

 <b>FLORIDA ATLANTIC UNIVERSITY</b>	<b>COURSE CHANGE REQUEST</b> <b>Undergraduate Programs</b>	UUPC Approval <u>3/27/23</u> UFS Approval _____ SCNS Submittal _____ Confirmed _____ Banner Posted _____ Catalog _____
	Department Nursing College Nursing	
<b>Current Course Prefix and Number</b> NUR3455L	<b>Current Course Title</b> Maternal Newborn: Nursing Situations in Practice	
<i>Syllabus must be attached for ANY changes to current course details. See <u>Template</u>. Please consult and list departments that may be affected by the changes; attach documentation.</i>		
<b>Change title to:</b>  <b>Change prefix</b> From: _____ To: _____ <b>Change course number</b> From: _____ To: _____ <b>Change credits*</b> From: _____ To: _____ <b>Change grading</b> From: _____ To: _____ <b>Change WAC/Gordon Rule status**</b> Add <input type="checkbox"/> Remove <input type="checkbox"/> <b>Change General Education Requirements***</b> Add <input type="checkbox"/> Remove <input type="checkbox"/> <small>*See <u>Definition of a Credit Hour</u>.</small> <small>**WAC/Gordon Rule criteria must be indicated in syllabus and approval attached to this form. See <u>WAC Guidelines</u>.</small> <small>***GE criteria must be indicated in syllabus and approval attached to this form. See <u>Intellectual Foundations Guidelines</u>.</small>	<b>Change description to:</b>  <b>Change prerequisites/minimum grades to:</b> NUR 3065, NUR 3065L, NUR 3115, NUR 3029C, NUR 4125, NUR3145  <b>Change corequisites to:</b> NUR 3455  <b>Change registration controls to:</b>  Please list existing and new pre/corequisites, specify AND or OR and include minimum passing grade (default is D-).	
<b>Effective Term/Year for Changes:</b>	<b>Terminate course? Effective Term/Year for Termination:</b>	
<b>Faculty Contact/Email/Phone</b>		
<b>Approved by</b> Department Chair <u>[Signature]</u> College Curriculum Chair <u>[Signature]</u> College Dean <u>[Signature]</u> UUPC Chair <u>[Signature]</u> Undergraduate Studies Dean <u>[Signature]</u> UFS President _____ Provost _____	<b>Date</b> <u>3-21-2023</u> <u>3-21-2023</u> <u>3-21-2023</u> <u>3/27/23</u> <u>3/27/23</u> _____ _____	

Email this form and syllabus to [mjenning@fau.edu](mailto:mjenning@fau.edu) seven business days before the UUPC meeting.

**FLORIDA ATLANTIC UNIVERSITY  
CHRISTINE E. LYNN COLLEGE OF NURSING  
COURSE SYLLABUS**

**SEMESTER:**

**COURSE NUMBER:** NUR 3455L

**COURSE TITLE:** Maternal Newborn: Nursing Situations in Practice

**COURSE FORMAT:**

**CREDIT HOURS:** 1

**COURSE SCHEDULE:**

**PREREQUISITES:** NUR 3065, NUR 3065L, NUR 3115, NUR 3029C, NUR 4125, NUR3145

**COREQUISITES:** NUR 3455

**FACULTY:**

**OFFICE HOURS:**

**COURSE DESCRIPTION:**

Integrates the study of caring science and the use of multiple ways of knowing in practicum situations with childbearing women and newborns. Implements health promotion, risk reduction and disease management in childbearing women and newborns. Conducts health assessments, screenings and health teaching using a holistic nursing approach. Collaborates with persons, families and interprofessional teams to create quality outcomes and a culture of safety.

**COURSE OBJECTIVES:**

**Becoming Competent**

1. Demonstrate multiple ways of knowing and systematic inquiry to plan safe quality developmentally appropriate nursing care, set priorities, implement care, and evaluate outcomes for children and families.

2. Utilize the various information and communication technology tools used in care settings.

**Becoming Compassionate**

3. Demonstrate compassionate relation-centered care for children within the family context.

**Demonstrating Comportment**

4. Utilize qualities of empathy through introspection on one’s own values and attitudes while considering other cultures

**Becoming confident**

5. Demonstrate collaboration through appropriate professional communication skills with interprofessional team members to establish mutual healthcare goals for children and their families

**Attending to conscience**

6. Demonstrate accountable nursing care by applying principles of professional nursing ethics and human rights in patient care and professional situations.

**Affirming Commitment**

7. Demonstrate respect for diverse individual differences among children and their family members.

**TEACHING LEARNING STRATEGIES:**

- Clinical experiences
- Post-conference discussions
- Written reflection journal
- Electronic Health Record Nursing Documentation
- Patient Care Maps
- Self-Evaluation
- ATI-EHR documentation
- Digital Storytelling

**GRADING AND EVALUATIONS:**

Pediatric Focused Experience	Frequency/Requirements	Percentage
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Nursing Practice Weekly, Midterm, Final Evaluation:  Clinical/Simulation	Includes weekly evaluation; Participation; Uniform	60%
EHR Tutor(2) / Nursing situations(4)	Full EHR documentation; Nursing situation participation	15%
Virtual Simulation, PrepU Assignments	V-Sim Case, Guided Reflection; V-Sim Documentation Course point+ activities	20%
Reflective Journal (3 total)		5%
<b>Total Clinical Course</b>		<b>100%</b>
Nursing Evaluation Tool (Midterm & Final Evaluation) & Weekly Evaluation	Midterm & Final; must receive a 'S'(>74%) in all the CE in the Nursing Evaluation tool by the Final Evaluation at the end of your clinical rotations. You will receive a Midterm evaluation at Week 6 (Day 6) of Clinical and a Final Evaluation at Week 12 (Day 12).	Critical Elements: The following standards are critical to safety in professional nursing practice. Failure to demonstrate safe performance in any of these Critical Elements is failure in the course regardless of proficiency in the performance of other nursing care behaviors or written work.

**GRADING SCALE:** Grade below C is not passing in the Undergraduate program

- 94 - 100 = A
- 90 - 93 = A-
- 87 - 89 = B+
- 84 - 86 = B
- 80 - 83 = B-
- 77 - 79 = C+
- 74 - 76 = C
- 70 - 73 = C-
- 67 - 69 = D+
- 64 - 66 = D
- 61 - 63 = D-
- 0 - 60 = F

**REQUIRED TEXTS:**

Ricci, S.S, Kyle, T., & Carman, S. (2021). *Maternal and Pediatric Nursing* (4<sup>th</sup> Ed.). Wolters

Kluwer. ISBN: 978-1975139766

Dossey, B.M. & Keegan, L. (2022). *Holistic nursing: A handbook for practice* (8<sup>th</sup> Ed.). Jones & Bartlett Learning. ISBN: 978-1284196528

**RECOMMENDED TEXTS:**

Davis, A., Fowler, M. & Aroskar, M. (2010). *Ethical dilemmas and nursing practice*. (51h ed.), Upper

Saddle River, NJ: Pearson

Estes, M.E.Z. (2009) *Clinical companion to accompany health assessment and physical examination*

(4th ed.). Clifton Park, NY: Delmar/Cengage

Lippincott Williams & Wilkins. (2008). *Maternal –Neonatal Nursing made incredible easy*.

Ambler, PA: Author.

Smith, S.F., Duell, D.J., Martin, B.C. (2012). *Clinical Nursing Skills* (8th ed.). Upper Saddle River,

NJ: Pearson Prentice Hall Co.

**TOPICAL OUTLINE:**

A. The Normal Newborn:

- a. Physiologic adaptation of the newborn
- b. Newborn assessment
- c. The Normal Newborn: Needs and Care. d. Parent Education
- e. Nursing standards for newborn health promotion

B. Adaptive responses of the childrearing family experiencing potential and actual stressors with emphasis on the infant,

toddler, preschooler, school-aged, and adolescent.

- 1. Professional nursing roles applied in assisting childrearing families as clients with potential and actual environmental stressors.
- 2. Nursing responses in caring for the family across care settings

3. Practice guidelines and evidence-based practice in assisting children and families with selected stressors.

- a. Selected nursing theories
- b. Other theories, concepts and propositions
- c. American Academy of Pediatric Guidelines

C. Caring for children and families across settings

1. The nursing process in assisting children and families with selected environmental stressors associated with the:

- a. Infant
- b. Toddler
- c. Preschooler
- d. School Age
- e. Adolescent

2. Family-Centered Care of the Child During Illness and Hospitalization

- a. Strategies in Working with Children/Families
- b. Understanding coping skills used at various developmental ages
- c. Play and the Hospitalized Child iv. Pain management

**COURSE ASSIGNMENTS:**

**This course is considered an S/U course. To reach a passing grade of Satisfactory in the course you must achieve a minimum equivalent of a 73% based on the CON grading scale through outlined assignments below. HOWEVER, SHOULD A STUDENT FAIL TO MEET THE CRITICAL ELEMENTS (CE) OUTLINED AS EVALUATED USING THE MIDTERM AND FINAL NURSE PRACTICE EVALUATION TOOLS THE STUDENT IS NOT ELIGIBLE TO PASS THE COURSE EVEN IF THE STUDENT HAS A PASSING GRADE FOR ALL WRITTEN ASSIGNMENTS. A PASSING GRADE FOR THE CLINICAL COURSE AS A WHOLE REQUIRES THERE TO BE A PASSING ACHIEVEMENT LEVEL IN CLINICAL AS ASSESSED BY THE CLINICAL INSTRUCTOR USING THE WEEKLY; MIDTERM AND FINAL NURSING PRACTICE EVALUATION TOOLS IN ADDITIONA TO WRITTEN AND VERBAL GRADED ASSIGNMENTS**

**BIBLIOGRAPHY:**

Dossey, B. M., & Keegan, L. (2016). *Holistic nursing: A handbook for practice* (7th ed.). Sudbury, MA: Jones and Bartlett Publishing. ISBN 978-1284072679.

American Holistic Nurses Association. *Holistic nursing: Scope and standards of practice* (2nd ed.). Silver Spring, MD: American

Holistic Nurses Association & American Nurses Association. ISBN: 978-1558104785.

American Psychological Association (2001). *Publication manual of the american psychological association* (6th ed.). Washington, DC: American Psychological Association.

Herdman, H. T., & Kamitsuru, S. (Eds.). (2018). *Nursing diagnoses: Definitions and classifications 2018-2020* (11th ed.). New York, NY: Thieme Publishers

## **COURSE SPECIFIC LITERATURE:**

Board, R., Ryan-Wenger N. (2002). Long-term effects of pediatric intensive care unit hospitalization on families with young children. *Heart & Lung: Journal of Acute and Critical Care*, 31(1): 53-66. Deering, CG., Cody, OJ. (2002).

Communicating with children and adolescents. *American Journal of Nursing*, 102(3): 34-42.

Scolnik, D., Kozner, E., Jacobson, S., Diamond, S., & Young, N. (2002). Comparison of oral versus normal and high dose rectal acetaminophen in the treatment of febrile children. *Pediatrics* 110(3): 553-56.

Popovich, D. (2011). 30-second head-to-toe tool in pediatric nursing: Cultivating safety in handoff communication.

