

**THE UNIVERSITY OF TEXAS AT TYLER
SCHOOL OF NURSING**

**NURS 4723 FAMILY HEALTH
Fall 2016**

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Wednesday 1300-1645; 1400-1745

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The content of this syllabus/website is subject to change at the discretion of the faculty leaders according to current learning needs.

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*I embrace honor and integrity. Therefore, I choose not to lie, cheat, or steal, nor to accept the actions of those who do.
(The UT Tyler Honor Code)*

NURS 4723 FAMILY HEALTH

1.1 COURSE OVERVIEW

Semester Hours

Seven (7) credit hour course with four hours per week didactic content and a total of 112.5 clinical hours.

Pre-requisites

Successful completion of all courses through Level II in the nursing program.

Course Description

Theories and concepts related to childbearing and childrearing families are presented within a framework of critical thinking and caring. Emphasis is on patient/family assessment, communication skills, clinical judgment, and decision-making skills when implementing nursing interventions and evaluating patient/family care outcomes. Students promote family health with a focus on major health alterations during pregnancy and in children from birth through adolescence in selected structured and unstructured settings.

Course Student Learning Outcomes

Upon successful completion of the course, students will demonstrate the ability to:

1. Integrate knowledge from the disciplines of biology, behavioral sciences, and humanities to provide care to family systems.
2. Coordinate family-centered care through collaboration with the interdisciplinary health care team.
3. Utilize current evidence-based findings to improve comprehensive family-centered care.
4. Access and communicate information using technology to improve delivery of comprehensive family-centered care.
5. Discuss the economic and regulatory impact of policies on the provision of comprehensive family-centered care.
6. Serve as an advocate for diverse family structures to provide and promote quality family-centered care.
7. Collaborate with the health care team to promote health restoration and maintenance, risk reduction, and disease management for members of the family experiencing needs.
8. Demonstrate moral, ethical, and legal values in the care of families.
9. Utilize the nursing process to provide safe, holistic, evidence-based family-centered care.

Required Textbook and Support Materials

London, M. L., Ladewig, P. A., Davidson, M. R., Ball, J. W., Bindler, R. C., & Cowen, K. J. (2014) *Maternal & Child Nursing Care* (4th ed.) Boston, MA: Pearson.
ISBN: 13: 9780133046007

An NCLEX program (2013 or newer): NCLEX-RN 10,000 powered by PrepU or comparable.

1.2 UNIVERSITY POLICIES

University policies regarding students' rights and responsibilities, absence for religious observance, absence for university-supported trips, services to students with disabilities, grade replacement, state-mandated course drop policy, social security and privacy, and emergency evacuation may be found at:

<http://www.uttyler.edu/academicaffairs/syllabuspolicies.pdf>

Students Rights and Responsibilities

To know and understand the policies that affect your rights and responsibilities as a student at UT Tyler, please follow this link:

<http://www2.uttyler.edu/wellness/rightsresponsibilities.php>

Disability Services

In accordance with Section 504 of the Rehabilitation Act, Americans with Disabilities Act (ADA) and the ADA Amendments Act (ADAAA) the University offers accommodations to students with learning, physical and/or psychiatric disabilities. If you have a disability, including non-visible disabilities such as chronic diseases, learning disabilities, head injury, PTSD or ADHD, or you have a history of modifications or accommodations in a previous educational environment you are encouraged to contact the Student Accessibility and Resources office and schedule an interview with the Accessibility Case Manager/ADA Coordinator, Cynthia Lowery Staples. If you are unsure if the above criteria applies to you, but have questions or concerns please contact the SAR office.

For more information or to set up an appointment please visit the SAR office located in the University Center, Room 3150 or call 903.566.7079. You may also send an email to cstaples@uttyler.edu.

UT Tyler a Tobacco-Free University

All forms of tobacco will not be permitted on the UT Tyler main campus, branch campuses, and any property owned by UT Tyler. This applies to all members of the University community, including students, faculty, staff, University affiliates, contractors, and visitors.

Forms of tobacco not permitted include cigarettes, cigars, pipes, water pipes (hookah), bidis, kreteks, electronic cigarettes, smokeless tobacco, snuff, chewing tobacco, and all other tobacco products.

There are several cessation programs available to students looking to quit smoking, including counseling, quitlines, and group support. For more information on cessation programs please visit www.uttyler.edu/tobacco-free.

Concealed Weapon Carry

We respect the right and privacy of students 21 and over who are duly licensed to carry concealed weapons in this class. License holders are expected to behave responsibly and keep a handgun secure and concealed. More information is available at

<http://www.uttyler.edu/about/campus-carry/index.php>.

1.3 GRADING POLICIES

Completion of NURS 4723 is based on satisfactory attainment of didactic and clinical criteria. Any student who fails to meet the course objectives and expectations in either

the classroom or clinical area must repeat the entire course and may not progress to the next level.

The simple average of the assessment grades, before weighted calculation is performed, must be 75% or greater to pass the course. Grades will not be rounded when calculating the average (74.5 -74.9 is not rounded to 75). Students with an assessment average of 75 or greater will have grades calculated based on the weighted calculation of the assessments and other required course work.

