

# **Oakland University School of Nursing**

## **Nursing Synthesis - Clinical**

**NRS 4325 (485)**

**CRN # 10504**

**Faculty:**

**Anne Marie Mitchell PhD, CNM WHNP  
Associate Professor**

**This course has been determined to meet the  
Oakland University General Education Capstone Requirements**

**Winter 2018**

<b>COURSE NUMBER:</b>	<b><u>NRS 4325 (485)– CRN #10504</u></b>		
<b>CREDIT &amp; HOUR ALLOCATION:</b>	<b>Credits</b>	<b>Hrs/Wks</b>	<b>Total Hours Semester</b>
	<b>Clinical</b>	<b>5</b>	<b>210</b>
<b>COURSE TITLE:</b>	<b><u>Nursing Synthesis – Clinical</u></b>		
<b>CLASS TIME &amp; LOCATION:</b>	<b><u>January 3, 2018 – April 25, 2018</u></b>		
	<b><u>TBA</u></b>		
<b>FACULTY OF RECORD:</b>	<b><u>Anne Marie Mitchell, Ph.D., CNM, WHNP</u></b>		
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**This course has been determined to meet the Oakland University General Education Capstone Requirements**

**PREREQUISITES and/or CO-REQUISITES**

**Prerequisite:** NRS 3311 (480), NRS 3315 (481), & NRS 3071 (452)

**Co-requisite:** NRS 4345 (386), NRS 4061 (428), & NRS 4331 (486)

**COURSE OVERVIEW**

This course is the capstone clinical experience for students in the Basic-BSN track. Students will be given the opportunity to demonstrate clinical reasoning within the context of patient-centered care while integrating knowledge and skills learned during the nursing curriculum in the precepted clinical experience.

**COURSE OBJECTIVES**

1. Demonstrate application of the nursing process with health care consumers, including competency in:
  - a. Health assessment
  - b. Diagnostic reasoning
  - c. Planning and implementing empirically based nursing interventions
  - d. Effective communication with health care consumers, their families, and member of the intra- and inter- professional health care teams, and
  - e. Evaluation patient-specific outcomes using established standards
2. Demonstrate the effective use of clinical resources, delegation skills with members of the intra-professional health care team, and evidence based nursing practice providing patient-centered care.

3. Provide ethically and legally responsible patient-centered care to diverse patient populations while managing a caseload of patients in accordance with the scope and standards of generalist nursing practice.

### **ESSENTIAL CONTENT**

The Nursing Process

Clinical reasoning

Evidence-based nursing practice

Delegation and intra- and inter-professional communication

Patient-centered care

### **REQUIRED TEXTBOOKS**

American Psychological Association (2010). Publication manual of the American Psychological Association (6<sup>th</sup> ed.). Washington, DC: Author.

Gladwell, M. (2008) Outliers: The story of success. New York, N.Y. 10104 littlebrown.com  
ISBN 978-0-316-01792-3.

### **Recommended Textbook**

Goldsmith, M., Reiter, M. (2007) What got you here won't get you there. New York, NY. 10011-5604  
ISBN 978-1-4013-0130-9

### **Grading Policy**

- Students must achieve a grade of 2.5 or higher on the Clinical Evaluation Tool before the scores for the weekly journals and the clinical paper will be incorporated into the final grade.

## COURSE ASSIGNMENTS AND EVALUATION METHODS

Method	Item Points	Total Category Points	Method of Evaluation
Clinical Evaluation Tool	ANA ten Standards	60% points total course grade points	Individual performance required in the clinical setting with a 210-hour minimum. Preceptors' will contribute information that is a factor in the final grade evaluation. The clinical faculty will provide the final grade.
Clinical Journal	10 journals @ 20 points	20 total grade points	10 Journals are required. Each journal is worth two course points. The journal is to be complete, include the required substantive material and submitted on time for full credit.
Clinical Paper	1 @ 20 points	20 total Grade points	The paper is to be submitted on time and meet the criteria provided in the rubric for full credit.
Total Points	100%	100 points	

The following are required *prior to starting the clinical experience*:

- Attend a clinical instructor/FOR meeting on January 9<sup>th</sup> 2018 with your clinical faculty.
- Complete all assigned facility orientation requirements/modules as identified.
- Complete all mandatory orientation modules required by your clinical faculty.
- Print out required forms for Preceptor and Clinical Faculty (see Moodle page).
- Give printed Clinical Evaluation Tool (CET) to the preceptor with your name and G# on it.

