Nashville State Community College Division of Healthcare Professions Nursing

Spring 23 Master Course Syllabus

NURS 1710 Fundamentals of Nursing Full 15-Week Term

The purpose of the syllabus is to inform you how this course is organized, what the expectations are, and how you will be graded. In addition, there is important information about how the college will operate during severe weather and how the college will communicate with you. The syllabus is not a contract. Instead, it is meant to help you succeed in this course. If any of the content changes during the course term, you will be notified.

Course information:

Course Title: NURS 1710 – Fundamentals of Nursing

Credits: 7.0 (4 lecture, 3 clinical/lab)

Course Description: An introduction to the core concepts that provide the basis for knowledge, skills, and attitudes that emphasize fundamental principles necessary to provide safe nursing care for individuals with basic alterations in homeostasis and health.

Prerequisite: Admission to the Nursing Program

Instructor Information:

Name:

Email:

Office Phone:
Office Location:
Office Hours:

Virtual Office Zoom Link: (place zoom link here)

• Scheduling Link for Appointments:

After you make an appointment, check the email you provided for confirmation. If you need to reschedule, the confirmation email provides instruction.

Scheduling QR Code for Appointments: (place QR code or Calendly link here)

Course Delivery Method:

On-Campus:

Required Textbook(s) & Other Materials:

Textbooks:

- Gulanick, M. & Myers, J.L. (2017). Nursing Care Plans Diagnoses, Interventions, and Outcomes. (9th ed.). Philadelphia: PA: Elsevier. ISBN 9780323428187
- Harding, Mariann M. and Snyder, Julie S. (2016). Clinical Reasoning Cases in Nursing, 7th Edition

- Morris, D. G. (2018). Calculate with Confidence. (7th ed). St. Louis, MO: Elsevier. ISBN 9780323396837
- Perry, A.G., Potter, P.A, Stockert, P., & Hall, A. (2019). Essentials for Nursing Practice. (9th ed).
 St. Louis, MO: Elsevier. ISBN 9780323481847
- Perry, A.G., Potter, P.A., & Ostendorf, W.R. (2014). Clinical Nursing Skills & Techniques. (9th ed.).
 St. Louis, MO: Elsevier. ISBN 9780323400695
- Thompson, J. M. (2018). Essential Health Assessment. Philadelphia, PA: F. A. Davis Company ISBN 9780803669871

Reference Materials and Supplies:

- Castaldi, P.A. (2015). Study Guide: Essentials for Nursing Practice. (9th ed.). St. Louis:
- MO: Elsevier. ISBN 9780323394499
- Silvestri, L. A., Silvestri, A. & Greer, M. (2018). Strategies for Test Success: Passing Nursing
- School and the NCLEX Exam. (6th ed.). St. Louis: MO: Elsevier. ISBN 9780323581943

Once you have registered for your courses, you should make sure you have the correct textbook and materials for each course. Before courses begin, you can do this by looking up your courses on the bookstore's website (https://www.bkstr.com/nsccstore/shop/textbooks-and-course-materials) using your A# or by entering your course information. If you are registered with the Access Center and need an alternate format for the textbook and other course materials, please contact the Access Center at 615-353-3363 or accesscenter@nscc.edu.

Honors Option: Honors credit is available in some classes. If you are interested in participating in the Honors Program, please see your instructor within the first four weeks of class.

End of Program Student Learning Outcomes:

- 1. Practice within the ethical, legal, and regulatory frameworks of nursing and standards of professional nursing practice. *
- 2. **Communicate** effectively using verbal, nonverbal, and written techniques including information and technology.
- 3. Analyze subjective and objective data to identify actual or potential health alterations.
- 4. Evaluate outcomes of **clinical decisions** implemented to provide safe and effective evidence-based nursing care.
- 5. Evaluate the effectiveness of **caring interventions** that incorporate principles of dignity, diversity, safety, and knowledge.
- 6. Evaluate the effectiveness of the implemented teaching plan to meet the **learning** needs of patients, families, and/or groups.
- 7. **Collaborate** when planning, implementing, and evaluating care.
- 8. Manage care through effective use of prioritization, delegation, informatics, and resources.

Semester One Student Learning Outcomes

Upon completing this semester, the student will be able to:

- 1. Identify ethical, legal and regulatory frameworks of nursing and standards of professional nursing practice.*
- 2. Define the components of effective **communication**.

^{*}Reference ANA Standards of Professional Nursing Practice

- 3. Identify subjective and objective data which relates to actual or potential health alterations.
- 4. Recognize how **clinical decision making** relates to providing safe and effective evidence-based nursing care.
- 5. Identify **caring interventions** that incorporate principles of dignity, diversity, safety and knowledge.
- 6. Define the components of an individualized **teaching plan**-designed to meet the learning needs of patients, families, and/or groups.
- 7. Identify the **roles of the various members** of the health care team. Recognize the various aspects of **managing care**.

Course Competencies/Student Outcomes: Upon completing this semester, the student will be able to meet the eight (8) core competencies:

- 1. Identify ethical, legal and regulatory frameworks of nursing and standards of professional nursing practice.*
 - Function as a contributing member/leader of the health care team.
 - Demonstrate compliance with the Standards of Professional Performance.
- 2. Define the components of effective **communication**.
 - Recognize and utilize therapeutic communication techniques which facilitate the client in promotion, maintenance, and restoration of health in the clinical and simulation setting.
 - Utilize therapeutic communication with others using appropriate verbal and nonverbal methods.
- 3. Identify subjective and objective data which relates to actual or potential health alterations.
 - Demonstrate knowledge of how to conduct and document a head-to-toe assessment in a systematic manner, identifying normal and abnormal findings.
- 4. Recognize how **clinical decision making** relates to providing safe and effective evidence-based nursing care.
 - Demonstrate ability to gather data and select a client related, evidence-based nursing intervention via the development of a nursing care plan.
- 5. Identify caring interventions that incorporate principles of dignity, diversity, safety and knowledge.
 - Plan and revise nursing care using the nursing process and critical thinking skills to meet client specific needs as outlined on a nursing plan of care.
- 6. Define the components of an individualized **teaching plan**-designed to meet the learning needs of patients, families, and/or groups.
 - Plan and revise nursing care using the nursing process and critical thinking skills to meet client specific needs as outlined on a nursing plan of care.
- 7. Identify the **roles of the various members** of the health care team.
 - Function as a contributing member/leader of the health care team.
- 8. Recognize the various aspects of **managing care**.
 - Plan and revise nursing care plan in the clinical setting using the nursing process and critical thinking to coincide with the Standards of Professional Performance.