Course grade calculation:

4 Assessments (18% each)	72%
Comprehensive Assessment	18%
Participation	10%
(ATI 6%)	
(Class activities 4%)	
<u>Clinical</u>	<u>Pass/Fail</u>
Total	100%

Letter grade assigned according to the following scale:

A	90-100
B	80-89
C	75-79
D	60-74
F	59 and below

Grade Replacement Policy

If a student is repeating this course for a grade replacement, the student must file an *intent* to receive grade forgiveness with the Office of the Registrar by the Census Date (see Academic Calendar for date) of the semester in which the course will be repeated. Failure to file an *intent* to use grade forgiveness will result in both the original and repeated grade being used to calculate overall grade point average. Undergraduates will receive grade forgiveness (grade replacement) for only three course repeats during his/her career at UT Tyler.

1.4 ASSESSMENT AND ASSESSMENT REVIEW POLICY

1. Attendance for assessments is mandatory.
2. When absence for an assessment is necessary, the student is responsible for notifying the faculty prior to the assessment with an acceptable reason.
3. Make-up assessments will only be given at the discretion of the faculty and may be in a different format than the original assessment.
4. ONLY with faculty discretion will students be allowed to enter the testing environment after an assessment has begun.
5. Assessments will be administered at the scheduled time.
6. All hats/caps/hoodies/head coverings must be removed during assessment time. All personal items such as purses, books, backpacks, notebooks, and briefcases must be left in the front/side of the computer lab during testing. All cell phones are to be turned off and accompany the student to their testing station.
7. Silence will be enforced while in the assessment environment.

8. Calculators are provided during assessments.
9. Review will be available immediately upon completion of the assessment.
Unsuccessful score coaching may be scheduled with the faculty during office hours.
Any reviews must be completed within 10 school days from the posting date of the assessment grade.
10. Test blueprints are derived from the listed module outcomes. A blueprint for all Assessments including the comprehensive final is provided on Blackboard.
11. All assessments will be administered in an online format.

1.5 ACADEMIC INTEGRITY

1. Students are expected to assume full responsibility for the content and integrity of all academic work.
2. Students are advised to review the Scholastic Conduct and Discipline Policy in the current School of Nursing (SON) [Guide for Baccalaureate Students](#) and [UT Tyler Student Conduct and Discipline Policy](#). These policies are fully endorsed and enforced by all faculty members within the School of Nursing.
3. **Plagiarism, cheating, and collusion are unacceptable behaviors.** Violation of these standards will be dealt with promptly and disciplined accordingly (See BSN/MSN Nursing Student Guide for definitions).
4. The School of Nursing reserves the right to dismiss students from the program for any infraction of a legal, moral, social, or safety nature, pursuant to the procedures detailed in the Regent's Rules of the University of Texas System.

1.6 GENERAL COURSE INFORMATION

1. All submitted written material (papers, electronic submissions, assignments, etc.) are the property of the School of Nursing.
2. All nursing students are required to use their student email accounts for all correspondence.
3. Each student is required to complete 25 NCLEX style questions each week, for a total of 175 questions over the semester. The student must present proof of completion with 75% or greater, including the date and time of assessment recorded on the screenshot, to their clinical instructor. If the student is enrolled in NURS 4723 only, 350 questions are to be electronically submitted.
4. ATI testing is scheduled on the course calendar. This includes 4 practice and 2 proctored assessments in the computer laboratory. ATI contributes a maximum of 6% to the course participation grade.
 - ATI is comprised of four (4) practice assessments (2 Practice A and 2 Practice B). Practice A assessments will open the beginning of the 4th week of the semester and will be accessible for a 2-week period. Practice B assessments open the beginning of the 10th week of the semester and will be accessible for a 2 week period. The two (2) ATI proctored assessments will be completed in the computer lab at the end of the semester in accordance with the course calendar.
 - Criteria for ATI grade calculation:
 - Demonstrate a simple course assessment average of 75%
 - Completion of both practice A assessments 1%
 - Completion of both practice B assessments 1%
 - Proctored assessments
 - Maternal Newborn

- Level 1 – 1%
- Level 2 – 2%
- Care of Children
 - Level 1 – 1%
 - Level 2 – 2%

5. Netiquette Guide: "Netiquette" is network etiquette, the do's and don'ts of online communication. Netiquette covers both common courtesy online and informal "rules of the road" of cyberspace. Review and familiarize yourself with the guidelines provided. <http://www.learnthenet.com/learn-about/netiquette/index.php>

1.7 FORMS TO BE READ, SIGNED, AND SUBMITTED ON BLACKBOARD

These forms are compiled as an assignment in Blackboard. The student is responsible for completing the assignment the first week of the semester.

1. Student Affirmation Form
2. IV Policy Form
3. Student Accountability Form
4. Student Dress Code Form
5. Social Networking Policy
6. Confidentiality and Privacy
7. Civility

1.8 MODULE STUDENT LEARNING OUTCOMES

MODULE 1

INTRODUCTION TO FAMILY NURSING

Expected Learning Outcomes:

1. Discuss the role of evidence-based practice in improving the quality of nursing care for childbearing and childrearing families.
2. Integrate knowledge from other courses as related to Family Health nursing.
3. Compare different cultural groups, the effect of cultural diversity on nursing practice, and the nurse's role.
4. Discuss legal, ethical, and social considerations that the nurse may encounter in Family Health nursing.
5. Describe the roles of the maternal-newborn and pediatric nurse.