*Pediatric Nursing*, 37(2): 55-60.

Vogt, M., Chavez, R., & Schaffner, B. (2011). Baccalaureate nursing student experiences at a camp for children with diabetes: The impact of a service-learning model. *Pediatric Nursing*, 37(2): 69-73.

### **Childbearing focused articles and resources**

Corbett, CA & Callister, LC. (2000). Nursing support during birth and labor. *Clinical Nursing Research*, 9, 70-83.

Gennaro, S. Mayberry, L. & Kafulafula, U. (2007). The evidence supporting nursing management of labor. *Journal of*

*Obstetric, Gynecologic, and Neonatal Nursing*, 36(6), 598-604.

Romano, AM. (2005). Research Summaries for Normal Birth. *Journal of Perinatal Education*, 14(4), 49-53.

Walker, M. (2008). Conquering Common Breast-feeding Problems. *Journal of Perinatal & Neonatal Nursing*, 22 (4), 267-

274.

Centers for Disease Control and Prevention, Division of Reproductive Health:

<http://www.cdc.gov/reproductivehealth/DRHI> Pmtal to US federal statistics: <http://www.fedstats.g>

[Global health facts: http://www.globalhealthfacts.org/](http://www.globalhealthfacts.org/)

National Immunization Survey: <http://www.cdc.gov/nis/>

## ESSENTIAL LITERATURE ON CARING SCIENCE (Revised 2017)

- Barry, C. D., Gordon, S. C. & King, B. M. (2015). *Nursing Case Studies in Caring: Across the Practice Spectrum*. Springer. ISBN: 978-0-8261-7178-8
- Boykin, A. & Schoenhofer, S. (2001). *Nursing as caring: A model for transforming practice*. Jones & Bartlett.
- Boykin, A. & Schoenhofer, S. & Valentine, K. (2014). *Health care system transformation for nursing and health care leaders: Implementing a culture of caring*. Springer.
- Buber, M. (1970). *I and thou*. Scribner.
- Davidson, A., Ray, M. & Turkel, M. (Eds.). (2011). *Nursing, caring, and complexity science*. Springer.
- Duffy, J.R. (2013). *Quality caring in nursing and health systems: Implications for clinicians, educators, and leaders*. Springer.
- Locsin, R.C (2016). *Technological competency as caring in nursing: A model for practice (2<sup>nd</sup> ed.)*. Silliman University Press.
- Mayeroff, M. (1971). *On caring*. HarperCollins.
- McFarland, M.R. & Wehbe-Alamah, H. (2017). *Leininger's Culture Care diversity and universality: A worldwide theory of nursing (3rd Ed.)*. Jones & Bartlett.
- Paterson, J. & Zderad, L.T. (1988). *Humanistic nursing*. National League for Nursing.
- Ray, M.A. (2016). *Transcultural caring dynamics in nursing and health care (2nd ed.)*. FA Davis.
- Roach, M.S. (1987). *The human act of caring: A blueprint for the health professions*. Canadian Hospital Association.
- Rosa, W., Horton-Deutsch, S, & Watson, J. (2019). *A handbook for caring science: Expanding the paradigm*. Springer.
- Smith, M.C., Turkel, M.C., & Wolf, Z.R. (2012). *Caring in nursing classics: An essential resource*. Springer.
- Watson, J. (2009). *Assessing and measuring caring in nursing and health sciences*. Springer.
- Watson, J. (2018). *Unitary caring science philosophy and praxis of nursing*.



University Press of Colorado.

Approved by CON Faculty Assembly, 9/25/2017; Revised Committee on Programs 10/ 8/2018; Presented for Action to CON Faculty Assembly 10/22/2018, Approved CON Faculty Assembly 10/22/18

### **Clinical Uniforms:**

- Clinical uniforms/attire are to be purchased through FlynnO'Hara Uniforms: [Ourcompany.flynnO'hara.com](http://Ourcompany.flynnO'hara.com)
- The FlynnO'Hara Lab coat may be worn over the uniform.
- Only plain white or navy blue under shirts with  $\frac{3}{4}$  length sleeves may be worn under the uniform.
- Plain white or black closed-toe and closed-back non-permeable shoes may be worn with white or black stockings or ankle socks. Shoes must not be altered to conceal logos, stripes, or other areas with color.

### **Required Clinical Equipment (Purchased through MDA)**

- Stethoscope (black or navy)
- Watch with second hand is required
- Penlight
- Bandage scissors
- pen

### **Name Badges**

- Students must wear name badges (purchased through FlynnO'Hara Uniforms) as well as the FAU photo ID (Owl Card) or facility issued picture ID whenever entering a clinical setting.

### **Nails; Hair; Skin**

- Nails must be short and clean - no longer than **3mm (1/4 inch)**.
- No artificial nails, nail polish, nail jewelry
- Hair must be natural in color, worn off the collar (no pony tails), away from face while in uniform
- Facial hair must be natural in color, clean and trimmed to  $\frac{1}{4}$  inch; otherwise, must be covered
- No visible tattoos/body art
- No artificial eyelashes
- No fragrances are permissible

### **Jewelry**

- No more than 1 small stud earring in each ear is permitted. Loops, hoops, dangle earrings are **Not Permitted**.
- No tongue jewelry
- No facial piercings/jewelry.
- **No other visible body jewelry is permitted.**
- Watch with a second hand is required.
- Only a wedding band is permitted.

\*When a clinical partner's clinical attire policy is stricter than the CELCON's policy, it supersedes the CELCON policy. Based upon input/feedback from clinical partners, the CELCON policy can be updated and enforced at any time.

UPC, April, 2018; March, 2019

**Florida Atlantic University, Christine E. Lynn College of Nursing  
Weekly Clinical Evaluation Rubric and Rating Form**

Course \_\_\_\_\_ Semester \_\_\_\_\_ Student \_\_\_\_\_

Dates of Clinical \_\_\_\_\_

Faculty \_\_\_\_\_

	<b>Clinical Competency</b>	<b>Criteria used to identify successful accomplishment of the competency</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Critical Element #3,4; course objective #7, 8	Interprofessional Communication	Collaborates and effectively communicates with other health care providers/members (includes instructor) in meeting the patient's calls for nursing - designing plan of care, interact, report, collegial, SBAR						
Professionalism and Leadership - Critical Element #3, 4, 5; course objective #3, 4, 6, 14	Professional Values	Adheres to policies and procedures outlined in nursing handbook, RN scope of practice (ANA, AHNA and Florida Board of Nursing standards).						
	Ethical/Legal Issues	Accountable for assigned client care, Adheres to HIPAA, medical facility policies and procedures						
	Management of Care	Manages client care incorporating time management to organize tasks and						

		effective use of resources. (appropriate and cost effective)							
	Role of the BSN student	Demonstrates accountability for completing assignments on time and for professional behaviors in the clinical environment, well prepared, on time, utilizes time effectively, seeks guidance appropriately, actively participates in pre and post clinical discussions.							
Person-Centered Care: Critical Element #1, 2; course objective #1, 2.	Therapeutic Communication	Uses therapeutic verbal and nonverbal communication in client care, Avoids barriers to communication, develops rapport							
	Caring	Uses caring behaviors (call by preferred name, comfort, respect), Provide care in a safe, timely and efficient manner, Answer call lights, Assess pain and respond appropriately, Identifies needs holistically (physiologic, spiritual, cultural and psychosocial), Identifies cultural and spiritual values, beliefs and attitudes related to client care (Students and clients)							
	ADLs	Perform ADLs to meet client needs (shows initiative and ability to perform independently)							
	Data Collection - Focused Assessment	Makes accurate observations, Data collection is complete and obtained from multiple sources and ways of knowing (client, chart, staff, and family), Performs head to toe and focused assessments and reports abnormalities.							
	Client Education	Identifies learning needs and provides information from established teaching plan. Evaluates client understanding (Teach Back)							

	<b>Clinical Competency</b>	<b>Criteria used to identify successful accomplishment of the competency</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Evidence Based Practice and Nursing Judgement: Critical Element #1, 2, 4; course objective #5, 10, 11, 12, 16	Clinical reasoning, Evidence-Based	Identifies complications or changes in client condition and reports deviations promptly. Uses clinical reasoning to assess, choose interventions, and evaluate client responses; evidence-based nursing responses						
	Prioritization	Outlines daily plan of care, adjusts as needed, sets appropriate priorities and provides rationale for client care priorities						
Quality Improvement and Safety: Critical Element #1, 2, 5; course objectives #10, 11,	Quality Client Care	Identifies and addresses client concerns						
	Safety	Safe and competent nursing skills, medication administration (accurately, safe manner, timely, evaluates response to medications), standard precautions and treatments/procedures, Maintains a safe environment						
Informatics: Critical Element #3, 4, 5; course objective #9, 10, 13, 15	Documentation/Confidentiality	Documents in a timely, clear, concise, and prompt manner, maintains confidentiality of client information						
	Technology – safety equipment	Responds appropriately to safety equipment (alarms, call lights, bar codes, etc.)						

**Note: Weeks 7-12 are found in canvas**

#### CLINICAL PERFORMANCE EVALUATION RUBRIC

<b>Scale/Label</b>	<b>Standard Procedure</b>	<b>Performance Quality</b>	<b>Assistance</b>
MS (minimal supervision) 94-100%	Safe/ Accurate	Consistently meets evaluation criteria with minimal direction. A satisfactory score of "S" must be achieved on each of the 6 caring competencies and the critical elements by the final clinical	Minimal direction not required

		performance evaluation in order to proceed in the program.	
D (Developing) 84-93%	Safe/Accurate	Performance is improving and becoming more consistent; needs moderate level of assistance or supervision, seeks learning experiences. By the final evaluation for the course, all DI's must be S's to pass the course at minimum 73%. A satisfactory score of "S" must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program.	Occasional direction
E (Emerging) 74-83%	Mostly Safe/Accurate	Partial demonstration of skills. Inefficient or uncoordinated. Delayed time expenditure. A developmental plan should be prepared collaboratively for areas of "improvement needed" in formative evaluations. All E's must be Ds or MS by midterm. A satisfactory score of "S" must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program.	Frequent direction
NS (Needs Supervision) 67-73%	Questionably Safe/ Accurate	Performance is inconsistent and/or needs high level of assistance or supervision (60% - 70%). Strengths and areas for improvement should be identified in a comprehensive evaluation by the 3rd week of clinical. A developmental plan should be prepared collaboratively for areas of "improvement needed" in formative evaluations. A score of NS requires a faculty narrative along with a formal action plan. A score of NS post midterm requires a formal meeting with the clinical faculty, BSN Clinical Coordinator, and the student. Two NS's after the formal meeting will result in NE and failure of the course.	Continuous direction

NE (Not Evident) 0-66%	Unsafe/Inaccurate	Does not meet Expectations even after remediation/developmental plan Unable to demonstrate procedures. Lacks confidence, coordination and efficiency.	Continuous direction
NA - not applicable	Not observed		

**Nursing Practice Evaluation Tool: Critical Elements  
Christine E. Lynn College of Nursing**

**Student** \_\_\_\_\_ **Clinical Placement** \_\_\_\_\_  
**Faculty** \_\_\_\_\_ **Semester/Year** \_\_\_\_\_

**Critical Elements:** The following standards are critical to safety in professional nursing practice. Failure to demonstrate safe performance in any of these Critical Elements is failure in the course regardless of proficiency in the performance of other nursing care behaviors or written work. The 6 Cs (confidence, compassion, comporment, competent, conscience, and commitment) are embedded within each critical element.

