SUL ROSS STATE UNIVERSITY

DEPARTMENT OF NURSING
NUR 4544
Competencies for Patient Centered Care lll
Spring Senior Year

NUR 4544 COMPETENCIES FOR PATIENT CENTERED CARE III
SEMESTER HOURS: Five (5) Credit Hours
CONTACT HOURS: A minimum of 20 Contact Hours per Week
TOTAL CONTACT HOURS: 320 Clock Hours

LEVEL: Senior

PREREQUISITES: Successful completion of all previously assigned courses

FACULTY INFORMATION:
> Name: Rebecca Lewis, RN/FNPBC
> Contact Information: 940-626-9519
> Office Hours:
>> Hours available via e-mail: 8-5 M-F
>> Hours available on campus: Wednesday 8-3
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> University e-mail: rebecca.lewis@sulross.edu

COURSE DESCRIPTION: This course focuses on concepts and skills for the development of the professional nurse's role in advanced nursing situations with all aged patients/families involving multiple body system in intermediate and critical-care settings. Emphasis is on knowledge, judgment, skills, and professional values within a legal /ethical framework. Development of beginning leadership and management skills will be reflected in direct-patient learning activities in all clinical sites. Incorporation of evidence-based practice is evident as the basis for decision making for nursing intervention, leadership, and management. Clinical scheduling will provide opportunities to complete Geriatric, Obstetrical, and Peri-operative Modules.

STUDENT CLINICAL OUTCOMES:
Upon completion of this course, the student will be able to:

MEMBER OF THE PROFESSION

1. Collaborate with interdisciplinary health-care team to implement and promote safe, quality care for patients, families, and community across the life span.
2. Demonstrate leadership skills when participating in rural communities to promote health and professional nursing practice.
3. Demonstrate accountability for additional learning needs to exhibit competencies relevant to specific practice areas.

PROVIDER OF PATIENT-CENTERED CARE

4. Apply theory, concepts, complex skills, regulations, and laws associated with patient-centered care in rural health care settings.
5. Apply relevant nursing literature, research, and evidence-based findings to nursing practice and clinical decisions.
6. Analyze and interpret health data for underlying pathophysiological changes in the patient's status to anticipate health-care needs and revise the plan of care.
7. Apply knowledge of disease prevention and health promotion in the delivery of care to at risk patients.

PATIENT SAFETY ADVOCATE

8. Safely perform increasingly complex patient-care activities, including administration of medications and procedures.
9. Communicate and/or document the patient's need for or response to pharmacological and non-pharmacological interventions.
10. Promote patient autonomy by engaging patients in planning care.
11. Employ facility policies and procedures and evidence-based practice guidelines to clarify orders, policies, and/or procedures that may be harmful to the patient.
12. Seek assistance or training whenever new or unfamiliar skills, equipment, or technology are encountered in the clinical area.

MEMBER OF THE HEALTH CARE TEAM

13. Facilitate confidentiality of communication among patients, families, community resources, and the interdisciplinary team to meet healthcare needs of the patient and family across the life span.
14. Collaborate with inter-professional team members to promote and improve safe, holistic care and to evaluate outcomes of care.
15. Teach patients, families, and communities about access to health-related information.
16. Use informatics and technology skills to accurately assess, process, and document patient data.
17. Collaborate with inter-professional team members to address natural disasters, emergencies, and trauma events.

MARKETABLE SKILLS FOR THE DEPARTMENT OF NURSING

The following marketable skills and dissemination plan has been submitted to the Texas Higher Education Board after approval from the Assistant Vice President for Institutional Effectiveness at SRSU.

Students will:
1. develop inquiry skills to evaluate situations (Sense of Inquiry);
2. develop communication skills to evaluate situations (Communication Skills);
3. develop research skills to promote their lifelong learning (Continuous Lifelong Learning); and
4. comport themselves verbally and visually in a professional manner (Professionalism).

Plan for Dissemination:

Students learn the marketable skills by first being exposed to them in all course syllabi. Each of the marketable skills is closely observed and evaluated by clinical faculty and preceptors as students' progress through the educational program. Students hone their research and communication skills through assignments and activities in multiple classes.

REQUIRED REFERENCES:

Adams, M., Holland, N., & Urban, C. (2019) *Pharmacology for nurses: A pathophysiologic approach with Pearson eText* (6th ed.). New York, NY: Pearson. ISBN-13: 978- 0135218334.

Callahan, B. (2019). *Clinical nursing skills: A concept-based approach to learning, Volume III* (3rd ed.). New York, NY: Pearson.

Halter, M. J. (2018). *Varcarolis' Foundations of psychiatric-mental health nursing: A clinical approach* (8th ed.). St. Louis, MO: Elsevier.

Pagana, K. D. Pagana, T. J. & Pagana, T. N. (2018). *Mosby's diagnostic & laboratory test reference* (13th ed.). St. Louis, MO: Elsevier.

Pearson Concepts Editorial Board & Contributors (2019*). Nursing: A concept-based approach to learning, Volume I & II* (3rd ed.). New York, NY: Pearson.

Touhy, T. A. & Jett, K. F. (2020). *Ebersole & Hess' toward healthy aging: Human needs & nursing response* (10thed.). St. Louis, MO: Mosby-Elsevier.

Preceptor Handbook

JOURNAL ARTICLES:

Barney, D., Haskins, T., Paudel, B. (2019). Rural health policy: Rural disaster preparedness. *Rural Health Policy Institute, National Rural Health Association,* Washington, DC. Category 2.

Hanley, M. A. & Fenton, M.V. (2013). Improvisation and the art of holistic nursing. *Beginnings : American Holistic Nursing,* October; 4-5; 20-22.

Hanley, M. A., Coppa, D, & Shields, D. (2017) A practice-based theory of healing through Therapeutic Touch: Advancing holistic nursing practice. *Journal of Holistic Nursing,* 35, 369-381. https://doi.org/10.1177/089010117721827.

Haskins, T. & Snow, D. (2007). Research Reviews: Tobacco Prevention and Cessation interventions in Diverse Populations. *Journal of Addictions Nursing.* 18(2), 105-107. Category 1

COURSE LEARNING ACTIVITIES, ASSIGNMENTS, GRADING, AND EXPECTATIONS:

LEARNING ACTIVITIES:

Clinical Skills Competency Evaluation/ Clinical Performance Evaluation 10%

Clinical nursing skills will be addressed in the clinical experience for demonstration, practice, and evaluation. Each student must successfully complete all pass-fail skills and clinical experiences, including return demonstrations, to receive credit for evaluation of designated nursing skills competencies. Students will have three opportunities to repeat the skill. If students are not successful in passing the skill after three (3) attempts, they will be individually counseled and be reported for potential failure of that nursing course.

Students' clinical performance will be evaluated on an ongoing basis. Formal evaluations, using the Clinical Evaluation Tool, are comprised of formative evaluation at the mid-term and summative evaluation at the end of the semester. Students must achieve a 75% on the final evaluation in order to successfully pass the course.

Clinical Reflective Journal/Class Discussion 10%

The Clinical Reflective Journal is a process of inquiry that supports students' development of clinical judgement and reasoning, professional behaviors, knowledge, skills, and compassion by examining and exploring their clinical experiences. By recapturing an experience through reflection, students are able to examine how theory relates to clinical experiences, to develop self-awareness, and to organize their thinking (Bulman and Schutz, 2008). Reflection helps students to debrief clinical simulation and practice experiences and to gain a deeper understanding of approaches to relate to patients, families, communities, and inter-disciplinary team members. Students complete and submit a Clinical Reflective Journal following each weekly clinical experience.

Nursing Care Plans of Clinical Experiences 20%

Each week, as designated, the student will complete a Nursing Care Plan. The guidance and format are provided. Students will review their initial care plan with faculty prior to providing care to a patient or patient. Upon completion of the clinical experience, students will submit the completed care plan to faculty within 24 hours of the end of the clinical experience.