Pre-Class Assignment:

*The following chapters should be read in their entirety. The content will provide a better understanding of each developmental group of children: Chapter 32 pp.811-43; chapter 34 pp. 879-924; chapter 35 pp. 927-46; chapter 36 pp. 949-75; chapter 37 pp. 979-91. Review: Tables, Graphs, Figures, and Boxes in: chapter 1 pp 01-15; chapter 2 pp. 19-35; chapter 5 pp. 102-06; Chapter 6 pp. 116-21; chapter 33 pp. 847-75; chapter 38 pp. 993-1007; chapter 40 pp. 1025-48; chapter 41 pp. 1051-71; chapter 43 pp. 1099-1133..

* This is a lot of information. However, we will build on this content throughout the semester. The student is expected to have a general understanding of the overall anticipated variations of growth and development as well as health promotion guidelines for the child across the pediatric life span.

Assessment questions for this content will be administered throughout the four assessments and the Comprehensive final.

MODULE 2

CONCEPTION, FETAL DEVELOPMENT, AND REPRODUCTIVE CONCERNS

Expected Learning Outcomes:

1. Discuss the relevance of genetics within the context of care of the childbearing family in their community.
2. Discuss fetal development throughout pregnancy.
3. Discuss the structure and function of the placenta, amniotic fluid, and umbilical cord.
4. Discuss common causes of infertility, the psychological impact it has on families, and nursing care provided.

Pre-class Assignment:

Chapter 4 pp. 61-81; chapter 7 pp.131-57

Review: chapter 3 pp. 39-59

MODULE 3

(Tegrity only)

ALTERATION IN CARDIOVASCULAR FUNCTION

Expected Learning Outcomes:

1. Describe the cardiovascular nursing assessment for infants and children.
2. Discuss common congenital and acquired cardiovascular disorders.
3. Discuss the nurse's role in providing care to the child and family with cardiovascular disorders.

Pre-class Assignment:

Chapter 48 pp. 1295-1337.

ALTERATION IN RESPIRATORY FUNCTION

Expected Learning Outcomes:

1. Identify anatomical differences in children, compared to those of the adult, that place children at increased risk for respiratory alterations.
2. Discuss the manifestations, nursing care needs and therapeutic management of childhood acute and chronic respiratory dysfunctions.
3. Identify ways to prevent the transmission of respiratory infections in children.

Pre-class Assignment:

Chapter 46 pp. 1227-44; chapter 47 pp 1247-91.

Simulation Learning Experience (SLE): Erika Gonzales

Prior to the simulation experience complete the reading assignment, pre-simulation activities, and quiz found in: Blackboard → Information Station → Simulation → Scenario → Erika Gonzales - Asthma Exacerbation

Arrive at the simulation in clinical scrubs and prepared to actively participate.

Following the SLE, complete post simulation activities as assigned.

MODULE 4

NEONATAL PERIOD

Expected Learning Outcomes:

1. Explain the transition from fetal to neonatal life.
2. Describe the holistic assessment of the newborn.
3. Discuss common disorders and complications associated with the neonatal period.
4. Discuss nutrition, hydration, temperature instability, and pain management of the newborn.

Pre-class Assignment: Chapter 24 pp. 519-38; chapter 25 pp. 543-80; chapter 26 pp. 583-94, 614-20; chapter 27 pp. 625-62; chapter 28 pp. 665-705; chapter 46 pp. 1220-3 (retinopathy of prematurity).

MODULE 5

PREGNANCY AND THE FAMILY

Expected Learning Outcomes:

1. Describe the physiologic and psycho-socio-cultural changes of pregnancy.
2. Differentiate signs of pregnancy.
3. Identify nursing considerations for pregnancy related complications and concurrent disorders during pregnancy.
4. Describe the nurse's role in caring for the pregnant women and unborn child.
5. Explain the impact of adequate nutrition on the fetus and woman.

Pre-class Assignment:

Chapter 6 pp. 116-21; chapter 8 pp. 161-74; chapter 9 pp. 177-90; chapter 10 pp. 193-215; chapter 11 pp. 219-39; *chapter 12 pp. 243-56; chapter 13 pp. 261-72; chapter 15 pp. 293-319; chapter 16 pp. 323-50.

*Maternal Nutrition will be presented via Tegrity only.

Simulation Learning Experience (SLE): Brianna Rogers

Prior to the simulation experience complete the reading assignment, pre-simulation activities, and quiz found in: Blackboard → Information Station → Simulation → Scenario → Brianna Rogers – Hyperemesis Gravidarum

Arrive at the simulation in clinical scrubs and prepared to actively participate.

Following the SLE, complete post simulation activities as assigned.

MODULE 6
ASSESSMENT OF FETAL WELL-BEING

Expected Learning Outcomes:

1. Identify indications for fetal diagnostic procedures.
2. Discuss the nurse's role in collaborative assessment procedures.
3. Identify the purpose of intrapartum fetal surveillance and discuss regulatory influences for nurses on standards of care.
4. Integrate evidence-based findings to improve patient outcomes as it relates to the interpretation of the EFM.
5. Explain maternal and fetal/neonatal implications and the nursing care of a family with prelabor complications.

