

COURSE OVERVIEW

COURSE NUMBER:	NURS 4830
COURSE TITLE:	Pre-Licensure Clinical Nursing Practicum
UNITS:	4 Units (180 hours total). Travel time and lunches not included in hours.
PLACEMENT IN CURRICULUM:	6th Semester, Senior Year
CATALOG DESCRIPTION:	Student-designed experience focusing on the role of the professional nurse in a variety of clinical practice settings. (Formerly NURS 4230) Prerequisites: Admission to the pre-licensure nursing program and students must follow curricular roadmap for pre-licensure nursing and concurrent enrollment in 4820.

COURSE OBJECTIVES (FOR CONTRACT): Upon completion of this course students will be able to:

1. Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care across the lifespan.
2. Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.
3. Function effectively within nursing and intraprofessional teams, fostering open communication, mutual respect, negotiation, and shared decision making to achieve quality nursing care.
4. Recognize the patient, family, or population as the source of control and full partner in providing compassionate and coordinated care based on respect for human dignity, preferences, culture, and/or way of life.
5. Describe inter- and intraprofessional mechanisms to resolve practice discrepancies, including ethical, unsafe, and/or illegal care practices.
6. Participate in quality and patient safety initiatives, recognizing that there are complex systems issues.
7. Participate as a member of the profession, through advocacy, lifelong learning, and professional involvement.

TEXT:	No text is required for this course
TOPICAL OUTLINE:	Student-centered individual learning contract (See Website)
TEACHING STRATEGIES:	Learning contract individualized for each clinical practicum.

EVALUATION METHODS:	Contract for clinical hours	20%	due date
	Portfolio	30%	due date
	Clinical experiences	50%	due date

GRADING SCALE:	A	= 94-100%	C	= 76-78%
	A-	= 91-93%	C-	= 73-75%
	B+	= 88-90%	D+	= 70-72%
	B	= 85-87%	D	= 67-69%
	B-	= 82-84%	D-	= 64-66%
	C+	= 79-81%	F	= < 63%

Clinical Contract: 20% of grade

The student is responsible for developing, in collaboration with their preceptor and faculty advisor, a clinical contract identifying activities that will enable the student to meet the course objectives. Each objective (from previous page) should have at least 2 activities associated with it. The following template can be adapted and individualized to meet the student’s learning needs. The Student Learning Contract is due by week 3. Students may complete up to 2 clinical days with their preceptor prior to final approval of the contract. The completed contract with all signatures is due by week 4.

The following is a short excerpt from a longer template that can be found on the web site. Download and adapt it for your own use!

**CALIFORNIA STATE UNIVERSITY, STANISLAUS
SCHOOL OF NURSING
N4830 – ADVANCED CLINICAL NURSING PRACTICUM CONTRACT – **TEMPLATE****

Student Name:	Student Phone:
Clinical area:	Agency:
Agency Administrator:	Agency Phone:
Preceptor:	Preceptor Phone:
Faculty Advisor:	Faculty Phone:
Education:	
Beginning date:	Date of Completion:

RELEVANT EXPERIENCE: Previous 5 semesters (of 6 total) in CSU Stanislaus’ BSN nursing program.

PURPOSE: To gain knowledge, skills, and attitudes surrounding quality (and safe) patient care, hospital policy and protocol as it relates to the nurses’ role. To transition from student to new-graduate nurse roles.

OBJECTIVES AND ACTIVITIES (EVIDENCE) DESCRIPTION: (bulleted examples are illustrative and should be revised and individualized to reflect each student’s learning needs, with input from the preceptor)

- Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care across the lifespan.
 - ✚ Create individualized patient care plans that incorporate patient preferences, evidence-based interventions, and evaluation of the care provided

Clinical Experiences: 50% of grade

Students will meet with their clinical faculty on a weekly basis (in person, via blog/journal, by phone, and/or online using Internet conferencing tools) to discuss clinical experiences. Preceptors may be asked to complete the following rubric :

<i>Status for this week</i>	Unacceptable	Adequate	Excellent	Other
<i>Clinical care of patients</i>				
<i>Professional behaviors</i>				