Course Assessments: We will use the following assessments to demonstrate your understanding, knowledge, and skills:

Methods of Evaluation:

^{*}Reference ANA Standards of Professional Nursing Practice

^{*}Reference ANA Standards of Professional Nursing Practice

Exams 60%

Math Proficiency Exam 5%

Head to Toe Assessment** 10%

Kaplan Integrated Test* Date TBD 5%

Final Examination 20%

Additional Methods of Evaluation:

Clinical Evaluation Tool Skills competency Clinical paperwork Evaluation of care plans Attendance and participation

Grading Policy:

Mathematics Proficiency Exam

Demonstration of mathematics proficiency is required to pass this course. Students must demonstrate competency in mathematics and calculating medication dosages by scoring 90% or greater on a proficiency test. Students who do not achieve a passing score on the first attempt will be given two additional opportunities to demonstrate competence in calculating medications. Students who achieve 90% or greater will receive 5% towards their final grade.

***If a student does not make a 90% on the second attempt, the student will have an opportunity to take the examination again after remediation with the instructor. Students who do not demonstrate proficiency by passing the math/dosage calculation test on the third attempt will not pass NURS 1710, and therefore, will not be allowed to progress any further in the nursing program.

Exams

- 1. Students will complete four exams throughout this course.
- 2. The dates for these exams are provided on the course schedule below.
- 3. All tests in this course count toward the final grade and none will be dropped.
- 4. Any attempt to access the online exam outside of a proctored setting may result in a zero on that exam.
- 5. Exams will be administered online via D2L. All exams will be on campus, administered via D2L with Lockdown Browser.
- 6. On exams administered through D2L, the final D2L submission is the official answer sheet. All answers for test will only be taken from the D2L submission
- 7. By taking tests through D2L, you have agreed to the following: I will not use a smartwatch, auto-summarizing tools, cheating sheets, cellphone, cameras, headphones, screen shots or **any other mechanism capable of reproducing this test.** I understand that cheating directly impacts the academic integrity of this test.
- 8. Requests for exam reviews must be made within one week of the exam date listed on the syllabus.
- 9. Per the Nursing Handbook:

"Scheduled tests and/or quizzes should be taken at the scheduled time. If a student is absent on the day of an exam, the department/division secretary must be notified prior to testing. The student is also responsible for contacting the instructor of record for the course.

Absence from an exam for whatever reason will result in a 5-percentage point deduction from the exam grade. It is the student's responsibility to take the makeup exam/quiz at a time designated by the course coordinator; preferably within one week and/or before the next scheduled didactic class. The format for the makeup exams/quizzes is at the discretion of the course coordinator and may not be identical to the originally scheduled exam/quiz."

TEST REVIEW: The instructor may review tests following their administration. Test review will occur during regular classroom time. Students may review their exams but must make an appointment with the instructor within 1 week from the date the grade was released.

Head to Toe Assessment**

- 1. Head to Toe Assessment will account for 10% of final grade.
- 2. A rubric will be utilized for the check-off.
- 3. If a student does not achieve a 77% or above on the Head-to-Toe Assessment during the 30 minutes allotted for the check-off, then the student will repeat the Head-to-Toe Assessment check-off. On the second attempt, if the student does not achieve a 77% or above during the allotted 30 minutes, the student will Fail NURS 1710, and will not be able to progress to the second semester. To receive the full 10% required for the course, a 77% or above must be achieved on the Head-to-Toe Assessment.

Kaplan Integrated Test Rubric*

During the course, one standardized achievement exam will be administered to evaluate mastery of the content and prepare students for the NCLEX-RN exam. This integrated test is mandatory and will be worth 5% of the overall grade for the course. You must achieve a passing grade set forth by Kaplan in order to receive the 5% toward your final grade. Students who do not receive a passing grade as set by Kaplan will graduated points toward their final grade, and students who pass, according to Kaplan will receive a 100. It is highly recommended that you practice for this exam by taking Fundamentals Focused Review tests. Kaplan requires the use of its own Lockdown Browser.

Raw Percent:

5-50th percentile rank or above

4-45th percentile rank to 49th percentile rank

3-40th percentile rank to 44th percentile rank

2-35th percentile rank to 39th percentile rank

1-30th percentile rank to 34th percentile rank

0-33th percentile rank and below

Final Exam

- 1. The final examination in this class will be comprehensive.
- 2. This examination will be worth 25% of the overall grade for this course.
- 3. On exams administered through D2L, the final D2L submission is the official answer sheet. All answers for test will only be taken from the D2L submission.
- 4. The final examination date and time TBA.
- 5. By taking quizzes through D2L, you have agreed to the following: I will not use a smartwatch, auto-summarizing tools, cheating sheets, cellphone, cameras, headphones, screen shots or **any other mechanism capable of reproducing this test.** I understand that cheating directly impacts the academic integrity of this test.

Grading Scale:

Letter Grade	Percentage Range
Α	93-100
В	85-92
С	77-84
F	76.9 and Below*
FA/FN	See Below

The nursing department does not round grades up for 76.9 or below. You must receive a 77 to pass the course.

FA

If you stop attending class or if you are in an online class and stop submitting assignments, but do not turn in a withdrawal form by the deadline, you are still enrolled in class. You will be given a grade of FA, which means you have failed due to not attending class and not completing your assignments. Please refer to the current academic calendar available on the Nashville State web site, looking for the date that indicates it is the "Last Day to Earn F for Attendance (FA)." If you stop attending your course after this date, you will receive an F.

FΝ

An FN is awarded if you have never attended your course or done any of the work in an online course.

