
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Office Hours: Friday 1100-1300

Course Faculty: Lisa Sumlin, PhD, APRN, ACNS-BC
Room; Phone: NUR 5.146; 512-323-6117 (office); 512-387-1174 (cell)
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Office Hours: Monday 1515-1615 at clinical site; Friday 0800-0830, 11:00-11:30, and 1400-1500 office

Office Hours for Faculty:

In addition to posted office hours, faculty can be contacted for meeting times by appointment.

Course Description:

For nursing majors admitted to the professional sequence. Application of the concepts and theories necessary to promote and restore health of adults with biological problems; related physiological and psychological responses. Eight laboratory hours a week for one semester. This course provides students the opportunity to apply the concepts and processes required to help individuals of varied ages with the promotion and maintenance of health. Students focus on the physical, social, psychological, and developmental assessment of adult clients. In addition, students demonstrate the use of basic psycho-motor nursing skills.

This course carries the Independent Inquiry flag. Independent Inquiry courses are designed to engage you in the process of inquiry over the course of a semester, providing you with the opportunity for independent investigation of a question, problem, or project related to your major. You should therefore expect a substantial portion of your grade to come from the independent investigation and presentation of your own work.

Course Objectives: After completion of this course the student will be able to:

1. Use nursing process with selected multicultural adults experiencing alterations in health.
2. Apply selected nursing and non-nursing theories that relate to the nursing care of adults.
3. Demonstrate responsibility and accountability for performing nursing actions.
4. Organize nursing care effectively to meet the needs of adults with health problems.
5. Select and utilize nursing research findings which relate to nursing care of adults.

Teaching/Learning Strategies:

1. Clinical Practicum - Students will be assigned to a long-term care facility for part of the semester (3 weeks) and a unit of a hospital or a rehabilitation center for the remainder of the semester. For each weekly experience, they are expected to do a systematic assessment on each patient using a Client Data Base (CDB) and/or a Disease Concept Map. See Clinical Evaluation Tool under Nursing Process for how scores on these documents figure into your final grade. After the long-term care facility experience, the student will be required to collect data on their assigned patient the day before the clinical experience. In addition, the student is expected to identify the patient's actual and potential nursing diagnoses, plan and provide nursing interventions for such nursing diagnoses, and evaluate the effectiveness of the nursing interventions.
2. Clinical Conference - Each practicum lab group has a weekly conference. This discussion time is used to assist students in relating knowledge that they have learned in the Adult Health I course (N325), Assessment (N224), Aging (N227) and the Clinical Skills course (N127P) to the actual patients care. Students are expected to actively participate in the clinical conference.

In the conference, students will be introduced to nursing topics/activities that will further their understanding of nursing care and provide skills that will be useful in the clinical setting. These topics will be posted to Canvas. Some topics may require researching the topic or completing assigned readings prior to the conference. Topics may include, but are not limited to the following:

- Concepts and Theories (Nursing Process, Gordon's Functional Patterns, Maslow's Hierarchy of Needs, Erickson's Modeling and Role Modeling, Bandura's Health Promotion Model, and ethics in health care).
- Communication skills in nursing (Modeling and Role Modeling, change of shift report, nursing notes, and therapeutic communication)
- Pathophysiology in the Acute Care Setting (diagnostic tests, labs, EKGs, and disease processes).
- Special Needs (caring for patients with special needs, i.e. fall prevention, patients with dysphagia, and caring for peri- and post-operative patients)
- Disease Specific Care (Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure)

- Quality Nursing Indicators and Metrics (transforming care at the bedside, fall prevention, infection control, reduction of medication errors, pain management, time management)
 - Critical Thinking and Judgment (Situation, Background, Assessment, Recommendation- SBAR), assessment situations, vital signs, monitoring changes in patient status based on expected outcomes).
3. Evidence-Based Nursing Research Project – Another learning strategy used in this course is to promote evidence-based practice by becoming familiar with how to obtain scientific data to provide insight into nursing practice issues. Each student will choose a research question and report findings based on current nursing research. Faculty will supply students with specific project requirements. See Clinical Evaluation Tool under Application of Knowledge for how score figures into your final grade.

Grading and Evaluation Policy:

Final course grade will be determined using the six categories on the Clinical Evaluation Tool:

- Technical Competence
- Application of Knowledge
- Accountability
- Management
- Nursing Process
- Interpersonal Skills/Caring

A minimum score of 70% in each of the six categories is necessary in order to receive a passing grade in the course. Performance criteria and written work will be given consideration in determination of the final grade. Unwarranted absences from clinical, poor preparation, or poor performance in other J1 courses (e.g. N127P, N224P) - will prevent the student from meeting the course objectives and result in a lower grade. For example, failure on the Medication Skills Check-off in N127P would prevent the student from applying that skill in N325P and therefore affect the N325P grade.

If the instructor, at any time, observes behaviors which in his/her judgment indicate that a student is not meeting any of the 3 critical elements (safety, knowledge, or communication), the student will not receive a passing grade regardless of the behaviors assessed in the clinical evaluation tool.