Behavioral Health Case Study (included as Clinical Experiences)

Working in pairs, students will identify a patient with significant behavioral health needs during the course of the clinical rotations. While emphasis will be placed on concepts already covered in the program of study, this will not limit the scope of the case. Following data collection, students will develop a comprehensive holistic case study with consideration to all aspects of nursing management, medications, safety, unmet needs (psychosocial, treatment, resources, housing, employment, child-care, etc.). Students will present the case to the faculty and class to elicit feedback, suggestions, and collaborative learning.

Teaching Project Presentation 20%

During the semester, the students will assess patient/patient learning needs and develop and provide a brief teaching plan to address those learning needs. Students will review the teaching plan with faculty prior to delivering the plan. Material used in the teaching plan,

such as brochures or information pages, is to be submitted with the teaching plan.

Focused Clinical Experience Modules 20%
Students will engage in the Geriatric Project starting in the initial summer NUR 3311 Essence course and continuing each semester assigned to the competency courses. Student Geriatric Guidelines provide specific semester instruction, reading and clinical activities, and evaluation of the Geriatric Project. Faculty Geriatric Guidelines describe the faculty role in overseeing the student experiences.

Beginning in the Junior Spring Semester students will have classroom and skills-lab experiences related to Peri-operative and Obstetrical nursing care and, thereafter, may be assigned to follow patients receiving those services. Peri-Operative and Obstetrical Guidelines provide instruction for these focused clinical experiences.

Examinations 20%

ASSESSMENT OF STUDENT LEARNING:

1. Evaluation of student performance is based on evidence of achievement of course objectives. Students are graded on their attendance and participation in the class discussions, clinical performance when applicable, knowledge and comprehension of reading assignments, and completion of course assignments. Criteria for each course activity and assignments, including grading rubrics, are delineated either in the syllabus or in the modules.

2. **Summary of Measure for Evaluation:**

Course Requirements	Percentage
Reflective Journal/Class Discussion	10%
Focused Clinical Experience Modules	20%
Examinations	20%
Clinical Skills and Clinical Performance Evaluations	10%
Teaching Project Presentation	20%
Nursing Care Plans of Clinical Experiences	20%
Total Points	*100%*

3. **Calculation of Final Grade**: The final grade is derived as a summary of the points delineated on specific rubrics for the assignments and participation.
   Grading Scale
   A = 90-100
   B = 80-89
   C = 75-79
   D = 69-74
   F = 69 OR BELOW

POLICIES FOR EXAMS AND ASSIGNMENTS:

Late and Make-up Assignments: To achieve the designated points for an assignment, the assignment must be submitted on or before the scheduled date and time. Five points per calendar day will be deducted for late submission of assignments. Should scheduling conflicts and/or family emergencies arise, students should contact faculty by phone, email, or text as soon as possible. If students have spoken with faculty and an agreement is reached, late and make-up assignment extensions can be arranged without penalty.

Remediation and Student Support:
The Nursing Program supports various initiatives to assist students to succeed. Students at risk of failure or withdrawal from the program or concerned about staying current in course requirements should immediately contact their course faculty so remediation and additional learning experiences can be arranged.

COURSE SCHEDULE:

Course orientation and introduction to course expectations. Clinical rotations may include acute care settings, clinic settings, long-term care settings, and community agencies to provide students with the opportunity to demonstrate nursing skills to prevent illness, to promote health and healing, and to deal with life changes, including end of life issues, consistent with course objectives. Students will participate in the Geriatric, Obstetrical, and Peri- Operative Focused Clinical experiences and develop a Behavioral Health Case Study focused on selected behavioral health concepts with designated patients.

Clinical experiences will include areas of health service for patients with acute and chronic problems reflecting more complex management and greater understanding of body change. This could include patient's with multiple body system involvement, such as renal failure and cardiac rehabilitation. Even though acute management of patients in the Big Bend area travel elsewhere for acute management, these same patients return home for continued follow-up care and management to prevent progression of the disorder and complications. Such services will be utilized by students as they gain additional knowledge of nursing care in rural communities.

NUR 4544 COMPETENCIES FOR PATIENT CENTERED CARE III

<mark>(This schedule is subject to change by faculty as needed.)</mark>

Week Dates	This Schedule Reflects Activities as Assigned to Each Agency *AGENCIES ARE SUBJECT TO AVAILABLE UNITS AND SUBJECT TO CHANGE*	Learning Activities, Assignments, & Submission Dates
Week 1	Orientation to course – Specific Agencies, Units/Facility. Discuss and do an overview of course activities and expectations including Geriatric, Peri-Operative, and Obstetrical Focused Modules and Behavioral Health Case Study.	Complete Assignments as Requested for Orientation
Week 2	Complete Learning Activities Related to care of the Dialysis Patient Receiving Hemodialysis, Peritoneal Dialysis and/or CRRT. Include demonstration, practice, and evaluation.	Callahan, Clinical Nursing Skills 4.24; 4.25; 4.26; & 4.27
Week 3	ACUTE CARE Provide nursing care to 1-2 patients in an acute care unit focused on meeting the course objectives with different patients each week. Schedule two visits with geriatric patient during the semester for Geriatric Project. Identify surgical patient to follow from pre-operative, operative, and post-operative for Peri-operative Focused Clinical for semester. Review patient care plan with faculty & preceptor.	Care for patients linked to weekly exemplars with focus on providing evidenced-based care reflecting greater levels of independence. Attend Pre-& Post Conference
Week 4	ACUTE CARE-DIALYSIS CENTER Provide nursing management to two selected patients in the dialysis center. With guidance from the preceptor, include teaching regarding skin care, nutrition, and fluid management.	Increase collaboration with members of the health care team in a growing area of health management. Attend Pre- & Post Conference
Week 5	ACUTE CARE. Provide nursing care to a minimum of 2 patients with increased acuity requiring focused clinical judgment to predict needs and prioritization as reflected in the nursing care plan. Identify pregnant woman or family to follow from antepartum through delivery, through post-partum for Obstetric Focused Clinical for semester.	Patient conditions will be linked to current concepts & exemplars as possible. Continue learning experiences with Mother and Infant Attend Pre- & Post Conference
Week 6	CLINIC Provide nursing care for patients of any age in the assigned clinic focused on meeting course objectives and increasing skill development. Develop insight into the relationship between diagnostic data and selected treatment modalities.	Increase nursing independence with assignment as guided by preceptor. Attend Pre-& Post Conference
Week 7	CLINIC Provide nursing care to patients of all ages selected to increase	Complete nursing care activities

	knowledge and skill related to current concepts and exemplars. Include attention to family dynamics and communication skills reflecting understanding of goals directed to achieving health.	assigned by preceptor with focus on documentation and patient goals
	For Peri-operative Focused Clinical Project for the semester identify surgical patient to follow from pre-operative through operative, and post-operative. Select surgical interventions related to currently assigned concepts and exemplars.	Follow peri-operative care as directed by the protocol and guided by the faculty. Attend Pre- & Post Conference
Week 8	CARDIAC REHABILITTION/ACUTE CARE Select a minimum of two patients to assist with the process of returning to maximum potential following cardiac and circulatory intervention. Assisting with progressive return to normal activity provides understanding of continued care for patients in the home setting and opportunities for health-related teaching. **Formative Clinical Evaluation**	Complete nursing care activities assigned by preceptor with focus on teaching. Attend Pre- & Post Conference.
Week 9	ACUTE CARE/SENIOR LIFE SOLUTIONS Provide nursing care to 1-2 patients as selected by Counselors. Provide care as needed and incorporate patterns of therapeutic communication with assigned patients.	Complete patient assignment from Counselors within the framework of care. Attend Pre- & Post Conference Adult medical/surgical content mastery series in ATI
Week 10	ACUTE CARE/SENIOR LIFE SOLUTIONS Provide nursing care to 1-2 patients as selected by Counselors with focus on observed change related to medications & other modalities. Communication targeted at obtaining current status of the patient is significant.	Complete patient assignment & recording. Attend Pre- & Post Conference
Week 11	ACUTE CARE/HOSPICE/PALLIATIVE CARE Management of the final stage of life is gained through role models as well as learned information from faculty & preceptors. Providing care to a minimum of 2 patients with reflection of caring and individualized care is the goal along with meeting other patient needs.	Complete a Process Recording for 1 selected patient. Attend Pre- & Post Conference.