Late Work Policy & Make-up Procedures for Missed Assignments and Work:

1. It is expected that all students complete guizzes/exams at the regularly scheduled times.

- 2. In the event of an unforeseen emergency (such as serious illness or death of an immediate family member) or presence of a communicable disease, the student must notify the appropriate faculty member **prior** to the scheduled exam.
- 3. Arrangements for exams missed must be made prior to the next scheduled lecture day.
- 4. Makeup exams may not be identical to the originally scheduled exam.
- 5. Missed exams, failure to notify the instructor prior to the exam, and/or failure to complete the makeup exam prior to the next lecture time may each result in a grade of 0 for that exam.

Attendance Policy

General Policy

- Absences in a course may affect your final grade.
- Tardiness may also affect your final grade.
- You are responsible for all work/tests that occur during any missed course session(s) regardless of reason(s) for absence.
- If you are not well enough to attend a course session (class), you must notify the instructor as soon as possible before the scheduled course time.
 - If you are unable to notify an instructor before the scheduled course time, you must contact the instructor as soon as reasonably possible.
- If you have an unavoidable conflict with a scheduled course session, you must notify the instructor before the course session.
 - o If you are unable to notify an instructor before the scheduled course time, you must contact the instructor as soon as reasonably possible.

Nursing Attendance Policy:

- If you are scheduled for class/skills lab/clinicals and will not be present or you need to leave early, notify the department secretary and follow it up with an e-mail to the instructor prior to the beginning of class/skills lab/clinicals.
- Chronic absenteeism WILL jeopardize your grade for the course and can result in academic failure which would result in dismissal from the program.
- Absenteeism from the skills lab/clinicals will not be tolerated and can result in a grade of
 "unsatisfactory" which could result in academic failure of the nursing course which would result
 in dismissal from the program.
- Students are expected to makeup ALL missed clinical time (including skills lab), unless exempted by the instructor. If clinical time/skills lab time is missed, it is the responsibility of the student to make arrangements with the instructor. Faculty decisions regarding make up time are final.
- See Nursing Handbook for more details

For financial aid purposes, **attendance** is measured by participation in the course. Instructors can determine your level of participation in several ways. Some of those ways are:

- continued attendance
- participation in on-ground or virtual class sessions
- participating in D2L as prompted

- responding to an instructor's email
- posting to a discussion board
- completing and submitting assignments

Technology Statement

- All classes at the College are web enhanced. "Web enhanced" means that components of the
 course, such as assignments and online discussions, may be located online in the class D2L/NS
 Online course shell and used in the course, even if the course meets in a classroom on ground.
- You must have access to a computer and an internet connection to complete assignments, engage in online discussions, and access various course materials through D2L/NS Online course shells.
- You may also be required to use free video conferencing platforms (examples: Zoom, Teams, etc.) for course sessions and meetings.
- You will be responsible for appropriate dress while on video. This means that you are expected to dress as if you were in a classroom.
- You will be responsible for a distraction free environment while on video. This means that the
 professor and others in the course should not be able to hear noise in your home, such as cell
 phones, TVs, or barking dogs. The best way to do this is to keep yourself on "mute" until you
 need to speak.
- You will be responsible for making sure your background is neutral. Keep in mind that students
 and professors come from all around the world, and you are all a part of our community.
 Therefore, please avoid having images in your background that may be offensive to your
 classmates.
- Certain publisher materials, such as textbook figures, may not work on cellphones and may require a laptop or a tablet.
- If you have questions or concerns regarding access to a computer or internet resources, please contact your instructor. Additional information is available on the <u>access to internet and</u> <u>technology website</u>.

Computer Labs

Computers are available for all Nashville State students to use at each campus during open hours. Open computer lab availability may vary from campus to campus.

You should check the NSCC website for current hours of operation.

D2L/NS Online and myNSCC

It is your responsibility to check your email in **both** D2L/NS Online course shells and your @my.nscc.edu (student email) on a regular basis. These are the official communication channels between the college and you. You are responsible for the information communicated through these email channels. D2L/NS Online emails contain specific course information and @my.nscc.edu emails contain important information from college offices, such as Financial Aid.

ADA Compliance Statement

If you need accommodations due to a disability, please do not hesitate to reach out to our Access Center. Disabilities for which you can receive accommodations include documented physical, emotional, and/or learning conditions. Nashville State is committed to supporting your success, and we encourage you to get assistance if needed. If you require accommodations for any courses in which you are enrolled, contact the Access Center at 615-353-3363, or e-mail accesscenter@nscc.edu.

Classroom Misconduct

Disruptive conduct is not allowed in the classroom. Disruptive conduct is any behavior that prevents students from learning and interferes with the ability of the instructor to teach. This may change from course to course; therefore, your individual instructors will give you guidance on what qualifies as "disruptive conduct" in their courses. Please review the Nashville State Student Code of Conduct policy. Please be aware that children are not allowed in class or to be left unattended on campus.

Academic Misconduct

You have started this academic journey to prepare for a future career. Because of this, it is important that you learn the materials being presented in your courses. For this reason, cheating, in any form, robs you of your opportunity to learn and master the material that will enable you to succeed in that future career. Nashville State has a clear <u>Academic Misconduct Policy</u> that you are expected to follow. In addition, your instructors will clarify what Academic Misconduct looks like and the consequences for violations in each course that you take. The instructor has the authority to assign an "F" or a "zero" for such violations or for the term grade.

Academic Early Alert System

If you are not doing well in your course, your instructor may send you an Early Alert through your @my.nscc.edu email. This email will go to your academic advisor and Student Success advisor, as well. If you get an Early Alert, contact your instructor immediately. Instructors send these when they want to help you figure out how to get extra support to pass the course. An Early Alert does not mean that you have already failed the course. Rather, it means you are in danger of failing the course if you do not change your learning strategy. Please use an Early Alert to your advantage and as an opportunity to improve your grade.

RAVE Emergency Alert System

You can log in to this free alert system to receive text messages about emergencies related to NSCC campuses through the <u>RAVE app</u> (<u>https://www.getrave.com/login/nscc</u>). The instructions for this are listed below.

- Your RAVE Username is your NSCC email address.
- If you've never received an email from RAVE with your password, or if you need to reset your password, select "Forgot your password?" and a new password will be emailed to you.
- Should the RAVE system indicate "user not found", select Register and create your own RAVE account.