Final course grades will be earned according to the following percentage scale:

Letter Grade	Numeric Grade	Description of Performance
A	90-100	Performs consistently in an outstanding manner
B	80-89	Gives quality nursing care Overall performance is consistently good, but not outstanding. May have one or more "A" behaviors
C	70-79	Consistently performs in a safe manner May exhibit some "B" behaviors
D	60-69	Performs inconsistently and frequently in an unsafe manner Performance requires step-by-step assistance by instructor Performance unclear that objectives are being met
F	<60	Patterns of behavior demonstrate a consistent inability to function autonomously or safely in the nursing role

Course Policies and Student Responsibilities

Course Repeat Policy:

A student must earn a grade of at least "C" in each nursing course. A student may repeat a nursing course only one time. No more than two nursing courses may be repeated. If the student does not earn a grade of "C" or better the second time he or she takes the course, the student cannot continue in the School of Nursing. If, while repeating the course, the student drops the course or withdraws from the university at a time when the student's performance in the course is considered to be inferior to that required for a grade of "C", the student may not re-enroll in the course or continue in the School of Nursing.

Honor Codes:

The profession of nursing has a legacy of public respect and trust. We provide specialized care for the health needs of individuals and the community with integrity, honesty, compassion, and state of the art knowledge and skills. Learning and practicing responsible and ethical professional behavior is a vital part of professional education. The Institutional Rules on Student Services and Activities given in the General Information Catalog (Chapter 11) and The University of Texas at Austin's Honor Code apply to all nursing students:

The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the University is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

Additionally, the School of Nursing has its own honor code:

As a student in The University of Texas at Austin's School of Nursing, I pledge myself to be honest in all of my student activities including, but not limited to, all of my scholastic work and interactions with patients, members of the community, faculty, and peers. Furthermore, I will not use any substance prior to or during my interaction with patients that could alter my judgment or ability to render safe care: this includes but is not limited to any use of alcohol, illegal drugs, and prescription or over-the counter drugs that may impair my mental and/or physical abilities required to perform safe patient care. I will disclose to my instructor any violations of the above standards of conduct.

Academic and Program Accommodations for Students with Disabilities:

Refer to the General Information for information on Academic and Program Accommodations for Students with Disabilities or contact the Services for Students with Disabilities office in the Office of the Dean of Students at 471-6259. The School of Nursing works to ensure that students who have disabilities have equal access to the University's programs and services. If you have any questions about services or accommodations for students with disabilities, please talk with the faculty member, the Assistant Dean for Undergraduate Programs, or the Assistant Dean for Student and Clinical Affairs.

Student Conduct Policy:

Students and faculty in The School of Nursing each have responsibility for maintaining an appropriate learning environment. The faculty has the professional responsibility to treat students with understanding, dignity and respect and to guide the teaching/learning process. Students are expected to refrain from verbal and nonverbal behaviors in the classroom and clinical that may be distracting to others, such as, but not limited to: arriving late or leaving early, side conversations, text messaging, note passing, surfing the internet or answering e-mail on laptops, and answering cell phone or pager. Students who persistently engage in behaviors that are disruptive to the teaching/learning process may be required to leave the setting. For further information, refer to General Information, Institutional Rules on Student Services and Activities, Chapter 11: Student Discipline and Conduct.

Scholastic Dishonesty Policy and Professional Integrity:

Refer to the General Information for information on the Scholastic Dishonesty Policy Sec. 11-802. Scholastic dishonesty includes, but is not limited to cheating, plagiarism, collusion, falsifying academic records, and misrepresenting facts. The Dean of Students Office records acts of dishonesty and notifies the School of Nursing of each incident. In addition to all of the University statements and policies relative to academic dishonesty, the School of Nursing recognizes the strong link between honesty in academic work and professional integrity. Any act of academic dishonesty, including fabrication of reports or records of interactions with clients, is considered incompatible with ethical standards of nursing practice. The School of Nursing does not admit students who have a record of violations to the professional sequence. Students who engage in scholastic dishonesty will be subject to dismissal and may jeopardize their eligibility for licensure as a registered nurse.

Some examples of dishonesty are listed below.

1. "Scholastic dishonesty" includes, but is not limited to, cheating, plagiarism, collusion, falsifying academic records, and any act designed to give unfair academic advantage to the student. Examples include, but are not limited to, submission of essentially the same written assignment for two courses without the prior permission of the instructor, providing false or misleading information in an effort to receive a postponement or an extension on a test, quiz, or other assignment or the attempt to commit such acts.
2. "Cheating" includes, but is not limited to discussing the contents of an examination with another student who will take the examination. Falsifying research data, laboratory reports, and/or other academic work offered for credit.

3. "Plagiarism" includes, but is not limited to, the appropriation, buying, receiving as a gift, or obtaining by any means, another's work and the submission of it as one's own academic work offered for credit. When written work is directly transferred from a source, the content must be in quotations and the reference cited appropriately.

Use of Class Materials:

The materials used in this class, including, but not limited to, exams, quizzes, and homework assignments are copyright protected works. Any unauthorized copying of the class materials is a violation of federal law and may result in disciplinary actions being taken against the student. Additionally, the sharing of class materials without the specific, express approval of the instructor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This includes, among other things, uploading class materials to websites for the purpose of sharing those materials with other current or future students.

Compliance Policy:

Students must be compliant for clinical courses one month prior to the first class day. Students who are not compliant will be dropped from the clinical course on the first class day. Students may petition to be re-enrolled in the clinical course(s) after completing the compliance requirements. However, University late fees will apply and students will not be guaranteed their preferred clinical site or instructor.

SON Drug Screening Policy:

One of the components of compliance requires students to participate in a drug screen to be completed one month prior to the first day of class in the first semester of a student's program. However, it is possible that some agencies will require a repeated screen to be more current. The School of Nursing will provide students with the procedure to follow to obtain the drug screen.