Week 12	ACUTE CARE/HOSPICE/PALLIATIVE CARE Continue to follow-up with previously selected patients when feasible. Report and provide nursing care for changes in physical and behavioral observations.	Continue with the Process Recording & modify as needed. Attend Pre- & Post Conference.
Week 13	ACUTE CARE Provide nursing care for a minimum of two patients selected with current or past trauma. Utilize information obtained to contribute to care of simulated mock trauma victims.	Trauma Mock Drill in Simulation Lab
Week 14	ACUTE CARE Provide nursing care for a minimum of two patients with greater independence from preceptor. Activities should reflect strong collaboration with members of the health care team with communication indicative of knowledge obtain. **Behavioral Health Case Study Report**	Preparation for Community Disaster Drill
Week 15	Implement plans for Disaster Drill	Natural and Man-made Disaster Drill
16	Submit semester report of Geriatric and other Focused Clinical Projects to faculty. **Summative Clinical Evaluation**	

Sample Rotation for Multiple Groups in Clinical Settings
(Assignment may be adapted to experiences available.)

	Group 1	Group 2	Group 3	Group 4
Week 1	Orientation	Orientation	Orientation	Orientation
Week 2	Skills Related to the Dialysis Patient	Skills Related to the Dialysis Patient	Skills Related to the Dialysis Patient	Skills Related to the Dialysis Patient
Week 3	Dialysis Center	Acute setting	Cardiac Rehabilitation	Hospice/Palliative Care
Week 4	Dialysis Center	Acute setting	~~Cardiac Rehabilitation~~	Hospice/Palliative Care
Week 5	Acute setting	Dialysis Center	Hospice/Palliative Care	Cardiac Rehabilitation
Week 6	Clinic	Dialysis Center	Hospice/Palliative Care	Cardiac Rehabilitation
Week 7	Cardiac Rehabilitation	Hospice/Palliative Care	Dialysis Center	Senior Life Solutions
Week 8	Cardiac Rehabilitation	Hospice/Palliative Care	Dialysis Center	Senior Life Solutions
Week 9	Senior Life Solutions	Cardiac Rehabilitation	Home Health	Dialysis Center
Week 10	Senior Life Solutions	Cardiac Rehabilitation	Home Health	Dialysis Center
Week 11	Acute Setting	Senior Life Solutions	Home Health	Clinic
Week 12	Acute Setting	Senior Life Solutions	Acute setting	Acute setting
Week 13	Home Health/Hospice	Clinic	Senior Life Solutions	Acute setting
Week 14	Home Health/Hospice	Clinic	Senior Life Solutions	Acute setting
Week 15	Disaster Drill	Disaster Drill	Disaster Drill	Disaster Drill
Week 16	Clinical Eval			

Each group may include up to 4 students, based on availability of learning opportunities.

Following orientation and skills update, each rotation is 3 weeks, subject to adjustment for space and learning opportunities available.

Settings: Acute Care Settings, Primary Care Clinics, Senior Life Solutions; Emergency Room; Emergency Medical Services/Fire Departments; Long-term Care; Home Health Agencies, Dialysis Centers, Hospice/Palliative Care, and other community care settings/services, including schools and day-care settings.

Clinical experiences at each setting, as the student progresses, will be based on progressive knowledge and skills they have experienced and opportunities to practice those skills with patients while supervised by faculty or preceptors.

In addition to these assignments the students will implement Focused Clinical Projects with Geriatric, Peri-Operative, and Obstetrical patients and a Behavioral Health Case Study as opportunities are available over each of the three clinical semesters, Junior Spring and Senior Fall and Spring.

COURSE EXPECTATIONS:

> **Orientation to Course**: Students will participate in course orientation and orientation to designated hospitals, community agencies, and clinic settings prior to engaging in clinical learning experiences. Students are accountable to adhere to facility policies and procedures. Orientation will include a review of course skills, experiences, assignments, and clinical evaluations. Expectations regarding meeting scheduled class, clinical and laboratory sessions, attendance, and promptness will be reviewed.

STUDENT/FACULTY EXPECTATIONS IN THE TEACHING/LEARNING PROCESS:

Learning is a shared endeavor based upon respectful and collaborative relationships between students and faculty. The learning activities designed for this course were developed based upon the following:

1. As adult learners we are partners in learning.
2. Faculty members serve as a mentor, resource, guide, or coach and professional peer.
3. Our work and life experiences differ and serve to enrich our individual and mutual learning.
4. Each member of the class is committed to preparing for and successfully completing class learning activities.
5. Each member of the class will organize time, learning goals, work schedules, and family arrangements to fully participate in the course and assignment activities.
6. Each member of the class is able to use computer technology and access resources via the Internet and other mobile technologies as needed for this and other courses.

COMMUNICATIONS:

- **Announcements** – Check announcements each time you log onto the course.
- **Course email** – Check course email frequently for communications and make sure that your email address is current. Faculty will respond to inquiries and comments within 24 hours Monday-Friday.
- **Use of technology**: If you have any technical questions, problems, or concerns with Blackboard, do not spend more than 15 minutes on any technical problems. Seek help immediately. Contact 24-7 Help Desk at: 1-888-837-2882 and/or techassist@sulross.edu.
- **Responses to emails and course postings**: Please respond to faculty requests and/or communications within 24 hours. Use course or Sul Ross email and, if not available, mobile phone or texting between the hours of 9 AM and 6PM if possible. Messages received on the weekends or holidays will be answered on the next working day.
- **Assignments:** Assignments will be reviewed and returned with feedback/grade within 5 days of submission.
- **Writing and use of APA**: All written assignments and bulletin board postings will be submitted using the American Psychological Association (APA) Guidelines, as indicated by faculty. http://owl.english.purdue.edu/owl/resource/560/01

ATTENDANCE AND PARTICIPATION:

- Your attendance is expected at scheduled Simulation Skills Laboratory and off-site clinical learning, both face-to-face and online.
- On-time arrival for scheduled Simulation Skills Laboratory and off-site clinical learning experiences is expected. See Nursing Student Handbook for details.
- Attire and appearance requirements are outlined in the Nursing Student Handbook.
- Students are accountable to adhere to Texas Board of Nursing Nurse Practice Act and Regulations, including Standards of Practice, and federal regulations related Health Insurance Portability and Accountability Act (HIPAA), patient confidentiality, and other national standards as indicated in the Nursing Student Handbook.
- Readings and learning activities relevant to the weekly topic are identified in the course schedule and modules.
- Scholarly and knowledgeable participation requires that you read your assigned readings prior to joining the class discussions.
- This course requires participation in all areas for accurate evaluation of performance, including responding to faculty requests or communications.
- If you have an emergency and cannot attend a scheduled Simulation Skills Laboratory and off-site clinical learning experiences or complete an assignment by the due date, you must contact your faculty by phone, email, or text as soon as possible and make arrangements to make up the assignments.

- Blackboard course platforms have a tracking feature. This feature quantifies how often and when students are active in the course and also provides information if the student has accessed different pages of the course. The Blackboard tracking function may be utilized to verify student online participation.