Student Wellness

Your well-being is important to us. With this in mind, the college has several resources available to provide support when needed:

- <u>Free tutoring</u> can assist you beyond the classroom to help you make the most of your college education.
- <u>These resources</u> include NSCC email, scheduling, online courses, textbooks, tech check out and support, computer labs on campuses, academic advising, financial advising, COVID-19 information and procedures on campuses.
- <u>Services</u> that help with bus passes, food, childcare, textbooks, housing, financial counseling, personal counseling, suicide prevention, health insurance.

Equity Statement

Nashville State Community College strives to ensure that each student receives what that student needs to be successful, with goals of success beyond the classroom. We understand and practice ideals of equity and inclusion for our students by embracing a full spectrum of experiences, viewpoints, and intellectual approaches in order to overcome barriers to success.

Inclement Weather & Campus Closings

You get notices about campus closings in these places: text messages from RAVE and the Nashville State website.

Even when campuses are closed, you are still responsible for completing all assigned work. Check D2L/NS Online for a message from your instructor so you do not miss important assignments and due dates, which may change due to the campus closure.

Class Cancellation Policy

Our instructors post messages about cancelling classes in the <u>D2L/NS Online</u> course shells and/or on the classroom door on campus. These messages can be found in the News and Content section or the Email tab in the online shell. Please check these to be sure that you take advantage of opportunities for learning and points toward your grade.

SAFETY & SECURITY

****Due to safety and security concerns for NSCC students, the doors to the classroom and lab will be closed, and therefore, locked at the beginning of each class. The doors will remain locked until a break is called by the instructor. Students are expected to be in their seat and ready to begin class 10 minutes prior to the class time.

NURS 1710 Fundamentals Schedule (subject to change)

Week	Week Topics and Chapters Drug Calculation Skills Lab					
week	To be read before class	Health Assessment				
	To be read before class		Tuesday & Friday			
244 1 . 4	Desfers and November Ch. 4 (CLO.4)	Topic and Chapters	(Day depends on your group)			
Week 1	Professional Nursing Ch.1 (SLO 1)	Health Assessment:	Infection Control			
Beginning	Health & Wellness Ch.2 (SLO 1)	Ch. 1-3	Standard Precautions			
1/17/23	The Health Care Delivery System Ch.		Hand Hygiene			
No class	3 (SLO 1)	Dosage Calculation:	PPE			
on 16 th	Critical Thinking Ch. 8	Ch. 6 & 7	Client Hygiene			
Class will	(SLO 4)	See Lab Guide for	Bathing			
be on 19 th		Additional Reading	Mouth Care & Denture Care			
			Bed Making			
Week 2	Nursing Process Ch. 9 (SLO 5)	Health Assessment:	Vital Signs (BP, HR, RR, Temp, O2 Sat)			
Beginning	Informatics & Documentation Ch. 10	Vital Signs & General	I&Os and Weights			
1/23/23	(SLO 7)	Survey	Bowel & Bladder Devices			
	Growth & Development	Ch. 5-7	Emptying Foley Catheters			
	Ch. 23 (SLO 3)	Dosage Calculation:	Bedpans & Urinals			
		Ch. 11, 13-16	Enemas			
		See Lab Guide for	Ostomy			
		Additional Reading				
Week 3	Vital Signs Ch. 15 (SLO3)	Health Assessment:	DVT Prevention			
Beginning	Hygiene Ch. 31 (SLO 5)	Finish General Survey &	TED Hose & Compression Devices			
1/30/23	Safety Ch. 30 (SLO 5)	Mental Health	Communication			
		Ch. 5-7	SBAR Report & Hand-off			
			Documentation Exercise			
		Dosage Calculation:	Concept Maps & Care Plans			
		Ch. 10, 12, 14-16				
		See Lab Guide for	General Survey & Interview			
		Additional Reading	·			
Week 4	Exam # 1	Health Assessment:	Skills Check-off:			
Beginning	Activity and Exercise Ch. 28 (SLO 4 &	Skin, Hair & Nails Ch. 8	VS, Bed Bath, Unoccupied Bed Making,			
2/6/23	5)	Dosage Calculation:	I&O, SBAR Communication			
Exam # 1	Immobility Ch. 29 (SLO 4 & 5)	Ch. 17-19				
		See Lab Guide for				
		Additional Reading				
Week 5	Infection Prevention & Control Ch.	Health Assessment:	Wound Care			
Beginning	14 (SLO 5)	Head, Face, Mouth &	Braden Score			
2/13/23	Skin Integrity and Wound Care Ch.	Neck	Mobility & Safety			
	38 (SLO 5)	Ch. 9	Mobilizing & Transferring			
	Communication Ch. 11 (SLO 2)	Math Proficiency Exam	Falls Prevention			
	, ,	See Lab Guide for	DMEs			
		Additional Reading	Assessing Skin, Hair, Nails			
Week 6	Sensory Alterations Ch. 39 (SLO 3)	Health Assessment:	Medication Administration			
Beginning	Patient Education Ch. 12 (SLO 6)	Eyes & Ears	(PO, SQ, ID, IM)			
2/20/23	Cultural Competence Ch. 21 (SLO 5)	Ch. 10, 11	Accuchecks			
		See Lab Guide for	Assessing Head, Neck, Eyes, Ears,			
		Additional Reading	Mouth, Throat, Lymph Nodes			