If a student has a positive drug screen s/he will not be allowed to participate in the clinical component of the course at the assigned clinical agency or any other clinical agency. The student will be required to withdraw passing from all clinical courses. The student may continue in lecture courses if proof is provided that the student is currently receiving treatment. The student must meet prerequisites and co-requisites of any courses taken. Return to clinical courses is allowed only with documentation of assessment and completed treatment. The Student Affairs Office will provide directions for reporting to the Board of Nursing.

The University of Texas at Austin School of Nursing encourages students to assume responsibility for their personal and professional conduct and to seek assistance for substance abuse from various campus resources such as the University Student Health Counseling Center.

Attendance:

Regular attendance at all class meetings is expected. Faculty is responsible for implementing an attendance policy and must notify students of any special attendance requirements.

Punctuality & Late or Missed Work Policy:

Faculty is responsible for implementing a Punctuality & Late or Missed Work Policy.

Religious Holidays:

A student who is absent from a class or examination for the observance of a religious holy day may complete the work missed within a reasonable time after the absence, if proper notice has been given. Notice must be given at least 14 days prior to the classes scheduled on dates the student will be absent. For religious holy days that fall within the first two week of the semester, notice should be given on the first day of the semester. It must be personally delivered to the instructor and signed and dated by the instructor, or sent certified mail, return receipt requested. A student who fails to complete missed work within the time allowed will be subject to the normal academic penalties. Special regulations of colleges and schools, required by the unique nature of their programs of study, may be enacted through the normal legislative process and printed in "The Undergraduate Catalog". These special regulations may not conflict with University regulations on class attendance and absence.

Course Attendance Requirements:

Attendance is **mandatory** at all scheduled clinical sessions (including classes in the Skills Lab, assigned patient care areas in the agencies, and conferences). The student is responsible for all material discussed and all announcements made, even if the lab session was missed. Failure to appear for scheduled clinical practicum sessions and tardiness are viewed as unprofessional behavior. A student who is absent or tardy will be required to complete an alternate clinical assignment or make up a clinical day. A student will be dropped from a practicum course or receive a failing grade for patterns of absences or tardiness.

When absence from the clinical lab precludes sufficient experience and/or time for adequate evaluation, the lab(s) will be made up at the discretion of the instructor. It is the responsibility of the student to confer with the instructor and mutually determine if and how make-ups will be handled. This conference must occur within 48 hours of the missed lab

Course Punctuality Requirements:

If the student is unable to attend or will arrive late, the instructor must be notified prior to the scheduled starting time or as soon as possible when emergency circumstances arise. If the instructor cannot be contacted, the student must leave a message with the assigned clinical unit, including the telephone number where she/he may be contacted. In the event the student has been unable to speak with the instructor concerning a session scheduled at a community agency, the agency personnel must also be notified.

Course Assignments:

Assignments are expected no later than the due date. If an assignment must be late, alternate arrangements must be made with the instructor. Late submission can result in a grade reduction on that assignment.

Clinical Preparation:

The student is expected to come to the lab with the knowledge/skills necessary to meet the objectives of the day's experience. It is also expected that the student will come to the lab at a physical and mental level that will not jeopardize the care given to the resident/client and that will promote his/her own learning. Failure to demonstrate adequate preparation to perform safe nursing care will result in the student not being allowed to remain in lab for that session.

Visiting a Clinical Agency: When at an agency **without** direct instructor supervision:

1. Wear lab coat and photo ID.
2. Identify yourself and your purpose to the person in charge.
3. Consult with and ask for help from the appropriate person when it is logically indicated.
4. Notify the person in charge that you are leaving.

Medications and Calculations:

As a prerequisite to medication administration in clinical nursing courses, students are required in their N127 course to pass a medications and calculations test with a grade of at least 90.

Because accurate calculation of drugs is essential to patient safety, students will not be allowed to give medications in clinical settings until the medication test has been successfully passed.

Failure to demonstrate the required 90% competency on a **subsequent** medication exam may result in further remediation and/or failure in the course.

Uniform Policy:

Students wear white uniform tops with the burnt orange longhorn on the collar and the School of Nursing emblem above the **left** pocket. The pants are burnt orange scrub bottoms with either an elasticized or drawstring waist. UT uniforms are available at Co-Op East.

Other notes about uniforms and professional appearance:

1. T-shirts worn under the scrub tops must be plain white: long sleeves for cooler winter months are OK, as long as they can be pushed up out of the way during certain procedures and gloving.
2. When making pre-clinical data collection visits to clinical sites, a three-quarter length or full-length lab coat is required. Lab coats must have the School of Nursing emblem on the **left** upper side. Emblems can be purchased at Co-Op East. When a lab coat is worn, appropriate professional clothing should be worn underneath. Shorts, low cut tops, or t-shirts with slogans and jeans are NOT considered appropriate. In all clinical settings, students must project a professional image and clearly be identified as a University of Texas student nurse (i.e. wearing name badge)
3. A photo identification nametag is required and will be available through the Media Center on the fifth floor in the School of Nursing. Replacements or additional nametags will cost \$5.00 each.
4. Shoes must be a solid color white, black or brown. The top of the shoe must be impermeable for safety (no mesh, canvas, or cloth). The shoe also needs to have a back to it so that the nurse could run or move quickly. You need to be able to clean the shoes. (athletic shoes are OK as long as they are clean and are solid white, black or brown). Heels of shoes are not to exceed 2 inches in height. Socks must be solid white, black or brown. Support hosiery is recommended. Clogs and cloth/canvas shoes are unacceptable.
5. Hair must be worn above the collar at all times when in uniform. If hair is long, it must be tied back securely or put up in a manner that prevents it from falling below the collar. Hair must be a natural color (i.e., a shade of black, brown, red, gray, or blonde). You will need to fasten hair back so that it will not drag over open wounds or get in the way of sterile fields.