Students may *not* contact preceptors until permission is obtained from the clinical faculty, Dr. Mitchell.

## **CLINICAL REQUIREMENTS**

1. A minimum of 210 *precepted clinical hours* must be completed in order to satisfy the NRS 4125/4325 course requirements. Students who do not complete the 210 hours will receive a final course grade of 2.4 regardless of their performance on all the other course components. Students usually are in clinical for 12-hour shifts, however preceptorships do change. In the event that happens, you are to contact the FOR, Dr. Mitchell with the information in advance and why the 12- hour shift has been altered. Most students will be in the clinical setting for 18 12- hour shifts, or 216 hours.
2. Students **MAY NOT** attend clinical with their preceptors during official federal holidays, or when the university has designated emergency closures (e.g. snow days). Classes for the winter semester end on May 25<sup>th</sup>.
3. The University Calendar is in the table below and will be posted on Moodle.

### **2017-2018 Important Dates: Semester 2 (Winter 2018)**

January 4 - 5	Remediation Exams
January 8	Classes Begin
<b>January 15</b>	<b>Payment Due Date</b>
January 15	Martin Luther King Jr. Day (Day of Service)
January 19	Last day to withdraw with 100% refund
February 23	Last day to withdraw with 50% refund
March 19 - 23	Winter Recess
March 26	Classes Resume
May 25	Classes End

4. During NRS 4125/4325, you are required to provide your clinical instructor/FOR, with your clinical schedule at **least two weeks in advance** of the days you will be attending clinical. You cannot begin the clinical experience or work with the preceptor at any time that is not agreed upon in advance with your clinical faculty.
  - Once you submit your clinical schedule (which is based on the work schedule of your preceptor), your clinical days are considered final.
  - Do not ask your preceptor to change his/her schedule to accommodate your schedule.
  - Any deviation from your submitted clinical schedule may count as a clinical absence.

5. Students are expected to be consistently and thoroughly prepared to perform safe nursing practice.
6. Dress and attire for this clinical experience follows the criteria set forth in the School of Nursing Undergraduate Student Handbook. Students who do not adhere to the School of Nursing dress code policy may be told to leave the clinical setting and their hours for that day may not be credited toward the 210 clinical hours needed to complete the course.
7. The initial meeting with the student, preceptor and FOR/Clinical faculty is to take place within the first 30-36 hours of clinical. The second meeting, or the midterm evaluation is to take place between 90-100 clinical hours. The final meeting is to take place between 18-190 hours. The timing for that will vary for each student. It is critical that you keep in touch with me to schedule the appointments for each meeting.
8. The preceptor's assessment of the student's clinical performance is essential to the faculty's grade determination. It is very important that all three meetings are attended by all parties involved. The final course grade will be computed and submitted by the FOR/clinical faculty. All visits will be scheduled in advance.
9. Student absenteeism will be weighted as a percentage of the total hours of the clinical rotation. For example, if a student missed eight hours of an 84-hour clinical rotation, 10 points would be deducted from the clinical raw score. A student missing over 20% of any clinical rotation will fail the clinical rotation.
10. Clinical tardiness is being late at the beginning of a clinical day. Thus, if the clinical faculty states that students are to be present on the unit by 6.45am, a student would be considered tardy if they are not present at that time. For each 15 minutes a student is tardy, 1 point will be deducted from the clinical raw score. A student missing over 20% of any clinical rotation will fail the clinical rotation.

## **FACULTY, PRECEPTOR AND SENIOR STUDENT RESPONSIBILITIES**

### **Clinical Faculty**

1. Meet with preceptor at the beginning of the clinical experience to outline mutual expectations regarding course objectives, student learning needs, student time commitments, faculty schedule/on-call availability, and other pertinent issues.
2. Provide preceptor with NRS 473 syllabus and discuss its contents.
3. Contact appropriate person (usually nurse educator) and arrange hospital orientation for (a) the student, and (b) yourself, per agency preference.
4. Complete Preceptor Verification Form for each preceptor and provide a copy to preceptor, student, Faculty of Record, and the Undergraduate Director of the School of Nursing. The verification form must be submitted to the Undergraduate Director of the School of Nursing during the first week of the clinical experience for each student.
5. Provide students with a summary of your on-call schedule restrictions and/or alternate emergency contact information.
6. Confer with preceptor to arrange any specific experiences the student needs in order to meet

course objectives.