RULES OF NETIQUETTE:
The term "netiquette" refers to written and unwritten rules regarding appropriate communication on the Internet. It primarily applies to your interactions on the course Discussion Board, assignments both individual and group, and e-mail communications.
1. Help create a community of scholars by encouraging a cooperative win-win attitude in which all members of the class are willing to work together, each contributing in their own way.
2. Be courteous and respectful to students and faculty in the course.
   a. There is a difference between making a statement that is a critical appraisal of an idea and criticizing someone for their point of view.
   b. Be careful with the tone of what you are communicating, i. e., sarcasm and subtle humor; one person's joke may be another person's insult.
   c. Do not use all caps in the message box (it is considered shouting).
   d. Do not use language that is inappropriate for a classroom setting or prejudicial in regard to gender, race or ethnicity.
3. Be helpful and be sure to do your part in an online class or in group work so that assignments can be completed.
4. Common courtesy and good manners, along with proper use of grammar, sentence structure, and correct spelling, are essential when taking an online class.
   a. Use a meaningful title in the Subject line. For e-mail, include course number.
   b. Use the person's name you are writing to as a greeting in the first line of the message – this helps ensure you are writing to the intended person (group).
   c. Close the posting by writing your full name at the end of the message.
5. Discussion Boards are public, and the University archives all materials. Do not post anything too personal as all students in the class and your instructor will see what you write.
   a. Keep the messages you post to the Discussion Board relevant to the course and assignment, and provide a rationale including references as appropriate to support your point-of-view.
   b. Avoid duplication. Read the previous discussions before you comment or ask a question as the information may have already been covered.
   c. When posting a response, make sure you identify the post to which you are responding.
   d. If the topic you plan to address is covered in an existing thread, do not start a new thread.
   e. When responding to a specific comment, quote only the relevant part of the comment and stay focused on the assignment.
   f. Try not to lurk, meaning you are just reading and not participating.
6. Quality of online communications/postings is important.

    a. It is not acceptable to present work or ideas of others as your own. Use APA format when you quote directly from a source—use quotation marks and provide the original author's name, year, and page or location in the body of the narrative; when you paraphrase a source—using your own words to explain your understanding of another's ideas or work—provide author and year in the body of the narrative. At the end of the posting provide the complete reference using APA format.

    b. If the posting is going to be long, use paragraphs.

    c. Do not overuse acronyms like you use in text messaging. Some of the participants may not be familiar with acronyms.

    d. Just as you would proofread a formal paper, before posting:
        i. Read what you have written for content;
        ii. Rethink what you have written for tone;
        iii. Reread what you have written for organization and coherence; and
        iv. Revise what you have written for grammar, punctuation and mechanics.
    Once you submit your work, you cannot change what you have written.

7. Don't send large files, since someone may have a relatively slow internet connection.

8. Be sure to check for viruses when sending files.

9. Be patient if you do not get an immediate response to your postings as others may be on a different schedule. If it is urgent, you can contact other students or faculty by e-mail, phone, or text.

MANDATORY UNIVERSITY STATEMENTS:

Academic Honesty Policy:

The University expects all students to engage in all academic pursuits in a manner that is beyond reproach and to maintain complete honesty and integrity in the academic experiences both in and out of the classroom. The University may initiate disciplinary proceedings against a student accused of any form of academic dishonesty, including but not limited to, cheating on an examination or other academic work, plagiarism, collusion, and the abuse of resource materials. Academic Dishonesty includes:

1. Copying from another student's test paper, laboratory report, other report, or computer files, data listings, and/or programs, or allowing another student to copy from same.

2. Using, during a test, materials not authorized by the person giving the test.

3. Collaborating, without authorization, with another person during an examination or in preparing academic work.

4. Knowingly, and without authorization, using, buying, selling, stealing, transporting, soliciting, copying, or possessing, in whole or in part, the contents of a non-administered test.

5. Substituting for another student; permitting any other person, or otherwise assisting any other person to substitute for oneself or for another student in the taking of an examination or test or the preparation of academic work to be submitted for academic credit.

6. Bribing another person to obtain a non-administered test or information about a non-administered test.

7. Purchasing or otherwise acquiring and submitting as one's own work any research paper or other writing assignment prepared by an individual or firm. This section does not apply to the typing of a rough and/or final version of an assignment by a professional typist.

8. "Plagiarism" means the appropriation and the unacknowledged incorporation of another's work or idea in one's own written work offered for credit.
9. "Collusion" means the unauthorized collaboration with another person in preparing written work offered for credit.
10. "Abuse of resource materials" means the mutilation, destruction, concealment, theft or alteration of materials provided to assist students in the mastery of course materials.
11. "Academic work" means the preparation of an essay, dissertation, thesis, report, problem, assignment, or other project that the student submits as a course requirement or for a grade.

All academic dishonesty cases may be first considered and reviewed by the faculty member. If the faculty member believes that an academic penalty is necessary, he/she may assign a penalty, but must notify the student of his/her right to appeal to the Department Chair, the Associate Provost/Dean, and eventually to the Provost and Vice President for Academic Affairs before imposition of the penalty. At each step in the process, the student shall be entitled to written notice of the offense and/or the administrative decision, an opportunity to respond, and an impartial disposition as to the merits of his/her case.

In the case of flagrant or repeated violations, the Vice President for Academic Affairs may refer the matter to the Dean of Students for further disciplinary action. No disciplinary action shall become effective against the student until the student has received procedural due process except as provided under Interim Disciplinary Action.

ADA Statement
SRSU Disability Services. Sul Ross State University (SRSU) is committed to equal access in compliance with Americans with Disabilities Act of 1973. It is SRSU policy to provide reasonable accommodations to students with documented disabilities. It is the student's responsibility to initiate a request each semester for each class. Alpine Students seeking accessibility/accommodations services must contact Rebecca Greathouse Wren, LPC-S, SRSU's Accessibility Services Coordinator at 432-837-8203 (please leave a message and we'll get back to you as soon as we can during working hours), or email rebecca.wren@sulross.edu. Our office is located on the first floor of Ferguson Hall (Suite 112), and our mailing address is P.O. Box C122, SUI Ross State University, Alpine. Texas, 79832.

Library Information
The Bryan Wildenthal Memorial Library in Alpine offers FREE resources and services to the entire SRSU community. Access and borrow books, articles, and more by visiting the library's website, library.sulross.edu. Off-campus access requires logging in with your LobolD and password. Librarians are a tremendous resource for your coursework and can be reached in person, by email (srsulibrary@sulross.edu), or phone (432-837-8123).

SRSU Distance Education Statement
Students enrolled in distance education courses have equal access to the university's academic support services, such as library resources, online databases, and instructional technology support. For more information about accessing these resources, visit the SRSU website. Students should correspond using Sul Ross email accounts and submit online assignments through Blackboard,

which requires secure login. Students enrolled in distance education courses at Sul Ross are expected to adhere to all policies pertaining to academic honesty and appropriate student conduct, as described in the student handbook. Students in web-based courses must maintain appropriate equipment and software, according to the needs and requirements of the course, as outlined on the SRSU website. Directions for filing a student complaint are located in the student handbook.

Academic Integrity

Students in this class are expected to demonstrate scholarly behavior and academic honesty in the use of intellectual property. A scholar is expected to be punctual, prepared, and focused; meaningful and pertinent participation is appreciated. Examples of academic dishonesty include but are not limited to: Turning in work as original that was used in whole or part for another course and/or professor; turning in another person's work as one's own; copying from professional works or internet sites without citation; collaborating on a course assignment, examination, or quiz when collaboration is forbidden.