6. Nails must be short enough to allow for deep palpation of the abdomen without leaving fingernail marks in the client's skin. Artificial nails and nail polish are not permitted in clinical settings.
7. A watch with the ability to display the time in seconds is required. Jewelry must be kept to a minimum. A watch with second hand is necessary. Limit rings to one and it must not have large stones. Remember that hands will be going into gloves, sliding under mattresses and giving care. Small stud-type or small hoop earrings are acceptable in clinical. Large or dangling earrings may get in the way and often attract small children and disoriented clients to catch hold and pull them through the earlobe.
8. Body piercings, other than earlobe, must not be visible while in clinical settings.
9. Tattoos must not be visible as they detract from a professional image.
10. No perfume, cologne, or heavily scented hair spray may be used.

Minimizing Avoidance Behavior in Clients:

Personal appearance and hygiene is a rather complex subject. However, the sensitivity and complexity of the subject is even more reason why health professionals should develop a continuing awareness of the effects appearance and hygiene has upon those for whom services are being rendered. Appearance and hygiene are a part of our total communication with others. Some behaviors and some habits of grooming, dress, or personal hygiene might be perfectly acceptable in certain situations and not in others. Individuals in the helping professions, who come in close physical contact with clients, need to avoid all habits and behaviors that may even be potentially offensive to clients whom they serve. Some examples are as follows:

1. Perfume or after-shave lotion that seems exotic to the student may cause an allergic reaction or nausea in another.
2. Chewing gum, which may be very comforting to the student or one of his/her favorite habits, may cause avoidance behavior in some clients. It could possibly block effective communications.
3. Body odor and bad breath, including the smell of tobacco smoke, are almost universally offensive to others. These are almost guaranteed to produce avoidance behavior by individuals with whom close physical proximity is necessary, e.g., during a physical assessment, assisting with hygiene. Since the student may be unaware of or become insensitive to his/her own body or breathe odors, active methods of odor prevention should be employed. For example, many nurse practitioners, physicians, and dentists carry breath fresheners.
4. Long, loose flowing hair, in addition to being contrary to principles of asepsis, may be annoying to clients, particularly if it dangles near or against them during required procedures, e.g., during a physical assessment, when administering an intramuscular injection.

5. Hands are very valuable tools. Their appearance, as well as their true state of cleanliness, is very important to the client. The nails should be short, clean, and should not extend over the flesh pad of the finger. They should always be washed thoroughly before and after examining a client, as well as during an exam if the situation indicates (e.g., palpation of moist, scaly skin lesions on the client, or examination of the feet before the eyes and mouth.)
6. Therefore, as a beginning health professional it is hoped that the student will:
 - a. Reexamine his/her own personal appearance and hygiene in order to determine whether improvements or changes are needed.
 - b. Avoid personal habits and aspects of personal hygiene that may cause avoidance reactions from clients and/or co-workers.

Infectious Disease Policy:

Students in all clinical courses are asked, but not required, to report any infectious diseases they are carrying at the time of the clinical placement to supervising faculty and the clinical agency. The purpose of this request is to give faculty and agencies an opportunity to make reasonable accommodations for student, staff, and patient needs. Acute illness must be reported promptly to instructor.

Students Transporting Clients in Their Personal Vehicles:

Students are not permitted to transport clients or family members of clients in their own or other vehicles at any time. Malpractice liability insurance does not provide coverage should an accident or other untoward event occur while transporting a client. Students are encouraged to assist the client to make transportation arrangements with family, friends, neighbors, volunteer agencies of public transportation resources.

Conduct in the Clinical Setting:

Prior to the first clinical experience, each student must complete the Environment of Care Self-Study (EOC), Workplace Violence, and HIPAA tutorial on the UTSN website. Additional forms may be required for students for the E-Mar and Medi-Tech computer systems and for confidentiality agreements. See Instructor for forms. Students are not permitted leave the clinical site or assigned area during clinical hours without prior permission from the clinical instructor.

Required Textbooks for N325P:

Ackley, B. J., & Ladwig, G. B. (2013). *Nursing diagnosis handbook: An evidence-based guide to planning care* (10th ed.). Philadelphia, PA: Mosby.

Pagana, K.D. & Pagana, T. J. (2013). *Manual of diagnostic and laboratory tests* (5th ed.). St. Louis, MO: Mosby.

Vallerand, A. H., & Sanoski, C. (2014). *Davis's drug guide for nurses* (14th ed.). Philadelphia, PA: F. A. Davis.

Optional Textbooks for N325P (check with individual instructor for this text)

Nurse's quick check: Diseases (2nd ed.). (2009). Ambler, PA: Lippincott, Williams, & Wilkins.

Texts from other J1 courses will be used frequently in clinical practicum:

Jarvis, C. (2012). *Physical examination and health assessment* (6th ed.). Philadelphia, PA: Saunders. ---- (N224 textbook)

Lewis, S. L., Dirksen, S. R., Heitkemper, M. M., Bucher, L., & Camera, I. M. (2014). *Medical-surgical nursing: Assessment and management of clinical problems* (9th ed.). St. Louis, MO: Mosby. ---- (N325 textbook)

Miller, C. A. (2011). *Nursing for wellness in older adults* (6th ed.). Philadelphia: Lippincott Williams & Wilkins. ---- (N227 textbook)

Gray Morris, D. C. (2013). *Calculate with confidence* (6th ed.). St. Louis, MO: Mosby. --- (N127P textbook)

Perry, A.G. & Potter P.A. (2013). *Clinical nursing skills & technique* (8th ed.). St. Louis, MO: Mosby. ---- (N127P textbook)

Equipment and Supplies

Instructors will advise incoming students on equipment purchases. There is time during the first couple of weeks of class to acquire required equipment. Label all books, equipment, pens, etc. with your name.