7. Arrange appointments to meet with preceptor and student (individually and together over the course of the semester to discuss the student's performance/progress. Advise the student of his/her clinical progress no later than half way through the semester (e.g. completion of 105 hours of time).
8. Provide direct supervision for students who are referred for faculty support by preceptor or are not achieving course objectives satisfactorily.
9. Confer with preceptor regarding student progress in achieving course objectives. Complete clinical evaluation tool, determine student grade, and meet with student to discuss clinical performance and grade for the course.
11. Be available to the preceptor and student at all scheduled clinical times by cell phone.
12. Submit final course grade and completed evaluation form to the Faculty of Record as directed.
13. Grade student reflective journals submitting their score sheet for each assignment to the course FOR.

### Preceptor

1. Meet with faculty and student to review syllabus information regarding NRS 473.
2. Complete Preceptor Verification Form within first week student is scheduled.
3. Develop clinical schedule with the student that corresponds to the preceptor's work schedule.
4. Work on the unit on all of the days that the student is scheduled for a clinical experience.
5. Notify student and clinical faculty in case of absence from work on a scheduled clinical day.
6. Socialize student to the clinical setting by introducing them to unit nursing staff and other health care professionals affiliated with the unit.
7. Acquaint student with unit/institution policies and procedures.
8. Mentor the student regarding the role of the professional nurse and professional nursing activities associated with the preceptor's clinical nursing practice.
9. Guide student toward clinical nursing experiences that facilitate student attainment of the course objectives.
10. Model professional nursing behavior at all times.
11. Assist students to exercise sound clinical judgment when planning, implementing, and evaluating professional nursing care.
12. Meet with faculty and student a minimum of three times per semester, and as needed.
13. Contact the clinical faculty regarding any critical incident or when there is a concern and/or a potential concern about the student's performance.
14. Discuss student's progress and performance with faculty on a weekly basis or as indicated by student clinical performance.

### OU Nursing Student

1. Have preceptor complete Preceptor Verification Form during first week of scheduled clinical experience and return to instructor
2. Plan a clinical schedule with the preceptor that:
  - a. Corresponds to the preceptor's work schedule and scheduled work shifts (8 or 12 hours).
  - b. **Contains no partial shifts** (Only exception = if preceptor is sent home. Then it is the student's responsibility to notify the clinical faculty immediately to inform him/her of the change to the clinical schedule).

- c. Work breaks are not included in the total number of clinical hours required for this course. For example, if the preceptor and student attend report at 6:45a.m., take a 30 minute lunch break, and depart the facility at 7:30p.m., the student may only count 12 hours toward his/her total required time. Any time spent on the unit after the scheduled shift with the preceptor must be approved by the clinical faculty before credit will be given. Each case, if it occurs, will be reviewed on a case by case basis.
  - d. May include weekend shifts, but clinical experience cannot occur during any period of time when Oakland University is closed (legal holidays, official breaks, etc.).
  - e. Allows for the completion of a minimum of 210 hours by the end of the semester. Students may not complete a partial shift on the last day of clinical if 210 hours would be reached before the end of the day. Some students may end the semester with more than 210 clinical hours, but no fewer than 210 is acceptable.
  - f. Submit clinical schedule to clinical faculty at the beginning of each schedule cycle.
3. The student is accountable for attending all of the clinical experiences he/she scheduled with his/her preceptor once the schedule is submitted to the clinical faculty. If the preceptor is unavailable for a scheduled clinical experience, the student **may NOT attend** the clinical experience that day. Communication between the preceptor, student, and faculty is critical. The student is responsible for notifying the clinical faculty, immediately, if their preceptor is unavailable on a given day.
  4. Provide documentation of clinical hours actually worked to clinical faculty every week as directed by the clinical faculty.
  5. Notify preceptor, unit, and clinical faculty of any absence at least 2 hours before the scheduled clinical experience. Re-schedule missed clinical experience with preceptor. Notify faculty of re-scheduled time.
  6. Attend all mandatory orientations, clinical meetings, and scheduled clinical experiences.
  7. Clearly understand clinical learning objectives (as outlined in the course syllabus) and confer with preceptor to arrange for clinical experiences to meet them. NOTE: Clinical experiences designed to meet clinical learning objectives should be primarily direct care activities expected of registered nurses on the assigned unit.
  8. Prepare adequately for clinical experiences by performing independent reading in the nursing literature regarding clinically relevant nursing phenomena, conference with faculty and/or preceptor, utilize School of Nursing resources as needed (e.g. simulation laboratory, etc.).
  9. Demonstrate accountability for all actions and safe clinical practice during all clinical experiences.
  10. Follow all agency policies and procedures.
  11. Communicate clearly with preceptor and clinical faculty regarding learning needs, limitations, progress, and expectations for the clinical experience.
  12. Demonstrate appropriate professional nursing behavior.
  13. Wear School of Nursing uniform as outlined in the Undergraduate Student Handbook, including Oakland University School of Nursing identification badge in addition to any required agency identification badge.
  14. Students are **not** permitted to:
    - a. Administer chemotherapeutic medications.
    - b. Administer blood.
    - c. Titrate and administer IV drip medications.
    - d. **Function without preceptor supervision.**
    - e. Receive or transcribe physician orders.
    - f. Take verbal orders from physicians.



