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OFFICE OF THE
SENATE COUNCIL**Course Information**

Date Submitted: 10/3/2014

Current Prefix and Number: NUR - Nursing , NUR 313 NURSING CARE OF CHILDBEARING FAMILIES

Other Course:

Proposed Prefix and Number: NUR 313

What type of change is being proposed?

Major Change

Should this course be a UK Core Course? No

1. General Information

a. Submitted by the College of: NURSING

b. Department/Division: Nursing

c. Is there a change in 'ownership' of the course? No

If YES, what college/department will offer the course instead: Select...

e. Contact Person

Name: Patricia Burkhart

Email: pvburk2@uky.edu

Phone: 323-8071

Responsible Faculty ID (if different from Contact)

Name: Julia Hall

Email: jjhall2@uky.edu

Phone: 323-6598

f. Requested Effective Date

Semester Following Approval: No OR Effective Semester: Fall 2015

2. Designation and Description of Proposed Course

a. Current Distance Learning (DL) Status: N/A

b. Full Title: NURSING CARE OF CHILDBEARING FAMILIES

Proposed Title: No change

c. Current Transcript Title: NURSING CARE OF CHILDBEARING FAMILIES

Proposed Transcript Title:

d. Current Cross-listing: none

Proposed – ADD Cross-listing :

Proposed – REMOVE Cross-listing:

e. Current Meeting Patterns

Proposed Meeting Patterns

LECTURE: 48

CLINICAL: 96

f. Current Grading System: ABC Letter Grade Scale

Proposed Grading System: *Letter (A, B, C, etc.)*

g. Current number of credit hours: 4

Proposed number of credit hours: 5

h. Currently, is this course repeatable for additional credit? No

Proposed to be repeatable for additional credit? No

If Yes: Maximum number of credit hours:

If Yes: Will this course allow multiple registrations during the same semester? No

2i. Current Course Description for Bulletin: This course is designed to provide classroom and clinical experiences to enable the student to provide continuity of nursing care for families during uncomplicated labor and delivery, postpartum and neonatal periods. Lecture 2 credits, clinical 2 credits (6 hours per week).

Proposed Course Description for Bulletin: This course is designed to provide classroom and clinical experiences to enable the student to provide continuity of nursing care for families during uncomplicated pregnancy, labor and delivery, postpartum, and neonatal periods. Lecture 3 credits, clinical 2 credits (6 hours per week).

2j. Current Prerequisites, if any: Prereq: NUR 301, current certification in Basic Life Support for Healthcare Providers (CPR and AED) for infant, child, and adult; current TB screening and required immunizations. Co-req NUR 311.

Proposed Prerequisites, if any:

2k. Current Supplementary Teaching Component:

Proposed Supplementary Teaching Component:

3. Currently, is this course taught off campus? No

Proposed to be taught off campus? No

If YES, enter the off campus address:

4. Are significant changes in content/student learning outcomes of the course being proposed? No

If YES, explain and offer brief rationale: The first trimester of pregnancy content was previously taught in another earlier nursing class, NUR 211. Since that course was charged with teaching more medical surgical topics that were previously taught in NUR 301, NUR 211 is no longer able to cover the pregnancy content. So, NUR 301 will send in a course change form to give up one hour, NUR 211 will remain the same, and with approval NUR 313 will add the hour. This way, the students receive the same content and the total hours do not change. I wanted to let you know that my course this semester is referred to as NUR 875 and you'll see that on my syllabus. To reflect the true undergraduate numbering system, the college of nursing has already received approval for the course to be called NUR 313 starting spring 2015. I hope that makes sense. So, I'm not requesting a change to the course numbering as this has been resolved at an earlier time.

5a. Are there other depts. and/or pgms that could be affected by the proposed change? No

If YES, identify the depts. and/or pgms:

5b. Will modifying this course result in a new requirement of ANY program? No

If YES, list the program(s) here:

6. Check box if changed to 400G or 500: No

Distance Learning Form

Instructor Name:

Instructor Email:

Internet/Web-based: No

Interactive Video: No

Hybrid: No

1. How does this course provide for timely and appropriate interaction between students and faculty and among students? Does the course syllabus conform to University Senate Syllabus Guidelines, specifically the Distance Learning Considerations?

2. How do you ensure that the experience for a DL student is comparable to that of a classroom-based student's experience? Aspects to explore: textbooks, course goals, assessment of student learning outcomes, etc.

3. How is the integrity of student work ensured? Please speak to aspects such as password-protected course portals, proctors for exams at interactive video sites; academic offense policy; etc.

4. Will offering this course via DL result in at least 25% or at least 50% (based on total credit hours required for completion) of a degree program being offered via any form of DL, as defined above?

If yes, which percentage, and which program(s)?

5. How are students taking the course via DL assured of equivalent access to student services, similar to that of a student taking the class in a traditional classroom setting?

6. How do course requirements ensure that students make appropriate use of learning resources?

7. Please explain specifically how access is provided to laboratories, facilities, and equipment appropriate to the course or program.

8. How are students informed of procedures for resolving technical complaints? Does the syllabus list the entities available to offer technical help with the delivery and/or receipt of the course, such as the Information Technology Customer Service Center (<http://www.uky.edu/UKIT/>)?

9. Will the course be delivered via services available through the Distance Learning Program (DLP) and the Academic Technology Group (ATL)? NO

If no, explain how student enrolled in DL courses are able to use the technology employed, as well as how students will be provided with assistance in using said technology.

10. Does the syllabus contain all the required components? NO

11. I, the instructor of record, have read and understood all of the university-level statements regarding DL.

Instructor Name:

SIGNATURE|PVBURK2|Patricia Burkhart|NUR 313 CHANGE College Review|20141003

SIGNATURE|JDLIND2|Jim D Lindsay|NUR 313 CHANGE HCCC Review|20141005

SIGNATURE|PVBURK2|Patricia Burkhart|NUR 313 CHANGE Approval Returned to College|20141006

SIGNATURE|PVBURK2|Patricia Burkhart|NUR 313 CHANGE College Review|20141006

SIGNATURE|JDAVIS1|Joanne Davis|NUR 313 CHANGE College Review|20141006

SIGNATURE|JDLIND2|Jim D Lindsay|NUR 313 CHANGE HCCC Review|20141027

SIGNATURE|JMETT2|Joanie Ett-Mims|NUR 313 CHANGE Undergrad Council Review|20150707

Course Change Form

<https://myuk.uky.edu/sap/bc/soap/rfc?services=>

Open in full window to print or save

Generate R

Attachments:

Upload File

	ID	Attachment
Delete	4784	NUR 313 UGC Review Checklist.docx
Delete	5149	NUR 313 syllabus-rev 6.26.15.doc

1

NOTE: Start form entry by choosing the Current Prefix and Number
(*denotes required fields)

Current Prefix and Number:		NUR - Nursing NUR 313 NURSING CARE OF CHILDBEARING FAMILIES	Proposed Prefix & Number: (example: PHY 401G) <input checked="" type="checkbox"/> Check if same as current	NUR 313
* What type of change is being proposed?		<input checked="" type="checkbox"/> Major Change <input type="checkbox"/> Major - Add Distance Learning <input type="checkbox"/> Minor - change in number within the same hundred series, 799 is the same "hundred series" <input type="checkbox"/> Minor - editorial change in course title or description which change in content or emphasis <input type="checkbox"/> Minor - a change in prerequisite(s) which does not imply a course content or emphasis, or which is made necessary by the significant alteration of the prerequisite(s) <input type="checkbox"/> Minor - a cross listing of a course as described above		
Should this course be a UK Core Course? <input type="radio"/> Yes <input checked="" type="radio"/> No				
If YES, check the areas that apply:				
<input type="checkbox"/> Inquiry - Arts & Creativity <input type="checkbox"/> Composition & Communications - II <input type="checkbox"/> Inquiry - Humanities <input type="checkbox"/> Quantitative Foundations <input type="checkbox"/> Inquiry - Nat/Math/Phys Sci <input type="checkbox"/> Statistical Inferential Reasoning <input type="checkbox"/> Inquiry - Social Sciences <input type="checkbox"/> U.S. Citizenship, Community, Diversity <input type="checkbox"/> Composition & Communications - I <input type="checkbox"/> Global Dynamics				
1. General Information				
a.	Submitted by the College of: NURSING		Submission Date: 10/3/2014	
b.	Department/Division: Nursing			
c.*	Is there a change in "ownership" of the course? <input type="radio"/> Yes <input checked="" type="radio"/> No If YES, what college/department will offer the course instead? <input type="text" value="Select..."/>			
e.*	* Contact Person Name: Patricia Burkhart		Email: pvburk2@uky.edu Phone: 323-8071	
	* Responsible Faculty ID (if different from Contact): Julia Hall		Email: jjhall2@uky.edu Phone: 323-6598	
f.*	Requested Effective Date:		<input type="checkbox"/> Semester Following Approval	OR
	Specific Term: <input checked="" type="radio"/> Fall 2015			
2. Designation and Description of Proposed Course.				
a.	Current Distance Learning(DL) Status:		<input checked="" type="radio"/> N/A <input type="radio"/> Already approved for DL* <input type="radio"/> Please Add <input type="radio"/> Please Drop	
*If already approved for DL, the Distance Learning Form must also be submitted <u>unless</u> the department affirms (by checking this box) that the proposed change DL delivery.				
b.	Full Title: NURSING CARE OF CHILDBEARING FAMILIES		Proposed Title: * No change	
c.	Current Transcript Title (if full title is more than 40 characters):		NURSING CARE OF CHILDBEARING FAMILIES	
c.	Proposed Transcript Title (if full title is more than 40 characters):			
d.	Current Cross-listing:		OR	

	<input checked="" type="checkbox"/> N/A	Currently ³ Cross-listed with (Prefix & Number):	none		
Proposed – ADD ³ Cross-listing (Prefix & Number):					
Proposed – REMOVE ^{3,4} Cross-listing (Prefix & Number):					
e. Courses must be described by at least one of the meeting patterns below. Include number of actual contact hours⁵ for each meeting pattern					
Current:	Lecture _____	Laboratory ⁵ _____	Recitation _____	Discussion _____	Indep. § _____
	Clinical _____	Colloquium _____	Practicum _____	Research _____	Resider _____
	Seminar _____	Studio _____	Other _____ Please explain: _____		
Proposed: *	Lecture 48	Laboratory ⁵ _____	Recitation _____	Discussion _____	Indep. § _____
	Clinical 96	Colloquium _____	Practicum _____	Research _____	Resider _____
	Seminar _____	Studio _____	Other _____ Please explain: _____		
f.	Current Grading System:	ABC Letter Grade Scale			
	Proposed Grading System:*	<input checked="" type="radio"/> Letter (A, B, C, etc.) <input type="radio"/> Pass/Fail <input type="radio"/> Medicine Numeric Grade (Non-medical students will receive a letter grade) <input type="radio"/> Graduate School Grade Scale			
g.	Current number of credit hours:	4	Proposed number of credit hours:*	5	
h.*	Currently, is this course repeatable for additional credit?			<input type="radio"/> Yes	
*	Proposed to be repeatable for additional credit?			<input type="radio"/> Yes	
	If YES:	Maximum number of credit hours:			
	If YES:	Will this course allow multiple registrations during the same semester?	<input type="radio"/> Yes		
i.	Current Course Description for Bulletin:				
	This course is designed to provide classroom and clinical experiences to enable the student to provide continuity of nursing care for families during uncomplicated labor and delivery, postpartum and neonatal periods. Lecture 2 credit clinical 2 credits (6 hours per week).				
*	Proposed Course Description for Bulletin:				
	This course is designed to provide classroom and clinical experiences to enable the student to provide continuity of nursing care for families during uncomplicated pregnancy, labor and delivery, postpartum, and neonatal periods. Lect 3 credits, clinical 2 credits (6 hours per week).				
j.	Current Prerequisites, if any:				
	Prereq: NUR 301, current certification in Basic Life Support for Healthcare Providers (CPR and AED) for infant, child and adult; current TB screening and required immunizations. Co-req NUR 311.				
*	Proposed Prerequisites, if any:				
k.	Current Supplementary Teaching Component, if any:			<input type="radio"/> Community-Based Experience	