Comments:

In addition, students will be responsible for maintaining a journal, or blog, of clinical experiences. Your 4830 faculty will instruct you in their preference for online Bb discussions, online blogs, or something else of their choosing. If your instructor prefers an online blog, you may create a free version at <http://wordpress.com> and **make it private**; you permit others to view your blog via various settings and email invitations. Detailed instructions for blogging will be posted on the Bb course site. Journals/blogs are to be submitted beginning in week 3, or whenever you begin your clinical hours with your preceptor. 10 entries are expected during your clinical experiences with your preceptor, and you are also expected to comment and reflect on entries your peers have posted. Journal entries are to be reflective of your contract and student learning objectives, and should demonstrate synthesis of learning and experience. The journal should include:

1. Brief summary of clinical experience
2. Analytic reflection specific to clinical experience and contract
3. Literature verification as appropriate

Grading rubric -- journal entries will be scored using the following rubric

	0 points	2.5 points	5 points
Writing Quality	Too many errors; No literature support	A few errors; Minimal literature support	No errors; Adequate and appropriate literature support
Reflective Thinking Quality	Little/no effort or thinking included.	Adequate reflective thinking included.	Excellent reflective thinking included

Portfolio: 30% of grade

Students are responsible for submitting a portfolio of their accomplishments throughout the nursing program as well as a brief description of how that assignment, activity, or experience helped the student meet one or more of the Student Learning Outcomes (SLO's) listed below.

The portfolio is a tool that demonstrates your progress in meeting individual, course, and program goals. Its purpose is to assess varied aspects of learning as it relates to the SLO's. The portfolio contains examples of your academic accomplishments as well as self-reflective statements that summarize why you selected the items for inclusion and what the items reveal about your learning (Palomba, 1999).

Examples of the types of materials you might include in your portfolio.

- | | |
|--|---|
| <i>Concept maps and care plans</i> | <i>Skills checklist</i> |
| <i>Screen capture of technologies used</i> | <i>Clinical evaluations</i> |
| <i>Scholarly papers</i> | <i>Group projects</i> |
| <i>Certificates of CE completion</i> | <i>Journal or blog postings (with identifiers redacted)</i> |
| <i>Pictures (with permission where needed)</i> | |

You will be expected to link the evidence you choose to include with the SLO's. Explain why you included each item and elaborate on what the item demonstrates about your learning and how it helped you achieve that specific SLO. For example in addressing SLO #3 on critical thinking, you may decide to include a concept map on CHF that you completed in NURS 2910 and compare it with a concept map on CHF that you completed in NURS 4810 to demonstrate advancing knowledge.

Portfolio's will be evaluated based on the following rubric:

Criteria	Unacceptable - 0	Adequate – 2.5	Excellent - 5
<i>Organization and neatness</i>			
<i>Quality of content and reflective statements</i>			
<i>Completeness of materials provided</i>			
<i>Variety and relevance of materials</i>			
<i>All student learning outcomes represented</i>			
<i>Professional portfolio suitable for interviewing</i>			

YOU MUST RESPECT PATIENT CONFIDENTIALITY IN ALL OF YOUR ENTRIES, RESPONSES, JOURNALS, PORTFOLIOS. PLEASE DO NOT INCLUDE ANY IDENTIFYING INFORMATION INCLUDING BUT NOT LIMITED TO NAME OF AGENCY, UNIT, OR PATIENT. FAILURE TO RESPECT PATIENT CONFIDENTIALITY MAY RESULT IN COURSE FAILURE.