1. Provides patient centered care, which focuses on including patients in all decisions and providing compassionate care. Yes \_\_\_ No \_\_\_
2. Demonstrates authentic presence and caring behaviors that nurture wholeness (active listening and responding to “that which matters to those nursed”). Yes \_\_\_ No \_\_\_
3. Collaborates with other health care providers in designing a plan of care and meeting the patient’s calls for nursing using appropriate professional communication skills. Yes \_\_\_ No \_\_\_
4. Demonstrates an ability to understand calls and responses, including multiple ways of knowing and critical thinking in analyzing and interpreting calls and responses, which may include the use of evidence, technology, and quality improvement data. Yes \_\_\_ No \_\_\_
5. Maintains a safe environment in the delivery of nursing care that prevents real or potential harm to patients and their families. Yes \_\_\_ No \_\_\_

**CLINICAL PERFORMANCE EVALUATION RUBRIC**

**Scale/Label    Standard Procedure    Performance Quality**  
**Assistance**

**MS (minimal supervision) 94-100% Safe/Accurate** Consistently meets evaluation criteria with minimal direction. A satisfactory score of “S” must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program. Minimal direction required

**D (Developing) 84-93% Safe/Accurate** Performance is improving and becoming more consistent; needs moderate level of assistance or supervision, seeks learning experiences. By the final evaluation for the course, all DI’s must be S’s to pass the course at minimum 74%. A satisfactory score of “S” must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program. Occasional direction

**E (Emerging) 74-83% Mostly Safe/Accurate** Partial demonstration of skills. Inefficient or uncoordinated. Delayed time expenditure. A developmental plan should be prepared collaboratively for areas of “improvement needed” in formative evaluations. All E’s must be Ds or MS by midterm. A satisfactory score of “S” must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program. Frequent direction

**NS (Needs Supervision) 67-73% Questionably Safe/ Accurate** Performance is inconsistent and/or needs high level of assistance or supervision. Strengths and areas for improvement should be identified in a comprehensive evaluation by the 3rd week of clinical. A developmental plan should be prepared collaboratively for areas of “improvement needed” in formative evaluations. A score of NS requires a faculty narrative along with a formal action plan. A score of NS post midterm requires a formal meeting with the clinical faculty, BSN Clinical Coordinator, and the student. Two NS’s after the formal meeting will result in NE and failure of the course. Continuous direction

**NE (Not Evident) 0-66% Unsafe/Inaccurate** Does not meet Expectations even after remediation/developmental plan Unable to demonstrate procedures. Lacks confidence, coordination and efficiency. Continuous direction

**N/O = Not observed:** No opportunity to observe or perform. A score of N/O prior to midterm needs to be evaluated by the clinical faculty and BSN Clinical Coordinator and an initiation of a formal action plan.

**Final Grade will be:**

**S = Satisfactory (MS, D, E):** Consistently meets evaluation criteria with minimal direction (74%-100%). A satisfactory score of “S” must be achieved on each of the 6 caring competencies and the critical elements weekly evaluation in the final clinical performance evaluation in order to proceed in the program.

**U = Unsatisfactory (NS, NE):** Performance does not meet evaluation criteria.

The student will complete self-evaluations of clinical performance at mid-semester and at completion of the course. The supervising faculty member will conduct weekly evaluations, a mid-semester progress evaluation and final clinical evaluation at the end of the semester.

**Mid-Term Evaluation**

Student Comments:

Student Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Comments:

Faculty Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

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**Final Evaluation**

Student Comments:

Student Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Comments:

Faculty Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication Administration Policy**

In order to ensure safe and accurate patient care during clinical rotations that involve medication administration, the student nurse is required to adhere to the following guidelines in accordance with the hospital's policies and procedures and regulations and clinical faculty/Registered Nurse expert discretion.

1. Students MUST
  - a. Complete a medication exam with a passing score of 90% prior to medication administration on the unit specific to the assigned clinical rotation within the first two weeks of the semester.
    - i. Students must be prepared to fully participate in clinical by the third week in NUR 3262L, 4525L and 4716L (these are 12 week rotations), and by the second week in NUR 3465L and 4764L (these rotations are limited to six weeks). Students will take the Medication Administration Exam prior to the clinical rotation.



- ii. There is a three exam attempt limit. If the student is unsuccessful after the third attempt, the student cannot meet the course objectives and cannot progress in the clinical course; therefore, a grade of 'U' is earned.
  - b. Administer medications with the direct supervision of the clinical faculty or assigned Registered Nurse expert.
- 2. Beginning in NUR 4716L the student may irrigate IV lines with saline flushes only with direct supervision of clinical faculty and/or Registered Nurse expert.
- 3. Students must adhere to the College of Nursing Medication Administration Policy and the Clinical Partner's Student Medication Administration Policy.
  - a. The student must always follow both policies. If the Clinical Partner's policy allows administration of 5.a – e below **the student must adhere to the CON policy.**
- 4. Students MUST
  - a. Administer medications with the direct supervision of the clinical faculty or assigned Registered Nurse expert [Preceptor]
  - b. Beginning in NUR 4716L the student may flush peripheral IV lines with saline flushes only with direct supervision of clinical faculty and/or Registered Nurse expert. [NUR 4716L is a prerequisite to NUR 4829L].
- 5. Even if allowed by the Clinical Partner's Student Medication Administration Policy, Students MAY NOT administer
  - a. Blood products,
  - b. IV push medication
  - c. IV narcotics medications under any circumstance
  - d. Drugs during a "Code"
  - e. Central line flushes (i.e., porta-cath or PICC line)
- 6. Students are not allowed to accept verbal or telephone orders from any healthcare provider.

**PROCEDURE: The student MUST**

- 1. Identify key information regarding the medication to be administered:
  - a. Mechanism of action
  - b. Major side effects and incompatibilities
  - c. Rationale for medication use
  - d. Correct medication dosage/IV rate calculation completed
  - e. Available assessment considerations (i.e. BP, HR, drug levels, blood sugar)
  - f. Selection of proper needle/syringe size, site (for IM/SQ administration), and volume capacity for site chosen
  - g. Saline flush guidelines
- 2. Identify/verify patient's allergies prior to medication administration.
- 3. Identify the eight rights of medication administration as follows:
  - a. Right patient
  - b. Right medication
  - c. Right dose
  - d. Right route
  - e. Right time/frequency

- f. Right patient education
  - g. Right documentation
  - h. Right to refuse
4. Maintain standards of patient safety, including proper hand washing and clean or sterile techniques and disposal of sharps, as appropriate during the entire medication administration process.
  5. Use two patient identifiers prior to medication administration to ensure safety. According to JCAHO, acceptable identifiers include:
    - a. The individual's name
    - b. An assigned identification number
    - c. Telephone number
    - d. Date of birth
    - e. Social Security number
    - f. Address
    - g. Photograph
  6. If the Clinical Partner's policy allows, document with the clinical faculty or Registered Nurse expert's supervision in the patient's medication administration record providing correct medication, dose, and administration time according to the institutional procedures along with licensed personnel's signature/initial.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY AND GUIDELINES. I RECOGNIZE THAT FAILURE TO COMPLY WITH THESE GUIDELINES MAY RESULT IN IMMEDIATE DISMISSAL FROM THE CHRISTINE E. LYNN COLLEGE OF NURSING.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by the UPC 4/9/18

### COURSE SCHEDULE

Date	Topic	Read/Listen	Assignment
Week 1	Introduction of Child Development  Health Assessment of Children		<b>PrepU Watch &amp; Learn, Chapter 32: Complete Medication Administration Pain Management &amp; Parent-Family Participation (4 videos).</b>  <b>PrepU Concepts in Action, Chapter 35: Complete Absorption, Distribution, Metabolism, &amp; Excretion</b>  <b>Reflective Journal #1:</b>

			<b>What are your expectations of this course? Use one of the Reflective Models (see Canvas), incorporating APA 7<sup>th</sup> edition format.</b>
Week 2	Growth and Development of Infant  Nursing care of a child with a gastrointestinal disorder		<b>Lippincott VSim for Ricci: Pediatric Case: Eva Madison- Dehydration</b>
Week 3	Growth and Development of the Toddler  Caring for Children in Diverse Settings		<b>PrepU Watch &amp; Learn, Chapter 26: Developmental Milestones.</b>
Week 4	Health Supervision of Children  Physiology and Nursing Management of Pain		<b>Lippincott VSim for Ricci: Pediatric Case: Brittany Long-Sickle Cell</b>  EHR Tutor Plan of Care for Brittany Long
Week 5	Growth & Development of the Preschooler		<b>PrepU, Chapter 27, Age 4, Developmental Milestones</b>  <b>PrepU Watch &amp; Learn, Chapter 27, Developmental Considerations for Preschoolers</b>
Week 6	Nursing care of a Child with a Respiratory Disorder		<b>Lippincott VSim for Ricci: Pediatric Case: Jackson Weber (Chapter 38)</b>

Week 7	Growth & Development of School-Age Child		<b>PrepU Watch &amp; Learn, Chapter 28</b>
Week 8	Nursing care of a child with a cardiovascular disorder		<b>PrepU Chapter 41, Tetralogy of Fallot</b>
Week 9	Growth & Development of the Adolescent Child		<b>Practice &amp; Learn Growth &amp; Development of the Adolescent: Developmental Milestones and Theories</b> <b>Coursepoint Interactive Case Studies:</b> <b>Practice &amp; Learn Growth &amp; Development of the Adolescent: Physical Growth &amp; Development</b> <b>Practice &amp; Learn Growth &amp; Development of the Adolescent: Health Promotion * Injury Prevention</b>
Week 10	Nursing care of a child with a neurological disorder		<b>Lippincott VSim for Ricci: Pediatric Case: Charlie Snow- Anaphylaxis</b>
Week 11	Nursing care of a Child with an Endocrine disorder		<b>PrepU Chapter 48, Phenylketonuria</b>

			<b>PrepU Concepts in Action Chapter 43 Renal Function; Chapter 48 Acute Inflammation; Chapter 49 Diabetes</b>
Week 12	Clinical Makeups		ATI Review of Concepts from Practice A Exam
Week 13	Clinical Makeups		ATI Testing/Additional Review

## **COURSE POLICIES & GUIDELINES**

### **COLLEGE OF NURSING POLICIES**

The faculty reserves the right to make changes in course content and requirements.

Policies below may be found in:

a). The Christine E. Lynn College of Nursing Undergraduate Handbook located at:

<https://nursing.fau.edu/academics/student-resources/undergraduate/index.php>

b). Florida Atlantic University's Academic Policies and Regulations

<http://www.fau.edu/academic/registrar/FAUcatalog/academics.php> and

<http://www.fau.edu/regulations>

### **CODE OF ACADEMIC INTEGRITY:**

Students at Florida Atlantic University are expected to maintain the highest ethical standards.