Pre-class Assignment:

Chapter 14 pp. 275-90; chapter 18 pp. 383-93; chapter 21 pp. 441-61.
Blackboard: Module 6 Fetal Monitor Strip Practice Workbook

MODULE 7
BIRTH AND THE FAMILY

Expected Learning Outcomes:

1. Discuss cultural influences when caring for intrapartum women.
2. Compare methods of promoting comfort during the first and second stages of labor.
3. Apply collaborative nursing care to the women and her family with intrapartum complications.
4. Discuss professional values as they relate to the pregnant woman and her family.
5. Discuss the nurse's role in providing holistic care to the laboring patient and her family.

Pre-class Assignment:

Chapter 17 pp. 353-72; chapter 18 pp. 375-82, 393-98; chapter 19 pp. 401-23; chapter 20 pp. 425-438; chapter 22 pp. 465-88; chapter 23 pp. 493-514.

MODULE 8
(Tegrity only)
ALTERATIONS IN IMMUNOLOGIC FUNCTION

Expected Learning Outcomes:

1. Describe the structure and function of the immune system and apply that knowledge to the care of children with immunologic disorders.
2. Discuss the pathophysiology, therapeutic management, and collaborative care of common immunologic alterations.

Pre-class Assignment:

Chapter 49 pp. 1341- 66.

ALTERATIONS IN HEMATOLOGIC FUNCTION

1. Discuss the pathophysiology and clinical manifestations of common hematologic alterations.
2. Plan the collaborative care and nursing management of a child with a hematologic disorder.

Pre-class Assignment:

Chapter 50 pp. 1369- 88.

MODULE 9

ALTERATIONS IN SKIN INTEGRITY

Expected Learning Outcomes:

1. Compare and contrast the skin of the pediatric population and that of other populations.
2. Identify the common skin disorders, collaborative management, and prevention of injury for infants and children.

Pre-class Assignments:

Chapter 58 pp. 1687-1726.

IMMUNIZATIONS AND COMMUNICABLE DISEASES

Expected Learning Outcomes:

1. Identify common communicable diseases, collaborative management and prevention for pediatric population.
2. Use the nursing process to describe the nursing care of a child with an infectious disease.

Pre-class Assignments:

Chapter 44 pp. 1137-69; chapter 46 pp. 1216-7.

MODULE 10

ALTERATIONS IN GASTROINTESTINAL FUNCTION ALTERATIONS IN GENITOURINARY FUNCTION

Expected Learning Outcomes:

1. Identify and discuss causes of nutritional disturbances.
2. Compare and contrast the difference in fluid, electrolyte, and acid-base balance in children with that of adults.
3. Describe pathophysiology and nursing care for a child with gastrointestinal and genitourinary disorders.
4. Describe the most common diagnostic and screening tests for gastrointestinal and genitourinary disorders.

5. Describe the nurse's role in providing care to the child and their family.

Pre-class Assignment:

Chapter 45 pp. 1173-1209; chapter 52 pp. 1439-80; chapter 53 pp. 1485-1518.

ALTERATIONS IN ENDOCRINE FUNCTION

Expected Learning Outcomes:

1. Describe the psychological issues concerning children with endocrine disorders.
2. Compare the nursing care of children with Type 1 and Type 2 Diabetes Mellitus.
3. Discuss collaboration with the intra/interdisciplinary team in planning and implementing care of children with endocrine disorders.

Pre-class assignment:

Chapter 54 pp. 1523-59.

Simulation Learning Experience (SLE): Trang Nguyen

Prior to the simulation experience complete the reading assignment, pre-simulation activities, and quiz found in: Blackboard → Information Station → Simulation → Scenario → Trang Nguyen - Dehydration

Arrive at the simulation in clinical scrubs and prepared to actively participate.

Following the SLE, complete post simulation activities as assigned.

MODULE 11

**THE CHILD WITH CANCER OR CHRONIC CONDITIONS
(Tegrity only)**

Expected Learning Outcomes:

1. Outline nursing interventions that promote the family's optimal adjustment to a child's chronic disorder or disability.
2. Discuss nursing interventions that support the family at the time of death of a child.
3. Explore clinical manifestations and nursing management of childhood cancer.

Pre-class Assignment:

Chapter 39 pp. 1009-22; chapter 42 pp. 1075-95; chapter 51 pp. 1393-1435.

MODULE 12

**THE POSTPARTUM FAMILY
NEWBORN NUTRITION
CONTRACEPTION**

Expected Learning Outcomes:

1. Explore expected findings/values and deviations from normal in the postpartum period.
2. Discuss postpartum nursing care and teaching including cultural influences in health promotion of the mother.
3. Discuss maternal and family adaptations to childbirth, parenthood, and perinatal loss and the nursing care for each.
4. Explain the advantages, disadvantages, and nursing care of different methods for newborn nutrition.
5. Discuss appropriate nursing care for a patient seeking contraception including culture, health history, and personal preferences.

Pre-class Assignment:

*Chapter 5 pp. 88-97; chapter 26 pp. 594-614; chapter 29 pp. 709-29; chapter 30 pp. 733-73; chapter 31 pp. 777-807.

*Contraception will be presented via Tegrity only.