Student Learning Outcomes (for Portfolio)

1. Integrate the knowledge, theories and methods of a variety of disciplines to inform decision making.
2. Participate in the process of inquiry, analysis, and information literacy to promote quality care and patient safety.
3. Apply leadership concepts, abilities, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.
4. Integrate evidence, clinical judgment, inter-professional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care.
5. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice
6. Demonstrate basic knowledge of healthcare policy, finance, and regulatory environments, including local, state, national, and global healthcare trends.
7. Use inter- and intra-professional communication and collaborative skills to deliver evidence-based, patient centered care.
8. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities and populations in order to provide comprehensive care to diverse populations.
9. Demonstrate the professional standards of moral, ethical, and legal conduct.
10. Foster professional growth and development through the pursuit of lifelong learning and professional engagement, towards an understanding of the ambiguity and unpredictability of the world and its effect on the healthcare system.
11. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical and nursing management across the health/illness continuum, across the lifespan, and in all healthcare settings.

See all forms posted on web site

- ✚ Sample contract
- ✚ Student and faculty evaluation of preceptor
- ✚ Faculty evaluation of student
- ✚ Blog/journal examples
- ✚ Portfolio excerpt examples
- ✚ Clinical hours log
- ✚ Sample thank you letter to preceptor
- ✚ Policy related to workplace injury procedure

Clinical Performance Evaluation

2910 ____ 3850 ____ 3910 ____ 4410 ____ 4810 ____ 4830 ____

Student Name: _____ Instructor: _____

	Midterm		Final	
	Student	Faculty	Student	Faculty
1. Patient Centered Care				
Values and respects all patients/family				
Protects patient privacy and confidentiality (verbally and documentation)				
Institutes an individualized plan of care including assessment, planning, interventions, and evaluation				
Delivers care based on knowledge of pathophysiology and pharmacotherapy with respect for individual values, preferences, needs, and diversity				
2. Teamwork and Collaboration				
Performs effective verbal/nonverbal communication with patients, families, and healthcare professionals				
Produces clear, accurate, and relevant writing/charting				
Uses appropriate communication across the lifespan				
Uses appropriate communication tools to convey relevant data to other members of the healthcare team				
3. Evidence Based Practice				
Integrates evidence based literature into the clinical practice to guide care				
Follows agency policies and procedures in providing safe, quality care.				
Uses core nursing knowledge in health promotion, prevention, pain/comfort, disease management, and patient/family teaching				
4. Quality Improvement				
Promote cost containment methods in delivering care				
Awareness of quality improvement projects/processes within the facility, such as core measures (AMI, Stroke)				
5. Safety				
Perform nursing skills safely and accurately				
Administers medication safely, accurately, and appropriately for the age and diagnosis of the patient				
Discusses relevant, accurate, and logical rationale for entire plan of care				
Acknowledges own limits and seeks appropriate resources				
Acts as a client advocate				
Maintains a safe environment for the patient (actions do not increase patient exposure to harm)				
Ability to notice, interpret, respond, and reflect in all clinical experiences				

6. Professionalism

- Demonstrates core professional values (caring, altruism, integrity, human dignity, and social justice)
- Demonstrates accountability for own actions, including self reporting
- Takes responsibility to be informed and for own learning, including being fully prepared for all clinical experiences
- Maintains a positive attitude and interacts with patients and the interprofessional team in a professional and respectful manner
- Reports promptly to the clinical area for pre and post conference, notifies instructor of any absence
- Maintains professional appearance
- Follows the Code of Ethics for Nurses, the California Nurse Practice Act, and the ANA Standards of Clinical Nursing Practice

Midterm Evaluation:

Strengths and areas for improvement:

Student comments:

Instructor: _____ Student: _____ Date: _____

Final Evaluation:

Strengths and areas for improvement:

Student comments:

Instructor: _____ Student: _____ Date: _____

Preceptor: _____

Clinical Agency: _____

Scoring:

3	Exceeds Expectations
2	Meets Expectations
1	Below Expectations
N/A	Not Applicable

Scoring Instructions:

Students and faculty will score performance both at midterm and at the end of the semester. Students may be at *Below Expectations* at midterm without consequences. Final scores must be at least *Meets Expectation* at the end of the semester in order to progress to the next semester.