	<input type="radio"/> Service Learning <input type="radio"/> Both		
<i>Proposed Supplementary Teaching Component:</i>	<input checked="" type="radio"/> Community-Based Experience <input type="radio"/> Service Learning <input type="radio"/> Both <input type="radio"/> No Change		
3. Currently, is this course taught off campus?	<input type="radio"/> Yes		
* Proposed to be taught off campus?	<input type="radio"/> Yes		
If YES, enter the off campus address:			
4.* Are significant changes in content/student learning outcomes of the course being proposed?	<input checked="" type="radio"/> Yes		
If YES, explain and offer brief rationale:			
<p>The first trimester of pregnancy content was previously taught in another earlier nursing class, NUR 211. Since that course was charged with teaching more medical surgical topics that were previously taught in NUR 301, NUR 211 is no longer able to cover the pregnancy content. So, NUR 301 will send in a course change form to give up one hour, NUR 2 will remain the same, and with approval NUR 313 will add the hour. This way, the students receive the same content as the total hours do not change. I wanted to let you know that my course this semester is referred to as NUR 875 and you'll see that on my syllabus. To reflect the true undergraduate numbering system, the college of nursing has already received approval for the course to be called NUR 313 starting spring 2015. I hope that makes sense. So, I'm not requesting a change to the course numbering as this has been resolved at an earlier time.</p>			
5. Course Relationship to Program(s).			
a.* Are there other depts and/or pgms that could be affected by the proposed change?	<input type="radio"/> Yes		
If YES, identify the depts. and/or pgms:			
b.* Will modifying this course result in a new requirement² for ANY program?	<input type="radio"/> Yes		
If YES ² , list the program(s) here:			
6. Information to be Placed on Syllabus.			
a.	<input type="checkbox"/>	Check box if <u>changed to 400G or 500.</u>	If <u>changed to 400G- or 500-level</u> course you must send in a syllabus and you <i>must include the differentiation</i> between undergraduate students by: (i) requiring additional assignments by the graduate students; and/or (ii) establishing different grading course for graduate students. (See SR 3.1.4.)

¹See comment description regarding minor course change. *Minor changes are sent directly from dean's office to Senate Council Chair. If Chair deems the change as "not minor," the form will be appropriate academic Council for normal processing and contact person is informed.*

²Courses are typically made effective for the semester following approval. No course will be made effective until all approvals are received.

³Signature of the chair of the cross-listing department is required on the Signature Routing Log.

⁴Removing a cross-listing does not drop the other course – it merely unlinks the two courses.

⁵Generally, undergrad courses are developed such that one semester hr of credit represents 1 hr of classroom meeting per wk for a semester, exclusive of any lab meeting. Lab meeting generally least two hrs per wk for a semester for 1 credit hour. (See SR 5.2.1.)

⁶You must also submit the Distance Learning Form in order for the course to be considered for DL delivery.

⁷In order to change a program, a program change form must also be submitted.

General Course Information

- Full and accurate title of the course
- Departmental and college prefix
- Course prefix, number and section number
- Scheduled meeting day(s), time and place

Instructor Contact Information (if specific details are unknown, "TBA" is acceptable for one or more fields)

- Instructor name
- Contact information for teaching/graduate assistant, etc.
- Preferred method for reaching instructor
- Office phone number
- Office address
- UK email address
- Times of regularly scheduled office hours and if prior appointment is required

Course Description

- Reasonably detailed overview of the course (course description should match on syllabus and eCATS form)
- Prerequisites, if any (should match on syllabus and eCATS form)
- Student learning outcomes
- Course goals/objectives
- Required materials (textbook, lab materials, etc.)
- Outline of the content, which must conform to the Bulletin description
- Summary description of the components that contribute to the determination of course grade
- Tentative course schedule that clarifies topics, specifies assignment due dates, examination date(s)
- Final examination information: date, time, duration and location
- For 100-, 200-, 300-, 400-, 400G- and 500-level courses, numerical grading scale and relationship to letter grades for undergraduate students
- For 400G-, 500-, 600- and 700-level courses, numerical grading scale and relationship to letter grades for graduate students. (Graduate students cannot receive a "D" grade.)
- Relative value given to each activity in the calculation of course grades (Midterm=30%; Term Project=20%, etc.)
- Note that undergraduate students will be provided with a Midterm Evaluation (by the midterm date) of course performance based on criteria in syllabus
- Policy on academic accommodations due to disability. Standard language is below:

If you have a documented disability that requires academic accommodations, please see me as soon as possible during scheduled office hours. In order to receive accommodations in this course, you must provide me with a Letter of Accommodation from the Disability Resource Center (Room 2, Alumni Gym, 257-2754, email address jkarnes@email.uky.edu) for coordination of campus disability services available to students with disabilities.

UGE Review ()

Course description on syllabus and eCATS form should match

Prerequisites are listed on syllabus but not on eCATS form

Revise Examinations policy - students with an excused absence do not have to contact the instructor one hour before a missed exam - they have one week following the absence to contact

Under Classroom Activities, students with excused absences must be given an opportunity to make up missed graded in-class assignments

Under Clinical Attendance, only two excused absences can be

Course Policies

- Attendance
- Excused absences
- Make-up opportunities
- Verification of absences
- Submission of assignments
- Academic integrity, cheating & plagiarism
- Classroom behavior, decorum and civility
- Professional preparations
- Group work & student collaboration

made up?? Provide tentative course schedule
Committee Review () Comments

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

NUR 313-NURSING CARE OF CHILDBEARING FAMILIES
Sections 001-011

SYLLABUS

Fall 2015

Semester Credit Hours: 5
Placement: Second Semester Junior Year

Meeting Time and Place: M/W from 3:3-4:45 pm
Charles T. Wethington Building, Room 014

THESE MATERIALS MAY NOT BE REPRODUCED WITHOUT WRITTEN PERMISSION OF
DEAN'S OFFICE
COLLEGE OF NURSING
UNIVERSITY OF KENTUCKY

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

NUR 313 - Nursing Care of Childbearing Families

Course description:

This course is designed to provide classroom and clinical experiences to enable the student to provide continuity of evidence-based nursing care for families during uncomplicated labor and delivery, postpartum and neonatal periods. Lecture 3 credits, clinical 2 credits (6 hours per week).

Student Learning Outcomes:

1. Develops evidence-based nursing care strategies based on concepts relevant to childbearing families.
2. Collaborates interprofessionally within the health care system to provide individualized and family-centered nursing care that is culturally competent for the childbearing family.
3. Applies research, theory, and evidence-based knowledge to help solve problems experienced by childbearing families using root cause analysis and best practices.
4. Employs effective communication skills to enhance collaborative planning and intervention strategies related to the health care of childbearing families.
5. Plans for continuity of interprofessional care across multiple settings.
6. Integrates a philosophy of nursing and utilizes professional nursing standards when caring for childbearing families.
7. Demonstrates responsibility and accountability for professional behavior.
8. Employs theories of leadership and management in providing nursing care to childbearing families.

CREDIT HOURS: 5 credit hours
 3 hours classroom
 2 hours clinical

PRE-REQUISITE: Prerequisites: NUR 301, current certification in Basic Life Support for Healthcare Providers (CPR and AED) for infant, child and adult, current TB screening and required immunizations. Co-requisite: NUR 311.

TEACHING/LEARNING METHODS:

Lecture
Discussion
Case Studies
Computer Assisted Simulations
Clinical Facilitation

COURSE FACULTY:

<p>Julia J. Hall, MSN, RN Office 435B CON/HSLC Course Coordinator/Instructor 859-323-6598 (Office) 859-797-1334 (Cell) jjhall2@uky.edu Sections 009 & 010</p> <p>Office Hours: By appointment and Wednesdays: 11 a.m.-2:00 pm Fridays: 11am-1pm</p>	<p>Kristin Ashford, ARNP, Ph.D Office 417 CON/HSLC Co-instructor 859-257-9333 (Office) 859-576-4643 (Cell) kristin.ashford@uky.edu</p> <p>Office Hours: By appointment and Tuesdays and Thursdays 11:00 am-12:00 pm</p>
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CLINICAL FACULTY:

<p>Stacey Crouch, MSN, RN Clinical Instructor Section 006, 011 606-336-1478 (Cell) stacey.crouch@uky.edu</p>	<p>Nancy Jennings, RN, BSN, Clinical Instructor Section 007 502-330-5303 (Cell) nbmcla2@uky.edu</p>
<p>Sara Meegan, ARNP Clinical Instructor Sections 002, 004, 008 859-351-1586 (Cell) smeegan@uky.edu</p>	<p>Ana Maria Linares, DNS, RN Office CON/HSLC 435A Clinical Instructor Section 003 am.linares@uky.edu</p>
<p>Melissa Setters, RN, BSN Clinical Instructor Sections 001 & 005 859-351-0402 (Cell) 859-272-0083 (Home) msettt2@uky.edu</p>	

*As part of the professionalism that we desire to model, the College of Nursing has instituted a new policy where students are to address faculty members by their titles as opposed to their first names. In order to help you know how to address the faculty members in this course the proper titles are as follows:

Dr. Ashford
Mrs. Crouch
Ms. Hall
Mrs. Jennings
Dr. Linares
Mrs. Meegan
Mrs. Setters

TEXTBOOKS:**Required:**

American Psychological Association (2009). *Publication manual of the American Psychological Society*. (6th ed.). Washington, D. C.: American Psychological Association.

Ricci, S. S. (2013). *Essential of maternity, newborn, and women's health nursing* (3rd ed.). Philadelphia: Lippincott, Williams, and Wilkins. ISBN: 978-1-4511-4886-2

NUR 313 Packet

Recommended:

Boyd, D., Hinds, M. M., Hyland, J. R., & Saccoman, E. A. (2008). *Evolve reach comprehensive review for the NCLEX-RN examination* (2nd ed.). St. Louis: Mosby.

Desevo, M. (2009). *Maternal and newborn success: A Q & A review applying critical thinking to test taking*. (2nd ed.). Philadelphia: F. A. Davis.

Holloway, B., Moredich, C., & Aduddell, K. (2010). *OB, peds, women's health notes: Nurses' clinical pocket Guide* (2nd ed.). Philadelphia: F. A. Davis.