Week 7	Exam # 2	Health Assessment:	Methods of Oxygenation
Beginning	Oxygenation Ch. 32 (SLO 3)	Cranial Nerves	Incentive Spirometry
2/27/23	Surgical Patient Ch. 40 (SLO 3, 5, 6)	Ch. 17 (pg. 311-328)	Medication Administration (cont'd)
Exam 2	Cargioan adiana and 10 (010 0, 0, 0,	See Lab Guide for	Trach Care
		Additional Reading	Sterile Gloving
		7 10 01 10 10 10 10 10 10 10 10 10 10 10	Neuro Assessment
			Mental Status
			Cerebellar Exam
			Cranial Nerves
			Reflexes
Week 8	School Break/ No Lecture		School Break/ No Lab
Beginning 3/6/23	,		
Week 9	Self-Concept and Sexuality Ch. 24	Health Assessment:	Diets
Beginning	(SLO 3)	Lungs & Respiratory	NG Tube Insertion & Removal
3/13/23	Nutrition Ch.35 (SLO 4)	Ch. 12	Enteral and Parenteral Feedings
	Pain Management Ch. 34 (SLO 3 & 4)	See Lab Guide for	Assessing Aspiration
		Additional Reading	Assessing Thorax & Lungs
			Pain Assessment
			Practice HTA Weeks 4-7
Week 10	Urinary & Bowel Elimination Ch. 36,	Health	Foley Catheter Insertion & Removal
Beginning	37 (SLO 3 & 4)	Assessment:	Collecting Specimens
3/20/23	Stress & Coping	Cardiovascular,	Stool & Urine for C&S/O&P, Sputum
	Ch. 26 (SLO 3 & 4)	Peripheral & Lymph Ch.	Assessing Cardiovascular, Pulses &
		13, 15	Lymph Nodes
		See Lab Guide for	
1 44		Additional Reading	
Week 11	Exam # 3	Health Assessment:	Diagnostics
Beginning	Fluid, Electrolyte, & Acid-Base	Abdomen, GU	Clean Catch Specimen
3/27/23	Balance Ch. 18 (SLO 3 & 4)	Ch. 14	Phlebotomies & Blood Cultures
Exam 3	Complementary, Alternative, and	Full HTA Example at	Restraints & Alternatives
	Integrative Therapies Ch. 19 (SLO 3,	1400	ROM exercises
	4, 5)	See Lab Guide for	Assessing Musculoskeletal
Week 12	Logal Dringiples in Nursing	Additional Reading Health Assessment:	Assessing GI & GU
Week 12	Legal Principles in Nursing Ch. 5 (SLO 1 & 8)		Skills Check-off:
Beginning 4/3/23	Cn. 5 (SLO 1 & 8) Sleep Ch. 33 (SLO 3 & 4)	MS (motor/DTR's), Neuro	Medication Administration, Foley Catheter Insertion
4/3/23	Loss & Grief	Ch. 16, 17	Catheter insertion
	Ch. 27 (SLO 3 & 4)	See Lab Guide for	
	CII. 27 (3LO 3 & 4)	Additional Reading	
Week 13	Caring in Nursing Practice Ch. 20	Health Assessment:	No Skills Lab
Beginning	(SLO 5)	Conducting Full HTA	TO SKIIS Edd
4/10/23	Spiritual Health	Ch. 24 (pg. 567-643)	
., 10, 25	Ch. 22 (SLO 7 & 8)	See Lab Guide for	
	Family Dynamics Ch. 25 (SLO 7 & 8)	Additional Reading	
Week 14	Exam # 4	See Lab Guide for	Palliative Care & Hospice
	, 	,	,

Exam 4	Community-Based Nursing Practice		Post-mortem
	Ch. 4 (SLO 7 & 8)		Assessing Spiritual & Cultural
	Medication Administration Ch. 17		Dimensions
	(SLO 5 & 8)		HTA Practice
Week 15	Ethics Ch. 6 (SLO 4 & 8)	Final Assessment	Head to Toe Check-off
Beginning	Evidence-Based Practice Ch. 7	Testing (Kaplan)	(date/time TBA)
4/24/23	(SLO 4 & 8)		
	REVIEW		
Week 16	Comprehensive Final Exam,	Comprehensive Final	No lab
Beginning	Date TBA	Exam TBA	Final Exams
5/1/23			

Fundamentals of Nursing Lab/Clinical – NURS 1710

Failure to attend a clinical may require a make-up assignment to be turned in before returning to clinical IN ADDITION to making up the missed clinical day.

Skills/Simulation Laboratory Responsibilities

- ***See the Nursing Handbook regarding Skills Lab Responsibilities, Clinical Responsibilities, Clinical Practice Guidelines & Care of Manikins and Models.***
- ***Skills Lab and Clinical grading are combined in the evaluation tool for NURS 1710. All of the items listed on the evaluation tool will be combined and reflected to both simulation class and clinical. ***

Laboratory/ Clinical Experiences

- 1. Students are not provided with a letter grade in this course but will be assigned a satisfactory or unsatisfactory for any competency testing during skills, simulation and clinical.
- 2. Competency testing is completed in a return demonstration manner where the clinical lab instructor will provide students with demonstration of the nursing procedures and the student will return that demonstration after practice.
- 3. Competency is defined as Skills competency, Simulation competency, and Clinical competency. Students will need to complete all competencies. Students will be tested in a return demonstration manner for skills competencies.
- 4. Students having difficulty are advised to speak with the instructor and to schedule personal remediation time.
- 5. Competency is performing safe and effective patient care during clinical rotations.

The successful completion of a 30-minute comprehensive Head to Toe Assessment is the foundation of clinical competence. A rubric will be used for grading the Head-to-Toe Assessment, which is scheduled toward the end of the semester. A student must earn a 77% or above on the Head to Toe Assessment. Students who receive less than 77% will remediate and repeat the Head to Toe Assessment prior to the end of the semester. If the student is unsuccessful in earning a score of 77% or above on the second attempt, the student will fail NURS 1710 and will not progress to the second semester in the nursing program.

Care Plans

You must pass 2 out of 5 care plans within the Fundamentals clinical in order to successfully pass the clinical component. Failure to pass 2 out of 5 care plans will result in the failure of the clinical component and therefore failure of the course. Failing your last care plan will be interpreted as needing more time to learn, and you may be assigned additional work to demonstrate clinical competency. Care plans will be scored out of 50 points and a passing grade will be considered 38.5/50 points. You will be given only 1 redo, if necessary. NANDA approved Nursing Diagnoses may be used ONCE and not repeated on any other care plan.

Your Fundamentals Nursing Diagnoses must be chosen from the following list:

Self-Care Deficit: Hygiene, toileting or feeding	Activity Intolerance
Risk for Impaired skin integrity	Pain
Impaired skin integrity	Risk for falls
Impaired physical mobility	Imbalanced nutrition (more or less than body req.)
Risk for infection	Deficient knowledge

NURS 1710 Fundamentals of Nursing Clinical Assignment Schedule

Students will practice vital signs, transferring residents, and bed-making.

Students will assist with activities of daily living.

Students are to learn to identify pulse assessment sites.