Academic dishonesty is considered a serious breach of these ethical standards, because it interferes with the university mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the university community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility. Harsh penalties are associated with academic dishonesty. For more information, see University Regulation 4.001. If your college has particular policies relating to cheating and plagiarism, state so here or provide a link to the full policy—but be sure the college policy does not conflict with the University Regulation. For more information, see: <https://www.fau.edu/regulations/documents/chapter4/reg4-001-6-7-22.pdf>

**CON Academic Integrity:** <https://nursing.fau.edu/academics/student-resources/undergraduate/academic-integrity-policy.php>

The College of Nursing regards adherence to the Code of Academic Integrity as a professional competency and an expectation of all students. **ANY** act of dishonesty that violates the code of academic integrity and misrepresents your efforts or ability is grounds for immediate failure of the course.

**DISABILITY STATEMENT:**

In compliance with the Americans with Disabilities Act Amendments Act (ADAAA), students who require reasonable accommodations due to a disability to properly execute coursework must register with Student Accessibility Services (SAS) and follow all SAS procedures. SAS has offices across three of FAU's campuses – Boca Raton, Davie and Jupiter – however disability services are available for students on all campuses. For more information, please visit the SAS website at <http://www.fau.edu/sas/>

To apply for SAS accommodations: <http://www.fau.edu/sas/>

**COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS) CENTER**

Life as a university student can be challenging physically, mentally and emotionally. Students who find stress negatively affecting their ability to achieve academic or personal goals may wish to consider utilizing FAU's Counseling and Psychological Services (CAPS) Center. CAPS provides FAU students a range of services – individual counseling, support meetings, and psychiatric services, to name a few – offered to help improve and maintain emotional well-being. For more information, go to <http://www.fau.edu/counseling/>

**INCOMPLETE POLICY:**

The Incomplete Grade Policy is enforced. A student who registers for a course but fails to complete the course requirements, without dropping the course, will normally receive a grade of "F" from the course instructor. A student who is passing a course but has not completed all the required work because of exceptional circumstances may, with the approval of the instructor, temporarily receive a grade of "I" (incomplete). This must be changed to a grade other than "I" within a specified time frame, not to exceed one calendar year from the end of the semester during which the course was taken.

**ATTENDANCE POLICY:**

Students are expected to attend all of their scheduled University classes and to satisfy all academic objectives as outlined by the instructor. The effect of absences upon grades is determined by the instructor, and the University reserves the right to deal at any time with individual cases of non-attendance. Students are responsible for arranging to make up work missed because of legitimate class absence, such as illness, family emergencies, military obligation, court-imposed legal obligations or participation in University approved activities. Examples of University-approved reasons for absences include participating on an athletic or scholastic team, musical and theatrical performances and debate activities. It is the student's responsibility to give the instructor notice prior to any anticipated absences and within a reasonable amount of time after an unanticipated absence, ordinarily by the next scheduled class

meeting. Instructors must allow each student who is absent for a University-approved reason the opportunity to make up work missed without any reduction in the student's final course grade as a direct result of such absence.

### **POLICY ON THE RECORDING OF LECTURES (OPTIONAL)**

Because of a new Florida Statute in 2021, the following model language is suggested for inclusion in course syllabi, at the discretion of individual faculty:

Students enrolled in this course may record video or audio of class lectures for their own personal educational use. A class lecture is defined as a formal or methodical oral presentation as part of a university course intended to present information or teach students about a particular subject. Recording class activities other than class lectures, including but not limited to student presentations (whether individually or as part of a group), class discussion (except when incidental to and incorporated within a class lecture), labs, clinical presentations such as patient history, academic exercises involving student participation, test or examination administrations, field trips, and private conversations between students in the class or between a student and the lecturer, is prohibited. Recordings may not be used as a substitute for class participation or class attendance and may not be published or shared without the written consent of the faculty member. Failure to adhere to these requirements may constitute a violation of the University's Student Code of Conduct and/or the Code of Academic Integrity.

### **RELIGIOUS ACCOMMODATION:**

In accordance with rules of the Florida Board of Education and Florida law, students have the right to reasonable accommodations from the University in order to observe religious practices and beliefs with regard to admissions, registration, class attendance, and the scheduling of examinations and work assignments. Students who wish to be excused from coursework, class activities, or examinations must notify the instructor in advance of their intention to participate in religious observation and request an excused absence. The instructor will provide a reasonable opportunity to make up such excused absences. Any student who feels aggrieved regarding religious accommodations may present a grievance to the director of Equal Opportunity Programs. Any such grievances will follow Florida Atlantic University's established grievance procedure regarding alleged discrimination. For more information, see:

<https://www.fau.edu/provost/resources/files/religiousaccommodations-students-and-faculty-8-21-15.pdf>

**CON Religious Accommodation:** <http://www.fau.edu/sas/New.php>

### **USE OF STUDENT COURSE MATERIAL**

The Christine E. Lynn College of Nursing may use students' course-related materials for legitimate institutional purposes, such as accreditation, university review process, or state board of nursing review process, etc. In such cases, materials will be used within the college and university.

### **FACE COVERINGS and PPE in Laboratory**

Persons are required to wear a face mask and a face shield over the face mask when in the laboratory areas, maintain social distancing of 6 feet when possible, wash hands and use hand sanitizer.

## **ATI Assessment and Remediation Program Policy**

### **Introduction**

The Assessment Technologies Institute (ATI) is an online, comprehensive, testing and review program, designed to provide students with various learning tools that will assist them in learning course content, identifying strengths and weaknesses, reviewing content, improving test taking abilities, and ultimately successfully passing the NCLEX-RN® for professional licensure.

Research has demonstrated a strong correlation between successful completion of ATI proctored exams and successful first-time pass rates on the NCLEX-RN® (Davenport, 2007). Courses at the Christine E. Lynn College of Nursing (CELCON) integrate the ATI Comprehensive Assessment and Remediation Program (CARP) as 10% of the course grade in selected courses.

ATI program consists of practice assessments, proctored exams, and tutorials.

All proctored exams, including the RN Comprehensive Predictor, will be scheduled on specific dates and times.

As part of the ATI package, students will be required to complete proctored exams as a course requirement in select courses. Proctored ATI exams will be given at the FAU Testing Center (students pay a sitting fee for each exam) and under exceptional circumstances may be given in the classroom. If in the classroom, students are required to bring a laptop with Wi-Fi capability and, browsers compatible with the ATI program. Proctored ATI exams will be administered prior to course completion and scheduled by course faculty.

### **Practice Assessments**

Practice Assessment A will be conducted in class as an interactive activity.

Practice Assessment B will be opened for two-week time period prior to the proctored assessment.

### **Proctored Assessments**

The course-specific ATI Assessment will count for 10 percent of the course grade. Grades will be calculated using the information outlined below.

## **Proctored Assessments**

1. Students can earn up to 10 points based on the proctored assessment outcome.

<i>Student score</i>	<i>Level 3</i>	<i>Level 2</i>	<i>Level 1</i>	<i>Below Level 1</i>
<i>Points awarded</i>	<i>10 points</i>	<i>8.5 points</i>	<i>5 points</i>	<i>0 points</i>



<b>Remediation/ retake</b>	<ul style="list-style-type: none"> <li>▲ Minimum one-hour remediation recommended to complete activities listed for assessment on ATI Pulse.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum two-hour remediation to complete activities listed for assessment on ATI Pulse. <ul style="list-style-type: none"> <li>• <i>Optional retest</i></li> </ul> </li> </ul>	<b>Remediation:</b> <ul style="list-style-type: none"> <li>• Minimum three-hours to complete activities listed for assessment on ATI Pulse and submit score report for each activity</li> </ul> <i>*Retest required</i>	<b>Remediation:</b> <ul style="list-style-type: none"> <li>• Minimum four-hour complete activities listed for assessment on ATI Pulse and submit score report for each activity</li> </ul> <i>*Retest required</i>
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**Students earning a level 1 or below a level 1:**

- *Students earning a level 1 or below a level 1 on the first attempt are required to remediate and retake the proctored exam.*
- *Failure to retake the proctored exam will result in 0 points for ATI Assessment in the course. Points previously earned will be forfeited.*
- *In order to retake the proctored exam, students must submit remediation based activities listed for assessment in ATI pulse*
- *The highest score of the two attempts will be recorded.*

**Students earning a level 2 on the first attempt:**

- *May choose to retake the exam. Points will be awarded for the highest level achieved from the two attempts.*
- *Remediation is not required but strongly encouraged.*

**Students earning a level 3 on the proctored exam on the first attempt:**

- *Do not need to retest*
- *Remediation is not required to be submitted but strongly encouraged.*

**Successful completion of NUR 4829L and Certification to take the NCLEX-RN®:**

Prior to NUR 4829L: Nursing Practice Immersion students must complete the ATI Comprehensive Predictor.

Students are expected to achieve a score  $\geq 92\%$  of the *Predicted Probability of Passing the NCLEX-RN®* and a level 2 or better on 5 of 7 ATI content exams. **Students who do not meet BOTH of these expectations must achieve the 100% stage of Virtual ATI remediation (at the student's expense). Following successful remediation, students will have completed the requirements for the ATI assignment in NUR 4829L.**

Undergraduate Program Committee Approval March 9, 2015; February 1, 2016

UPC May 3, 2018; UPC December 3, 2018; UPC October 7, 2019; January 13, 2020; April 5, 2021; March 28, 2022. May 3, 2022.

### **PROFESSIONAL STATEMENT**

<http://nursing.fau.edu/academics/student-resources/undergraduate/policies-regulations/professional-statement.php>

When students of nursing begin their course of study, they enter into an implied professional agreement-agreeing to abide by the American Nurses Association (ANA) Code of Nursing Ethics and to conduct themselves in all aspects of their lives in a manner becoming a professional nurse. The College of Nursing faculty holds a professional ethic of caring and healing, recognizing that each person's environment includes everything that surrounds an individual. Similarly, the College creates an environment that preserves the wholeness and dignity of self and others. The faculty requires self and socially responsible behavior and will not accept actions that can be perceived as hostile, threatening or unsafe to others. It is the College's expectation that students promote a positive public image of nursing. It is the College's goal, as a professional college, to build an expanding community of nursing scholars and leaders within the context of its' caring-based philosophy. Safety of the person being nursed and accountability for individual actions are priorities and/or critical components/elements of a professional nursing education. Students who do not abide by this policy will be subject to appropriate academic sanctions which may include disciplinary action, dismissal from the College of Nursing, and/or suspension or expulsion from the University.

Approved in Faculty Assembly 11/28/2016



CHRISTINE E. LYNN COLLEGE OF NURSING

### **STATEMENT OF PHILOSOPHY**

Nursing is a discipline of knowledge and professional practice grounded in caring. Nursing makes a unique contribution to society by nurturing the wholeness of persons and environment in caring. Caring in nursing is an intentional mutual human process in which the nurse artistically responds with authentic presence to calls from persons to enhance well-being. Nursing occurs in nursing situations: co-created lived experiences in which the caring between nurses and persons enhance well-being. Nursing is both science and art. Nursing science is the evolving body of distinctive nursing knowledge developed through systematic inquiry and research. The art of nursing is the creative use of nursing knowledge in practice. Knowledge development and practice in nursing require the complex integration of multiple patterns of knowing. Nurses collaborate and lead interprofessional research and practice to support the health and well-being of persons inextricably connected within a diverse global society.