1. Stethoscope with diaphragm and bell
2. Watch with second hand
3. Black ink pen (hospital charting done in black ink)
4. Penlight
5. Clip board (optional)

Guide for the Use of Clinical Evaluation Tool (Used for Mid-Term and Final Evaluations)

Evaluation is designed to assist the student in two ways. First, it facilitates student development by providing criteria for achievement of objectives and instructor feedback throughout the learning process. Second, it gauges the extent to which the student has attained the objectives at the termination of the experience and provides a basis for a grade. You will receive feedback throughout the semester. You will be formally evaluated at Mid-Term soon after the Long-Term Care rotation. The final evaluation is at the end of the semester.

Understanding the tool and its use is critical to success in the nursing clinical practicum. Read the tool thoroughly so that you know the direction your learning experiences and efforts should take. If, after reading these materials, you have any questions or concerns, be sure to clarify them with your instructor. The tool is designed to help you know and understand your clinical learning objectives and the specific criteria used for measurement and evaluation.

Guidelines for Use:

- The evaluation tool includes:
 - Clinical behaviors.
 - An area for instructor/student comments.
 - An area for student and instructor signatures.
 - A space for the grade.
- The responsibilities of the instructor are as follows:
 - Discuss with the student any aspects of the tool that are confusing or unclear to the student.
 - Assign an evaluation rating (percentage) for each category at the end of a respective clinical component.
 - Clarify the process by which grades will be assigned.
 - Give the student the opportunity to review the evaluation ratings assigned. The instructor will ask the student to sign the tool to verify that the student has seen it.
 - Make additional comments as indicated (e.g., to note outstanding strengths).
- The responsibilities of the student are as follows:
 - Review the tool carefully. Bring any questions or concerns to the attention of the instructor.
 - Review the evaluation rating as assigned and sign in the space indicated. If the student disagrees with the rating assigned it is the student's responsibility to discuss areas of difference with the instructor.
 - Be accountable for learning and provide evidence of such learning.
 - Participate in clinical assignments carefully to meet as many of the clinical objectives and criteria as possible.
 - Review the tool frequently to watch for deficiencies in learning experiences.
 - Complete an objective self-assessment for mid-term and final evaluation. To be submitted prior to evaluation conference time.

The student's grade is assigned by adding the percentage scores of the six categories:

1. Technical Competence
2. Application of Knowledge
3. Accountability
4. Management
5. Nursing Process
6. Interpersonal Skills/Caring

A minimum score of 70% in each of the six categories is expected in order to receive a passing grade in the course. An "A" is reserved for "outstanding" performance in all six categories.

NOTE: Please provide your instructor with any feedback relative to the use of the tool that would help the instructor help you more effectively. The faculty is here to facilitate your success in the clinical practicum.

Students should use the clinical evaluation tool to evaluate themselves after their clinical experiences. Behaviors are rated on a percentage scale. Data regarding the clinical behaviors are provided by the student to the instructor through written work (e.g. nursing process report, client concept map, medication information), through verbal discussions, and through performance of client care. Data may also be provided by clients and nursing staff. The faculty will review clinical evaluation behaviors with the students at mid-semester and at the end of the semester.

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CLINICAL EVALUATION TOOL

STUDENT	DATE
FACULTY	CLINICAL SITE

The following three criteria are critical elements in the student's evaluation. If the clinical instructor observes behaviors, which in her/his judgment indicate that the student is not meeting any one of these three criteria at a passing level, the student will not receive a passing grade, regardless of the behaviors assessed in the remainder of the tool.

	YES	NO
1. (Safety) Delivers nursing care which prevents real or potential personal harm to clients and their families.	_____	_____
2. (Knowledge) Demonstrates having a theoretical knowledge base necessary for clinical practice.	_____	_____
3. (Communication) Demonstrates the use of communication skills appropriate for the situation.	_____	_____

Comments:

Students should use the clinical evaluation tool to evaluate themselves after their clinical experiences. Behaviors are rated on a percentage scale. Data regarding the clinical behaviors are provided by the student to the instructor through written work (e.g. Nursing Process Report, Client Concept Map, Medication Information), through verbal discussions, and through performance of client care. Data may also be provided by clients and nursing staff. The faculty will review clinical evaluation behaviors with the students at mid-semester and at the end of the semester.

CLINICAL BEHAVIORS	SCORE (%)	COMMENTS
<u>TECHNICAL COMPETENCE</u> N325P, J1 <ol style="list-style-type: none"> 1. Performs basic nursing skills with reasonable dexterity and effective strategies to provide safe, and timely patient care, aimed at specific therapeutic goals. 2. States principles, implications and evidenced based practice as a basis for nursing actions. 3. Documents accurately and timely, according to legal principles. 	_____	
<u>APPLICATION OF KNOWLEDGE</u> N325P, J1 <ol style="list-style-type: none"> 1. States scientific rationale when performing beginning nursing care, minimizing risks and preventing errors and threats to patient safety. 2. Uses appropriate resources and research to enhance the care of the patient and family. 	_____*	Evidence-Based Nursing Research Report _____* (This score is 1/3 of final score for Knowledge section)
<u>ACCOUNTABILITY</u> N325P, J1 <ol style="list-style-type: none"> 1. Accepts responsibility for fulfilling learning and performance criteria. 2. Recognizes own limitations and seeks assistance as necessary. 3. Practices in an ethical manner. 4. Adheres to student dress code, attendance policy, and demonstrates appropriate behaviors. 	_____	
<u>MANAGEMENT</u> N325P, J1 <ol style="list-style-type: none"> 1. Participates as a team member. 2. Anticipates, plans, and organizes own nursing care activity efficiently. 3. Verbalizes recognition of patient advocacy role of professional nurse. 	_____	