Classroom Climate of Respect

Importantly, this class will foster free expression, critical investigation, and the open discussion of ideas. This means that all of us must help create and sustain an atmosphere of tolerance, civility, and respect for the viewpoints of others. Similarly, we must all learn how to probe, oppose and disagree without resorting to tactics of intimidation, harassment, or personal attack. No one is entitled to harass, belittle, or discriminate against another on the basis of race, religion, ethnicity, age, gender, national origin, or sexual preference. Still we will not be silenced by the difficulty of fruitfully discussing politically sensitive issues.

Diversity Statement

I aim to create a learning environment for my students that supports a diversity of thoughts, perspectives and experiences, and honors your identities (including race, gender, class, sexuality, religion, ability, socioeconomic class, age, nationality, etc.). I also understand that the crisis of COVID, economic disparity, and health concerns, or even unexpected life events could impact the conditions necessary for you to succeed. My commitment is to be there for you and help you meet the learning objectives of this course. I do this to demonstrate my commitment to you and to the mission of Sul Ross State University to create an inclusive environment and care for the whole student as part of the Sul Ross Familia. If you feel like your performance in the class is being impacted by your experiences outside of class, please don't hesitate to come and talk with me. I want to be a resource for you.

STUDENT EVALUATION

Nursing Skills Competency Evaluation

Each student must successfully complete all pass-fail experiences, including return Demonstrations, to receive credit for evaluation of designated nursing skills competencies. Students will have **three** opportunities to repeat the skill. If students are not successful in passing the skill after three (3) attempts, they will be individually counseled and a plan for remediation will be developed. **Failure to appear for a demonstration, scheduled practice, or check-off will be viewed as an unexcused absence.**

Attendance is required for all scheduled skills demonstration and practice session in the Nursing Simulation Laboratory. Independent practice of skills is necessary, and required before your scheduled practice with lab faculty, staff or check off time. Lack of preparedness or student work schedules are **not** acceptable reasons for absence and are not acceptable.

Procedure for competency validation

a.   Sign up for validation sessions in advance.
b.   Pick a skill by random draw before beginning the validation.
c.   Be sure to stand so that your actions and statements are clear to the evaluator.
d.   Faculty will review student performance and will provide written feedback.

Electronic coaching or notes of any kind are not allowed during validation. Use of such will result in failure of that skill and may be reviewed for academic dishonesty.

Students are not permitted to discuss any aspect of the scenario after validation with anyone except a faculty member or lab instructor. Indication of such will result in the automatic failure of that skill and may be reviewed for academic dishonesty.

Examples of Procedures/Skills to be included in the Competency Evaluation

Safety of patient, nurse, and environment, hand washing, moving and positioning patients, actions to prevent deep vein thromboses
Safety and comfort measures: hand washing asepsis and infection control, wounds and dressing changes, application of heat and cold
Maintaining perfusion with Arterial Lines & Cardiac Output
Ventilation age-specific cases
Nutrition to patients from diverse backgrounds and cultural variation in nutrition: feeding, insertion and use of feeding tubes, fluid balance assessment. Education for culturally specific or age-specific diets.
Mobility: planning/implementing/monitoring and evaluating procedures for mobility: positioning, transfers, ambulating, use of restraints
Elimination: assistant in meeting elimination needs (acute and chronic): insertion of urinary catheter (female and male), placing patient on a bed pan, giving an enema, using bedpan and urinals.
Nasogastric tube insertion, urinary catheterization (female and male), sterile dressing change, patient positioning/transfer/ambulating

Professional Communication Using I-SBAR Format

Complete this first section the first time you report on this patient	
Identify self	Identify your name and role/relationship to patient
Situation	Identify patient by date of birth, include name, age, and gender Unit location and Room number Physician/Providers
Background	Admission diagnosis (date of surgery) Past medical history that is significant (hypertension, CHF, etc.) Allergies
Include the following in each report as applicable	
Assessment	Code status (any advance directives, Do Not Resuscitate Orders [DNR], Power of Attorney for Health Care [POAHC]) Procedures done in previous 24 hours including results/outcomes (include where we stand with post procedure vitals/assessment) Abnormal and relevant assessment findings Abnormal vital signs IV fluids/drips/site; when is site to be changed Current pain score – what has been done to manage pain Safety needs – fall risk, skin risk, etc.
Recommendations	Needed changes in the plan of care (diet, activity, medication, consultations)? What are you concerned about? Discharge planning Pending labs/x-rays, etc. Calls out to Dr. _____ about_____ What the next shift needs to do or to be aware of – i.e., labs to be drawn in the AM, etc.

Evaluation Rubric
Nursing Care Plan

Student Name: _____   Date: _____

Instructor: _____

Plan of Care completed and reviewed with clinical instructor in timely manner:

Plan of Care must be clear, complete, concise, and reflect individual patient needs.

Plan of Care submitted in timely manner: Satisfactory _____ Unsatisfactory _____ Total Score _____

Domains	Level: Accomplished Score = 3	Level: Proficient Score = 2	Level: Evolving Score = 1	Level: Not Evident Score = 0	Total
Critical Thinking	Logical interpretation of data independently Creative (3)	Logical interpretation of data with minimal help from instructor (2)	Logical interpretation of data with maximum help from instructor (1)	No interpretation of data (0)	
Problem Identification	Identifies and prioritizes problems independently (3)	Identifies and prioritizes problems with minimal help from instructor (2)	Identifies and prioritizes problems with maximum help from instructor (1)	Unable to identify and prioritize problems (0)	
Problem Solving	Identifies and implements appropriate nursing interventions independently (3)	Identifies and implements appropriate nursing interventions with minimal help from instructor (2)	Identifies and implements appropriate nursing interventions with maximum help from instructor (1)	Fails to identify and implement appropriate nursing interventions with maximum assistance (0)	
Teaching Plan	Evaluation and Teaching Independently (3)	Evaluation and Teaching require minimal assistance from instructor (2)	Evaluation and Teaching require maximum assistance from instructor (1)	Fails to evaluate outcomes No teaching plan (0)	

The student's ability to use the nursing process is evaluated weekly. The ability to safely meet patient care needs in a competent and caring manner is assessed when the student completes the Nursing Care Plan. The Nursing Care Plan must be submitted by midnight of the day following the clinical experience.

Students are scored using this rubric to show progression of learning and implementation of the nursing process. The student earns a grade in one of four levels, determined by how much help and guidance is needed by the student. Students are expected to achieve scores at the Proficient Level by Week 8 of the clinical rotation. If a student demonstrates less than Proficient, a referral for remediation will be made by the instructor to support the student's progression to at least a Proficient Level.

Clinical Reflective Journal

Name _____   Date_____

The Clinical Reflective Journal is a process of inquiry that supports students' development of clinical judgment and reasoning, professional behaviors, knowledge, skills, and compassion by examining and exploring their clinical experiences. By recapturing an experience through reflection, students are able to examine how theory relates to clinical experiences, to develop self-awareness, and to organize their thinking (Bulman and Schutz, 2008). Reflection helps students to debrief clinical simulation and practice experiences and to gain a deeper understanding of approaches for relating to patients, families, communities, and inter-disciplinary team members. Students complete a Clinical Reflective Journal following each weekly clinical experience.

You may use these questions to guide your reflections or use free writing.

What did you notice about your performance this week?

What excited, troubled, or unnerved you?

What do you think your patient or patient gained from your interaction?

What was the most significant thing that happened to you as a learner this week?

What knowledge did you draw upon this week to support your care?

What additional knowledge do you need to gain based on your experience this week?

What did you learn about yourself?