EVALUATION

In order to pass this course, the student must:

- receive an overall satisfactory rating in the clinical setting (as recorded on the clinical performance evaluation);
- receive a minimum grade of 76% for the course;
- receive a cumulative, weighted test average of 76% or higher;
- achieve 100% accuracy on the medication dosage calculation by 6:00 p.m. September 11th, 2015; and
- take the Obstetric H.E.S.I exam at the designated time.

Grading

Exam 1	20%	50 questions	
Exam 2	20%	50 questions	
Exam 3	20%	50 questions	
Final Exam	25%	90 questions	
HESI		See HESI	
<i>Clinical Activities/Other</i>			
•		Class & Clinical Activities (Quizzes, Case Studies, Reflective Writing, etc)	2%
•		Clinical Paper Draft #1	2%
•		Clinical Paper Draft #2	2%
•		Final Paper Draft	7%
•		Oral Presentation	2%
	Total	100%	

Grading Scale:

A = 92 - 100%
 B = 84 - 91%
 C = 76 - 83%
 D = 68 - 75%
 E = 67% or below

*NOTE: All grades will be entered without rounding and the exam average will not be rounded. *

Examinations

There are four computerized examinations required during this course which equal 85% of the total course grade. The accumulative final exam is worth 25% of the course grade. All regular exams will be composed of multiple-choice, med math, and alternative style questions. Examinations will be taken only at the date and time scheduled unless consent is given by the primary faculty prior to the examination. **All examinations in this course are comprehensive; therefore, any material that has been presented to date is considered testable material.** All exams are administered via the computer this semester. Questions will be presented one at a time.

The College of Nursing now uses ExamSoft computerized exams for all undergraduate courses. All students in the undergraduate nursing program will be required to take exams via computer. Students with approved accommodations will receive those accommodations in the college of nursing. In the event of an anticipated absence, it is the student's responsibility to contact the primary faculty (Julia J. Hall at jjhall2@uky.edu) at least one hour prior to the examination or, in the case of an unforeseen emergency, at least within one week of the missed examination. An excused absence from an examination will be granted in accord with the excused absence policy as stated below under "Class Attendance and Assignment Completion". A make-up exam must be scheduled within one week following the original test date of the original exam date or 20% of the total possible points will be deducted from the student's make-up exam grade. Make-up exams may vary in both structure and style but will cover the same content. Unexcused absences from an exam will result in a grade of zero for that exam. If you are tardy to an exam, you may take the exam, but may be required to move from the original testing area to complete the exam. Points will be deducted from your final grade as follow related to tardiness:

Up to 15 minutes tardy = 5 points off

15-30 minutes tardy = 10 points off

>30 minutes = 15 points off and you will need to reschedule a time to take the exam

Use of basic, four function calculators will be permitted. Under no circumstances will programmable calculators, calculators with a cover, PDAs, cell phones, or sharing of calculators be permitted. The computer program is equipped with a calculator; therefore, a calculator is not necessary during computer exams, but you may use the previously mentioned type of calculator if that is your preference. Randomized assigned seating will be utilized during all examinations.

Exam Reviews: Students may review exams in the computer lab once the exam has been submitted. These reviews are conducted for the benefit of the students to clarify answers with rationales. No note taking, cell phones, or recorders are allowed during the review. If a student desires additional clarification regarding particular concepts covered on the exam they are encouraged to make an appointment with the faculty. Additional formal post-exam reviews are not scheduled. Students who score below 80% on any exam are highly encouraged to schedule an appointment with one or both primary faculty to review their exam one on one.

Mid-term grades will be posted in my UK by the deadline established in the Academic Calendar (<http://www.uky.edu/Registrar/AcademicCalendar.htm>)

Exam Matrixes**Exam 1**

Topic	# of Questions
Fetal Development and Genetics	10
Maternal Adaptation during Pregnancy	10
Nursing Management during Pregnancy #1	10
Labor and Birth Processes	8
Nursing Management during Labor and Birth	10
Med Math	2
Total	50
Time Allowed for this Exam: 75 minutes	

Exam 2

Topic	# of Questions
Postpartum Adaptations	6
Nursing Management during the Postpartum Period	8
Newborn Adaptation	6
Nursing Management of the Newborn	8
Nursing Management of Pregnancy #2	6
Newborn Nutrition and Feeding	7
Anatomy and Physiology of the Reproductive System	7
Med Math	2
Total	50
Time Allowed for this Exam: 75 minutes	

Exam 3

Topic	# of Questions
Common Reproductive Issues	7
Sexually Transmitted Infections	7
Pregnancy Related Complications #1 & 2	13
Selected Health Conditions and Vulnerable Populations #1 & 2	14
Benign Disorders of the Female Reproductive Tract	7
Med Math	2
Total	50
Time Allowed for this Exam: 75 minutes	

Comprehensive Final

Topic	# of Questions
Fetal Development and Genetics	2
Maternal Adaptation during Pregnancy	2
Nursing Management during Pregnancy #1 & 2	4
Labor and Birth Processes	2
Nursing Management during Labor and Birth	2
Postpartum Adaptations	2
Nursing Management during the Postpartum Period	2
Newborn Adaptation	2
Nursing Management of the Newborn	2
Newborn Nutrition and Feeding	2
Anatomy and Physiology of the Reproductive System	2
Common Reproductive Issues	2
Sexually Transmitted Infections	2
Pregnancy Related Complications #1 & 2	4
Selected Health Conditions and Vulnerable Populations #1 & 2	4
Benign Disorders of the Female Reproductive Tract	8
Acquired and Congenital Newborn Complications	8
Nursing Management of Labor and Birth at Risk #1 & 2	14
Violence and Abuse	8
Nursing Management of the Postpartum Woman at Risk #1 & 2	12
Med Math	4
Total	90

These matrixes are not written in stone. Changes may occur based on how the content is covered during lecture and depending on the needs of the class. These are guidelines. If drastic changes occur, you will be notified one week prior to the exam date.

Nursing exams help prepare you for the NCLEX examination. Keep in mind that the NCLEX is a comprehensive exam. The minimum amount of questions that an NCLEX candidate will answer is 75 with a maximum of 265. Students are encouraged to spend 1-2 minutes on each test item during the exam. The NCLEX allows 1.36 seconds per question.

The layout of the course is structured to begin with the normal findings of pregnancy, labor and delivery, newborn nursery, and postpartum. The second half of the semester is devoted to the abnormal processes associated during those periods.

HESI

All students are required to take the HESI examination on the scheduled date in order to successfully pass the course. Those students who score as follows will be awarded the corresponding points:

1251-1300 = 8 points
1201-1250 = 7 points
1151-1200 = 6 points
1101-1150 = 5 points
1051-1100 = 4 points
1001-1050 = 3 points
951-1000 = 2 points
900-950 = 1 point

These points will be added to your exams 1-3 evenly. If you only are awarded one point, then the point will be added to exam 3, two points, one point will be added to exams 2 and 3, 3 points will be added to exams 1, 2, and 3 etc.

Review of HESI Rationales: Immediately upon completion of the HESI exam, students are required to review all rationales for missed questions before leaving the computer lab. Failure to complete this portion of the HESI experience will result in loss of the benefit of the points. **Make sure to review your rationales before exiting the exam.**

HESI Remediation:

The purpose of specialty HESI remediation is to allow students to review concepts/content in their weak subject areas. Each remediation is student-specific; focus of the remediation will be entirely based on questions missed on the HESI. Every student is required to complete the HESI Remediation Assignment (instructions/documents located on Bb) and submit via Blackboard before or on Wednesday, May 7 at 12:00 pm. The amount of remediation time required is entirely dependent on how well a student does on the HESI. Those who score high (for instance, >1000) will likely have very little to remediate. Those who score low (for instance, in the 700's) will likely have several hours' worth of remediation to cover. There should be a minimum of 15 minutes and no more than 2 hours of time spent on this assignment. This exercise will (1) facilitate understanding of content missed on the HESI, and (2) help prepare the student for the comprehensive final. Failure to submit the fully completed assignment by the deadline will result in an unsatisfactory performance. See Assignment of an Unsatisfactory Performance. Remediation instructions are located in Blackboard under the Course Content tab.

Accommodations for students with disabilities:

If you have a documented disability that requires academic accommodations, please let the course coordinator know as soon as possible. In order to receive accommodations in the course, you must provide a Letter of Accommodation from the Disability Resource Center (www.uky.edu/TLC/grants/uk_ed/services/drc.html) at least one week prior to the first exam. If you have not already done so, please register with the Disability resource Center (room 2 Alumni Gym, 257-2754, jkarnes@uky.edu) for coordination of campus disability services. Documentation for testing accommodations must be presented at least one week prior to a scheduled exam.

Classroom Activities

Students are expected to be prepared for each class and to actively participate in discussions and group activities. **Class begins promptly at 3:30 pm.** Students are expected to be seated and attentive at this time. Any talking during class should be directed to the instructor and the entire class. Conversations among individual students, cell phones ringing, using a computer for any other reason than note taking, and text messaging during class will not be tolerated. Computers will be banned from the classroom if these guidelines are ignored. If the instructor feels that your behavior is disturbing other students, you will be asked to leave the classroom and will receive an unsatisfactory for that day.

There are assignments that are to be completed during classroom activities. You may only receive credit for these if you are actually present. Since these activities are embedded into 1% in the other category and an average is computed for these, there are no make-up opportunities.

Preparation:

The lecture schedule/calendar is available on blackboard. It is assumed that students have revisited concepts learned in all nursing classes to date. Students are highly encouraged to revisit the obstetric content from NUR 211/869. Therefore, previously-learned content is the *student's* responsibility and is considered testable material. No hard copies of the PowerPoints will be provided at the beginning of lecture unless deemed necessary by the faculty.

You will be asked to listen to voice overs throughout the semester. Your time is built into the schedule so that you are given that time back. For instance, there is no clinical the first week of class or during dead week. This will provide enough compensation time for the voice overs.

For the purposes of undergraduate courses, the university recommends utilizing 2-3 hours of outside work per credit hour every week. Due to the nature of nursing clinical courses, we encourage that you utilize at least 3-4 hours per credit hour per week. This breaks down to 12-16 hours of outside work, study, preparation for NUR 313. Certainly, some students will need more and some students will require less time to be successful.

Echos/Class Captures: We do not post the class captures from the actual class meeting. Rather, we post a straight lecture style presentation of just the facts related to the material. You may use these to help you prepare. There are times when we expand upon the capture, go over certain details in more depth, or we do classroom activities related to the content. The captures are for preparation and not in place of the class period. You disadvantage yourself when you do not attend class.

Audience Response System or "Clickers":

This course utilizes the Turning Point Audience Response System <ARS> ("clickers"). The clicker is a small key pad that is battery powered and transmits a radio frequency. Clickers give instant visual feedback on multiple choice questions during class time. This device allows students to *participate* in the course rather than to simply witness the lecture presentation.

Tracking of responses and attendance will be monitored weekly by faculty.