Persons as participant in the co-created nursing situation, refers to individual, families or communities. Person is unique and irreducible, dynamically interconnected with others and the environment in caring relationships. The nature of being human is to be caring. Humans choose values that give meaning to living and enhance well-being. Well-being is creating and living the meaning of life. Persons are nurtured in their wholeness and well-being through caring relationships.

Beliefs about learning and environments that foster learning are grounded in our view of person, the nature of nursing and nursing knowledge and the mission of the University. Learning involves the lifelong creation of understanding through the integration of knowledge within a context of value and meaning. A supportive environment for learning is a caring environment. A caring environment is one in which all aspects of the person are respected, nurtured and celebrated. The learning environment supports faculty-student relationships that honor and value the contributions of all and the shared learning and growth.

The above fundamental beliefs concerning Nursing, Person and Learning express our values and guides the actions of Faculty as they pursue the missions of teaching, research/scholarship and service shared by the Christine E. Lynn College of Nursing and Florida Atlantic University.

'revised April, 2012.'

**FLORIDA ATLANTIC UNIVERSITY  
CHRISTINE E. LYNN COLLEGE OF NURSING  
COURSE SYLLABUS**

**SEMESTER:**

**COURSE NUMBER:** NUR 3455L

**COURSE TITLE:** Maternal Newborn: Nursing Situations in Practice

**COURSE FORMAT:**

**CREDIT HOURS:** 1

**COURSE SCHEDULE:**

**PREREQUISITES:** NUR 3065, NUR 3065L, NUR 3115, NUR 3029C, NUR 4125, NUR3145

**COREQUISITES:** NUR 3455

**FACULTY:**

**OFFICE HOURS:**

**COURSE DESCRIPTION:**

Integrates the study of caring science and the use of multiple ways of knowing in practicum situations with childbearing women and newborns. Implements health promotion, risk reduction and disease management in childbearing women and newborns. Conducts health assessments, screenings and health teaching using a holistic nursing approach. Collaborates with persons, families and interprofessional teams to create quality outcomes and a culture of safety.

**COURSE OBJECTIVES:**

**Becoming Competent**

1. Demonstrate multiple ways of knowing and systematic inquiry to plan safe quality developmentally appropriate nursing care, set priorities, implement care, and evaluate outcomes for children and families.
2. Utilize the various information and communication technology tools used in care settings.

**Becoming Compassionate**

3. Demonstrate compassionate relation-centered care for children within the family context.

**Demonstrating Compartment**

4. Utilize qualities of empathy through introspection on one’s own values and attitudes while considering other cultures

**Becoming confident**

5. Demonstrate collaboration through appropriate professional communication skills with interprofessional team members to establish mutual healthcare goals for children and their families

**Attending to conscience**

6. Demonstrate accountable nursing care by applying principles of professional nursing ethics and human rights in patient care and professional situations.

**Affirming Commitment**

7. Demonstrate respect for diverse individual differences among children and their family members.

**TEACHING LEARNING STRATEGIES:**

- Clinical experiences
- Post-conference discussions
- Written reflection journal
- Electronic Health Record Nursing Documentation
- Patient Care Maps
- Self-Evaluation
- ATI-EHR documentation
- Digital Storytelling

**GRADING AND EVALUATIONS:**

Pediatric Focused Experience	Frequency/Requirements	Percentage
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Nursing Practice Weekly, Midterm, Final Evaluation:  Clinical/Simulation	Includes weekly evaluation; Participation; Uniform	60%
EHR Tutor(2) / Nursing situations(4)	Full EHR documentation; Nursing situation participation	15%
Virtual Simulation, PrepU Assignments	V-Sim Case, Guided Reflection; V-Sim Documentation Course point+ activities	20%
Reflective Journal (3 total)		5%
<b>Total Clinical Course</b>		<b>100%</b>
Nursing Evaluation Tool (Midterm & Final Evaluation) & Weekly Evaluation	Midterm & Final; must receive a 'S' (>74%) in all the CE in the Nursing Evaluation tool by the Final Evaluation at the end of your clinical rotations. You will receive a Midterm evaluation at Week 6 (Day 6) of Clinical and a Final Evaluation at Week 12 (Day 12).	Critical Elements: The following standards are critical to safety in professional nursing practice. Failure to demonstrate safe performance in any of these Critical Elements is failure in the course regardless of proficiency in the performance of other nursing care behaviors or written work.

**GRADING SCALE:** Grade below C is not passing in the Undergraduate program

94 - 100 = A  
90 - 93 = A-  
87 - 89 = B+  
84 - 86 = B  
80 - 83 = B-  
77 - 79 = C+  
74 - 76 = C  
70 - 73 = C-  
67 - 69 = D+  
64 - 66 = D  
61 - 63 = D-  
0 - 60 = F

**REQUIRED TEXTS:**

Ricci, S.S, Kyle, T., & Carman, S. (2021). *Maternal and Pediatric Nursing* (4<sup>th</sup> Ed.). Wolters

Kluwer. ISBN: 978-1975139766

Dossey, B.M. & Keegan, L. (2022). *Holistic nursing: A handbook for practice* (8<sup>th</sup> Ed.). Jones & Bartlett Learning. ISBN: 978-1284196528

**RECOMMENDED TEXTS:**

Davis, A., Fowler, M. & Aroskar, M. (2010). *Ethical dilemmas and nursing practice*. (51h ed.), Upper

Saddle River, NJ: Pearson

Estes, M.E.Z. (2009) *Clinical companion to accompany health assessment and physical examination*

(4th ed.). Clifton Park, NY: Delmar/Cengage

Lippincott Williams & Wilkins. (2008). *Maternal –Neonatal Nursing made incredible easy*.

Ambler, PA: Author.

Smith, S.F., Duell, D.J., Martin, B.C. (2012). *Clinical Nursing Skills* (8th ed.). Upper Saddle River,

NJ: Pearson Prentice Hall Co.

**TOPICAL OUTLINE:**

A. The Normal Newborn:

- a. Physiologic adaptation of the newborn
- b. Newborn assessment
- c. The Normal Newborn: Needs and Care. d. Parent Education
- e. Nursing standards for newborn health promotion

B. Adaptive responses of the childrearing family experiencing potential and actual stressors with emphasis on the infant,

toddler, preschooler, school-aged, and adolescent.

1. Professional nursing roles applied in assisting childrearing families as clients with potential and actual environmental stressors.
2. Nursing responses in caring for the family across care settings

3. Practice guidelines and evidence-based practice in assisting children and families with selected stressors.

- a. Selected nursing theories
- b. Other theories, concepts and propositions
- c. American Academy of Pediatric Guidelines

C. Caring for children and families across settings

1. The nursing process in assisting children and families with selected environmental stressors associated with the:

- a. Infant
- b. Toddler
- c. Preschooler
- d. School Age
- e. Adolescent

2. Family-Centered Care of the Child During Illness and Hospitalization

- a. Strategies in Working with Children/Families
- b. Understanding coping skills used at various developmental ages
- c. Play and the Hospitalized Child iv. Pain management

**COURSE ASSIGNMENTS:**

**This course is considered an S/U course. To reach a passing grade of Satisfactory in the course you must achieve a minimum equivalent of a 73% based on the CON grading scale through outlined assignments below. HOWEVER, SHOULD A STUDENT FAIL TO MEET THE CRITICAL ELEMENTS (CE) OUTLINED AS EVALUATED USING THE MIDTERM AND FINAL NURSE PRACTICE EVALUATION TOOLS THE STUDENT IS NOT ELIGIBLE TO PASS THE COURSE EVEN IF THE STUDENT HAS A PASSING GRADE FOR ALL WRITTEN ASSIGNMENTS. A PASSING GRADE FOR THE CLINICAL COURSE AS A WHOLE REQUIRES THERE TO BE A PASSING ACHIEVEMENT LEVEL IN CLINICAL AS ASSESSED BY THE CLINICAL INSTRUCTOR USING THE WEEKLY; MIDTERM AND FINAL NURSING PRACTICE EVALUATION TOOLS IN ADDITIONA TO WRITTEN AND VERBAL GRADED ASSIGNMENTS**

**BIBLIOGRAPHY:**

Dossey, B. M., & Keegan, L. (2016). *Holistic nursing: A handbook for practice* (7th ed.). Sudbury, MA: Jones and Bartlett Publishing. ISBN 978-1284072679.



American Holistic Nurses Association. *Holistic nursing: Scope and standards of practice* (2nd ed.). Silver Spring, MD: American

Holistic Nurses Association & American Nurses Association. ISBN: 978-1558104785.

American Psychological Association (2001). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: American Psychological Association.

Herdman, H. T., & Kamitsuru, S. (Eds.). (2018). *Nursing diagnoses: Definitions and classifications 2018-2020* (11th ed.). New York, NY: Thieme Publishers

## **COURSE SPECIFIC LITERATURE:**

Board, R., Ryan-Wenger N. (2002). Long-term effects of pediatric intensive care unit hospitalization on families with young children. *Heart & Lung: Journal of Acute and Critical Care*, 31(1): 53-66. Deering, CG., Cody, OJ. (2002).

Communicating with children and adolescents. *American Journal of Nursing*, 102(3): 34-42.

Scolnik, D., Kozner, E., Jacobson, S., Diamond, S., & Young, N. (2002). Comparison of oral versus normal and high dose rectal acetaminophen in the treatment of febrile children. *Pediatrics* 110(3): 553-56.

Popovich, D. (2011). 30-second head-to-toe tool in pediatric nursing: Cultivating safety in handoff communication.

*Pediatric Nursing*, 37(2): 55-60.

Vogt, M., Chavez, R., & Schaffner, B. (2011). Baccalaureate nursing student experiences at a camp for children with diabetes: The impact of a service-learning model. *Pediatric Nursing*, 37(2): 69-73.

### **Childbearing focused articles and resources**

Corbett, CA & Callister, LC. (2000). Nursing support during birth and labor. *Clinical Nursing Research*, 9, 70-83.

Gennaro, S. Mayberry, L. & Kafulafula, U. (2007). The evidence supporting nursing management of labor. *Journal of*

*Obstetric, Gynecologic, and Neonatal Nursing*, 36(6), 598-604.

Romano, AM. (2005). Research Summaries for Normal Birth. *Journal of Perinatal Education*, 14(4), 49-53.

Walker, M. (2008). Conquering Common Breast-feeding Problems. *Journal of Perinatal & Neonatal Nursing*, 22 (4), 267-

274.

