COURSE NUMBER & TITLE: NUR 3115L Approaches to Nursing IA: Foundations of Nursing - Clinical

COURSE CREDIT & CLOCK HOURS: 3 credits; 6 hours

PLACEMENT: Semester I, Junior Year.

FACULTY: Dr. Susan S. Fairchild, RN, EdD – NRC Coordinator
Yvonne Parchment, RN, MSN, CCRN, CS Clinical Faculty (Varied)

CATALOG DESCRIPTION: In the simulated Lab setting and clinical area, the nursing process is applied in assisting individuals with adaptation to potential and actual stressors which impact basic human needs.

PRE COREQUISITES: Admission to Nursing Major NUR 3115.

COURSE OBJECTIVES: Upon completion of NUR 3115L the student, with assistance from the faculty, will be able to:

1. Apply the concepts of stressors, adaptation, and human needs as related to promotion and maintenance of health.
2. Utilize knowledge and skills from nursing and other disciplines to assist individual clients in the promotion and maintenance of health.
3. Apply the nursing process to assist the individual in adapting to potential and actual physiological and psychosocial stressors which impact on basic needs of humans.
4. Utilize selected theories of growth and development as related to the promotion and maintenance of health.
5. Utilize the principles of therapeutic communication in initiating and developing nurse-client relationships.
6. Recognize selected nursing theories and theories of other disciplines which may apply when planning the care of the individual client.
7. Apply concepts of professional responsibility and accountability in context of the dependent direct care provider, collaborative and teacher-learner roles.
7. Identify research findings which impact on the care of Individuals within the health-illness continuum.

**TOPICAL OUTLINE:**

A. Client assessment of basic needs of the individual
   1. Safety and mobility
   2. Personal hygiene
   3. Fluids and nutrition
   4. Elimination
   5. Psychosocial Concepts

B. Application of the nursing process in assisting the client in adaptation who is experiencing potential and actual physiological and psychosocial stressors
   1. Cognitive skills
   2. Psychomotor skills
   3. Affective skills

C. Utilization of the professional roles with emphasis on direct care provider, collaborator and teacher-learner

**TEACHING STRATEGIES:**

Simulated lab experiences, clinical practice with adult/gerontological clients in medical-surgical and long-term settings, module activities, demonstrations, return demonstrations, audiovisual aids, clinical conferences, role playing, and written assignments

**EVALUATION METHODS:**

Clinical evaluation tool, clinical conference participation, nursing care plans, client assessment protocols, laboratory written and psychomotor skills exams, written assignments

**NOTE:**

The clinical component is a Pass/Fail. Students must pass the clinical component to successfully complete NUR 3115 & 3115L.
FIU Grading Scale
(See the BSN RN Student Handbook)

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REQUIRED TEXTS:
See NUR 3115

Additional Required Textbooks:

- Taber’s cyclopedic medical dictionary, 17 ed. Philadelphia: F.A. Davis

RECOMMENDED TEXTBOOKS:


STUDENTS WITH DISABILITIES
Students with disabilities must register with the Office of Disabled Student Services. At the beginning of the course, the student must inform the faculty member concerning her/his disability. The faculty member will discuss any necessary accommodations with the Office of Disabled Student Services. Auxiliary aids and services will be made available through the Office of Disabled Student Services. All accommodations are done on an individual basis.
CLINICAL GUIDELINES – NUR 3115L

Introduction

Clinical experiences provide the student with the opportunity to apply theoretical knowledge in a non-classroom setting. Because the faculty believes that theory and clinical practice are intertwined, the student who completes all of the required clinical evaluation methods (meets minimal standards of safe practice and clinical course objectives) will be awarded a pass. Those who fail this portion will fail (unsafe, dishonest, inconsistent in meeting minimal standards of asepsis, communication, and safety and/or failure to meet any or all of the clinical course objectives) both the clinical and theory.

Clinical Evaluation Components

Clinical evaluation is a summative and formative process. Four areas are evaluated. The first area is professional action and behavior (based upon the eight standards of professional performance within the ANA Standards of Clinical Nursing – generic and specialty standards of performances). The second area is skill performance examination. The third area is plan of care or care plans (based upon the six standards of care within the ANA Standards of Clinical Nursing – both generic and specialty standards of care). The last evaluation area is critical situation examination. These areas are separated for analysis purposes only and the sum of these areas is greater than the separate elements.