Clicker Facts:

- The clickers should be purchased and registered on-line before the beginning of the second day of class. This will allow time to download the participant list to the classroom computer before the following lecture. Directions on how to register clickers is below.
- Clickers should *never* be shared in this course. You will receive an unsatisfactory should you not comply to this policy.
- Clickers need to be brought to every lecture. This is the *student's* responsibility.

How to Register Your Clicker:

1. Purchase your clicker at the Bookstore. (If you already own a TurningPoint clicker, you simply need to register *this* clicker with the course – and no need to buy a new one.)
2. Sign in on your Blackboard account and click on NUR 313.
3. Click on “Course Tools” in the left-hand column of the home page.
4. Scroll down and click on the “Turning Point Registration Tool” icon. (Do NOT click on the “PRS Clicker Registration”; this is a different brand of clicker.)
5. Type in your response device i.d. (6 characters). The i.d. number can be found on the back of the clicker.
6. Submit, and you're done!

Classroom Attendance: (Policy from the UK Bulletin)

Attendance and Completion of Assignments

Class attendance is required for this course.

Excused Absences

A student shall not be penalized for an excused absence. The following are defined as excused absences:

1. Significant illness of the student or serious illness of a member of the student's household (permanent or campus) or immediate family. The Instructor of Record shall have the right to request appropriate verification.
2. The death of a member of the student's household (permanent or campus) or immediate family. The Instructor of Record shall have the right to request appropriate verification. For the purpose of this rule, immediate family is defined as spouse or child or parent (guardian) or sibling (all of the previous include steps, halves and in-laws of the same relationship); and grandchild or grandparent.
3. Trips for members of student organizations sponsored by an educational unit, trips for University classes, and trips for participation in intercollegiate athletic events, including club sports registered with the university as well as varsity sports. When feasible, the student must notify the Instructor of Record **prior to** the occurrence of such absences, but in no case shall such notification occur more than one week after the absence. Instructors of Record may request formal notification from appropriate University personnel to document the student's participation in such trips.
4. Major Religious Holidays. Students are responsible for notifying the Instructor of Record **in writing** of anticipated absences due to their observance of such holidays no later than the last day for adding a class. For additional information on excused absences due to the observance of major religious holidays; visit:
www.uky.edu/Ombud/ForStudents_ReligiousHolidays.php.
5. Any other circumstance which the Instructor of Record finds reasonable cause for absence. Students missing any graded work due to an excused absence bear the responsibility of informing the Instructor of Record about their excused absence within one week following the period of the excused absence (except where prior notification is required), and of making up the missed work. The Instructor of Record shall give the student an opportunity to make up the work and/or the exams missed due to an excused absence, and shall do so, if feasible, during the semester in which the absence occurred. The student shall be given the opportunity to make up exams missed due to an excused absence during the semester in which the absence

occurred, if feasible. In those instances where the nature of the course is such that classroom participation by the student is essential for evaluation, the instructor shall, if feasible, give the student an opportunity to make up the work missed during the semester in which the absence occurred.

Students are expected to withdraw from the class if more than 20% of the classes scheduled for the semester are missed (excused or unexcused) per university policy.

Students will be asked to verify their absences in order for them to be considered excused. Senate Rule 5.2.4.2 states that faculty have the right to request "appropriate verification" when students claim an excused absence because of illness or death in the family. Appropriate notification of absences due to university-related trips is required prior to the absence.

For NUR 313, we have 36.25 hours of scheduled class time or 29 times that we meet throughout the semester. Seven hours of class time constitutes a fifth of the course. That means that when you know that you are going to miss more than 7 classes, then you need to discuss this issue with the course coordinator. Should greater than 7 hours of class time be missed without discussing this with the course coordinator, then you may need to withdraw or receive an incomplete for the course. If you fail to click in or sign the back-up attendance sheets, then you will be counted absent. We will take attendance via clickers with a back-up paper method on a clip board. You may only click in/sign for yourself. If you use an absent student's clicker or sign the roster for another student, this would be considered a breach in academic integrity and this will be pursued and you will be counted absent and be assigned an unsatisfactory and the applicable (5%) percentage deduction. Making sure that you are counted for attendance is your responsibility. **We will not accept an email notification that you forgot to sign the attendance sheet, your clicker didn't work, etc.** Please do not email us if you forgot your clicker or forgot to sign the clip board. You will be counted absent.

Medication/IV Calculation Exam

The passage of a medication/IV calculation exam at 100% is required within the first three weeks of the semester. Failure to do so will require remediation. Each individual student will be responsible for the development of a remediation plan. Students will not be allowed to give any medications until successful completion is achieved. Failure to demonstrate 100% mastery by September 11, 2015 will result in automatic failure of the course. Use of basic, four function calculators only will be permitted. Under no circumstances will programmable calculators, PDAs, cell phones, or sharing of calculators be permitted. Sample questions are included in the supplementary materials. Dates and times are posted on the calendar for students to take med math exams.

College of Nursing Medication Math Mastery Policy Statement:

In the interest of patient safety, the Undergraduate Faculty has adopted a medication math mastery policy that will be implemented January, 2012. All Undergraduate students in every clinical course (except RN-BSN students) must achieve 100% on med math by the stated deadline in the syllabus. Students will be given a maximum of 3 attempts to pass the exam at 100%. Students who fail to achieve 100% in 3 attempts will fail the clinical course. If failure occurs prior to the withdrawal deadline, students may opt to withdraw from the course and will have to repeat the clinical course the next semester.

CALCULATION AND ROUNDING RULES

Inclusion of this section in total as written is required on all med math exams as a ready resource.

1. Calculate one decimal place beyond the desired place.
2. Standardized conversions (found at the end of this document and in med math text) must be used to calculate answers.
3. Rounding Rules related to volumes:
 - Milliliter - when preparing oral liquids or injectable medicines (IM, IV Push, SQ)
 - less than 1 milliliter round to the hundredth
 - greater than 1 milliliter round to the tenth
 - Milliliter - when administering IV infusions & tube feeding including IV & tube feeding pumps: round to the whole number
4. Rounding Rules if calculating for ounce, kilogram, microgram, milligram, gram, units and milliequivalents:
 - Ounces: do not round
 - Kilograms: round to the tenth
 - Micrograms: round to the whole number
 - Milligrams, grams, units, milliequivalents:
 - Less than 1, round to the thousandth
 - 1-10, round to the tenth
 - Greater than 10, round to the whole number
 - Intravenous & tube feeding solution must be administered using a whole number.
 - Round drops per minute using the standard rounding rules.

The following standard conversions will not be available to you on exams, but you are expected to know these conversions.

STANDARD CONVERSIONS

Weight

1 kilogram (kg) = 1000 g

1 gram (g) = 1000 milligrams (mg)

1 mg = 1000 micrograms (mcg)

1 g = 1 million mcg

1 unit = 1000 milliunits

Pounds (lb) to Kilograms (kg)

2.2 lb = 1 kg

Pounds (lb) to Ounces (oz)

1 lb = 16 oz

Volume

1 liter (L) = 1000 millileters (mL)

Metric to Household to Apothecary

5 mL = 1 tsp

15 mL = 1 tbs (tablespoon) = ½ ounce

30 mL = 2 tbs (tablespoon) = 1 ounce

240 mL = 1 cup = 8 ounces

500 mL = 1 pint (16 ounces)*

1000 mL (1 liter) = 1 quart (32 ounces)*

4 L = 1 gallon or 4 quarts

*Use standardized conversions for pint (500 mL) & quart (1000 mL)

Metric to Apothecary

1 gr (grain) = 60 mg

Teacher/Course Evaluations

The University policy on faculty performance review requires that faculty obtain student evaluations of teaching for every course every semester. To meet the requirement, the College of Nursing uses a web-based course evaluation. All students enrolled in this course are asked to visit the Course Evaluation website to fill out evaluations or to decline the opportunity within the designated time frame. Students should take this opportunity to provide serious input regarding faculty performance and course evaluation. These evaluations are used by the College of Nursing to improve the curriculum and enhance faculty teaching. Evaluations are completely anonymous. The information is compiled and shared with individual faculty members; program directors, associate dean, and dean only after final grades are submitted.

Students must activate and use their UK email addresses. Forwarding UK email to another address is not a viable option for receiving information about evaluations.

Code of Professional Conduct

“The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual...” (p. 4). Principles of respect extend to all encounters, including colleagues. “This standard of conduct precludes any and all prejudicial actions, any form of harassment or threatening behavior, or disregard for the effect of one’s actions on others” (p. 9). (American Nurses Association Code of Ethics, 2001).

Per university policy, students shall not plagiarize, cheat, or falsify or misuse academic records. Students are expected to adhere to University policy on cheating and plagiarism in all courses. The minimum penalty for a first offense is a zero on the assignment on which the offense occurred. If the offense is considered severe or the student has other academic offenses on their record, more serious penalties, up to suspension from the university may be imposed.

Plagiarism and cheating are serious breaches of academic conduct. Each student is advised to become familiar with the various forms of academic dishonesty as explained in the Code of Student Rights and Responsibilities. Complete information can be found at the following website: <http://www.uky.edu/Ombud>. A plea of ignorance is not acceptable as a defense against the charge of academic dishonesty. It is important that you review this information as all ideas borrowed from others need to be properly credited.

Part II of *Student Rights and Responsibilities* (available online <http://www.uky.edu/StudentAffairs/Code/part2.html>) states that all academic work, written or otherwise,

submitted by students to their instructors or other academic supervisors, is expected to be the result of their own thought, research, or self-expression. In cases where students feel unsure about the question of plagiarism involving their own work, they are obliged to consult their instructors on the matter before submission.

When students submit work purporting to be their own, but which in any way borrows ideas, organization, wording or anything else from another source without appropriate acknowledgement of the fact, the students are guilty of plagiarism. Plagiarism includes reproducing someone else's work, whether it be a published article, chapter of a book, a paper from a friend or some file, or something similar to this. Plagiarism also includes the practice of employing or allowing another person to alter or revise the work which a student submits as his/her own, whoever that other person may be.

Students may discuss assignments among themselves or with an instructor or tutor, but when the actual work is done, it must be done by the student, and the student alone. When a student's assignment involves research in outside sources of information, the student must carefully acknowledge exactly what, where and how he/she employed them. If the words of someone else are used, the student must put quotation marks around the passage in question and add an appropriate indication of its origin. Making simple changes while leaving the organization, content and phraseology intact is plagiaristic. However, nothing in these Rules shall apply to those ideas which are so generally and freely circulated as to be a part of the public domain (Section 6.3.1).

Please note: Any assignment you turn in may be submitted to an electronic database to check for plagiarism. You have one week from the time any assignment is returned to question your grade and after that time, the grade will stand.

Assignment of an Unsatisfactory Performance: You can receive an unsatisfactory in clinical, the classroom, or in any venue where you are in the student nurse role. Understand that the assignment of an unsatisfactory performance will result in 3-5% reduction is taken from the total points possible depending on the severity of the offense. See the sample letter for a minor offense.

First-Aid Fridays – CON study resource for all nursing majors offered free.

First Aid Fridays is a weekly study hall for professional nursing students. ALL sophomore, junior, and senior nursing majors are encouraged to take advantage of this opportunity to study with your peers. First-Aid Fridays happens each **Friday from 10 a.m.-3 p.m.** in the fourth floor lab (407 CON).