Centers for Disease Control and Prevention, Division of Reproductive Health:

<http://www.cdc.gov/reproductivehealth/DRHI> Pmtal to US federal statistics: <http://www.fedstats.g>

[Global health facts: http://www.globalhealthfacts.org/](http://www.globalhealthfacts.org/)

National Immunization Survey: <http://www.cdc.gov/nis/>

## ESSENTIAL LITERATURE ON CARING SCIENCE (Revised 2017)

- Barry, C. D., Gordon, S. C. & King, B. M. (2015). *Nursing Case Studies in Caring: Across the Practice Spectrum*. Springer. ISBN: 978-0-8261-7178-8
- Boykin, A. & Schoenhofer, S. (2001). *Nursing as caring: A model for transforming practice*. Jones & Bartlett.
- Boykin, A. & Schoenhofer, S. & Valentine, K. (2014). *Health care system transformation for nursing and health care leaders: Implementing a culture of caring*. Springer.
- Buber, M. (1970). *I and thou*. Scribner.
- Davidson, A., Ray, M. & Turkel, M. (Eds.). (2011). *Nursing, caring, and complexity science*. Springer.
- Duffy, J.R. (2013). *Quality caring in nursing and health systems: Implications for clinicians, educators, and leaders*. Springer.
- Locsin, R.C (2016). *Technological competency as caring in nursing: A model for practice (2<sup>nd</sup> ed.)*. Silliman University Press.
- Mayeroff, M. (1971). *On caring*. HarperCollins.
- McFarland, M.R. & Wehbe-Alamah, H. (2017). *Leininger's Culture Care diversity and universality: A worldwide theory of nursing (3rd Ed.)*. Jones & Bartlett.
- Paterson, J. & Zderad, L.T. (1988). *Humanistic nursing*. National League for Nursing.
- Ray, M.A. (2016). *Transcultural caring dynamics in nursing and health care (2nd ed.)*. FA Davis.
- Roach, M.S. (1987). *The human act of caring: A blueprint for the health professions*. Canadian Hospital Association.
- Rosa, W., Horton-Deutsch, S, & Watson, J. (2019). *A handbook for caring science: Expanding the paradigm*. Springer.
- Smith, M.C., Turkel, M.C., & Wolf, Z.R. (2012). *Caring in nursing classics: An essential resource*. Springer.
- Watson, J. (2009). *Assessing and measuring caring in nursing and health sciences*. Springer.
- Watson, J. (2018). *Unitary caring science philosophy and praxis of nursing*.

University Press of Colorado.

Approved by CON Faculty Assembly, 9/25/2017; Revised Committee on Programs 10/ 8/2018; Presented for Action to CON Faculty Assembly 10/22/2018, Approved CON Faculty Assembly 10/22/18

### **Clinical Uniforms:**

- Clinical uniforms/attire are to be purchased through FlynnO'Hara Uniforms: [Ourcompany.flynno'hara.com](http://Ourcompany.flynno'hara.com)
- The FlynnO'Hara Lab coat may be worn over the uniform.
- Only plain white or navy blue under shirts with  $\frac{3}{4}$  length sleeves may be worn under the uniform.
- Plain white or black closed-toe and closed-back non-permeable shoes may be worn with white or black stockings or ankle socks. Shoes must not be altered to conceal logos, stripes, or other areas with color.

### **Required Clinical Equipment (Purchased through MDA)**

- Stethoscope (black or navy)
- Watch with second hand is required
- Penlight
- Bandage scissors
- pen

### **Name Badges**

- Students must wear name badges (purchased through FlynnO'Hara Uniforms) as well as the FAU photo ID (Owl Card) or facility issued picture ID whenever entering a clinical setting.

### **Nails; Hair; Skin**

- Nails must be short and clean - no longer than **3mm (1/4 inch)**.
- No artificial nails, nail polish, nail jewelry
- Hair must be natural in color, worn off the collar (no pony tails), away from face while in uniform
- Facial hair must be natural in color, clean and trimmed to  $\frac{1}{4}$  inch; otherwise, must be covered
- No visible tattoos/body art
- No artificial eyelashes
- No fragrances are permissible

### **Jewelry**

- No more than 1 small stud earring in each ear is permitted. Loops, hoops, dangle earrings are **Not Permitted**.
- No tongue jewelry
- No facial piercings/jewelry.
- **No other visible body jewelry is permitted.**
- Watch with a second hand is required.
- Only a wedding band is permitted.

\*When a clinical partner's clinical attire policy is stricter than the CELCON's policy, it supersedes the CELCON policy. Based upon input/feedback from clinical partners, the CELCON policy can be updated and enforced at any time.

UPC, April, 2018; March, 2019

**Florida Atlantic University, Christine E. Lynn College of Nursing  
Weekly Clinical Evaluation Rubric and Rating Form**

Course \_\_\_\_\_ Semester \_\_\_\_\_ Student \_\_\_\_\_

Dates of Clinical \_\_\_\_\_

Faculty \_\_\_\_\_

	<b>Clinical Competency</b>	<b>Criteria used to identify successful accomplishment of the competency</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Critical Element #3,4; course objective #7, 8	Interprofessional Communication	Collaborates and effectively communicates with other health care providers/members (includes instructor) in meeting the patient's calls for nursing - designing plan of care, interact, report, collegial, SBAR						
Professionalism and Leadership - Critical Element #3, 4, 5; course objective #3, 4, 6, 14	Professional Values	Adheres to policies and procedures outlined in nursing handbook, RN scope of practice (ANA, AHNA and Florida Board of Nursing standards).						
	Ethical/Legal Issues	Accountable for assigned client care, Adheres to HIPAA, medical facility policies and procedures						
	Management of Care	Manages client care incorporating time management to organize tasks and						

		effective use of resources. (appropriate and cost effective)					
	Role of the BSN student	Demonstrates accountability for completing assignments on time and for professional behaviors in the clinical environment, well prepared, on time, utilizes time effectively, seeks guidance appropriately, actively participates in pre and post clinical discussions.					
Person-Centered Care: Critical Element #1, 2; course objective #1, 2,	Therapeutic Communication	Uses therapeutic verbal and nonverbal communication in client care, Avoids barriers to communication, develops rapport					
	Caring	Uses caring behaviors (call by preferred name, comfort, respect), Provide care in a safe, timely and efficient manner, Answer call lights, Assess pain and respond appropriately, Identifies needs holistically (physiologic, spiritual, cultural and psychosocial), Identifies cultural and spiritual values, beliefs and attitudes related to client care (Students and clients)					
	ADLs	Perform ADLs to meet client needs (shows initiative and ability to perform independently)					
	Data Collection - Focused Assessment	Makes accurate observations, Data collection is complete and obtained from multiple sources and ways of knowing (client, chart, staff, and family), Performs head to toe and focused assessments and reports abnormalities.					
	Client Education	Identifies learning needs and provides information from established teaching plan. Evaluates client understanding (Teach Back)					

	<b>Clinical Competency</b>	<b>Criteria used to identify successful accomplishment of the competency</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Evidence Based Practice and Nursing Judgement: Critical Element #1, 2, 4; course objective #5, 10, 11, 12, 16	Clinical reasoning, Evidence-Based	Identifies complications or changes in client condition and reports deviations promptly. Uses clinical reasoning to assess, choose interventions, and evaluate client responses; evidence-based nursing responses						
	Prioritization	Outlines daily plan of care, adjusts as needed, sets appropriate priorities and provides rationale for client care priorities						
Quality Improvement and Safety: Critical Element #1, 2, 5; course objectives #10, 11,	Quality Client Care	Identifies and addresses client concerns						
	Safety	Safe and competent nursing skills, medication administration (accurately, safe manner, timely, evaluates response to medications), standard precautions and treatments/procedures, Maintains a safe environment						
Informatics: Critical Element #3, 4, 5; course objective #9, 10, 13, 15	Documentation/ Confidentiality	Documents in a timely, clear, concise, and prompt manner, maintains confidentiality of client information						
	Technology – safety equipment	Responds appropriately to safety equipment (alarms, call lights, bar codes, etc.)						

**Note: Weeks 7-12 are found in canvas**

**CLINICAL PERFORMANCE EVALUATION RUBRIC**

<b>Scale/Label</b>	<b>Standard Procedure</b>	<b>Performance Quality</b>	<b>Assistance</b>
MS (minimal supervision) 94-100%	Safe/ Accurate	Consistently meets evaluation criteria with minimal direction. A satisfactory score of "S" must be achieved on each of the 6 caring competencies and the critical elements by the final clinical	Minimal direction not required

		performance evaluation in order to proceed in the program.	
D (Developing) 84-93%	Safe/ Accurate	Performance is improving and becoming more consistent; needs moderate level of assistance or supervision, seeks learning experiences. By the final evaluation for the course, all D's must be S's to pass the course at minimum 73%. A satisfactory score of "S" must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program.	Occasional direction
E (Emerging) 74-83%	Mostly Safe/ Accurate	Partial demonstration of skills. Inefficient or uncoordinated. Delayed time expenditure. A developmental plan should be prepared collaboratively for areas of "improvement needed" in formative evaluations. All E's must be Ds or MS by midterm. A satisfactory score of "S" must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program.	Frequent direction
NS (Needs Supervision) 67-73%	Questionably Safe/ Accurate	Performance is inconsistent and/or needs high level of assistance or supervision (60% - 70%). Strengths and areas for improvement should be identified in a comprehensive evaluation by the 3rd week of clinical. A developmental plan should be prepared collaboratively for areas of "improvement needed" in formative evaluations. A score of NS requires a faculty narrative along with a formal action plan. A score of NS post midterm requires a formal meeting with the clinical faculty, BSN Clinical Coordinator, and the student. Two NS's after the formal meeting will result in NE and failure of the course.	Continuous direction

NE (Not Evident) 0-66%	Unsafe/Inaccurate	Does not meet Expectations even after remediation/developmental plan Unable to demonstrate procedures. Lacks confidence, coordination and efficiency.	Continuous direction
NA - not applicable	Not observed		

**Nursing Practice Evaluation Tool: Critical Elements  
Christine E. Lynn College of Nursing**

**Student** \_\_\_\_\_ **Clinical Placement** \_\_\_\_\_

**Faculty** \_\_\_\_\_ **Semester/Year** \_\_\_\_\_

**Critical Elements:** The following standards are critical to safety in professional nursing practice. Failure to demonstrate safe performance in any of these Critical Elements is failure in the course regardless of proficiency in the performance of other nursing care behaviors or written work. The 6 Cs (confidence, compassion, comportment, competent, conscience, and commitment) are embedded within each critical element.