Grading Rubric for Behavioral Case Study

Student:

Criteria	Excellent 5	Good 4	Average 3	Weak 0-2	Score
Patient-Centered Content:	Provides comprehensive insight, understanding, and reflective thought about the case.	Provides moderate amount of insight, understanding, and reflective thought about the case.	Provides minimal insight, understanding, and reflective thought about the case.	Provides no insight, understanding, or reflective thought about the case.	
Evidence-Based Resources:	Excellent use of research to support case presentation and analysis. Sources are reputable and cited.	Considerable use of research to support case presentation and analysis. Sources are cited	Some use of research to support analysis. Lacks citation when needed	Use of research to support analysis questionable. No citations.	
Patient-Centered Critical Thinking:	Demonstrates excellent critical thinking when identifying and discussing the various factors affecting the case.	Demonstrates considerable critical thinking when identifying and discussing the various factors affecting the case.	Demonstrates some critical thinking when identifying and discussing the various factors affecting the case.	Demonstrates limited critical thinking when identifying and discussing the various factors affecting the case.	
Informatics Communication:	Presented in a very clear, concise, and logical manner. Students display a clear understanding of the case and present it with a relaxed informed style. Layout and use of font, bullets and headings enhance content and increase readability. Graphics enhance the content.	Presented in a clear and logical manner. Students display some complex aspects of the case with minimum consideration of resources. Presentation style is factual but limited in engagement. Visual appeal and readability is occasionally enhanced by font, headings and bullets. Limited use of graphics.	Presented in factually limited way but logical in scope. Students' presentation style is awkward and lacks audience engagement. Case fails to examine the complexities evident. Visual appeal and readability are acceptable but challenged by font, headings and bullets. Graphics lack pertinence to content.	Presented in a clear, concise, or logical manner. Students read slides. Case lacks important aspects needed to fully discuss the case. Visual appeal and readability are challenged by font, headings and bullets. No graphics.	

	No spelling, grammar, or structural mistakes. Includes links to websites or documents that enhance the information. All links accessible.	Limited spelling, grammar, and structural mistakes. Includes links to websites or documents, but not all links enhance the information. All links accessible.	Some spelling, grammar, and structural mistakes. Includes links to websites or documents which add little value to the information. Not all links accessible.	Numerous spelling, grammar, and structural mistakes. Links not included, inaccessible, or are of poor quality and do not add any value to the information presented.	
Informatics Technical:					
Peer Evaluation: Teamwork & Collaboration: Individual Effort	Contributes equally with partner to develop a comprehensive case study. Meets deadlines. Efforts are recognized by partner.	Assists some with partner. Meets deadline. Efforts are minimally recognized by partner.	Provides minimal assistance to partner. Problems with deadlines as set by the team. Efforts are questioned by partner	Does not contribute to the project. Ignores deadlines. Fails to respect the work of the team reflected in peer evaluation.	
Total mark *Max possible 30*. Final grade reflects the project as a whole with the individual effort evaluation. 30-26: = 100 25- 21: = 90 20-16: = 80 15-0: = 68					

Additional Comments:

Faculty:

Date:

Teaching Project

Title of presentation _____

Purpose for teaching _____

Directions:
7. Assess Patient's learning needs
8. Document learning objectives (patient centered and measurable) and outline teaching plan for each objective (be specific: include topics and subtopics- points to be covered under each)
9. Identify teaching strategies to use (methods used to present content, i. e., audiovisual aids and handouts) and provide copies the patient will use.
10. Identify method of evaluation for each objective.
11. Provide references used to develop the plan using APA—minimum of 4 references from refereed journals—and include copies with plan.
12. Following implementing the teaching plan, write a brief report:
    a. Identify patient's responses to illustrate how Outcome Criteria are met or not met
    b. Appraise the overall teaching experience and identify plans to address future learning needs or teaching approaches

Assess Patient Learning Needs	Topic Objectives and Outline	Teaching Strategy and Education Materials	Outcome Criteria

Student: _____ **Semester:** _____

Preceptor _____

Faculty: _____

Instructions: Students will be evaluated wherever clinical activities occur. Clinical activities occur in Nursing Skills and Simulation Laboratory and agencies.

Scale of 4 to 0 using the following:

> 4 = Accomplished (routinely and consistently demonstrates competency)
> 3 = Proficient (demonstrates competency in most situations)
> 2 = Evolving (demonstrates basic competency with faculty/preceptor support or reminders)
> 1 = Developing (Requires direction or support in order to carry out basic competency)
> 0 = Unsafe (Unable to demonstrate competencies without direct monitoring or instruction)
> CI = Critical Incidence (requires completion of a critical incident report)

All skills must be **Proficient or Evolving** for each course competency at the summative evaluation. Skills evaluated as **"Developing" or "Unsafe"** during any formative evaluation will require the student to successfully complete a Learning Contract in conjunction with the student's clinical faculty. The student is required to complete a self-evaluation using **this form prior to** the evaluation appointment with the faculty. The Contract form may be copied.

The skills on the following list are expected to be mastered at level 3 or 4 by the end of the course. Once the skill is demonstrated as mastered the score and date are entered into the chart.

Initial	Follow-up	Clinical Competency Assessment
Date & Grade	Date & Grade	Skill –

Learning Contract

Student _____

Faculty _____

Course: _____

Concern:

Skill Attempt   1   2   3

Objectives (What am I going to learn?)	
Strategies and Resources (How am I going to learn it?)	
Time Frame (When will I need to finish?)	
Evidence of Completion (How will I know that I have learned it?)	
Verification/Evaluation (How will I prove that I have learned it?)	

The signatures below indicate approval/completion of the contract:

Student   Date   Faculty   Date

cc Course Coordinator verifying evidence of completion   Date

CLINICAL PERFORMANCE EVALUATION

Student: _____

Semester: _____

Preceptor _____

Faculty: _____

Instructions: Students will be evaluated at midterm and final for where clinical activities occur. Clinical activities occur in the Skills and Simulation Laboratory and agencies.

Scale of 4 to 0 using the following:

> 4 = Accomplished (routinely and consistently demonstrates competency)
> 3 = Proficient (demonstrates competency in most situations)
> 2 = Evolving (demonstrates basic competency with faculty/preceptor support or reminders)
> 1 = Developing (Requires direction or support in order to carry out basic competency)
> 0 = Unsafe (Unable to demonstrate competencies without direct monitoring or instruction)
> NO = No Opportunity (did not have the opportunity to demonstrate competency based on clinical setting or experience)
> CI = Critical Incidence (requires completion of a Department of Nursing Critical Incidence Report and a Learning Contract)

Scoring sample   **47 items X 4 = 188 = 100%**
                          47 items X 3 = 147 = 75%
                          47 items X 2 = 94 = 50%

The final passing score for the semester must be 75% or higher as for each course competency (Accomplished, Proficient, and Developing). Behaviors evaluated as "Developing" or "Unsafe" during any formative evaluation will require the student to successfully complete a Learning Contract in conjunction with the student's clinical faculty. The student is required to complete a self-evaluation using this form **prior to** the evaluation appointment with the faculty.

Students who are rated at "Unsafe" in any course competency by the end of the semester will not pass the course.