Students can drop in for any part of or all of the time.

- Peer tutors for patho-pharmacology and nursing review (They've been through it!)
- Teaching assistants to lead hands-on practice of clinical nursing and med-math skills
- Professional advisors to answer academic questions and guide you to success

Bring a friend or study group. "First-Aid Fridays" is a FREE, drop-in resource sponsored by the College of Nursing.

Communication: Again, students are expected to have a UK account for the purposes of email. Students are encouraged to check their email daily. There are times when we do send messages over the weekend as well. In regards to returning messages from students to faculty, we will make every effort to return your message at the earliest convenience. However, per the College of Nursing Standards regarding this issue, faculty can have up to 72 hours (business days Monday-Friday) to return student questions/concerns via email.

SECURITY TIPS AND STUDENT SAFETY

Adapted from the UK Police Department Web site: <http://www.uky.edu/Police/atwork.html>

Safety Tips

- Keep a cell phone with you. Include emergency notification numbers (e.g., police, taxi) in your cell phone.
- Always let someone know where you'll be, whether it's coming in late, working late, going to class/clinical, out to dinner or for the evening. If you have an accident, they will have an idea where you are and eventually come looking for you.
- Additional safety tips: <http://www.uky.edu/catspath/safety-tips.html>

Take a Look at Common Trouble Spots

- Stairwells and out-of-the-way corridors – Don't use the stairs alone. Stairwells can be traps as well as a way to save time or get some exercise. Never enter a stairwell to escape pursuers or potential attackers. To an area where there are other people.
- Elevators – don't get into elevators with people who look out of place or behave in a strange or threatening manner. If you find yourself in an elevator with someone who makes you nervous, get off as soon as possible.
- Restrooms – Be extra cautious when using restrooms that are in isolated locations, poorly lighted or open to the public. Attackers can hide in stalls and corners.
- After hours – Don't work late alone. Create a buddy system for walking to parking lots or public transportation or use the escort service or ask security to walk you to your car.
- Parking lots or garages – Choose a well-lighted garage or parking space. Always lock your car and roll your windows up all the way. If you notice any strangers hanging around the parking lot, notify security or the police. When you approach your car, have the door key ready. Check the floor and back seats before getting in. Lock your car as soon as you get in...before you buckle your seat belt.

Campus Safety

- "To ensure your safety and the safety of others at the University of Kentucky, you are encouraged to familiarize yourself with the crime prevention information on the police department's Web site, <http://www.uky.edu/Police>
- **University of Kentucky Police Department Emergencies: 911 (859) 257-1616 Free call from your cell phone - #UKPD (#8573)**
- Safety Tips: <http://www.uky.edu/catspath/safety-tips.html>
- Safety Services: <http://www.uky.edu/StudentAffairs/VIPCenter/studentServices.html>

1/09 PBurkhart

Cheating and Plagiarism

The faculty of this course will not tolerate cheating or plagiarism on any assignment or exam. Please be familiar with the University's regulations regarding these two topics, as stated in the Student Rights and Responsibilities Handbook, as you will be held to these standards.

1. Cheating

For definition, see p. 88, section 6.3.2. For consequences, see pp. 89-96, section 6.4.0-6.4.11.

2. Plagiarism

For definition, see pp. 87-88, section 6.3.1. For consequences, see pp. 89-96, section 6.4.0-6.4.11

CLINICAL GUIDELINES

Overview

Students must successfully complete their clinical experience to receive a passing grade in NUR 313. NUR 313 requires 6 hours of clinical experience weekly. Additional time is required for preparation and evaluation. Clinical times will be announced the first day of class. There is **NO** guarantee that students will be scheduled for clinical in the same time or location selected during registration. Clinical assignment is contingent upon instructor and clinical site availability. Students are required to attend pre- and post-conferences as a part of the clinical experience.

Professional Standards:

1. Nursing students are expected to adhere to the *Behavioral Standards in Patient Care and Health Science Students Professional Behavior Code* which were distributed and can be found at www.mc.uky.edu/pi/Behavioral%20standards%20In%20Patient%20care.doc. Failure to do so may result in dismissal from the program. (See disciplinary action and appeals procedure in publications.)
2. Correct identification as University of Kentucky nursing students is required in the clinical area at all times.
3. Attire: UK CON nursing student uniform with **UKMC ID BADGE** is required for all clinical areas. Students are required to observe professional, safety, and infection control practices as dictated by the specific clinical site. These include, but are not limited to:
 - Shoes and uniforms must be clean and must completely cover all parts of the abdomen. White leather shoes are to be worn when in uniform.
 - Long hair is to be tied back or up and no nail polish, artificial nails, perfumes/cologne, or excessive makeup may be worn.
 - Jewelry limited to wedding rings and one pair of post earrings
4. Students will need the following equipment in the clinical area:
Stethoscope, drug reference, pen light, scissors, watch with second hand, black pen
5. Agency orientation will be provided for each clinical group in order to familiarize students with agency policy. Attendance at agency orientation is required.
6. **Cellular phones are not allowed in any clinical area. Losses of personal items are the sole responsibility of the owner and will not be reimbursed by any agency.**
 - The internet is only to be used to look up disease processes, issues related specifically to your assigned patient, medications, procedures, etc.
 - The hospitals where we have clinical, the patients and families assigned to us, and the staffs at the institutions are not to be discussed on social networks. The safest approach is not to discuss anything related to the clinical or the hospital.
 - If a student chooses to ignore these standards, he/she will be asked to leave the clinical area for the day and an unsatisfactory will be assigned.

Clinical Activities

Completion of clinical assignments will count 15% toward the course grade. Activities include clinical preparation assignments, medication cards, simulation quizzes, analysis paper draft and paper, oral presentation. Guidelines are provided in the supplementary materials pack. Late clinical assignments are subject to a zero or deductions at the discretion of the course coordinator and the clinical instructor. Note that some assignments are satisfactory/unsatisfactory, but you are still responsible for completing the assignments. Further, failure to complete the assignments will result in an unsatisfactory clinical performance, being sent home from clinical for being unprepared, and you will be required to make up the clinical time and the assignment.

Special Clinical Requirements

Student will be required to document with Student Services the following **before admittance to the clinical facilities**:

- (a) Negative PPD in last year, or appropriate TB treatment
- (b) Rubella immunization or appropriate titer
- (c) Chickenpox status
- (d) Hepatitis B protection
- (e) **TETANUS, DIPHTHERIA, ACELLULAR PERTUSSIS**
 - Documentation of one dose of Tdap vaccine as an adult.
 - May be deferred if last Tetanus booster is within the past two years.
- (f) Current CPR certification (adult, infant, and child)
- (g) A copy of the flu vaccination or declination to be turned into CON by October 31st, 2014.

Failure to provide the required health status documentation will result in dismissal from clinical and an unsatisfactory for each clinical missed. Individual students are responsible for maintaining up to date health records.

Skills Checkoffs:

All students are to be prepared to check off on catheters (indwelling and straight in and out), IVPB administration, IV & IM administration, and IV starts. The skills were sent to your via email and are posted on blackboard. If you fail the check-off, then you will be required to practice and re-check off. If you are unable to show proficiency before you begin to care for patients,

1. You will not be permitted to attend clinical and you will be required to make up the clinical time missed.
2. If you miss two clinical times due to being unsuccessful with check-offs, then you will receive an unsatisfactory performance with a corresponding 5% deduction in the overall course grade.
3. If you continue to be unsuccessful with the skills, you will be asked to withdraw from the course.

Evaluation

The student is expected to complete the assigned written clinical work as determined by the clinical instructor. The instructor will respond with written feedback. Again, late clinical assignments could result in a grade of zero and an unsatisfactory. Formal written summary evaluations will be conducted twice each semester, at midterm and at semester's end. Failure to demonstrate successful overall achievement by final evaluation will constitute a failure in the course.

Individual Daily Clinical Performance

Students will be evaluated daily and verbally notified if they have had an unsatisfactory clinical performance on any day. A 5% reduction in the total points possible for the course will occur. (The reduction will be deducted from the total percentage possible. For example, if your final grade is 87%, then your grade will be an 82% in the course).

After an unsatisfactory for the clinical day is assigned, the student and the clinical instructor and possibly the course coordinator will meet to discuss the incident/ behavior that led to the unsatisfactory performance. The incident/behavior will be documented by the clinical instructor and a plan for improvement will be written by the clinical instructor and the student.

Consequently, if the clinical instructor concludes that patients' health/lives may be or have been put in jeopardy due to any of the above criteria, the instructor may send the student home from clinical and refer the student to

the Dean of the College of Nursing for possible sanctions. Any student that violates the UK Medical Center, Central Baptist Hospital, or Saint Joseph Hospital, Health Sciences Student Professional Behavior Code will be referred to the Dean of the College of Nursing. Accumulation of 3 or more unsatisfactory clinical days over the course of the semester will result in failure of the course. In addition, receiving an overall unsatisfactory on the final clinical performance will result in failure of the course. See the clinical evaluation. A student can also receive an unsatisfactory during class.

Criteria for receiving an unsatisfactory performance are as follows:

1. Failure to demonstrate adequate preparation and/or tardiness for scheduled clinical sessions or written clinical assignments,
2. Failure to safely perform nursing skills within the clinical setting,
3. Tardiness to clinical that occurs more than once throughout the semester, or
4. Unprofessional behavior (Refer to behavioral standards codebook). This includes use of your cell phone and or unauthorized use of the internet during clinical in patient care areas.
5. Unexcused clinical absences.

Overall Clinical Performance

Each student's overall clinical performance will be formally evaluated at mid-term and at semester end. All students must meet or exceed expectations identified in the clinical evaluation tool to pass NUR 313.

A student will receive an overall unsatisfactory clinical performance evaluation and a failing course grade for any of the following infractions;

- Failure to attain a satisfactory rating on any section of the clinical evaluation tool by the final semester evaluation.
- Failure to make up a clinical absence
- Any violation of the *Behavioral Standards in Patient Care and Health Science Students Professional Behavior Code*

CLINICAL ATTENDANCE

Clinical attendance is mandatory. Excused absences will be granted for those reasons given in the Student Rights and Responsibilities, Section 5.2.4.2. Notification of the instructor **prior to the starting time of clinical** is necessary. The **ONLY** exception is in the case of an unanticipated emergency in which case notification is required as soon as possible following the missed clinical (and NOT later than 1 week). If the clinical instructor is not notified of an anticipated absence before clinical time or as soon as possible after the missed clinical, the absence will be considered unexcused and cannot be made up. Each unexcused clinical absence will result in a 5 percent decrease in the student's final course grade.

All absences, whether excused or unexcused, require make-up clinical time. It is the student's responsibility to contact the clinical instructor and arrange for the make-up clinical. This should be done **IMMEDIATELY** and, in the case of emergency that does not permit immediate follow up, no later than within 1 week of the missed clinical. The specific assignment to make up clinical time is at the discretion of the clinical instructor. For students with an excused absence, if the make-up clinical assignment is not completed, an excused absence will become unexcused and each unexcused clinical absence will result in a 5 percent decrease in the student's final course grade. Any time clinical is cancelled, regardless of the reason; a make-up assignment will be required. Due to limited available faculty and clinical sites, we are able to accommodate no more than three clinical

absences per student in a semester. Students who have more than 3 clinical absences, excused or unexcused, may be asked to withdraw from the course or take an incomplete, as this represents greater than 20% of clinical time. Remember, documentation of the absence is required whether that be an MD excuse, program from a funeral, receipt of payment for professional conferences, etc.