Simulation Learning Experience (SLE): Sydney Davidson

Prior to the simulation experience complete the reading assignment, pre-simulation activities, and quiz found in: Blackboard → Information Station → Simulation → Scenario → Sydney Davidson - Postpartum Hemorrhage

Arrive at the simulation in clinical scrubs and prepared to actively participate.

Following the SLE, complete post simulation activities as assigned.

MODULE 13

**ALTERATIONS IN NEUROLOGIC FUNCTION
ALTERATION IN MENTAL HEALTH AND COGNITIVE FUNCTION
ALTERATIONS IN MUSCULOSKELETAL FUNCTION**

Expected Learning Outcomes:

1. Describe the nursing assessment for neurologic disorders in infants and children.
2. Discuss acquired and congenital neurologic disorders.
3. Discuss the nursing role in care of children and their families with neurologic disorders.
4. Describe the clinical manifestations and nursing management of children and adolescents with mental health and common cognitive alterations.
5. Discuss nursing management as it relates to children with musculoskeletal alterations.
6. Discuss the plan of care for infants and children with the immobilizations.

Pre-class Assignment:

Chapter 55 pp. 1563-1609; chapter 56 pp. 1613-43; chapter 57 pp. 1647-84.

CLINICAL PRACTICUM

2.0 OVERVIEW

The clinical practicum has four components:

1. Orientation: Must be completed prior to the first scheduled clinical experience.
2. The hospital, day care, and clinic experiences: Students will work with preceptors in accordance with their clinical schedule. Clinical days may include: Monday, Thursday, Friday, Saturday, & Sunday (day & night shifts).
3. Independent Experiences and Presentations
4. Simulation Learning Experiences (SLE)

Completion of NURS 4723 is based on satisfactory attainment of didactic and clinical criteria. Passing of clinical is based on successful completion of the following:

- Complete 112.5 clinical hours
- Master all skills assigned in the learning laboratory and clinical area
- Group Discussion Boards
- Simulation Learning Experiences SLE (4)
- Group Journal in Blackboard
- SBAR forms (2)
- Ethics Group Activity
- Community Hours Activity
- 175 NCLEX questions for the semester (If enrolled in NURS 4723 only, 350 questions are required for submission. Must achieve a 75% or greater on each submission)
- Achieve a score of 2 or greater in all areas of the Clinical Evaluation Tool

Any student who fails to meet the course student learning outcomes in either the classroom or clinical area must repeat the entire course and may not progress to the next level. Clinical is graded on a pass/fail basis. **A score of 0 in any of the clinical behaviors at any time during the clinical experience may result in automatic failure in the clinical component of the course. A score below 2 will result in a written contract with expected measures to demonstrate improvement. Failure to demonstrate improvement will result in clinical failure and failure of the course.**

2.1 MEDICATION CALCULATION ASSESSMENT

1. All clinical courses will require a medication administration assessment to be administered prior to attending actual clinical experiences.
2. If the student does not achieve a grade of 90% or greater after **2 attempts**, the student has failed the clinical component of the course and must withdraw from the course for the semester.
3. A grade of "W" is recorded on the student's transcript, however, the grade is documented in the student's file, in the School of Nursing, as a course failure.

Clinical medication errors will be documented in the School of Nursing student files.

2.2 UNSAFE CLINICAL PRACTICE

1. Any act of omission or commission, which may result in harm to the patient, family, or staff, is considered unsafe clinical practice, and may result in removal from the clinical setting, disciplinary action according to the discretion of the course faculty, a negative clinical evaluation, a course failure, and/or dismissal from the program.
2. During the clinical practicum, unsafe clinical practice is defined as any one of the following. When the student:
 - a) Violates any part of the Code of Ethics for Nurses.
 - b) Arrives at clinical settings in an impaired condition.
 - c) Commits a single or repetitive serious medication error(s).
 - d) Violates or threatens the well-being or safety of the patient.
 - e) Violates previously mastered principles/expected learning outcomes in carrying out nursing care skills and/or delegated medical functions.
 - f) Assumes inappropriate independence in action or decisions.
 - g) Does not adhere to current CDC guidelines for infection control.
 - h) Fails to recognize own limitations, incompetence, and/or legal responsibilities (HIPPA violations, including taking photos during clinical).
 - i) Fails to accept moral, legal, and ethical responsibility for one's own actions thereby violating professional integrity as determined by the clinical instructor.
3. Failure to comply with any of the above requirements may result in an unexcused clinical and/or negative clinical evaluation.

Student Accountability

Students **MUST** be supervised by the instructor or preceptor when:

- Performing any IV related procedures on adults 18 years and older (including IV initiation, hanging solutions, changing tubing, flushes, IVPB, IVP)
- Signing out narcotics.
- Performing a new skill, (i.e. fetal monitor placement, tube feedings).
- Administering medications to neonates, pediatric patients, or administering a medication for the first time
- Performing a heel stick on neonates
- Accompanying patient transports via ambulance

**Follow clinical institution policy regarding these activities.*

If present during a code the student may:

- Perform CPR
- Document code procedures
- NOT administer drugs or perform skills other than basic CPR

Students may NOT:

- Take verbal or telephone orders from physicians or mid-level providers
- Transcribe or note physician or mid-level provider orders

- Witness operative or procedural permits
- Perform any skill that violates the Nurse Practice Act, even if under a physician's supervision (i.e. intubation of a client)
- Initiate or adjust IV Pitocin drips during the labor process
- Initiate IV therapy, start IVs, perform IV pushes, perform IV flushes, or perform venipuncture in the pediatric population.