Professional Actions and Behaviors

Professional actions and behaviors are deemed by the faculty to be actions and behaviors expected of all nurses and nursing students that reflect the values, rules, and practices of nursing. Such values, rules, and practices can be found in such documents as “Standards of Nursing Care of the ANA” for generic and specialty practice areas, and within one’s practice community. At the minimum the student is expected to meet consistently (100% of the time) the over-riders of asepsis, communication, and safety.
Within the American Nurses Association guidelines, eight standards of professional performance describe a competent level of behavior in the professional role – including activities related to quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization. Hence, a portion of a student’s clinical evaluation will include behavioral elements related to these standards of professional performance.

Professional actions and behaviors must be demonstrated consistently throughout each course and throughout the program. The expectation is that a student begins to learn and develop professional actions and behaviors beginning in their first professional course. The expectation is that the student will continue to learn, deepen and sharpen such behaviors and actions throughout the program. The expectation is that such behaviors and actions will be demonstrated not only in clinical situations but also in one’s conduct and deportment within classroom settings as well.

**Skill Performance Examination**

Nursing skills are those that students are responsible for demonstrating first in the Skills Lab and then with a clinical setting during a given semester.

Various skills are deemed essential, and even critical, to the practice of nursing. Nursing is first and foremost a “practice art and an applied science” that relies upon psychomotor, cognitive, and affective nursing skills and knowledge. The ability to apply critically, concisely, and consistently such nursing skills and knowledge in varying situations is an acquired skill.

The expectation is that the student will from their first professional course begin to acquire, use, and deepen and sharpen such nursing skills and knowledge. Hence the reason that faculty have indicated that the higher percent of any clinical evaluation is assigned to professional role development (greater than or equal to the highest percent given to any portion of the clinical evaluation tool).

**Plan of Care**

Plan of care is a concise and well-written documentation where the student critically assesses the person/client’s actual and potential needs (includes nursing diagnosis or diagnoses within assessment), designs a plan of care, implements that plan, and then evaluates the person/client’s responses to that plan of care.
The plan of care is based upon the nursing process, i.e., assessment, outcome identification, diagnosis, plan, implementation, and evaluation. A concurrent portion of a student’s plan of care is the documented use of scientific rationale, a rationale that can be used to justify or support one’s client’s complete plan of care (a rationale for each portion of the nursing process). Furthermore a plan of care demonstrates critical thinking and reasoning skills through a student’s ability to reason from the evidence and to reason to evidence.

- To reason from evidence is the ability to assess fully a patient by gathering and organizing patient data and from that data/evidence draw tentative conclusions base in the evidence that includes a nursing diagnosis or diagnoses that accounts for the evidence.
- The ability to reason to evidence is then to use a tentative diagnosis or diagnoses to develop a plan of action of interventions consistent with the diagnosis/diagnoses, enact that plan, and then evaluate the intervention strategies against patient evidence (did the plan work and was the diagnosis/diagnoses appropriate).

The ability to write a nursing care plan for at least one person/client will be demonstrated in the clinical setting at the end of the semester. A plan of care should not only demonstrate a student’s scope and breadth of understanding of the nursing process as a decision making and problem solving process. A plan of care should also demonstrate the student’s understanding of the underlying scientific rationale(s) for one’s nursing actions and behaviors while caring for a person/client.

**Critical Situation Examination**

Simulated experiences (such as the use of case presentations, problem solving and decision making scenarios) requiring the student to provide minimally safe responses to specific nursing situations that are tested at the end of the semester.

To demonstrate through written or verbal responses the ability to meet a client situation in a manner that would be deemed “satisfactory” against a standard of behavior and/or actions expected of a nurse within the same or similar situation/context (i.e., critical and essential actions/behaviors needed to provide minimally safe patient care) is minimally safe responses.
**Required Course Assignments**

Additional learning activities assigned by course faculty. Submission of completed materials by the assigned date is considered a Professional Behavior.