Students: Return completed form to your clinical faculty or preceptor

Preceptor: Return completed form to the faculty member

Faculty: Return completed forms to the clinical coordinator

Clinical Hour Log Sheet

	Date	Placement Site	Type of Activity	Pt/Client Contact %	Observation %	Arrive	Lunch in and out	Depart	Total Hours*
Week 1									
Week 2									
Week 3									
Week 4									
Week 5									
Week 6									
Week 7									
Week 8									
Week 9									
Week 10									
Week 11									
Week 12									
Week 13									
Week 14									

Week 15									

*Total Clinical Hours does not include travel, lunch, or prep time

*Total Clinical Hours includes PreLoad, Orientation, Computer training, Simulation days

By signing I confirm these are true and accurate hours spent in clinical activities, as detailed above.

Signature

Date

Preceptor Contact and Site Visits:

Faculty will be contacting your preceptor BEFORE you begin your practicum hours. You will need to communicate with your faculty regarding your start date and schedule.

Faculty will be coming to your clinical sites 3 times over the semester (beginning, middle, and end) or more as needed.

In between visits, faculty will be contacting your preceptor weekly via phone or email to ensure there are no issues.

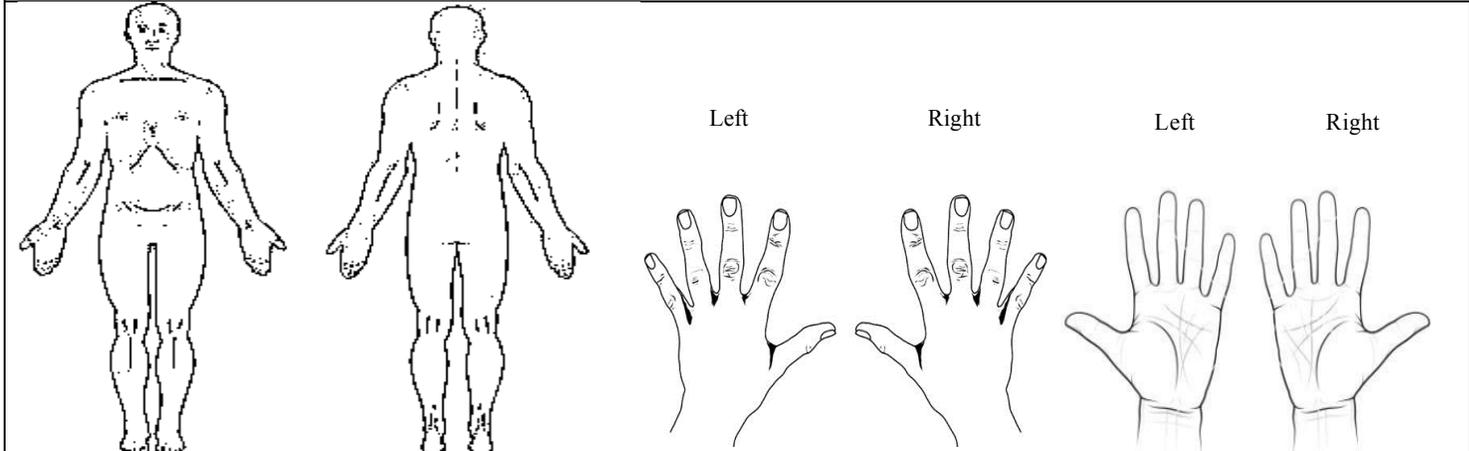
A. EMPLOYEE INFORMATION					
Name (Last, First):		Bargaining Unit:	Date of Birth:		Extension:
Street (Home)			City	State	Zip Code
Home Number		Cell Number		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Hire:		Campus Division <input type="checkbox"/> AA <input type="checkbox"/> SA <input type="checkbox"/> UA <input type="checkbox"/> BF <input type="checkbox"/> FA/HR		Department	
Supervisor Name		Supervisor Extension		Job Title	
<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> SA <input type="checkbox"/> Student in Field Work		<input type="checkbox"/> Volunteer/Seasonal (Attach Volunteer Authorization Form)			
Shift Time -----		Work Days			
<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sa			

B. INJURY/ILLNESS INFORMATION

Date of Injury/Illness:	Time of Injury/Illness:	Specific Location of Injury/Incident occurred (on/off campus):
Date you were informed of injury/illness:	Name of Witness(s)/ Phone#:	