Additional Course Information:

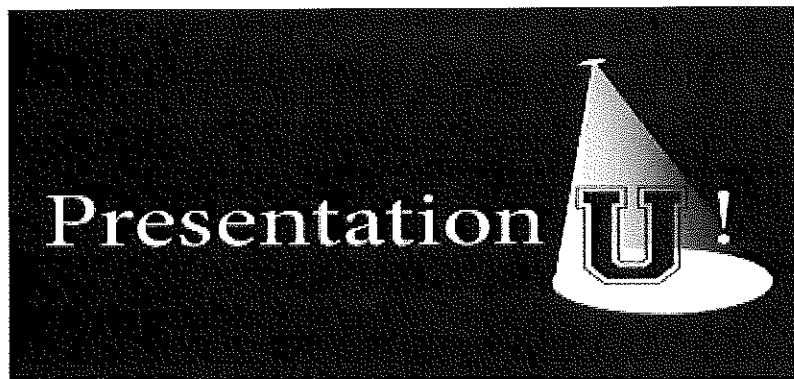
1. Each clinical group will elect one representative to serve as student/faculty liaison at course meetings.
2. The faculty appreciates student's time and thoughtful reflection. Open communication is encouraged. Individual students are welcome to make an appointment with one or both course coordinators to discuss their concerns.
3. Students are responsible for maintaining active blackboard accounts. Course communications will be via blackboard and UK e-mail accounts.

REMINDER

Please consult the University of Kentucky Schedule of Classes for the following information:

1. last day to Withdraw from a course
2. last day to file for Repeat Option

Please remember that the Add/Drop procedure must be initiated and carried out formally. It is not sufficient to simply start or stop attending a class. Please see the Office of Student Services for assistance with this procedure.



Your instructor is participating in the Faculty Fellows Program, an integral part of Presentation U! (UK's Quality Enhancement Plan). As a Fellow, your instructor is incorporating multimodal communication assignments into this course. These assignments build on the composition and communication skills you learned in your CIS/WRD 110, 111, 112 UK Core classes. You are also encouraged to come to the Presentation U! Center @ the Hub (basement of W.T. Young Library) for help preparing and polishing your communication skills and assignments. Finally, to continually improve the program, we will be asking for your permission to assess your multimodal communication assignments and for your thoughts about your experiences with Presentation U!

The following schedule is open to all students. You are highly encouraged to attend any of the topics, but in particular the ones that may assist you in all of your CON projects and assignments.

Appendixes

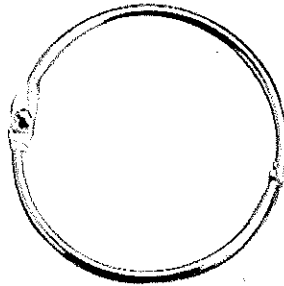
Clinical Assignment Guidelines Fall 2015

- **Medication Cards:** These are to be handwritten and turned in on your assigned clinical orientation day.
- **Clinical Prep Work**
 - You will be assigned four different prep works and additional medication cards throughout the semester. The prep work is to be handwritten. The prep work with the new medication cards are due on the first day that you are assigned to a particular area. This assignment is satisfactory or unsatisfactory.
- **Daily Assignment (SBAR) Sheets**
 - You will turn in the relevant SBAR forms (located in your packet) from every patient you are assigned to for each clinical day. These are to be submitted via blackboard under the clinical work submission tab and then SBAR forms.
- **Oral Presentation**
 - Every student should be prepared to present their assigned patient in post conference at any time throughout the semester in addition to the formal assignment.
- **Clinical Simulation**
 - Your clinical group is assigned a day in clinical in order to conduct a simulation experience related to a topic discussed in class.
- **Prenatal Experience**
 - During the semester, you will need to complete a prenatal experience. This will be a 4-6 hour clinical/lab experience depending on a variety of factors. You will randomly be assigned to one of the three options and you will receive time out of clinical to attend your prenatal experience. There are three options for completing the prenatal experience as follows:
 - Prenatal simulation
 - Centering pregnancy observation experience
 - Observation at one of the prenatal clinics in Lexington
- **Safe Assign**
 - All clinical assignments with the exception of the prep works, medication cards, and the SBAR forms must be submitted through safe assign.
 - The document must be in one piece. You cannot attach two documents.

NUR 313 Medication Cards Instructions Fall 2015

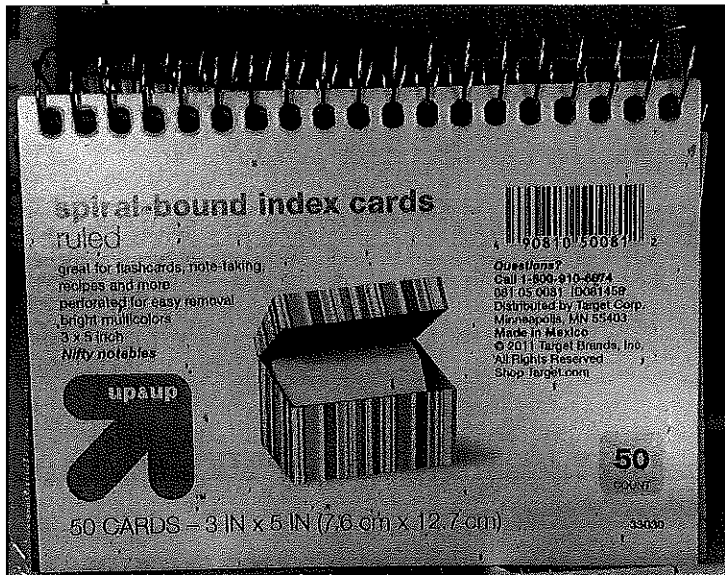
Instructions: The following is a list of medications that you will need to look up and make cards on for each area in NUR 313. These are due on the day of your hospital orientation and count towards part of the 2% of the classroom and clinical activities. These are a list of the most commonly administered medications for the semester. Please use your drug book, the Lowdermilk text, the Micromedex, Epocrates, and/or other reputable internet resources to find the assigned information regarding the drugs. You will need to choose index cards that can easily fit in your pocket so that you can readily access these during clinical.

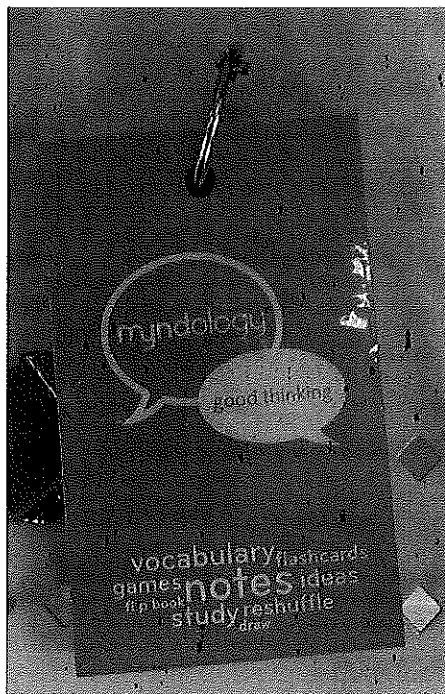
What works best is if you punch a hole at one of the top corners and place a binder ring through the hole to hold them together. The ring looks like this:



The ring is not required, only suggested for organization purposes.

Other options:





***Med Cards are to be handwritten.* Please DO NOT laminate your cards until after they have been turned into your instructor. We need to provide written feedback on your cards.**

The information that you need to fill out on all medications is as follows:

The name of the drug

Drug Classification

The recommended/safe dosage for the obstetrical indication

Obstetrical indication (this means why do we administer this to the pregnant, postpartum, or newborn infant) and the mechanism of action

Major Side Effects

Pregnancy Risk Category (**This will not be applicable to the Newborn Medications**)

Labor and Delivery (Intrapartal) Drugs

Calcium Gluconate

Cervidil

Clindamycin

Cytotec/Misoprostil

Ephedrine

Labetalol

Magnesium Sulfate

Narcan

Nubain

Oxytocin/Pitocin

Penicillin

Promethazine/Phenergan

Stadol/Butorphanol Tartrate

High Risk Antepartum Drugs

Betamethasone/Celestone

Doxycycline

Fluoxetine/Prozac

Glyburide

Humalog

Indocin (Do not discuss PDA prophylaxis here, rather why is this drug administered to pregnant women)

Iron Sulfate

Methadone

Methotrexate

Metoclopramide/Reglan

Nicotine Patch

Pergonal

Prenatal Vitamins

Procardia/Nifedipine

Progesterone

Subutex

Terbutaline/Brethine

Zofran

Postpartum Drugs

Colace/Docuate Sodium

Depoprovera

Dermaplast Spray

Hemabate

Ibuprofen/Motrin/Advil

Influenza Vaccination

Lansinoh Cream

Methergine

Percocet (Oxycodone and Acetaminophen)

Pneumococcal Vaccination

Preparation H/Phenylephrine

RhoGAM

Rhophylac

Rubella Vaccination

Senokot

Simethicone

T-DAP Vaccination

Witch Hazel

Newborn Medications

Emla Cream

Erythromycin ophthalmic ointment

Hepatitis B Vaccination

Neonatal Narcan

Tylenol

Vitamin K/Aquamephyton/Phytonadione

Example of the drug, Terbutaline (Brethine).

Drug: Terbutaline/Brethine

Classification: Beta-adrenergic agonist

Recommended sage dosage for the pregnant woman: Tocolysis--2.5-5 mg PO every 4-6 hours until delivery (unlabeled use). Also used to relax the uterus in the event of uterine inversion in the third stage of labor. The usual dose is 0.25 mg SQ. This dose is also used as a loading dose for tocolysis or uterine tachysystole.

OB indication: Tocolytic (deter contractions or slow the progress of labor).

Mechanism of Action: The mechanism of action is related to the beta adrenergic receptor agonist action of the drug which leads to relaxation of smooth muscles in the uterus.

Major Side Effects: CNS: nervousness, restlessness, tremor, headache, insomnia.

Resp: PARADOXICAL BRONCHOSPASM (EXCESSIVE USE OF INHALERS).

CV: angina, arrhythmias, hypertension, tachycardia.

GI: nausea, vomiting.

Endo: hyperglycemia

Pregnancy Risk Category: B

FDA Use-in-Pregnancy Ratings

Category

Description

A

Controlled studies show no risk-Adequate, well-controlled studies in pregnant women have failed to demonstrate a risk to the fetus in any trimester of pregnancy.

B

No evidence of risk in humans-Adequate, well controlled studies in pregnant women have not shown increased risk of fetal abnormalities despite adverse findings in animals,

or

In the absence of adequate human studies, animal studies show no fetal risk. The chance of fetal harm is remote, but remains a possibility.

C

Risk cannot be ruled out- Adequate, well-controlled human studies are lacking, and animal studies have shown a risk to the fetus or are lacking as well.