2.3 CLINICAL STUDENT LEARNING OUTCOMES

Upon successful completion of the course, the student will:

I. PROVIDER OF FAMILY-CENTERED PATIENT CARE

1. Use clinical reasoning and knowledge based on BSN degree program of study, evidence-based practice outcomes, and research studies as the basis for decision making and comprehensive patient care.
2. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse family health populations compared with evidence based health data and a synthesis of knowledge derived from a BSN program of study.
3. Synthesize comprehensive assessment data to identify problems, formulate goals/outcomes, and develop plans of care the family health patient population using information from evidence-based practice and current published family health research in collaboration with the interdisciplinary team.
4. Provide safe, compassionate, comprehensive family-centered nursing care through a broad array of family health care services.
5. Implement the plan of care for the family health population within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of health and healthy lifestyles of the family.
6. Evaluate and report family health outcomes and responses to nursing therapeutic interventions in comparison to benchmarks from evidence-based practice and research findings, and plan follow-up family-centered care.
7. Develop, implement, and evaluate teaching plans for families to address health promotion, maintenance, restoration, and risk reduction.
8. Coordinate human, information, and material management resources in providing quality family-centered care.

II. MEMBER OF THE PROFESSION

1. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of the family health care institution or setting.
2. Assume responsibility and accountability for the quality of family-centered nursing care provided.
3. Promote the practice of professional nursing through leadership activities and advocacy.
4. Demonstrate responsibility for continued competence in nursing practice and develop insight through reflection, self-analysis, self-care, and lifelong learning.

III. PATIENT SAFETY ADVOCATE

1. Demonstrate knowledge of the Texas Nursing Practice Act and the Texas BON rules that emphasize safety as well as federal, state, and local government, and accreditation organization safety requirements and standards.
2. Implement measures to promote quality and a safe environment for family health patients, self, and others.
3. Formulate goals and outcomes using an evidence-based and theoretical analysis of available data to reduce family health patient and family-centered community safety.
4. Obtain instruction, supervision, or training as needed when implementing family-centered nursing procedures or practices.
5. Comply with mandatory reporting requirements of the Texas Nursing Practice Act.
6. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy.

IV. MEMBER OF THE HEALTH CARE TEAM

1. Coordinate, collaborate, and communicate with the interdisciplinary health care team and with the family health patient including the population and community involved with family health to plan, deliver, and evaluate care.
2. Serve as a health care advocate in monitoring and promoting quality family-centered care and access.
3. Use multiple referral resources for family health patients, their families, and communities considering cost, confidentiality, effectiveness and efficiency of care, continuity and continuum of care, and health promotion, maintenance, and restoration.
4. Communicate and collaborate in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of family health patients, their families, and their communities.
5. Communicate and manage information using technology to support decision making to improve family-centered patient care and delivery systems.
6. Communicate and collaborate with the health care team to plan family-centered care based on assessment and evaluation information of the patient and family.
7. Evaluate nursing care provided in the family health care setting using best practice nursing standards.

2.4 DRESS REQUIREMENTS

General: It is the philosophy of the School of Nursing that the student has a responsibility to be neatly groomed and modestly dressed. Appearances should promote good health, safety and general well-being of the student. Clothing should avoid brevity and/or design that is offensive to the dignity and rights of others. School officials have the right and responsibility to counsel with the student or take any other corrective action. Types of clothing (other than those specified in this document) may be worn for specific events at the direction of the nursing instructor.

Classroom: Business casual wear is expected. This includes but is not limited to the following: slacks, skirt, sweater, blouse, or shirt. Jeans in good condition as well as conservative shorts (mid-thigh or longer) may be worn. Shoes must be worn. See items to avoid below.

Professional Presentations, Ceremonies/Graduation: Business professional dress includes: suit, dress, dressy separates, jacket, tie, in nice fabrics, and dress shoes. NO denim, jeans, t-shirts, or other casual clothing.

Skills/Simulation Laboratory: The school clinical laboratory setting is designed to simulate the health care clinical area. Students must wear the approved UT Tyler uniform. Students may wear clean, pressed uniform jacket with name badge and UT Tyler school patch on the front left shoulder. An approved white or blue $\frac{3}{4}$ length undershirt may be worn under the uniform top.

Orientation and Pre or Post-clinical Experiences in the Health Care Setting: Students will attend conferences and visit the clinical areas as part of their course requirements. Students will wear the UT Tyler uniform, or business professional dress, a uniform jacket, if desired, with name badge, and UT Tyler school patch to these events.

Clinical Experience: When attending any clinical experience students are required to wear the standardized UT Tyler uniform and uniform jacket, if desired, with name badge and school patch. Professional dress with a uniform jacket, name badge, and school patch will be worn in appropriate clinical settings as directed by the clinical faculty (see items below to be avoided in clinical areas). Students are to remember that whenever visiting a clinical agency or any clinical site, they represent UT Tyler, the School of Nursing, and the profession of nursing, and are expected to be professional in appearance and behavior at all times.