<u>NURSING PROCESS</u> N325P, J1 1. Accurately collects data, as directed, in a systematic manner. 2. Develops and prioritizes nursing diagnoses based on collected data and supports with scientific rationale. 3. Plans and delivers individualized care with assistance. 4. Evaluates outcomes of care with assistance.	_____ *	* This score is the Client Database/Concept Map semester average
<u>INTERPERSONAL SKILLS/CARING</u> N325P, J1 1. Communicates effectively with patient and family and discusses plan of care. 2. Demonstrates caring behaviors through nursing practice. 3. Identifies appropriate care according to philosophical, religious, and cultural beliefs of the individual. 4. Communicates, collaborates, and coordinates patient care with the health care team.	_____	

AREAS OF STRENGTH**AREAS NEEDING IMPROVEMENT****STUDENT'S COMMENTS**

CALCULATION OF COURSE GRADE

CLINICAL COMPONENT:
(15%) TECHNICAL COMPETENCE
(20%) APPLICATION OF KNOWLEDGE
(20%) ACCOUNTABILITY
(10%) MANAGEMENT
(20%) NURSING PROCESS
(15%) INTERPERSONAL SKILLS/CARING
Mid-Semester
End of Semester

	X 0.15 = _____
	X 0.20 = _____
	X 0.20 = _____
	X 0.10 = _____
	X 0.20 = _____
	X 0.15 = _____
	Numerical Grade
	Letter Grade
Minimal behaviors for letter grades: The “A” Student: performs consistently in an outstanding manner. The “B” Student: gives quality nursing care. Overall performance is consistently good but not outstanding. May have one or more “A” behaviors. The “C” Student: consistently performs in a safe manner. May exhibit some “B” behavior. The “D” Student: performs inconsistently and frequently in an unsafe manner. Performance requires step-by-step assistance by instructor. Unclear those objectives are being met. The “F” Student: patterns of behavior demonstrate a consistent inability to function autonomously or safely in the nursing role.	Mid-Semester Student Signature _____ Faculty Signature _____ Date _____
	End of Semester Student Signature _____ Faculty Signature _____ Date _____

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Guidelines for Clinical Lab

Reporting to your Clinical Site:

You are to report to your assigned unit as instructed at a minimum of 5 minutes before the beginning of clinical. This will allow you to put your things away and be ready to get report from the nursing staff or your instructor at the beginning of the clinical. It is your responsibility to clarify any questions you have at that time. If questions remain, ask the instructor.

Patient Care:

- a. Vital Signs: After report, vital signs are taken. This includes BP, temperature, pulse, respiration and, for some patients, weight. These are to be recorded on graphics sheet or the appropriate facility form.
- b. Assessment of Your Patient: When you take vital signs, this is an opportune time to assess your patient. You are responsible for assessing the status of ALL tubes and assuring that all drains are functioning properly. This will include such things as catheters, drains, and NG tubes.
- c. Bathing the Patient: The patient is to be given a bath (unless bath schedule differs) and the bed changed during the clinical time. If you have any questions about this please ask the instructor.
- d. Changing Bed Linens: Only preoperative or discharged patient's beds will not be changed. Beds of surgical patients will be changed after the patient goes to surgery.

Recording/Reporting:Recording your Patient Data:

You will be expected to record on each patient's record for each day of clinical. Your nursing notes will be written on a separate piece of paper and reviewed by your instructor prior to your recording the note in the patient's chart/record. This is to be done until you are told otherwise.

Leaving the Unit:

Before leaving the unit, you must report to your nurse or your instructor your whereabouts and expected time of return. This is to ensure that your patient will have full nursing coverage in the event you are off the unit. Likewise, at the end of the clinical day, it is your responsibility to report off to the assigned nurse for that patient. At the end of the day, be sure to check the three recording areas for accuracy/completeness. These are:

- (1) the nursing notes,
- (2) the graphic/checklist, and
- (3) the medication record(s)

Reporting Abnormal Findings:

You are expected to keep your nurse informed immediately of abnormal findings, changes, and needed follow-ups.

Medication Administration:

You will be responsible for seeing that all prescribed medications are given on time. When giving any medication, you need to know the trade and generic names, classification, major actions, reason your patient is receiving the drug, common side effects, usual dosage, contraindications, and nursing implications.

You are to give no medication without demonstrating a basic knowledge of the medication.

This includes:

- a. Trade and generic names
- b. Drug classification
- c. How the drug works (actions)
- d. Reason your patient is receiving the drug
- e. Common side effects
- f. Usual dosage
- g. Contraindications
- h. Nursing Implications

You are to give no medication without your instructor or medication assistant present.

1. When administering meds, you must see that the instructor is present prior to your removing the medication from its' original container or packaging. The instructor will observe you pour the medication and administer the medication. The instructor is to be present at all times you are giving medications, unless you are told otherwise.
2. The instructor will be present whenever you give an injection.
3. Double checking of anticoagulants and insulin is standard procedure in most hospitals. Check the procedure manual in the clinical agency where you are assigned.
4. Prior to giving a PRN by any route, you must inform your instructor in order for them to be present at the administration of the drug. Be sure you are familiar with the drug and have assessed the patient.