1. Provides patient centered care, which focuses on including patients in all decisions and providing compassionate care. Yes \_\_\_ No \_\_\_
2. Demonstrates authentic presence and caring behaviors that nurture wholeness (active listening and responding to “that which matters to those nursed”). Yes \_\_\_ No \_\_\_
3. Collaborates with other health care providers in designing a plan of care and meeting the patient’s calls for nursing using appropriate professional communication skills. Yes \_\_\_ No \_\_\_
4. Demonstrates an ability to understand calls and responses, including multiple ways of knowing and critical thinking in analyzing and interpreting calls and responses, which may include the use of evidence, technology, and quality improvement data. Yes \_\_\_ No \_\_\_
5. Maintains a safe environment in the delivery of nursing care that prevents real or potential harm to patients and their families. Yes \_\_\_ No \_\_\_

**CLINICAL PERFORMANCE EVALUATION RUBRIC**

**Scale/Label    Standard Procedure    Performance Quality**

**Assistance**



**MS (minimal supervision) 94-100% Safe/Accurate** Consistently meets evaluation criteria with minimal direction. A satisfactory score of “S” must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program. Minimal direction required

**D (Developing) 84-93% Safe/Accurate** Performance is improving and becoming more consistent; needs moderate level of assistance or supervision, seeks learning experiences. By the final evaluation for the course, all DI’s must be S’s to pass the course at minimum 74%. A satisfactory score of “S” must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program. Occasional direction

**E (Emerging) 74-83% Mostly Safe/Accurate** Partial demonstration of skills. Inefficient or uncoordinated. Delayed time expenditure. A developmental plan should be prepared collaboratively for areas of “improvement needed” in formative evaluations. All E’s must be Ds or MS by midterm. A satisfactory score of “S” must be achieved on each of the 6 caring competencies and the critical elements by the final clinical performance evaluation in order to proceed in the program. Frequent direction

**NS (Needs Supervision) 67-73% Questionably Safe/ Accurate** Performance is inconsistent and/or needs high level of assistance or supervision. Strengths and areas for improvement should be identified in a comprehensive evaluation by the 3rd week of clinical. A developmental plan should be prepared collaboratively for areas of “improvement needed” in formative evaluations. A score of NS requires a faculty narrative along with a formal action plan. A score of NS post midterm requires a formal meeting with the clinical faculty, BSN Clinical Coordinator, and the student. Two NS’s after the formal meeting will result in NE and failure of the course. Continuous direction

**NE (Not Evident) 0-66% Unsafe/Inaccurate** Does not meet Expectations even after remediation/developmental plan Unable to demonstrate procedures. Lacks confidence, coordination and efficiency. Continuous direction

**N/O = Not observed:** No opportunity to observe or perform. A score of N/O prior to midterm needs to be evaluated by the clinical faculty and BSN Clinical Coordinator and an initiation of a formal action plan.

**Final Grade will be:**

**S = Satisfactory (MS, D, E):** Consistently meets evaluation criteria with minimal direction (74%-100%). A satisfactory score of “S” must be achieved on each of the 6 caring competencies and the critical elements weekly evaluation in the final clinical performance evaluation in order to proceed in the program.

**U = Unsatisfactory (NS, NE):** Performance does not meet evaluation criteria.

The student will complete self-evaluations of clinical performance at mid-semester and at completion of the course. The supervising faculty member will conduct weekly evaluations, a mid-semester progress evaluation and final clinical evaluation at the end of the semester.

**Mid-Term Evaluation**

Student Comments:

Student Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Comments:

Faculty Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

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**Final Evaluation**

Student Comments:

Student Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Comments:

Faculty Signature and Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Medication Administration Policy**

In order to ensure safe and accurate patient care during clinical rotations that involve medication administration, the student nurse is required to adhere to the following guidelines in accordance with the hospital's policies and procedures and regulations and clinical faculty/Registered Nurse expert discretion.

1. Students MUST
  - a. Complete a medication exam with a passing score of 90% prior to medication administration on the unit specific to the assigned clinical rotation within the first two weeks of the semester.
    - i. Students must be prepared to fully participate in clinical by the third week in NUR 3262L, 4525L and 4716L (these are 12 week rotations), and by the second week in NUR 3465L and 4764L (these rotations are limited to six weeks). Students will take the Medication Administration Exam prior to the clinical rotation.

- ii. There is a three exam attempt limit. If the student is unsuccessful after the third attempt, the student cannot meet the course objectives and cannot progress in the clinical course; therefore, a grade of 'U' is earned.
  - b. Administer medications with the direct supervision of the clinical faculty or assigned Registered Nurse expert.
- 2. Beginning in NUR 4716L the student may irrigate IV lines with saline flushes only with direct supervision of clinical faculty and/or Registered Nurse expert.
- 3. Students must adhere to the College of Nursing Medication Administration Policy and the Clinical Partner's Student Medication Administration Policy.
  - a. The student must always follow both policies. If the Clinical Partner's policy allows administration of 5.a – e below **the student must adhere to the CON policy.**
- 4. Students MUST
  - a. Administer medications with the direct supervision of the clinical faculty or assigned Registered Nurse expert [Preceptor]
  - b. Beginning in NUR 4716L the student may flush peripheral IV lines with saline flushes only with direct supervision of clinical faculty and/or Registered Nurse expert. [NUR 4716L is a prerequisite to NUR 4829L].
- 5. Even if allowed by the Clinical Partner's Student Medication Administration Policy, Students MAY NOT administer
  - a. Blood products,
  - b. IV push medication
  - c. IV narcotics medications under any circumstance
  - d. Drugs during a "Code"
  - e. Central line flushes (i.e., porta-cath or PICC line)
- 6. Students are not allowed to accept verbal or telephone orders from any healthcare provider.

PROCEDURE: The student MUST

- 1. Identify key information regarding the medication to be administered:
  - a. Mechanism of action
  - b. Major side effects and incompatibilities
  - c. Rationale for medication use
  - d. Correct medication dosage/IV rate calculation completed
  - e. Available assessment considerations (i.e. BP, HR, drug levels, blood sugar)
  - f. Selection of proper needle/syringe size, site (for IM/SQ administration), and volume capacity for site chosen
  - g. Saline flush guidelines
- 2. Identify/verify patient's allergies prior to medication administration.
- 3. Identify the eight rights of medication administration as follows:
  - a. Right patient
  - b. Right medication
  - c. Right dose
  - d. Right route
  - e. Right time/frequency

- f. Right patient education
  - g. Right documentation
  - h. Right to refuse
4. Maintain standards of patient safety, including proper hand washing and clean or sterile techniques and disposal of sharps, as appropriate during the entire medication administration process.
  5. Use two patient identifiers prior to medication administration to ensure safety. According to JCAHO, acceptable identifiers include:
    - a. The individual's name
    - b. An assigned identification number
    - c. Telephone number
    - d. Date of birth
    - e. Social Security number
    - f. Address
    - g. Photograph
  6. If the Clinical Partner's policy allows, document with the clinical faculty or Registered Nurse expert's supervision in the patient's medication administration record providing correct medication, dose, and administration time according to the institutional procedures along with licensed personnel's signature/initial.

I HAVE READ AND UNDERSTAND THE ABOVE POLICY AND GUIDELINES. I  
 RECOGNIZE THAT FAILURE TO COMPLY WITH THESE GUIDELINES MAY RESULT  
 IN IMMEDIATE DISMISSAL FROM THE CHRISTINE E. LYNN COLLEGE OF NURSING.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by the UPC 4/9/18

### COURSE SCHEDULE

Date	Topic	Read/Listen	Assignment
Week 1	Introduction of Child Development  Health Assessment of Children		<p><b>PrepU Watch &amp; Learn, Chapter 32: Complete Medication Administration Pain Management &amp; Parent-Family Participation (4 videos).</b></p> <p><b>PrepU Concepts in Action, Chapter 35: Complete Absorption, Distribution, Metabolism, &amp; Excretion</b></p> <p><b>Reflective Journal #1:</b></p>

			<b>What are your expectations of this course? Use one of the Reflective Models (see Canvas), incorporating APA 7<sup>th</sup> edition format.</b>
Week 2	Growth and Development of Infant  Nursing care of a child with a gastrointestinal disorder		<b>Lippincott VSim for Ricci: Pediatric Case: Eva Madison- Dehydration</b>
Week 3	Growth and Development of the Toddler  Caring for Children in Diverse Settings		<b>PrepU Watch &amp; Learn, Chapter 26: Developmental Milestones.</b>
Week 4	Health Supervision of Children  Physiology and Nursing Management of Pain		<b>Lippincott VSim for Ricci: Pediatric Case: Brittany Long-Sickle Cell</b>  EHR Tutor Plan of Care for Brittany Long
Week 5	Growth & Development of the Preschooler		<b>PrepU, Chapter 27, Age 4, Developmental Milestones</b>  <b>PrepU Watch &amp; Learn, Chapter 27, Developmental Considerations for Preschoolers</b>
Week 6	Nursing care of a Child with a Respiratory Disorder		<b>Lippincott VSim for Ricci: Pediatric Case: Jackson Weber (Chapter 38)</b>

Week 7	Growth & Development of School-Age Child		PrepU Watch & Learn, Chapter 28
Week 8	Nursing care of a child with a cardiovascular disorder		PrepU Chapter 41, Tetralogy of Fallot
Week 9	Growth & Development of the Adolescent Child		Practice & Learn Growth & Development of the Adolescent: Developmental Milestones and Theories Coursepoint Interactive Case Studies: Practice & Learn Growth & Development of the Adolescent: Physical Growth & Development Practice & Learn Growth & Development of the Adolescent: Health Promotion * Injury Prevention
Week 10	Nursing care of a child with a neurological disorder		Lippincott VSim for Ricci: Pediatric Case: Charlie Snow- Anaphylaxis
Week 11	Nursing care of a Child with an Endocrine disorder		PrepU Chapter 48, Phenylketonuria

			<b>PrepU Concepts in Action Chapter 43 Renal Function; Chapter 48 Acute Inflammation; Chapter 49 Diabetes</b>
Week 12	Clinical Makeups		ATI Review of Concepts from Practice A Exam
Week 13	Clinical Makeups		ATI Testing/Additional Review

## **COURSE POLICIES & GUIDELINES**

### **COLLEGE OF NURSING POLICIES**

The faculty reserves the right to make changes in course content and requirements.

Policies below may be found in:

- a). The Christine E. Lynn College of Nursing Undergraduate Handbook located at: <https://nursing.fau.edu/academics/student-resources/undergraduate/index.php>
- b). Florida Atlantic University's Academic Policies and Regulations <http://www.fau.edu/academic/registrar/FAUcatalog/academics.php> and <http://www.fau.edu/regulations>

### **CODE OF ACADEMIC INTEGRITY:**

Students at Florida Atlantic University are expected to maintain the highest ethical standards. Academic dishonesty is considered a serious breach of these ethical standards, because it interferes with the university mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the university community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility. Harsh penalties are associated with academic dishonesty. For more information, see University Regulation 4.001. If your college has particular policies relating to cheating and plagiarism, state so here or provide a link to the full policy—but be sure the college policy does not conflict with the University Regulation. For more information, see: <https://www.fau.edu/regulations/documents/chapter4/reg4-001-6-7-22.pdf>

**CON Academic Integrity:** <https://nursing.fau.edu/academics/student-resources/undergraduate/academic-integrity-policy.php>

The College of Nursing regards adherence to the Code of Academic Integrity as a professional competency and an expectation of all students. **ANY** act of dishonesty that violates the code of academic integrity and misrepresents your efforts or ability is grounds for immediate failure of the course.