When student uniforms are required for clinical experiences, as specified by the course, the following guidelines are expected: School patch on the front left shoulder of the uniform jacket and standardized uniform.

- a) The UT Tyler name badge will be worn in all clinical settings. The name badge must be worn so the name, title and picture of the student are clearly visible.
- b) White or neutral nylon hose are worn with dress/skirt; nylon hose, knee-highs or white socks with pants. Socks must cover the ankle.
- c) Clean, white clinical shoes or white leather athletic shoes should be worn (shoes must be mostly white and if stripes or logos are on shoes, these must be minimal and light colored). No canvas shoes or athletic shoes with colored stripes or large logos.
- d) Jewelry: wedding or engagement rings only; single stud earrings and only 1 in each lobe (no dangling or hoops); no rings or studs in the nose, tongue, lip or any other facial or body piercing (other body piercing must be covered or removed); and, no necklaces or bracelets (only Medic Alert). Must have a watch with a second hand.
- e) Make-up, hair, and grooming should be conservative. Hair shoulder length or longer must be pulled neatly back in a ponytail or bun. Hair clips, bands, etc. should be functional, not decorative. Mustaches and beards must be neatly groomed, trimmed, or clean shaven.
- f) Tattoos must be covered and not visible.

- g) Nails are to be clean and neatly trimmed to no more than fingertip length, with clear or no polish. No artificial nails are permitted in any clinical area.
- h) No perfume, after-shave or other strong scents since this causes nausea and/or difficulty in breathing for many patients. Students that smoke should pay close attention to removing smoke odors from their clothes and body.
- i) Gum chewing is not allowed.
- j) Any question concerning adherence to the dress code should be directed to the clinical instructor.
- k) In addition to UT Tyler dress code healthcare facility dress code guidelines will also be followed.

Failure to comply with the above requirements may result in an unexcused clinical absence and/or negative clinical evaluation.

Items to be avoided in all School-related Functions: Frayed, worn or soiled garments are not appropriate. This also includes costume look, transparent blouses, bare midriff shirts, tank tops, spaghetti straps, open back tops, muscle shirts, overtly sexual dress, gang colors or logos, facial/tongue/body piercing, obscene slogans or pictures, bedroom wear, short-shorts, short skirts, and any other clothing that may be offensive to others is unacceptable. This environment includes the classroom.

Violation of the dress code may result in removal of the student from the school related function for the remainder of the day. **Appropriate disciplinary action will be taken for repeated violations of this code.**

2.5 LEARNING LAB/ SIMULATION CENTER GUIDELINES

While in a learning lab at a UT Tyler School of Nursing facility the student is expected to be respectful of the learning environment; this time is considered a clinical experience.

UT Tyler Policy

1. All student learners will follow the skills laboratory student dress code while participating in lab experiences. Dress code may be altered at the discretion by the faculty of the course based on the intent or need of the lab.
2. It is the student's responsibility to bring the required, standard equipment for the learning lab/simulation experience, including, but not limited to textbooks, lab book, syllabus, stethoscope, etc.
3. Students are to complete any required preparation for the lab experiences, i.e. viewing required videos, completing case studies, reading assigned articles or text, completion of ATI skill modules, etc.
4. Safety for all participants must be ensured, i.e.
 - a. Keep lab neat and orderly.
 - b. Put equipment where instructed.
 - c. No equipment should be moved, touched, or disconnected unless supervised by the clinical faculty or lab coordinator.
 - d. Be aware of any wires and tubes which may pose a risk for falls or patient endangerment.
5. Students are to speak with their peers and clinical instructor with professional communication.

6. No food or drink is allowed in the simulation area/skills lab except with instructor approval.
7. Do not sit on any bed; there are chairs available.
8. Any supplies or equipment checked out from the lab needs to be returned to the skills lab coordinator by the required date. Failure to do so will result in an incomplete in the course until the equipment is returned or may require replacement cost.
9. Phones are to be silenced and put away while in the learning lab. Students are not to video or audio record any learning lab/simulation experience.

Simulator Care

10. Consider all simulators (or peers acting as patients) to be true patients and treat them with respect – keep them covered and dressed. Maintain privacy between your patients (simulators or peers) by pulling screens or pull drapes as necessary.
11. Do not move, reposition, or disconnect any simulator unless instructed by the lab coordinator.
12. Do not apply or insert any substances, such as Betadine, KY jelly, IV catheters, and Foley catheters to any simulator without specific direction from your instructor. There are specific simulator lubricants and tapes available. Students are not to perform any practice task training on the high fidelity simulators as replacement parts are expensive; instead, please use the task trainers for practice.