Practice techniques for obtaining radial and apical pulses.

Students will be able to describe pulse/respiratory rates and patterns.

Practice techniques for measuring respirations and assessing blood pressure.

Demonstrate how to transfer a resident from a bed to chair.

Practice how vital signs are documented.

Week 7 (Clinical Week 1)

Students must complete a one paragraph reflection of the clinical day.

Complete student/faculty evaluation on clinical evaluation tool

Week 9 (Clinical Week 2)

Students must complete a one paragraph reflection of the clinical day.

Students will complete Adult Assessment Tool.

Student will complete care plan with one nursing diagnosis, 1 goal, and 2 nursing interventions with rationale for each intervention.

Complete student/faculty evaluation on clinical evaluation tool

Week 10 (Clinical Week 3)

Students must complete a one paragraph reflection of the clinical day.

Students will complete Adult Assessment Tool.

Student will complete care plan with one nursing diagnosis, 1 goal and 2 nursing interventions with rationale for each intervention.

Complete student/faculty evaluation on clinical evaluation tool

Week 11 (Clinical Week 4)

Students must complete a one paragraph reflection of the clinical day.

Students will complete Adult Assessment Tool.

Student will complete care plan with one nursing diagnosis, 1 goal, and 3 nursing interventions with rationale for each intervention.

Complete student/faculty evaluation on clinical evaluation tool

Week 12 (Clinical Week 5)

Students will complete a one paragraph reflection of the clinical day.

Student will complete Adult Assessment Tool.

Student will complete care plan with one nursing diagnosis, 1 goal, and 3 nursing interventions with rationale for each intervention.

Complete student/faculty evaluation on clinical evaluation tool

Week 13 (Clinical week 6)

Students will complete a one paragraph reflection of the entire clinical experience.

Student will complete a SBAR report to instructor by end of clinical day.

Student will complete Adult Assessment Tool.

Student will complete care plan with 2 nursing diagnosis, with one goal for each diagnosis and 3 nursing interventions for each goal with rationale for each intervention.

Complete student/faculty evaluation on clinical evaluation tool

Clinical Evaluations (Time and date TBA)

Student Name:		Course:	Clinical Floor:	Care Plan #:
Assessment Data:	Nursing Diagnoses:	Goals:	Interventions with Rationale:	Evaluation:
Contributing Factors:	Be sure to use nursing			
Characteristics and risk factors	diagnosis list from 1710			
that lead to your nursing diagnosis	syllabus.			
should be included in the	DO NOT repeat diagnoses			
assessment below	previously used.			
Demographic Data:	Diagnosis #1:	Goal #1:	Intervention 1a:	Evaluation 1:
MUST INCLUDE- Age/Gender/				
Ethnicity & Admission date:	NANDA approved nursing	Goal should start with "Pt will"	Interventions should start with	1 Evaluation statement
Admitting Diagnosis:	diagnosis from either the		"Student will" followed by an action	formatted as:
Allergies:	NANDA list or your care plan	1 st Goal statement that must meet	verb, be nurse driven and within the	
Code Status:	book- formatted as follows:	the following 5 criteria:	nursing scope of practice.	"Goal met(date, time
1 point				and student initials)"
Subjective Data:	Nursing diagnosis (NANDA)	1. Individual (specific to a person)	Interventions must contain:	"Goal partially met
Patient's chief complaint placed in	r/t	2. Singular (only 1 goal)		(date, time and initials)"
QUOTES. Must have subjective	Pathophysiology of the	3. Realistic (can it be achieved r/t	One action verb.	"Goal not met
data regardless of patient's LOC.	contributing factor (i.e.	patient history, condition, situation		(date, time and initials)"
1 point	disease or disorder) causing	etc.)	Frequency and time frame of	
	the S&S as described below	4. Measurable (objective tool, score	intended intervention.	The reason the goal was
Vital Signs, Ht. & Wt. :	AEB relevant subjective and	etc.)		not met or partially
Medical History:	objective assessment data.	5. Time Frame (specific date & time	How the intervention is to be	met.
Past medical diagnoses and	(signs and symptoms).	it may or may not be accomplished)	performed.	
surgical procedures relevant to	Consider limiting evidence to			
this hospitalization. Most recent	no more than 3 items of		Specific to the patient's subjective or	2 points
vital signs taken by student nurse	assessment data.	3 points	objective assessment data.	
at facility.				
1 point	Assessment data may be any		Distinctly different from the other	
Medication List:	laboratory, medical or		intervention(s) listed in the care plan.	
Hospital medication list (MUST	nursing assessment data			
INCLUDE DOSAGE, ROUTE,	that provides background		Rationale 1a:	
FREQUENCY & WHAT IS THE	information for the nursing			
PATIENT TAKING IT FOR).	diagnosis.		Rationales must contain:	
			Each rationale must be specific to the	
	Nursing diagnoses must be		intervention and describe:	
	appropriate and relevant to		1. Why the intervention was chosen?	
1 point	the patient condition,		2. How it accomplishes completion of	
	contain all elements of the		the chosen intervention?	
	diagnosis and should be		Rationales for each intervention must	
	prioritized for importance.		be obtained from an evidence-based	
	5 points		publication and must contain the	

Lab Data: Most recent lab results for patient & MUST INCLUDE 1at a minimum a full BMP, CBC and any additional abnormal labs (i.e. troponin, ABGs, Mg++ etc.). Provide whether patient's laboratory data is high/normal/low. 1 point Neurologic Assessment: See handoff template for physical assessment guidelines. N/A should be written for systems not yet learned in class. 1 point Cardiovascular Assessment:			Intervention 1b: See standards above. 3 points Intervention 1c:	of said 3 points	
See handoff template for physical assessment guidelines N/A should be written for systems not yet			Rationale 1c: See standards above.		
learned in class.				2	
Pulmonary Assessment:				3 points	
See handoff template for physical assessment guidelines N/A should be written for systems not yet learned in class.					
1 point Gastrointestinal Assessment:	Diagnosis #2:	Goal #2	Intervention 2a:		
See handoff template for physical	Diagilusis #2.	See standards above.	Rationale 2a:		Evaluation 2:
assessment guidelines. N/A	See standards above.				
should be written for systems not	5 points	3 poin	see standards above.		See standards above.
yet learned in class.					
1 point				3 points	2 points