Psychomotor Skills:

The instructor will be present during any procedure you perform which is a J1 skill. The instructor will tell you when he/she feels you can perform such a skill by yourself.

Written Work Due:

This is at the discretion of the individual instructor.

Medication Administration Protocol

Because accurate administration and calculation of drugs is essential to patient safety, students will not be allowed to give medications in clinical settings until the Medication & Calculations Exam has been successfully passed. Since medication administration is included in clinical objectives for the course, being unable to administer medications may affect the student's clinical grade.

You will be evaluated on the following:

1. Your knowledge base regarding the medication
2. Your preparation before administration of the medication
3. The proficiency and skill with which you administer of the medication
4. The proper documentation regarding medication administration
5. Your interactions with the patient concerning the administration of the medication
6. Your ability to self-evaluate your performance

At no time will a student administer medications without the instructor or the medication assistant present.

1. Knowledge Base of Medication

- The student will identify:
 - classification of the medication.
 - action of the medication.
 - purpose for which it is given.
 - usual dosage.
 - contraindications.
 - side effects.
 - nursing implications, including related lab values, and patient teaching.

2. Administration of Medications

- Student must observe the **EIGHT RIGHTS**:
 - right drug
 - right dosage
 - right patient
 - right route
 - right time
 - right documentation
 - right reason
 - right response
- Student must perform **THREE CHECKS** of the medication to verify the EIGHT RIGHTS prior to administration.

- Student will verify in the chart the original doctor's order prior to administering medication and review all later orders to date so that student is certain the original order has not been changed.
- Student will check when each medication was last given prior to administration.

3. Proficiency and Skill of Medication Administration

- Student will gather all supplies needed to administer medication
- Student will practice hygienic techniques when administering medications. This includes, but is not limited to washing hands, donning gloves or using hand sanitizers prior to preparation and after administering medication.
- Student will perform **TWO PATIENT IDENTIFIERS**, to verify patient's identity by asking the patient to state their name and verify the name on the armband.
- Student will check for allergy to medication by (a) chart review, (b) Kardex review, (c) allergy armband, and (d) questioning patient.

4. Proper Documentation for Medication Administration

- Student will chart medication immediately.
- PRN medications include all of the above checks and also require that the student will:
 - Document reason for PRN medication.
 - Perform a follow-up assessment at a time appropriate interval.
 - Document PRN medication was effective or ineffective.
 - Follow agency policy for documenting controlled substance, if applicable.
- Student will follow agency policy for and notify the faculty member about any medication error or omitted medications.

5. Patient Interaction

- Student will address the patient, explain the medication procedure, answer questions that the patient may have concerning the medication and do so in a professional manner.
- The student will ensure the patient is safe. The student will ensure any unmet needs the patient has that are within the student's control, are addressed.

6. Self Evaluation of Your Performance

- Student will evaluate their performance and identify ways to improve proficiency.

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LEARNING CONTRACT FOR CLINICAL COMPETENCY

This Learning Contract is designed to assist the student to meet the competency requirements of this course. _____ is required to improve performance in the following area(s) of concern. Please check all that apply.

- ☐ Clinical Skills
- ☐ Written Assignments
- ☐ Medication Administration and/or Calculation
- ☐ Professionalism

Specifically the area of concern is identified as:

The student is required to:

Reference for study, if applicable:

Completion of the study will be completed no later than _____

I have read and understand the above contract and agree to complete the requirements of this learning contract. I realize that failure to comply or complete this learning contract may result in a reduction of my grade or failure of the course.

_____ Student	_____ Date
_____ Faculty	_____ Date

Guidelines for Nursing Students Following a Contaminated Needle Stick or Hazardous Exposure to Blood or Blood Products

The faculty and administration of The University of Texas at Austin School of Nursing endorse the following “Guidelines for Nursing Students Following a Contaminated Needle Stick or Hazardous Exposure to Blood or Blood Products While in Clinical Learning Experiences.” Clinical learning sites include such settings as hospitals, clinics, physicians’ offices, patients’ homes, schools, learning center simulation laboratories, and other settings where students may learn and apply nursing care/skills.

Students who have been exposed to needle sticks or to potentially infectious blood or blood products should be evaluated and have treatment initiated **within two hours** according to established criteria that conform to federal and state law, CDC standards, and University procedures.

TREATMENT/MANAGEMENT GUIDELINES:

Upon receiving a contaminated needle stick or exposure to blood or blood products, the student should:

1. Report incident immediately to clinical faculty member, charge nurse and agency’s employee health office/occupational health office.
2. Wound should be inspected, cleansed and dressed.
3. Student’s treatment intervention should be provided **within 2 hours of the exposure incident**. Treatment may be provided by University Health Services (UHS) - Call the Nurse Advice line at 475-6877 to arrange appointment within the 2-hour time frame. The Nurse Advice line is available 24/7. If incident occurs after 5 PM you will be referred to either the UHS urgent care clinic or an area provider.

Please note that all students are responsible for obtaining their own health insurance and are responsible for the costs of medical/health care assessment, treatment, and follow-up that is not covered by the student’s health insurance. Students should be aware of the coverage on their health insurance policy, as most may not cover the full cost of required medical treatment and services in the case of a needle stick or hazardous exposure to blood or blood products.