Score	Midterm	Score	Final
	Professional Nursing Standards		**Professional Nursing Standards**
	Standard 1: Clinical Attendance, Scheduling, and Appearance		**Standard 1: Clinical Attendance, Scheduling, and Appearance**
	Adheres to institutional policies and procedures		Adheres to institutional policies and procedures
	Accountable for developing and adhering to schedule		Accountable for developing and adhering to schedule
	Attends clinical on time		Attends clinical on time
	Adheres to dress code		Adheres to dress code
	Standard 2 – Professional Behaviors		**Standard 2 – Professional Behaviors**
	Maintains patient confidentiality		Maintains patient confidentiality
	Exhibits professional attitude		Exhibits professional attitude
	Exhibits civility and respect for patients, colleagues, and families		Exhibits civility and respect for patients, colleagues, and families
	Seeks out resources to inform practice		Seeks out resources to inform practice
	Standard 3 – Professional Integrity		**Standard 3 – Professional Integrity**
	Accountable for learning and clinical preparation		Accountable for learning and clinical preparation
	Seeks out and engages in learning opportunities		Seeks out and engages in learning opportunities
	Accepts individual responsibility and accountability for actions		Accepts individual responsibility and accountability for actions
	Accepts constructive criticism and develops a plan of action of improvement		Accepts constructive criticism and develops a plan of action of improvement
	Applies legal and ethical standards		Applies legal and ethical standards
	Member of the Profession		**Member of the Profession**
	1. Collaborate with interdisciplinary health-care team to implement and promote safe, quality care for patients, families, and community across the lifespan as evidenced by:		**1. Collaborate with interdisciplinary health-care team to implement and promote safe, quality care for patients, families, and community across the lifespan as evidenced by:**
	Advocates for the cultural and health beliefs of Patient, Family, and Community		Advocates for the cultural and health beliefs of Patient, Family, and Community
	Contributes to the coordination of care for the Patient, Family, and Community		Contributes to the coordination of care for the Patient, Family, and Community
	Demonstrates a cooperative spirit and mutual respect for members of the health-care team		Demonstrates a cooperative spirit and mutual respect for members of the health-care team
	Demonstrates clinical reasoning and judgment in planning and providing safe and quality patient-centered care		Demonstrates clinical reasoning and judgment in planning and providing safe and quality patient-centered care
	Communicates effectively with patient, family, faculty, staff, and team members		Communicates effectively with patient, family, faculty, staff, and team members
	2. Demonstrates leadership skills when participating in rural communities to promote health and professional nursing practice as evidenced by:		**2. Demonstrates leadership skills when participating in rural communities to promote health and professional nursing practice as evidenced by:**
	Identifies partnerships in the community to address health-care needs		Identifies partnerships in the community to address health-care needs
	Identifies potential solutions to address local health issues in a rural community		Identifies potential solutions to address local health issues in a rural community
	3. Demonstrate accountability for additional learning needs to exhibit competencies relevant to specific practice areas as evidenced by:		**3. Demonstrate accountability for additional learning needs to exhibit competencies relevant to specific practice areas as evidenced by:**
	Accountable for individual practice		Accountable for individual practice
	Adheres to professional standards of practice		Adheres to professional standards of practice
	Reflects on practice to evaluate effects of personal choices and actions on health-care delivery		Reflects on practice to evaluate effects of personal choices and actions on health-care delivery
	Provider of Patient Centered Care		**Provider of Patient Centered Care**

Score	Midterm	Score	Final
	4. Apply theory, concepts, complex skills, regulations, and laws associated with patient centered care in rural health care settings as evidenced by:		**4. Apply theory, concepts, complex skills, regulations, and laws associated with patient centered care in rural health care settings as evidenced by:**
	Addresses factors in complex health- care situations that affect health- care outcomes when planning and implementing care		Addresses factors in complex health-care situations that affect health- care outcomes when planning and implementing care
	5. Apply relevant nursing literature, research, and evidence-based findings to nursing practice and clinical decisions as evidenced by:		**5. Apply relevant nursing literature, research, and evidence-based findings to nursing practice and clinical decisions as evidenced by:**
	Accurately prioritizes patient safety		Accurately prioritizes patient safety
	Demonstrates clinical reasoning and judgment in setting priorities for patient-centered care		Demonstrates clinical reasoning and judgment in setting priorities for patient-centered care
	6. Analyze and interpret health data for underlying pathophysiological changes in the patient's status to anticipate health care needs and revise the plan of care as evidenced by:		**6. Analyze and interpret health data for underlying pathophysiological changes in the patient's status to anticipate health care needs and revise the plan of care as evidenced by:**
	Demonstrates assessment skills to identify health-status changes		Demonstrates assessment skills to identify health-status changes
	Identifies and evaluates pertinent diagnostic findings when planning patient care		Identifies and evaluates pertinent diagnostic findings when planning patient care
	Communicates critical diagnostic findings and health-status changes to prioritize patient safety		Communicates critical diagnostic findings and health-status changes to prioritize patient safety
	Initiates revisions to plan of care based on changes in patient status		Initiates revisions to plan of care based on changes in patient status
	7. Apply knowledge of disease prevention and health promotion in the delivery of care to at risk patients as evidenced by:		**7. Apply knowledge of disease prevention and health promotion in the delivery of care to at risk patients as evidenced by:**
	Identifies disease prevention and risk factors across the life span		Identifies disease prevention and risk factors across the life span
	Assesses and teaches patients about health risks while considering family, population, culture, and rural and border community characteristics.		Assesses and teaches patients about health risks while considering family, population, culture, and rural and border community characteristics
	Provides patient information about health promotion and maintenance recommendations		Provides patient information about health promotion and maintenance recommendations
	Patient Safety Advocate		**Patient Safety Advocate**
	8. Safely performs increasingly complex patient care activities, including administration of medications and procedures as evidenced by:		**8. Safely performs increasingly complex patient care activities, including administration of medications and procedures as evidenced by:**
	Identifies patient using two identifiers prior to medical procedures and medication administration		Identifies patient using two identifiers prior to medical procedures and medication administration
	Demonstrates 3 checks and 6 rights with medication administration		Demonstrates 3 checks and 6 rights with medication administration.
	Implements effective strategies to mitigate patient safety risks		Implements effective strategies to mitigate patient safety risks
	Demonstrates infection control procedures		Demonstrates infection control procedures
	9. Communicate and/or document the patient's need for or response to pharmacological and non-pharmacological interventions as evidenced by:		**9. Communicate and/or document the patient's need for or response to pharmacological and non-pharmacological interventions as evidenced by:**
	Uses I-SBAR communication technique in handoffs, patient reports, and communications regarding patient needs		Uses I-SBAR communication technique in handoffs, patient reports, and communications regarding patient needs
	Documents patient response to interventions in narrative charting and care plan		Documents patient response to interventions in narrative charting and care plan

Score	Midterm	Score	Final
	Documents and reports findings from critical assessments to identify adverse/side effects to medications and treatments		Documents and reports findings from critical assessments to identify adverse/side effects to medications and treatments
	Documentation reflects use of evidence-based rating scales across the life span		Documentation reflects use of evidence-based rating scales across the life span
	10. Promote patient autonomy by engaging patients in planning care as evidenced by:		**10. Promote patient autonomy by engaging patients in planning care as evidenced by:**
	Elicits and respects patient input and preferences in plan of care, including end-of-life advanced care planning		Elicits and respects patient input and preferences in plan of care, including end-of-life advanced care planning
	Provides patient education about rights and responsibilities in the plan of care		Provides patient education about rights and responsibilities in the plan of care
	11. Employ facility policies and procedures, evidence-based practice guidelines to clarify orders, policies, and/or procedures that may be harmful to or inappropriate for the patient as evidenced by:		**11. Employ facility policies and procedures, evidence-based practice guidelines to clarify orders, policies, and/or procedures that may be harmful to or inappropriate for the patient as evidenced by:**
	Identifies risks to patients and implements actions to ensure safety		Identifies risks to patients and implements actions to ensure safety
	Advocates for patient in relation to agency, institutional, or organizational policies and procedures		Advocates for patient in relation to agency, institutional, or organizational policies and procedures
	12. Seeks assistance or training whenever new or unfamiliar skills, equipment, or technology are encountered in the clinical area as evidenced by:		**12. Seeks assistance or training whenever new or unfamiliar skills, equipment, or technology are encountered in the clinical area as evidenced by:**
	Actively seeks input from preceptor and faculty for improvement in the clinical setting		Actively seeks input from preceptor and faculty for improvement in the clinical setting
	Seeks input and resources to inform safe, effective patient care activities		Seeks input and resources to inform safe, effective patient care activities
	Member of Health Care Team		**Member of Health Care Team**
	13. Facilitate confidentiality of communication among patients, families, community resources, and the interdisciplinary team to meet health care needs of the patient and family across the life span as evidenced by:		**13. Facilitate confidentiality of communication among patients, families, community resources, and the interdisciplinary team to meet health care needs of the patient and family across the life span as evidenced by:**
	Adheres to professional confidentiality standards of practice		Adheres to professional confidentiality standards of practice
	Identifies or demonstrates appropriate intervention when confidentiality has been breached		Identifies or demonstrates appropriate intervention when confidentiality has been breached
	14. Collaborates with inter-professional team members to promote and improve safe, holistic care, and to evaluate outcomes of care as evidenced by:		**14. Collaborates with inter-professional team members to promote and improve safe, holistic care, and to evaluate outcomes of care as evidenced by:**
	Identifies local performance improvement measures related to clinical-learning experiences		Identifies local performance improvement measures related to clinical-learning experiences
	Addresses nursing role in carrying out performance-improvement measures		Addresses nursing role in carrying out performance-improvement measures
	15. Teach patients, families, and communities about access to health-related information as evidenced by:		**15. Teach patients, families, and communities about access to health-related information as evidenced by:**
	Identifies community resources that provide access to health-related information		Identifies community resources that provide access to health-related information
	Educates patients and families about reputable health-information resources		Educates patients and families about reputable health-information resources
	Evaluates patient health literature for language and health literacy appropriateness		Evaluates patient health literature for language and health literacy appropriateness