**DEFINITION OF TERMS**

**Critical or Essential Elements**

Those observable behaviors produced by a student and that must be demonstrated successfully to complete any skill. Critical or essential elements are identified as the MINIMAL, safe, competencies for the performance of a skill; therefore, a student must meet ALL Critical Elements for a given skill. In clinical, the student is required consistently (100% of the time) to demonstrate all Critical Elements for any skill required in a previous semester.

**Critical Situations**

Simulated experiences, in writing and/or on audio or videotape or computer (CD-ROM or web site) that require the student to provide responses demonstrating nursing skills, knowledge, and problem-solving/decision-making ability. Critical Situations will cover any of the outcomes expected of students during the current or previous semester/semesters (course and program objectives).

**Over-riders**

The specific nursing competencies that are inherent in the safe performance of ALL skills. Over-riders MUST be demonstrated in ALL aspects of nursing care.

1). **Asepsis** – The washing of one’s hands in the presence of the examiner before and after each person/client situation and each skills. Follows “universal precautions and exposure” guidelines. Protects self and others from contamination by microorganisms. Uses and is able to maintain a sterile field when necessary. Disposes of contaminated articles consistently in designated containers and in an appropriate manner.

2). **Communication** – Verifies and/or clarifies written orders. Checks person/client’s name band. Provides privacy. Provides confidentiality of patient information. Accurately explains procedure or procedures to the person/client.
Accurately, appropriately, and timely reports changes in the person/client’s condition. Documents accurately, appropriately and timely, their findings. Uses verbal and nonverbal communication that demonstrates respect, understanding, and caring. Avoids abusive, threatening, patronizing, or familiar communication patterns.

3). **Safety** – Demonstrates principles of good body mechanics (turning, lifting, bending, etc.). Raises side rails when bed is in an evaluated position or when the person/client is in need of protection. Keeps the environment free of potentially harmful elements (e.g., cleans up spills, avoids electrical hazards, and reports such problem accurately, appropriately, and timely.) Protects person/client from temperature extremes, or from actual or potential harmful situations, such as leaving unattended a confused patient. Provides care consistent with knowledge gained from previous courses that includes such non-clinical courses as pharmacology. Uses *Universal Precautions and Exposure Guidelines* consistently, appropriately, and accurately, such as student does not recap a needle, does not fail to use gloves when handling soiled materials, or does not fail to dispose of IV materials appropriately, etc.

**Plan of Care**

A concise and well written document, using both the nursing process and scientific justification/rationale, where the student critically assesses the person/client’s actual or potential needs, states outcomes and a diagnosis, implements the plan, and evaluates and modifies the person/client’s responses to the care given. The ability to write a nursing care plan, using both the nursing process and scientific justification/rationale, for at least one person/client will be demonstrated in the clinical setting at the end of the semester.

**Professional Behaviors**

The actions and behaviors expected of all nurses and nursing students that reflect the values, rules, and practices of nursing. Such professional actions and/or behaviors may pertain to general or specialty practice. These must be demonstrated consistently and throughout each course and throughout the program. At minimum the student is expected to meet the above three over-riding areas of asepsis, communication, and safety at all times. Fail to do so is deemed unsafe and/or dishonest practice.
Universal Precautions and Exposure Guidelines

The consistent use of hand washing and personal protective equipment (gloves, masks, gowns, and/or goggles, shoe protectors) to protect oneself and one’s client from potential or actual contamination by potentially harmful microorganisms according to standards of the Occupational and Safety Act (OSHA). Blood and body secretions are always considered contaminated, regardless of the person/client’s diagnosis.

Six Standards of Care

Standards of clinical nursing practice is generic in nature and applies to all registered nurses engaged in clinical practice, regardless of clinical specialty, practice setting, or educational preparation. These standards also pertain to nursing students who are within clinical settings. Standards of care that define the responsibilities of nurses engaged in specialty practice or nurse that function at the advanced level of clinical practice are determined by those nursing specialties and appropriate groups with the American Nurses Association.

The six standards of care described a competent level of care as demonstrated by the nursing process including assessment, diagnosis, outcome identification, planning, implementation, and evaluation. The nursing process encompasses all significant actions taken by nurses in providing care to all clients, and forms the foundation of clinical decision making. Hence a student’s clinical evaluation reflects the nursing process through the identification of critical and/or essential behavioral elements for each of the steps within the nursing process.