2.6 GENERAL CLINICAL INFORMATION

Hospital, Clinic, and/or Day Care experiences

1. Each student will be assigned a preceptor (RN) and clinical setting to enhance course content. Clinical faculty will schedule clinical hours at the beginning of the semester and/or per clinical rotation.
2. The student may not alter the clinical schedule without prior approval by the clinical instructor and preceptor. The occurrence of an emergency will be considered on an individual basis. If an absence is necessary, the student is responsible to notify the clinical instructor and the assigned nursing unit **at least two (2) hours prior** to the scheduled clinical experience. Any unapproved clinical absence will compromise the student's success which can result in clinical failure.
3. The student, with their preceptor, will assume care for a group of patients, including treatments and medications. The student is responsible for informing the clinical instructor and preceptor of specific learning needs. Students are advised to take advantage of every opportunity to enhance previously learned skills, as well as practice new skills.
4. All written work submitted will become the property of the University of Texas School of Nursing.
5. Instructors may elect to assign up to 12 hours of clinical time in simulated clinical activities. These activities must be documented on the appropriate forms and signed by a designated proctor. This learning experience is at the discretion of the clinical instructor.
6. Cell phone usage is expected to be limited to break time. Cell phone should be on "silence" mode and used only in the staff break areas.

Community Hours: Each student will have the opportunity to observe the various roles of the RN and other health care providers in different settings. If a student has a special request, this will need to be discussed and approved with their instructor.

- Childbirth Education Class: The student is responsible for locating and securing a Childbirth Education Class to attend (prenatal class, Lamaze class, breast-feeding or sibling class etc.). The preceptor and instructor can help to locate the appropriate class if needed. Following the observation of the class, the student must complete and submit the Community Activity form to the clinical instructor.
- Equine Therapy: Following the observation of the class, the student must complete and submit the Community Activity form to the clinical instructor. Contact information can be found on Blackboard.
- Pediatric Grand Rounds may be selected for this activity. See course calendar for dates. Students must RSVP before Monday prior to the event.
- Maternal-Child organization meetings for example: AWHONN
- Service Learning (volunteer hours approved by faculty prior to service)

Ethics Group Activity: This activity is to help the learner relate ethical dilemmas that affect Maternal-Child nursing practice, families, or their community. Each group of students will develop a video presentation on an ethical issue. The recorded presentation should last 3-5 minutes. It is expected that the work will be distributed evenly among the group members with full participation. Group members will individually evaluate each other and other presentations. This activity is a pass/fail grade.

Group Journal: Journal entries are a log of clinical experiences. The student will make an entry for each clinical activity that they participate in for the entire clinical rotation in the Family course.

These entries are to be:

- Submitted weekly through Blackboard Group Journal
- Dated at the beginning of each entry and signed at the end

These entries will document:

- Time of arrival for the clinical activity, time spent on breaks, and time of departure
- Clinical assignment and names of all preceptors/nurses worked with
- Skills performed and self-evaluation of clinical performance
- Observations and assessments that were done
- Discussions and interactions with patients and with staff
- A summary of how the expected learning outcomes were met
- Written reflection of a current maternal-child related event

**It is important that HIPPA guidelines are followed and no patient identifying information is discussed.*

Example:

September 1, 2016. Arrived on the L&D unit at 0633 and changed into scrubs. Met my preceptor (Jane Dough) and received report on one laboring patient. The patient was 4 cm dilated, 80% effaced and at a 0 station. She was a G1P0 and was an induction (for questionable macrosomia) that was 39 weeks gestation and had just arrived on the unit. I was able to observe my preceptor perform the initial assessment. I started the primary IV on first attempt with my preceptor standing by my side. I was also able to put the fetal heart rate monitor on this patient. I had difficulty getting a good tracing, but my preceptor helped me with the Leopold maneuvers and finally obtained a good tracing. The FHR was 120 with moderate variability and occasional accelerations. I observed this patient receive an epidural mid-morning. The mom had not planned on getting an epidural, but after reaching 5 cm, she changed her mind. The father of the baby was against her having the epidural, but also changed his mind after observing her labor.

Mid-morning there was a C-section on a patient that was not assigned to my preceptor. My preceptor arranged for me to observe this delivery of twins. I never realized that they actually lifted the uterus out of the abdomen. I now know why C-section patients are sore. I took a 15 min break in the morning in the coffee room on the unit, a 15 minute break in the afternoon and a 30 minute lunch break down in the cafeteria.

After her epidural, I was able to observe how the nurse regulated her Pitocin. I noticed that the calculation for the rate of infusion/titration was exactly as we discussed in class.

At 1600, I observed the delivery. It was scary and awesome. The baby received an 8/9 APGAR and weighed 8 pounds. I was able to give the Vitamin K and the erythromycin ointment to the baby under my preceptor's supervision. After the delivery I got to observe the first breastfeeding attempt. Actually, the baby never latched on and my preceptor noted that she would need the lactation consultant to work with her. I left the unit at 1915 after reporting off to my preceptor. Today was the most fun I have ever had in clinical... I think I want to be an L&D nurse. -----D.Smith, UTTSN

Reflection: Sept 2, 2016. Tonight I was watching TV and saw a show on the Discovery Health Channel on Pregnancies in women who did not know they were pregnant. This was a completely new concept for me. I understand now that; there are some women who actually don't feel the baby move or look pregnant and there are even some who will have a "period" when they are still pregnant. D.Smith, UTTSN

Simulation Learning Experiences (SLE):

Students will prepare for SLE by:

- Reading the required text assignment; thoroughly reviewing the scenario
- Complete the pre-test in Blackboard
- Present in appropriate clinical attire; actively participating in the SLE
- Complete the post-test in Blackboard
- Provide documentation in Blackboard Assignments
- Completing a reflection of the simulated experience