Score	Midterm	Score	Final
	16. Use informatics and technology skills to accurately assess, process, and document patient data as evidenced by:		**16. Use informatics and technology skills to accurately assess, process, and document patient data as evidenced by:**
	Manages patient information systems and use of EHR to ensure accuracy of information and to protect against errors		Manages patient information systems and use of EHR to ensure accuracy of information and to protect against errors
	Applies technology according to agency guidelines to communicate and support clinical decision making		Applies technology according to agency guidelines to communicate and support clinical decision making
	Documentation is accurate, timely, and maintained in a confidential manner		Documentation is accurate, timely, and maintained in a confidential manner
	17. Collaborates with inter-professional team members to address natural disasters, emergencies and trauma events as evidenced by:		**17. Collaborates with inter-professional team members to address natural disasters, emergencies and trauma events as evidenced by:**
	Appraises the existing first responder and disaster plan for local community/county		Appraises the existing first responder and disaster plan for local community/county
	Identifies agencies available for disaster and emergency planning		Identifies agencies available for disaster and emergency planning
	Defines roles of personnel in disaster response and chain of command		Defines roles of personnel in disaster response and chain of command
	Total score for Midterm		**Total Score for Final**
	Percentage of possible score => 75%		**Percentage of possible score => 75%**

Preceptor Evaluation   Date _____   **Preceptor Evaluation**   Date _____

Faculty Evaluation   Date _____   **Faculty Evaluation**   Date _____

Student Self Evaluation   Date _____   **Student Self Evaluation**   Date _____

PRESENTATION RUBRIC

Evaluating Student Presentations					
	1	**2**	**3**	**4**	**Total**
Organization	Audience cannot understand presentation because there is no sequence of information.	Audience has difficulty following presentation because student jumps around.	Student presents information in logical sequence the audience can follow.	Student presents information in logical, interesting sequence the audience can follow.	
Subject Knowledge	Student does not have grasp of information; student cannot answer questions about subject.	Student is uncomfortable with information and is able to answer only basic questions.	Student is at ease with information, answers questions briefly and does not elaborate.	Student demonstrates extensive knowledge, answers all questions thoroughly with elaboration.	
Graphics	Student uses excessive graphics or no graphics	Student's use of graphics limited, rarely supports text and presentation.	Student's appropriate use of graphics relates to text and presentation.	Student's graphics illustrate and reinforce screen text and presentation.	
Mechanics	Student's presentation has four or more spelling errors and/or grammatical errors.	Student's presentation has three misspellings and/or grammatical errors.	Student's presentation has no more than two misspellings and/or grammatical errors.	Student's presentation has no misspellings or grammatical errors.	
Eye Contact	Student reads all of script; makes no eye contact with audience.	Student mostly reads script and makes occasional eye contact.	Student frequently refers to script and makes frequent eye contact.	Student seldom refers to script and maintains eye contact with audience.	
Speech	Student mumbles, speaks too quietly for students in class to hear; student pronounces words incorrectly.	Student's voice is low; some students in class have difficulty hearing; student pronounces several words incorrectly.	Student's voice is clear. Most audience members can hear presentation; student pronounces most words correctly.	Student uses a clear voice; all students can hear presentation; student pronounces words precisely and correctly.	
				Total Points:	

Crosswalk of Course Objectives with TBON DECs and AACN Essentials

Objectives	TBON CLINICAL DECS	AACN Essentials
Member of Profession		
1. Collaborate with interdisciplinary health-care team to implement and promote safe, quality care for patients, families, and community across the life span.	B.4.c.; C.4.; F.5.c.	II-1; VII-7
2. Demonstrate leadership skills when participating in rural communities to promote health and professional nursing practice.	C.1. 6. 7.; D.4.; H.5.b.	II-2; VII-11
3. Demonstrate accountability for additional learning needs to exhibit competencies relevant to specific practice areas.	D.1. 4.; E.6.c., 12.a	IV-8; V-5; VIII-2, 4, 6, 7, 13, 14
Provider of Patient-Centered Care		
4. Apply theory, concepts, complex skills, regulations, and laws associated with patient- centered care in rural health-care settings.	A.2.c., 3.; C.1; D.2.a.; E.1., 7.a., 12.b.	I-2, 7; III-1
5. Apply relevant nursing literature, research, and evidence-based findings to nursing practice and clinical decisions.	A.4.; C3.a., 5.; F.2.a.b.	III-2, 4, 6
6. Analyze and interpret health data for underlying pathophysiological changes in the patient's status to anticipate health-care needs and revise the plan of care.	A.1., 2.a; B.1.a., b., 4, 5; D.2.a	IV-6; VII-2
7. Apply knowledge of disease prevention and health promotion in the delivery of care to at-risk patients.	B.6., 8., 10.; C.7.; D.3.b., E.13. b.	VIII-12
Patient Safety Advocate		
8. Safely perform increasingly complex patient-care activities, including administration of medications and procedures.	B.1., 4.; F.a.b.	VII-3, 4
9. Communicate and/or document the patient's need for or response to pharmacological and non-pharmacological interventions.	B.3.; E.6.d. 5F.5.a., b.	III-7; VI-3; IX-4
10. Promote patient autonomy by engaging patients in planning care.	B.9.; E.7.c.	
11. Employ facility policies and procedures and evidence-based practice guidelines to clarify orders, policies, and/or procedures that may be harmful to the patient.	B.4.; H. 3., 4.a., 6.a.b.	II-7, 8
12. Seek assistance or training whenever new or unfamiliar skills, equipment, or technology are encountered in the clinical area.	D. 2.; E.6.c	VIII-2, 13
Member of Health Care Team		
13. Facilitate confidentiality of communication among patients, families, community resources, and the interdisciplinary team to meet health-care needs of the patient and family across the life span.	B. 3.a.; C. 2.a.c..	VI-2; VIII-10
14. Collaborate with inter-professional team members to promote and improve safe, holistic care and to evaluate outcomes of care.	B.2a., b;, C.6.; E.a. b.	II-5, 6; III-8; VII-10
15. Teach patients, families, and communities about access to health-related information.	E.2.c.; G.1.a.b. 4., 5.a-c., 6., 7.	VII-5
16. Use informatics and technology skills to accurately assess, process, and document patient data.	E.4., 10.a.b.; F.5.a	IV-1, 2, 3, 5; VII-6
17. Collaborate with inter-professional team members to address natural disasters, emergencies, and trauma events.	E.3.a.	VII-8,9,