**DISABILITY STATEMENT:**

In compliance with the Americans with Disabilities Act Amendments Act (ADAAA), students who require reasonable accommodations due to a disability to properly execute coursework must register with Student Accessibility Services (SAS) and follow all SAS procedures. SAS has offices across three of FAU's campuses – Boca Raton, Davie and Jupiter – however disability services are available for students on all campuses. For more information, please visit the SAS website at <http://www.fau.edu/sas/>

To apply for SAS accommodations: <http://www.fau.edu/sas/>

**COUNSELING AND PSYCHOLOGICAL SERVICES (CAPS) CENTER**

Life as a university student can be challenging physically, mentally and emotionally. Students who find stress negatively affecting their ability to achieve academic or personal goals may wish to consider utilizing FAU's Counseling and Psychological Services (CAPS) Center. CAPS provides FAU students a range of services – individual counseling, support meetings, and psychiatric services, to name a few – offered to help improve and maintain emotional well-being. For more information, go to <http://www.fau.edu/counseling/>

**INCOMPLETE POLICY:**

The Incomplete Grade Policy is enforced. A student who registers for a course but fails to complete the course requirements, without dropping the course, will normally receive a grade of "F" from the course instructor. A student who is passing a course but has not completed all the required work because of exceptional circumstances may, with the approval of the instructor, temporarily receive a grade of "I" (incomplete). This must be changed to a grade other than "I" within a specified time frame, not to exceed one calendar year from the end of the semester during which the course was taken.

**ATTENDANCE POLICY:**

Students are expected to attend all of their scheduled University classes and to satisfy all academic objectives as outlined by the instructor. The effect of absences upon grades is determined by the instructor, and the University reserves the right to deal at any time with individual cases of non-attendance. Students are responsible for arranging to make up work missed because of legitimate class absence, such as illness, family emergencies, military obligation, court-imposed legal obligations or participation in University approved activities. Examples of University-approved reasons for absences include participating on an athletic or scholastic team, musical and theatrical performances and debate activities. It is the student's responsibility to give the instructor notice prior to any anticipated absences and within a reasonable amount of time after an unanticipated absence, ordinarily by the next scheduled class



meeting. Instructors must allow each student who is absent for a University-approved reason the opportunity to make up work missed without any reduction in the student's final course grade as a direct result of such absence.

### **POLICY ON THE RECORDING OF LECTURES (OPTIONAL)**

Because of a new Florida Statute in 2021, the following model language is suggested for inclusion in course syllabi, at the discretion of individual faculty:

Students enrolled in this course may record video or audio of class lectures for their own personal educational use. A class lecture is defined as a formal or methodical oral presentation as part of a university course intended to present information or teach students about a particular subject. Recording class activities other than class lectures, including but not limited to student presentations (whether individually or as part of a group), class discussion (except when incidental to and incorporated within a class lecture), labs, clinical presentations such as patient history, academic exercises involving student participation, test or examination administrations, field trips, and private conversations between students in the class or between a student and the lecturer, is prohibited. Recordings may not be used as a substitute for class participation or class attendance and may not be published or shared without the written consent of the faculty member. Failure to adhere to these requirements may constitute a violation of the University's Student Code of Conduct and/or the Code of Academic Integrity.

### **RELIGIOUS ACCOMMODATION:**

In accordance with rules of the Florida Board of Education and Florida law, students have the right to reasonable accommodations from the University in order to observe religious practices and beliefs with regard to admissions, registration, class attendance, and the scheduling of examinations and work assignments. Students who wish to be excused from coursework, class activities, or examinations must notify the instructor in advance of their intention to participate in religious observation and request an excused absence. The instructor will provide a reasonable opportunity to make up such excused absences. Any student who feels aggrieved regarding religious accommodations may present a grievance to the director of Equal Opportunity Programs. Any such grievances will follow Florida Atlantic University's established grievance procedure regarding alleged discrimination. For more information, see:

<https://www.fau.edu/provost/resources/files/religiousaccommodations-students-and-faculty-8-21-15.pdf>

**CON Religious Accommodation:** <http://www.fau.edu/sas/New.php>

### **USE OF STUDENT COURSE MATERIAL**

The Christine E. Lynn College of Nursing may use students' course-related materials for legitimate institutional purposes, such as accreditation, university review process, or state board of nursing review process, etc. In such cases, materials will be used within the college and university.

### **FACE COVERINGS and PPE in Laboratory**

Persons are required to wear a face mask and a face shield over the face mask when in the laboratory areas, maintain social distancing of 6 feet when possible, wash hands and use hand sanitizer.

## **ATI Assessment and Remediation Program Policy**

### **Introduction**

The Assessment Technologies Institute (ATI) is an online, comprehensive, testing and review program, designed to provide students with various learning tools that will assist them in learning course content, identifying strengths and weaknesses, reviewing content, improving test taking abilities, and ultimately successfully passing the NCLEX-RN® for professional licensure.

Research has demonstrated a strong correlation between successful completion of ATI proctored exams and successful first-time pass rates on the NCLEX-RN® (Davenport, 2007). Courses at the Christine E. Lynn College of Nursing (CELCON) integrate the ATI Comprehensive Assessment and Remediation Program (CARP) as 10% of the course grade in selected courses.

ATI program consists of practice assessments, proctored exams, and tutorials.

All proctored exams, including the RN Comprehensive Predictor, will be scheduled on specific dates and times.

As part of the ATI package, students will be required to complete proctored exams as a course requirement in select courses. Proctored ATI exams will be given at the FAU Testing Center (students pay a sitting fee for each exam) and under exceptional circumstances may be given in the classroom. If in the classroom, students are required to bring a laptop with Wi-Fi capability and, browsers compatible with the ATI program. Proctored ATI exams will be administered prior to course completion and scheduled by course faculty.

### **Practice Assessments**

Practice Assessment A will be conducted in class as an interactive activity.

Practice Assessment B will be opened for two-week time period prior to the proctored assessment.

### **Proctored Assessments**

The course-specific ATI Assessment will count for 10 percent of the course grade. Grades will be calculated using the information outlined below.

## **Proctored Assessments**

- I. Students can earn up to 10 points based on the proctored assessment outcome.

<i>Student score</i>	<i>Level 3</i>	<i>Level 2</i>	<i>Level 1</i>	<i>Below Level 1</i>
<i>Points awarded</i>	<i>10 points</i>	<i>8.5 points</i>	<i>5 points</i>	<i>0 points</i>

<b>Remediation/ retake</b>	<ul style="list-style-type: none"> <li>• Minimum one-hour remediation recommended to complete activities listed for assessment on ATI Pulse.</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum two-hour remediation to complete activities listed for assessment on ATI Pulse. <ul style="list-style-type: none"> <li>• <i>Optional retest</i></li> </ul> </li> </ul>	<b>Remediation:</b> <ul style="list-style-type: none"> <li>• Minimum three-hours to complete activities listed for assessment on ATI Pulse and submit score report for each activity</li> </ul> <i>*Retest required</i>	<b>Remediation:</b> <ul style="list-style-type: none"> <li>• Minimum four-hour complete activities listed for assessment on ATI Pulse and submit score report for each activity</li> </ul> <i>*Retest required</i>
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**Students earning a level 1 or below a level 1:**

- *Students earning a level 1 or below a level 1 on the first attempt are required to remediate and retake the proctored exam.*
- *Failure to retake the proctored exam will result in 0 points for ATI Assessment in the course. Points previously earned will be forfeited.*
- *In order to retake the proctored exam, students must submit remediation based activities listed for assessment in ATI pulse*
- *The highest score of the two attempts will be recorded.*

**Students earning a level 2 on the first attempt:**

- *May choose to retake the exam. Points will be awarded for the highest level achieved from the two attempts.*
- *Remediation is not required but strongly encouraged.*

**Students earning a level 3 on the proctored exam on the first attempt:**

- *Do not need to retest*
- *Remediation is not required to be submitted but strongly encouraged.*

**Successful completion of NUR 4829L and Certification to take the NCLEX-RN®:**

Prior to NUR 4829L: Nursing Practice Immersion students must complete the ATI Comprehensive Predictor.

Students are expected to achieve a score  $\geq 92\%$  of the *Predicted Probability of Passing the NCLEX-RN®* and a level 2 or better on 5 of 7 ATI content exams. **Students who do not meet BOTH of these expectations must achieve the 100% stage of Virtual ATI remediation (at the student's expense). Following successful remediation, students will have completed the requirements for the ATI assignment in NUR 4829L.**

Undergraduate Program Committee Approval March 9, 2015; February 1, 2016

UPC May 3, 2018; UPC December 3, 2018; UPC October 7, 2019; January 13, 2020; April 5, 2021; March 28, 2022. May 3, 2022.

## **PROFESSIONAL STATEMENT**

<http://nursing.fau.edu/academics/student-resources/undergraduate/policies-regulations/professional-statement.php>

When students of nursing begin their course of study, they enter into an implied professional agreement-agreeing to abide by the American Nurses Association (ANA) Code of Nursing Ethics and to conduct themselves in all aspects of their lives in a manner becoming a professional nurse. The College of Nursing faculty holds a professional ethic of caring and healing, recognizing that each person's environment includes everything that surrounds an individual. Similarly, the College creates an environment that preserves the wholeness and dignity of self and others. The faculty requires self and socially responsible behavior and will not accept actions that can be perceived as hostile, threatening or unsafe to others. It is the College's expectation that students promote a positive public image of nursing. It is the College's goal, as a professional college, to build an expanding community of nursing scholars and leaders within the context of its' caring-based philosophy. Safety of the person being nursed and accountability for individual actions are priorities and/or critical components/elements of a professional nursing education. Students who do not abide by this policy will be subject to appropriate academic sanctions which may include disciplinary action, dismissal from the College of Nursing, and/or suspension or expulsion from the University.

Approved in Faculty Assembly 11/28/2016



CHRISTINE E. LYNN COLLEGE OF NURSING

### STATEMENT OF PHILOSOPHY

Nursing is a discipline of knowledge and professional practice grounded in caring. Nursing makes a unique contribution to society by nurturing the wholeness of persons and environment in caring. Caring in nursing is an intentional mutual human process in which the nurse artistically responds with authentic presence to calls from persons to enhance well-being. Nursing occurs in nursing situations: co-created lived experiences in which the caring between nurses and persons enhance well-being. Nursing is both science and art. Nursing science is the evolving body of distinctive nursing knowledge developed through systematic inquiry and research. The art of nursing is the creative use of nursing knowledge in practice. Knowledge development and practice in nursing require the complex integration of multiple patterns of knowing. Nurses collaborate and lead interprofessional research and practice to support the health and well-being of persons inextricably connected within a diverse global society.

Persons as participant in the co-created nursing situation, refers to individual, families or communities. Person is unique and irreducible, dynamically interconnected with others and the environment in caring relationships. The nature of being human is to be caring. Humans choose values that give meaning to living and enhance well-being. Well-being is creating and living the meaning of life. Persons are nurtured in their wholeness and well-being through caring relationships.

Beliefs about learning and environments that foster learning are grounded in our view of person, the nature of nursing and nursing knowledge and the mission of the University. Learning involves the lifelong creation of understanding through the integration of knowledge within a context of value and meaning. A supportive environment for learning is a caring environment. A caring environment is one in which all aspects of the person are respected, nurtured and celebrated. The learning environment supports faculty-student relationships that honor and value the contributions of all and the shared learning and growth.

The above fundamental beliefs concerning Nursing, Person and Learning express our values and guides the actions of Faculty as they pursue the missions of teaching, research/scholarship and service shared by the Christine E. Lynn College of Nursing and Florida Atlantic University.

'revised April, 2012.'