Genitourinary Assessment: See handoff template for physical assessment guidelines. N/A should be written for systems not yet learned in class. 1 point Integumentary Assessment: See handoff template for physical assessment guidelines N/A should			Intervention 2b: Rationale 2b: See standards above. 3 point Intervention 2c: Rationale 2c:	<u>ts</u>
be written for systems not yet learned in class.			See standards above.	
Therapies & Assistive Devices: Includes any ancillary team consults (i.e. wound care, physical therapy, respiratory therapy etc.) and devices required for care (i.e. walker, cane, bipap, cpap etc N/A should be written for systems not yet learned in class. 1 point			3 poin	is .
Total out of (12) points:	Total out of (10) points:	Total out of (6) points:	Total out of (18) points:	Total out of (4) points:
Total grade (out of 50):	1		PASS / FAIL Students must obtain 38.5/50 to pa NURS 1620 students must pass a to pass the clinical portion of the cours careplan.	al of 3 out of 5 care plans to

Grading Criteria:

The grading criteria for each care plan section is outlined below. Per the grading scale outlined in the nursing handbook, students must achieve a 38.5/50 (77%) to pass each care plan. Students must pass a total of X out of XX care plans to pass the clinical component for this course.

0 point	1 point	2 points	3 points	4 points	5 points
Individual section is	Individual section contains	N/A	N/A	N/A	N/A
missing any of the	all of the assessment data				
assessment data contained	contained in the handoff				
in the handoff report	report template				
template.					
ed under "Assessment Data" w	rill be scored individually out o	f one point. Students' total se	cores for the "Assessment Data" c	olumn will the sum of each s	ection's points.
Nursing diagnosis is not	Nursing diagnosis is	Nursing diagnosis is	Nursing diagnosis is formatted	Nursing diagnosis is	Nursing diagnosis is
present or is unable to be					formatted
used by the student in	and has no relevance to	but has no relevance to			appropriately, specific
1	the patient condition. Does	the patient condition.			and relevant to the
		1	1		patient condition.
					Diagnosis contains a
				' ' '	priority nursing problem
		Statement.	not morade ratio statement.		for the patient. Contains
Statement.	Statement.			·	complete Patho
					statement.
ed under "Nursing Diagnoses"	will be scored individually out	of five points. Students' tota	scores for the "Nursing Diagnose		
Goal does not meet three	Goal does not meet two of	Goal does not meet one	Goal meets all criteria present		
or more of the criteria	the criteria present in the	of the criteria present in	I		
present in the care plan	'	•			
guidelines.	State				
ed under "Goals" will be scored	d individually out of three poin	ts. Students' total scores for	the "Goals" column will the sum o	f each section's points.	
Intervention does not	Intervention does not	Intervention does not	Intervention meets all criteria		
meet three or more of the	meet two of the criteria	meet one of the criteria	present in the care plan		
criteria present in the care	present in the care plan	present in the care plan	guidelines.		
plan guidelines.	guidelines.	guidelines.			
ed under "Interventions" will b	e scored individually out of fiv	e points. Students' total scor	es for the "Interventions" column	will the sum of each section'	s points.
Evaluation statement is	Evaluation statement is	Evaluation statement is			
formatted inappropriately					
and does not meet two or	or evaluation statement	and meets all criteria			
I		1 '			
0	the care plan guidelines.	0			
	missing any of the assessment data contained in the handoff report template. ed under "Assessment Data" was Nursing diagnosis is not present or is unable to be used by the student in NURS 1620. Does not include appropriate R/T. Does not include AEB. Does not include Patho statement. ed under "Nursing Diagnoses" Goal does not meet three or more of the criteria present in the care plan guidelines. ed under "Goals" will be scored intervention does not meet three or more of the criteria present in the care plan guidelines. ed under "Interventions" will be Evaluation statement is formatted inappropriately	missing any of the assessment data contained in the handoff report template. ed under "Assessment Data" will be scored individually out of present or is unable to be used by the student in NURS 1620. Does not include appropriate R/T. Does not include AEB. Does not include Patho statement. 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Goal does not meet three or more of the criteria present in the care plan guidelines. ed under "Goals" will be scored individually out of three point in the care plan guidelines. ed under "Interventions" will be scored individually out of five patients and the patient condition. Does not include appropriately and does not meet two or more or include appropriately and does not meet two or more or or will be scored individually out of five patients.	missing any of the assessment data contained in the handoff report template. In the handoff report template assessment data contained in the handoff report template. In the handoff report template are under "Assessment Data" will be scored individually out of one point. Students' total so the patient condition. Does not include appropriate R/T. Does not include appropriate R/T. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not include AEB. Does not include AEB. Does not include AEB. Does not include Patho statement. In the patient condition. Does not include AEB. Does not inc	all of the assessment data contained in the handoff report template. In the handoff report template all of the assessment data contained in the handoff report template In the handoff report template In the handoff report template Intervention does not meet three or more of the criteria present in the care plan guidelines. In the handoff report template In the handoff report template has no relevance to the patient condition. Does not include AEB. Does not include AEB. Does not include AEB. Does not include Patho statement. In the care plan guidelines. In the care plan	missing any of the assessment data contained in the handoff report template. ad under "Assessment Data" will be scored individually out of one point. Students' total scores for the "Assessment Data" column will the sum of each set in the care plan guidelines. Aursing diagnosis is not present or is unable to be used by the student in NURS 1620. Does not include AEB. Does not include appropriate R/T. Does not include AEB. Does not include Patho statement. Boes not include Patho statement. Aursing diagnosis is formatted inappropriately but has no relevance to the patient condition. Does not include AEB. Does not include AEB. Does not include AEB. Does not include Patho statement. Boes not include Patho statement in the care plan guidelines. Boes not include Patho statement is formatted inappropriately or evaluation statement is formatted ina