Date you gave employee "Workers' Compensation Claim Form (DWC1)" including Notice of Potential Eligibility:

Indicate Nature of Specific injury/illness (cut, sprain, foreign body, burn, carpal tunnel); part of body affected and please circle all injured areas:



Were other employees injured in this event? Yes No (If yes, complete a separate report for each employee)

Were non-employees injured in this incident? Yes No (If yes, University Police should be contacted to prepare a report: (209) 667-3114)

Was there any property damage during this incident? Yes No

If yes, describe the property damage: _____

Did this employee injury/illness occur during the course of the employee's normally assigned duties? Yes No

What was employee doing just before the incident occurred? Fully explain sequence of events that resulted in injury/illness. Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. *Examples: "materials", "spraying chlorine from hand sprayer"; "daily computer key-entry".*

Describe what happened. How did the injury or illness occur? Describe the actions, conditions, and decisions that led to the incident. *Examples: "When ladder slipped on wet floor, worker fell 20 feet"; Worker was sprayed with chlorine when gasket broke"; developed soreness in wrist over time."*

Describe work place and conditions which contributed to the accident or object or substance that directly harmed employee. Was Personal Protective Equipment (PPE) in use?

What object or substance directly harmed the employee? <i>Examples: "concrete floor; "chlorine" radial arm saw."</i>
Were proper procedures being followed when the incident occurred? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain
Does a written safe work practice for the task that was underway at the time of the incident exist? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was current, documented employee training provided for the task/procedure/equipment prior incident? Yes <input type="checkbox"/> No <input type="checkbox"/>
What corrective action or preventative action was taken to prevent recurrence? Check as many as appropriate. <input type="checkbox"/> Safety Guidelines Developed <input type="checkbox"/> Employee Counseled <input type="checkbox"/> Safety Training Scheduled <input type="checkbox"/> Repairs Ordered/Made <input type="checkbox"/> Personal Protective Equipment Ordered <input type="checkbox"/> Other (attach separate page if necessary)
C. MEDICAL TREATMENT INFORMATION
Did injury result in disability beyond day of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", date last worked: _____ Date returned to work: _____ If employee died, when did death occur?
Medical Treatment by: <input type="checkbox"/> Medical Treatment Declined <input type="checkbox"/> Treated Self <input type="checkbox"/> Personal Physician <input type="checkbox"/> St. Josephs (Stockton) <input type="checkbox"/> Emergency Room <input type="checkbox"/> Sutter Gould (Turlock/Modesto) <input type="checkbox"/> Other <input type="checkbox"/> Pre-Designated Physician: _____ (must have pre-designated physician form on file prior to injury) <input type="checkbox"/> Employee was transported by ambulance to: Hospital: _____ Phone Number: _____ <input type="checkbox"/> Employee was hospitalized overnight as an in-patient
Name/Address of Treating Physician: _____
Phone Number: _____

CALIFORNIA STATE UNIVERSITY, STANISLAUS

Faculty Affairs and Human Resources, MSR340 | One University Circle | Turlock, CA 95382 | Phone (209) 667-3392 Fax (209) 664-6536

ADMINISTRATIVE USE: OSHA Record Only WC Claim#

To be completed by Supervisor/Manager for all injuries/illnesses to employees including student assistants, volunteers, and part time employees. Fill out **ALL** information below and return to the Workers' Compensation Coordinator, MSR340. Provide employee "Workers' Compensation Claim Form (DWC1)" including Notice of Potential Eligibility immediately upon knowledge of injury or illness.

Complete this form in its entirety and submit within 24-hours of the injury

Manager/Supervisor Signature: _____	Date: _____
-------------------------------------	-------------

WC Coordinator/HR Rep Signature:	Date:
----------------------------------	-------

Distribution: Return to FA/HR: (1) Fax to (209) 664-6536; (2) Hand deliver to FA/HR, MSR340; (3) Mail interoffice in a sealed confidential envelope; (4) Keep department copy on file