In responding to an incident in which a student experiences a contaminated needle stick or exposure to hazardous blood or blood products, **the faculty will:**

1. Confirm with the student that all of the above guidelines have been followed
2. Counsel the student as needed regarding follow-up and the most recent CDC protocols.
3. Complete the School of Nursing’s “Clinical Incident Report” and deliver it to the Assistant Dean for Student and Clinical Affairs at The University of Texas at Austin.

Nursing Building Evacuation Plan

If you see smoke, see flames, smell something burning, or become aware of another emergency that may require evacuation of the building, **immediately**:

1. If possible, **ISOLATE** the fire or other emergency by closing the door.
2. **ACTIVATE** the nearest **FIRE ALARM PULL STATION**.
3. **EVACUATE** to the PRIMARY or SECONDARY ASSEMBLY AREA.
4. Dial University Police at **911** or Dispatch **471-4441**.

DO NOT CALL 911 UNTIL YOU ARE OUTSIDE THE BUILDING.

IF A FIRE ALARM IS ACTIVATED OR IF YOU HAVE RECEIVED AN EVACUATION ORDER:

- In a calm and orderly manner, proceed to evacuate the area and follow the instructions of the Floor Managers or emergency response personnel. Each floor has two designated floor managers. Their role is to ensure that everyone on their floor has proceeded to the fire exit stairs. Occupants in areas 1, 3, 5, 7, and 9 are to exit the first level of the southwest stairwell. Occupants in areas 2, 4, 6, 8, and 10 are to exit the first level of the northwest stairwell. See maps that follow these instructions.
- Do not rush, push or panic.
- Close your office, classroom, or lab door behind you.
- EVACUATE to the designated ASSEMBLY AREAS. If your progress to one of the PRIMARY assembly areas is impeded, proceed to the other PRIMARY assembly area without either re-entering the building or attempting to move through any obstruction.
- DO NOT USE ELEVATORS TO EVACUATE. Descend the nearest fire exit stairs in single file down to the GROUND LEVEL (first floor) and exit the building. Primary fire exit stairs are located on the southwest and northwest ends of the building.
- If there is someone who requires assistance, please escort them to the STAGING AREA.
- Do not reenter the building unless directed by UTPD, an Austin Fire Department Officer in charge, or Building Manager.
- Faculty are responsible for informing their students and any guests of these procedures. If for some reason your class should meet in a classroom that is not your assigned classroom, you should provide evacuation instructions for that location.

Refer to the floor-specific plans to determine your evacuation route and assembly area.

DO NOT BLOCK ACCESS TO BUILDING FOR EMERGENCY PERSONNEL. Do not exit through the front door of the building unless you are in the lobby areas outside the central elevators/stairwell or unless access to one of the other stairwells is blocked. If you are in the courtyard outside the second floor lobby, you may exit through the glass doors to the east or west, then out to one of the designated assembly areas.

ASSEMBLY AREAS

From NORTHWEST FIRE STAIR EXIT—proceed to first floor stairwell exit door to outside of building. DO NOT ENTER FIRST FLOOR HALLWAY AND EXIT THROUGH GLASS DOORS. Primary assembly area is **toward** the north bridge.

From SOUTHWEST FIRE STAIR EXIT— proceed to first floor stairwell exit door to outside of building. DO NOT ENTER FIRST FLOOR HALLWAY AND EXIT THROUGH GLASS DOORS. Primary assembly area is **toward** south bridge.

EVACUATION ASSISTANCE

It is expected that faculty and staff will assist those among us who require assistance in case of evacuation. If you, or a guest or student, require assistance in emergency situations, please inform the Building Manager of the type of assistance needed based on the following categories:

- Alarm Notification – occupant has hearing and visual impairments; may be able to easily navigate stairs but require notification if the alarm has activated. This can be the case if a person with hearing impairments is working in an office with the door closed.
- Slow Evacuation Capability – occupant can navigate stairs but requires some assistance or who move at a much slower pace than others.
- Impractical Evacuation Capability – occupants who cannot navigate the exit stairs. To evacuate the building, this occupant must be carried down or evacuated through an elevator provided with emergency service.

The names of those provided will be kept in the fire alarm panel for use by emergency responders.

STAGING AREA

If an occupant needs assistance, please escort them to the area outside the stairwell. If they are unable to use the stairs, wait until everyone has evacuated the area, move them into the stairwell, and after evacuating the building, inform your Floor Manager where you left them.

BUILDING EMERGENCY MANAGEMENT TEAM

1. Building Manager/Emergency Manager	Margaret Hill	512.471.9906
2. Communications Coordinator	Charla Carrington	512.471.2062
3. Floor Manager/Floor 1	Michelle Voss (P)	512.471.2628
	Andria Brannon (P)	512.471.5237
	Vacant (A)	512.xxx.xxxx
4. Floor Manager/Floor 2	Alan McKendree (P)	512.471.7929
	Sara Hearin (P)	512.471.7924
	Christina Jarvis (A)	512.232.4799
5. Floor Manager/Floor 3	Helen Logue (P)	512.232.4760
	Vicki Kullberg (P)	512.471.9077
	Vacant (A)	512.xxx.xxxx
6. Floor Manager/Floor 4	Meredith Granholm (P)	512.471.9062
	Scott Hudson (P)	512.471.9062
	Phyllis Harmon(A)	512.471.9910
7. Floor Manager/Floor 5	Ruth Brady (P)	512.232.4727
	Prati Rijal-Trimble (P)	512.471.1359
	Mandy Deen (A)	512.471.7961

* P=primary; A=alternate



Assembly Areas