There is a chance of fetal harm if the drug is administered during pregnancy; but the potential benefits may outweigh the potential risk.

D

Positive evidence of Risk-Studies in humans, or investigational or post marketing data, have demonstrated fetal risk. Nevertheless, potential benefits from the use of the drug may outweigh the potential risk. For example, the drug may be acceptable if needed in a life threatening situation or serious disease for which safer drugs cannot be used or are ineffective.

X

Contraindicated in Pregnancy- Studies in animals or humans, or investigational or post-marketing reports, have demonstrated positive evidence of fetal abnormalities or risk which clearly outweighs any possible benefit to the patient.

Note: Different sources may conflict regarding the risk category of drugs. This is fine as long as your source is reputable. For example, the Davis Drug Book, Micromedex, Epocrates, Lactmeds, Physician's Desk Reference, etc.

Micromedex is free in the app store with a password. Visit the UK CareWeb:

http://careweb.mc.uky.edu/micromedex/default_redirect.htm, and you'll see the Micromedex screen (or from the Careweb screen, it's on the right side menu). Select Micromedex 2.0, and next you'll see Micromedex's main page. At the top, click on mobileMicromedex® and you'll see detailed instructions for each product. It's under the tab "Micromedex Apps on Apple, Android, etc." Each app has a different password. *Note:* As a Micromedex customer with free access, you will be asked to update your password on an annual basis. Once the current password nears expiration, the app will remind you to enter a new one. At that time, return to this site and obtain the new password.

NUR 313 Analysis Paper

1. For the first part of the paper, you are to address a prenatal issue meaning an issue relevant to pregnant women in the first two trimesters or the first 27 weeks of gestation. Some examples of topics are diet, exercise, regular and consistent prenatal care, dental care in the first two trimesters, etc. You will research this topic and discuss the importance of the issue to the population you are discussing. You may actually discuss care prior to conception, the first trimester, the second trimester, or discuss your population as a pregnancy up to 27 weeks.
 - Begin with a title page in APA format
 - Start with an introductory paragraph that sets up your paper. I suggest using headings (pay attention to APA).
 - Introduce the relevance of your chosen topic to the population of interest.
 - Thoroughly discuss the suggestions from the literature in addressing the chosen issue in the targeted population.
 - Use APA and proper grammar throughout. Remember to cite any information that is not considered common knowledge throughout the paper.
 - End with a reference page.

NUR 313 Analysis Paper Rubric Draft #1 (2%) Due September 25, 2015 at noon	
Area	Comments/Points
Introduction for the paper (this will need to be fine-tuned as you turn in each version of your paper) 10 points	
Discuss the importance of your chosen issue in regards to women who are pre-conceptual, first trimester, second trimester, or the first two trimesters. 30 points	
Thoroughly discuss the recommendations from the literature in regards to prenatal care and/or education surrounding your chosen issue. 30 points	
Evidenced based References 2-3 references (you may use the textbook as one of your references along with evidenced based articles) 10 points	
APA (See APA manual, guidelines purdue owl, etc.) This includes grammar, title pages, references, etc. 20 points	
Total	

2. For the second part of the paper, you will choose one of your labor and delivery, high risk antepartum, newborn, postpartum, or mother and baby couplets that you have cared for this semester thus far. **Do not use any patient identifiers for this assignment.**
 - Add to the introduction what you will discuss in regards to this patient.
 - Present a summary of your assessment of the patient in the SBAR format. Please note that if you use headings, you must use the appropriate APA format. Do not insert the SBAR template.
 - Next, discuss the prenatal issue from the first draft of your paper in relation to the current selected patient. Be sure to exhaust your patient's hospital chart for the prenatal records and interview your patient or patient's mother for any gaps or findings that may not be readily

available. According to the records and your interview of the patient, discuss how the patient did or did not receive the recommended prenatal care from the recommendations section of the first part of your paper.

- Next, you will discuss one main issue that you identified for that patient while under your care. You will support this discussion with any relevant findings from your assessment, the patient's lab values, special testing, response to treatment, etc. Discuss whether or not the prenatal care topic discussed in the first section of the paper had an impact on this current issue. For example if you discussed feeding method education in the beginning of your paper and you have now identified breastfeeding as an issue for your patient, discuss how the prenatal education has impacted what is going on with breastfeeding now. If the two issues are unrelated, then make this very clear in your discussion in this section.
- Finally, using the topic you chose for this patient, discuss whether or not the facility practices evidence based care. Provide specific examples of how evidence based care is being delivered, not being delivered, and how the care could be enhanced according your evidence.
- Use APA and proper grammar throughout.
- Update your reference page.

NUR 313 Analysis Paper Rubric Draft #2 (2%) Due October 30, 2015 at noon	
Area	Comments/Points
Introduction for the paper (this will need to be fine-tuned between this and the final draft) 5 points	
SBAR discussion of the patient in summary format 15 points	
Discuss whether or not the current patient or the patient's mother had the prenatal care issue you discussed in the first section of the paper addressed during her pregnancy. Be very explicit here. 15 points	
Discuss one issue for the selected patient now and support this issue with information from your SBAR, assessment findings, lab values, special testing, etc. Discuss whether this issues is related and impacted by the aforementioned prenatal care topic. Discuss why or why not. 20 points	
Provide examples of how evidence based care is being practiced, not being practiced, and how care could be enhanced in regards to your newly identified current issue. 20 points	
Evidenced based References 2-3 references in addition to the first draft for a total of 4-6 (you may use up to two textbooks along with evidenced based articles) 5 points	
APA (See APA manual, guidelines purdue owl, etc.) This includes grammar, title pages, references, etc. 20 points	
Total	

3. For the final draft of the paper, you will now choose one of your labor and delivery, high risk antepartum, newborn, postpartum, or mother and baby couplets that you have cared for in the second half of the semester. For instance, if you chose a high risk antepartum or Intrapartum patient, you will now choose a postpartum mother, newborn, or treat the mother and baby as a couplet and vice versa. **Do not use any patient identifiers for this assignment.**
- Add to the introduction what you will discuss in regards to this final patient.
 - Present a summary of your assessment of the patient in the SBAR format. Please note that if you use headings, you must use the appropriate APA format. Do not insert the SBAR template.
 - Next, you will discuss the one main issue that you identified for that patient while under your care. You will support this discussion with any relevant findings from your assessment, the patient's lab values, special testing, response to treatment, etc.
 - Research this topic in the evidence. Discuss whether or not the facility practices evidence based care in regards to that aspect of the patient's care. Provide specific examples of how evidence based care is being delivered, not being delivered, and how the care could be enhanced according to the literature.
 - Select a Nurse Sensitive Indicator or a Safety related policy/protocol from your institution that relates to one of the patients or patient populations that you discussed previously in the paper.
 - Discuss how the chosen NSI affects one of your assigned clients, group of clients, and/or a unit as a whole.
 - How does the unit report data related to this indicator? If they do not report the data, then how do they document it in the client record?
 - How do they (the hospital/unit) evaluate the effectiveness of their interventions, protocols, etc. in response to the chosen indicator?
 - What are your recommendations to improve the process (assuming there is a process)? If the policy or process is not in place, discuss how you would implement a protocol to address the NSI or policy?
 - Consult the literature and cite at least two and no more than four articles to support your comments for this question. One of the articles must be research/evidenced based.

Finally, write a **conclusion paragraph** tying up the take home message of what you have presented in the paper.

Update the reference page.

NUR 313 Analysis Paper Rubric Final (7%) Due December 4, 2015 at noon	
Area	Comments/Points
Introduction for the paper (this will need to be fine-tuned for the final version) 5 points	
SBAR discussion of the current patient in summary format 10 points	
One main/priority issue is identified for the current patient with supportive information from you SBAR, assessment findings, lab values, special testing, etc. 10 points	
One issue for the pregnant mother and your mother and baby couplet is addressed and supported with your evidence. 10 points	
Examples of how evidence based care is being practiced, not being practiced, and could be enhanced are discussed in both patient venues. 15 points	
NSI or Policy/Procedure/Guideline <ul style="list-style-type: none"> • Discuss the significance and the effect of the chosen NSI/Policy/Procedure in regards to your assigned patient(s)/patient population. 5 points • Discuss how does the unit report data related to this indicator? If they do not report the data, then how do they document it in the client record? 5 points • Discuss how the hospital/unit evaluates the effectiveness of their interventions, protocols, etc. in response to the chosen indicator/policy/guideline? 5 points • Describe your recommendations to improve the process (assuming there is a process)? If the policy or process is not in place, discuss how would implement a protocol to address the NSI or policy? 5 points • Consult the literature and cite at least two and no more than four articles to support your comments for this question. One of the articles must be research/evidenced based. 5 points (for citing your recommendations from the evidence) 	
Evidenced based References <ul style="list-style-type: none"> • 6-9 (2 total may be text books, the rest must be from evidenced based journals) for the problems identified for the individual patients • 2-4 (one must be research/research based)for the NSI section 5 points	
Conclusion/Summary (10 Points)	
APA (See APA manual, guidelines purdue owl, etc.) This includes grammar, title pages, references, etc. 10 points	

NUR 313 OB Presentation Guidelines Fall 2015

- **The function of the presentation is to give you an opportunity to professionally present a patient to a group of your peers. Select a patient, mother and baby couplet, or a patient population (high risk antepartal patients diagnosed with PROM, intrapartum patient receiving epidurals, newborns experiencing neonatal abstinence syndrome, etc.)**
- **You will present your patient as you would in report using the SBAR document thoroughly describing the history, diagnoses, current condition, medications, lab progression, etc. Discuss the effectiveness of the multidisciplinary care of the patient. The patient need not have problems that require addressing; therefore, your recommendation may be to continue with the plan of care and anticipate discharge on _____ date.**
- **Options:**
 1. **For individual student presentations, choose something unique about this patient or patient population for the creativity section. Consult the literature in regards to this unique characteristic and present the information to your peers. For example, you may discuss nipple confusion with breastfeeding mothers, the decision to circumcise the male newborn, current treatments for prolonged rupture of membranes for high risk mothers, alternative pain control options during labor, etc. Basically, select an issue that piques your interest as this will assist in your creativity. Perhaps, you could do a pre and post-test of your classmates' knowledge in regards to this issue.**
 2. **You may work in groups of 2-4 students and formulate a teaching plan/method to improve patient education. For example, you may decide that the discharge teaching for postpartum mothers could be enhanced by adding evidenced based material that is missing, or the education could be presented in a different manner. The new plan or method is the creative aspect here. You will still need to present the patient population using the SBAR format.**
 3. **You may work in groups of 2-4 students to formulate either a new policy for delivery of evidenced based care. Again you still present the patient population and your new and improved policy. Make sure to present the existing policy if applicable and explain what you are contributing.**
- **Three (one of which must be evidenced based/research article) or more references are required to do the assignment justice and to receive full credit.**
- **You may want to consult your instructor in regards to a patient assignment that lends well to a presentation. Remember, the patient need not be "ill" to be of interest to you and your peers. You must use a new patient other than your care plan or area assignment patient.**
 - **Please be creative. For instance, this could be presented in game form; you could do a skit, song, or some other type of activity to convey your assignment. For options 2 and 3, the creativity is the fact that you are offering something new like the teaching plan or method or a new policy recommendation. Options 2 and 3 should be viewed as something that could actually be instituted at the hospital.**
 - **You will have 10 minutes to present and answer questions for option #1. For option #2, you will have 20 minutes to present and answer questions.**

- Turn in your SBAR write up with references on a separate page to your OB instructor typed in APA format.