CARE PLAN EXAMPLE	Nursing Diagnosis	Patient Outcomes/Goals	Nursing Interventions/Rationales	Evaluation
Assessment		,	,	
Demographic Data: 1 Point	1. Impaired physical	1. Patient's extremities	1A. Student nurse will medicate patient as needed	1. Goal was met on
Age: 82	mobility related to	will not develop	for chronic pain, evidenced by visual cues,	10/24/18 at 1300
Gender: F	spasticity as evidenced by	additional limits to range	grimacing, and verbal statements. 3 points	hrs. Student Initials
Ethnicity: Caucasian	right arm 90° contracture	of motion by 1400 hrs	1A Rationale: 3 points	2 points
Admission Date: 5/4/18	and non-purposeful	on 10/24/18. 3 points	"Joint pain and decreased range of motion (ROM)	
Admitting Diagnosis: Acute and chronic	involuntary movements of		can limit gross motor movements required for	
respiratory failure with hypoxia	that arm. 5 points		completing ADLs" and repositioning. (Gulanick,	
Code status: Full code			M.& Myers, J. <i>Nursing Care Plans</i> (9 th Edition)	
Allergies: Tizanidine, Vancomycin			P.651)"	
Subjective data 1 Point			1B. Student nurse will perform passive range of	
"Please leave me alone, I'm not up to			motion exercises to all extremities for 10 minutes	
eating. I just want to drink a Boost."			every 4 hours. 3 points	
			1B Rationale: 3 points	
Vital Signs 1 Point			"Exercise promotes increased venous return,	
T: 97.3			prevents stiffness, and maintains muscle strength	
P: 82			and endurance. To be most effective, all joints	
RR: 20			should be exercised to prevent contractures.	
B/P: 93/61			(Gulanick, M.& Myers, J. Nursing Care Plans (9 th	
O2 Sat: 98%			Edition) P.137)"	
Patient states pain level 3 on a 0-10 scale				
Ht: 60 inches			1C. Student nurse will turn and reposition patient	
Wt : 91.8 lbs			every two hours while patient remains in supine	
Medical History:			position. 3 points	
Cerebral palsy			1C. Rationale: 3 points	
Seizure disorder			"In general, you reposition patient as needed and	
• COPD			at least every 2 hours if they are in a bed and	
 Dysphagia with aspirations 			every 15 to 20 minutes if they are sitting in a chair	
Recurrent pneumonia			or wheel chair (AHRQ, 2014; Swafford et al., 2016)	
Obstructive sleep apnea			Improper positioning increases patients' risk for	
GERD			developing pressure injuries or contractions.	
Chronis hypoxic respiratory failure			(Potter, P., et al., Essentials for Nursing Care Practice, 9 th edition, P. 766)"	
Chronic spasticity			riactice, 5 euition, r. 700)	
Spastic quadriplegia				
Weakness				
 Scoliosis 				

 Hypotension Medication List: 1 Point Keppra 2000 mg/20 mL po BID, seizure disorder Albuterol Duoneb 2.5mg & Ipratropium bromide 0.5mg inhalation solution Nebulizer treatments BID, shortness of breath Baclofen 500 mcg/ 24 hour infusion, spasticity Norco 5/325 mg q6 hrs prn, pain Lab Data: 1 Point Most recent CBC, CMP and abnormal labs WBC: 8 RBC: 4.1 L HGB: 13.6 HCT: 40.6 PLT: 19.5 Protein: 5.7 L Albumin: 3.3 L 	2. Imbalanced nutrition: Less than body requirements related to nutrient and hydration deficiencies as evidenced by pale dry skin, poor muscle tone, mental confusion and loss of weight. 5 points	2. Patient will ingest adequate nutrition by 1400 hrs on 10/31/18 3 points	2A.Student nurse will measure patient's height and weight daily. 3 points 2.A Rationale: 3 points "These anthropomorphic assessments are used to determine the patient's caloric intake and nutrient requirements. (Gulanick, M.& Myers, J. Nursing Care Plans (9 th Edition) P.146)" 2B. Student nurse will encourage patient to seek companionship during lunch and dinner mealtimes. 3 points 2B. Rationale: 3 points "Attention to the social aspects of eating is important in both the hospital and home setting. (Gulanick, M.& Myers, J. Nursing Care Plans (9 th Edition) P.147)" 2C. Student nurse will suggest the use of nutritional supplements between meals two dimes daily. 3 points 2C. Rationale: 3 points "Such supplements can be used to increase calories and protein without interfering with voluntary food intake. (Gulanick, M.& Myers, J. Nursing Care Plans (9 th Edition) P.147)"	2.	Goal was partially met on 10/24/18 at 1300. Pt ate ¼ of meal provided, but all in-between meal supplements. Student Initials 2 points
Neurologic Assessment: 1 Point Patient awake, alert, and oriented to person, and place Patient verbalized confusion about the current year Patient unable to state her current location Patient upper and lower extremities are equally weak bilaterally Pupils were 4mm in size, and appeared brisk					

Pupils were equal, round, reactive to		
light, accommodating and the consensual		
Patient right arm is contracted at 90°,		
and flails with involuntary non-		
purposeful movementPatient undergoes tremors both feet		
periodically		
Patient was unable to support her		
posture while lying in supine position with an elevated head of 30°		
Patient requires total assistance		
Cardiovascular Assessment: 1 Point		
Heart rhythm regular with audible S1		
and S2		
Blood pressure normalPeripheral pulses were +2 and her		
capillary refill was 3-4 seconds		
 Pulmonary Assessment: 1 Point Breathing labored with rhonchi lung 		
sounds in both lungs		
Oxygen 4L nc O2 sat is 98%		
Gastrointestinal Assessment:1 Point		
Diet: Regular Mechanical Soft, Nectar		
thickened liquids.BMI of 17.9 with a loss of 2.1 lbs. in the		
last week		
Bowel sounds are present in all four		
quadrants		
Abdomen RLQ was firm consistent with the presence of a baclofen pump		
inserted used to treat her muscle		
spasticity		
Bowel Incontinence		

Genitourinary: 1 Point		
Bladder Incontinence		
Amber urine, concentrated		
Integumentary Assessment: 1 Point		
Skin was warm, pink, moist, hydrated		
as evidenced by elastic tenting and free		
from edema		
Mucous membranes were pink and		
moist		
Skin is intact with no presence of		
lesions, or erythema		
Therapies & Assistive Devices: 1 Point		
Pain clinic		
Respiratory therapy CDAR at headtimes.		
CPAP at bedtime		