OB Oral Clinical Presentation Rubric Option #1	
Presents the patient's current condition thoroughly as described in the SBAR Document. This can be handwritten or typed, but you turn this into your instructor (5 pts)	
Makes appropriate recommendations related to the patient's nursing care and related the recommendations to the literature (15 pts)	
Discusses a specific issue related to the patient's condition. (10 pts)	
Stays within the allotted time frame of 10 minutes. (1 pt)	
Stimulates discussion/Creativity Ability to engage and interact with the group and answer questions. (12 pts)	
APA References (minimum of three sources, one must be evidence based) Reference Page (7 pts)	
Total Points	/50 or %

OB Oral Clinical Presentation Rubric for Options 2 & 3	
Presents the patient's current condition thoroughly as described in the SBAR document. This can be handwritten or typed, but you turn this into your instructor. Since this is a population of patients and not an individual patient population, then your SBAR will be more global. (5 pts)	
Demonstrates the need for the improvement in the teaching plan/method or the new policy guideline with examples from the literature. (30 pts)	
Teaching plan/method/policy is provided and comprehensively explained during the presentation. (20 pts)	
Stays within the allotted time frame of 20 minutes. (2 pts)	
Contributions of individual group members is distributed evenly and made clear during the presentation. (20 pts)	
Creativity, ability to engage the audience and answer questions (13 points)	
APA References (minimum of three sources, one must be evidence based) Reference Page (10 pts)	
Total Points	%

NUR 313 Antepartum/Intrapartum SBAR

<p>Situation: G T P A L _____</p> <p>GA: _____ EDC: _____</p> <p>Feeding Plans <input type="radio"/> Breast <input type="radio"/> Bottle</p> <p>Diet: _____</p>	<p>Admission Diagnosis:</p> <p>Admission Date & Time:</p> <p><input type="checkbox"/> Labor <input type="checkbox"/> VE ____ / ____ / ____ <input type="checkbox"/> Membrane Status: _____ <input type="checkbox"/> Induction _____ <input type="checkbox"/> Scheduled Procedure _____ <input type="checkbox"/> Antepartal Observation <input type="checkbox"/> 23° Observation</p>																							
<p>Background</p>	<p>Age: _____ Ethnicity: _____ Ht: _____ Wt: _____ Medical History: _____ Prenatal History: _____ Allergies/ Reactions: _____ Current Medications: _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Perinatal Labs</td> </tr> <tr> <td>MBT _____</td> </tr> <tr> <td>VDRL _____</td> </tr> <tr> <td>Rubella _____</td> </tr> <tr> <td>HIV _____</td> </tr> <tr> <td>Hep B _____</td> </tr> <tr> <td>GBS _____</td> </tr> <tr> <td>Other _____</td> </tr> </table>	Perinatal Labs	MBT _____	VDRL _____	Rubella _____	HIV _____	Hep B _____	GBS _____	Other _____														
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<p>Assessment</p>	<p>Baseline VS: BP ____ / ____ P ____ RR ____ T ____ O₂ Sat ____ Current VE ____ / ____ / ____ Time: _____ Membrane Status:</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>FHR</th> <th>Baseline</th> <th>Variability</th> <th>Decelerations</th> </tr> </thead> <tbody> <tr> <td>Baby A</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Baby B</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Baby C</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Ctx's every ____ mins. ____ secs. ____ to palpation or mmHg Method ____ EFM ____ Toco ____ FSE ____ IUPC ____ (time placed) Epidural: _____ Current Pain Level: _____</p>	FHR	Baseline	Variability	Decelerations	Baby A				Baby B				Baby C								<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Concerns during shift</td> </tr> <tr> <td> </td> </tr> </table>	Concerns during shift	
FHR	Baseline	Variability	Decelerations																					
Baby A																								
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Concerns during shift																								
<p>Recommendation/Response</p>	<p>Consults:</p> <p><input type="checkbox"/> Anesthesia <input type="checkbox"/> NICU/NEO <input type="checkbox"/> Social Work</p>																							

Admission Lab Data & Trends				Induction Meds				Tocolysis																																																										
Lab Value	Date/Time			<input type="checkbox"/> Cervidil <input type="checkbox"/> Cytotec <input type="checkbox"/> Foley Bulb IV Oxytocin				Med.	Current dose/rate	Next Due																																																								
HCT				<input type="checkbox"/> Low dose _____ (date & time) @ _____ mu/min				Mag Sulfate																																																										
WBC				<input type="checkbox"/> Augmentation _____ (date & time) <input type="checkbox"/> @ _____ mu/min				Nifedipine																																																										
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Fetal Anomalies				RhoGAM <input type="checkbox"/> Administered _____ <input type="checkbox"/> Not applicable Antenatal Steroids <table border="1" style="width: 100%;"> <tr> <td>Dose #1</td> <td></td> </tr> <tr> <td>Dose #2</td> <td></td> </tr> </table> FLM Studies: Amnio Done: _____ L/S Ratio or FLM Result: _____				Dose #1		Dose #2		Antibiotics <table border="1" style="width: 100%;"> <tr> <td>Med.</td> <td>Current dose</td> <td>Next Due</td> </tr> <tr> <td>PCN</td> <td></td> <td></td> </tr> <tr> <td>Clindamycin</td> <td></td> <td></td> </tr> <tr> <td>Gentamycin</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			Med.	Current dose	Next Due	PCN			Clindamycin			Gentamycin																																										
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DOB: ___ / ___ / ___ Time: _____ Apgars ___ 1 ___ 5 Birth weight _____ grams _____ lbs _____ oz Length _____ inches _____ cm Head Circumference _____ inches _____ cm				<table border="1" style="width: 100%;"> <tr> <td>Time</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Temperature</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Respiratory Rate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Heart Rate</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>S/S Distress</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Glucose</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Interventions</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							Time								Temperature								Respiratory Rate								Heart Rate								S/S Distress								Glucose								Interventions							
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Medications Given VitaminK@ _____ E'mycin@ _____ Hepatitis B@ _____				Additional Delivery Information: Prenatal History:																																																														

What were the three goals that you identified with your patient this shift? Were those goals met during shift? Explain with measurable data how they were met, partially met, or not met.

NUR 313 Newborn SBAR

Sex

- Male
- Female

Gestational Age: ____/7

Maternal Information: _____

G ____ P ____ AB ____ LC ____

Blood Type ____ Hep B ____

GBS ____ HIV ____

- Breast Feeding
- Bottle Feeding

Prenatal History: _____

Labor & Delivery Information: _____

- SVD
- VAVD
- FACG
- C/S

DOB: ____/____/____ Time: _____

APGAR Score: ____ 1 ____ 5 ____ 10

Birthweight: ____ grams ____ lbs/oz

Length: ____ cm ____ in HC: ____ cm

____ in

Medications:

- Hepatitis B Consent Obtained

Med	Date/Time	RN Initials

Newborn Assessment

- Done: ____/____/____ @ ____ By: _____

Vital Signs:

Time	Temp	Heart Rate	Resp. Rate	HS BS

BP: _____

Feedings:

Time	BR Right	BR Left	Formula Brand	Formula Amount

Bath:

- Done: ____/____/____ @ ____ By: _____

Misc:

What were the three goals that you identified with your patient this shift? Were those goals met during shift? Explain with measureable data how they were met, partially met, or not met.

NUR 313 MBU/PP SBAR

Situation: G _ T _ P _ A _ L _ GA: _____ EDC: _____	Admission Diagnosis: <input type="checkbox"/> C/S _____ <input type="checkbox"/> SVD _____ <input type="checkbox"/> Other _____ <input type="checkbox"/>	Admission Date & Time: 								
Background	Age: _____ Ethnicity: _____ Ht: _____ Wt: _____ Medical History: _____ Prenatal History: _____ Allergies/ Reactions: _____ Current Medications: _____	<table border="1"> <tr> <td>Perinatal Labs</td> </tr> <tr> <td>MBT _____</td> </tr> <tr> <td>VDRL _____</td> </tr> <tr> <td>Rubella _____</td> </tr> <tr> <td>HIV _____</td> </tr> <tr> <td>Hep B _____</td> </tr> <tr> <td>GBS _____</td> </tr> <tr> <td>Other _____</td> </tr> </table>	Perinatal Labs	MBT _____	VDRL _____	Rubella _____	HIV _____	Hep B _____	GBS _____	Other _____
Perinatal Labs										
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Other _____										
Assessment	Baseline VS: BP _____ / _____ P _____ RR _____ T _____ O ₂ Sat _____ Current Pain Level: _____ Withdrawal Checks <input type="checkbox"/> Mother <input type="checkbox"/> Infant Maternal Diet: _____ NB Feeding: _____	<table border="1"> <tr> <td>Concerns during shift</td> </tr> </table>	Concerns during shift							
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Recommendation/ Response	Consults: <input type="checkbox"/> NICU/NEO <input type="checkbox"/> Social Work <input type="checkbox"/> Other									

Admission Lab Data & Trends			Birth Control Plans			Medications		
Lab Value	Date/Time		<input type="checkbox"/> Depoprovera <input type="checkbox"/> OCP's <input type="checkbox"/> BTL <input type="checkbox"/> Other _____	RhoGAM <input type="checkbox"/> Administered _____ <input type="checkbox"/> Infant Blood Type _____ <input type="checkbox"/> Not Applicable				
HCT				Hypertensive Disorder				
WBC				Med.	Current dose/rate	Next Due		
Plts				Mag Sulfate				
				Labatelol				
				Hydralazine				
				Antibiotics				
				Med.	Current dose	Next Due		
				PCN				
				Clindamycin				
			Gentamycin					
Newborn Delivery Information								
DOB: ____/____/____ Time: _____ Apgars _____ Birth weight _____ grams _____ lbs _____ oz Length _____ inches _____ cm Head Circumference _____ inches _____ cm			Time					
			Temperature					
			Respiratory Rate					
			Heart Rate					
			S/S Distress					
			Glucose					
			Interventions					
Medications Given VitaminK@ _____ E'mycin@ _____ Hepatitis B@ _____			Additional Delivery Information: Prenatal History:					
Mother Teaching <input type="checkbox"/> SVD/C/S care <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Episiotomy <input type="checkbox"/> Postpartum Depression <input type="checkbox"/> Postnatal: when to call MD <input type="checkbox"/> Breast Care <input type="checkbox"/> Expectation Teaching				Infant Teaching <input type="checkbox"/> Infant Care <input type="checkbox"/> Laying down with your baby to sleep <input type="checkbox"/> Circumcision Care <input type="checkbox"/> Umbilical Cord Care <input type="checkbox"/> Infant Bath <input type="checkbox"/> Formula Feeding <input type="checkbox"/> Individual teaching				

What were the three goals that you identified with your patient this shift? Were those goals met during shift? Explain with measurable data how they were met, partially met, or not met.