- g. Cover assigned and/or any other patients on the unit without preceptor present.

### **Clinical Evaluation Tool**

A copy of the Clinical Evaluation Tool (CET) is to be with each student during clinical hours. It is to be used to make notes on your progress in meeting the ANA standards and help you to focus on your objectives for that day. The Clinical Evaluation Tool is also to be used in writing the journal submissions.

### **Journal Assignment**

1. Students will submit a total of 10 journals.
2. An excel file is on Moodle to be used as the tool for submitting the journal and the journal is to be submitted on Moodle. The questions to be addressed and the 10 ANA standards are in the excel file.
3. The Clinical Evaluation Tool is a key guideline. Two of the 10 standards are to be selected and written about each week. Each of the 10 standards are to be included twice.
4. APA format is expected.

### **Clinical Paper**

One formal paper is required. The paper is to address a clinical problem that is patient center and relevant to specific area of nursing where you are doing during your preceptorship (e.g. E.C., Vascular ICU, Neurological ICU). The scope and magnitude are to be described with supporting data. Key aspects on the literature regarding the problem that is identified are to be reviewed, critically analyzed and presented in the paper. Areas of concern and areas lacking sufficient research to conclusive should be noted. Areas of disagreement are to be recognized. Recommendations for addressing the problem are to be presented. They can include preventive measures relevant to nursing practice. Actions identified are focused on reducing the negative sequela that results from the problem. Recommendations should incorporate a synthesis of the literature along with your own creative ideas for 1.) addressing the problem 2.) implementing change.

APA format is required. Title page and abstract are to be included. The body of the paper is 8-10 pages, not including references. The number of references should be a minimum of 10 but will vary depending on the topic. The grading rubric is on Moodle.

Additional Credit is available to any student who submits their abstract to Sigma Theta Tau by the February deadline (to be announced by OU SON) and presented their paper as a poster or oral lightening round.

Time Frame

<b>Clinical Paper</b>	<b>Target Date</b>	<b>Alternate Date</b>	
<b>Topic Identified</b>	January 22	January 29	
<b>Outline Submitted</b>	February 16	February 19	
<b>Paper Due</b>	March 26	March 30	
<b>Sigma Theta Tau</b>	Discuss		
<b>Discuss with Dr. Mitchell</b>	January during site visit		
<b>Abstract</b>	February		
<b>Poster/Talk</b>	March / April		

**Contact Information for Dr. Mitchell, FOR and Clinical Faculty**

Cell:

248- 408-0060

Text to set up a phone call or meeting

E-mail

Use Moodle course e-mail not OU g-mail.

# **CLINICAL EVALUATION TOOL**

**Student Name:** \_\_\_\_\_

\_\_\_\_\_ (Print Name)

GRIZ # (last 4 digits)

**Course:** \_\_\_\_\_

### **CLINICAL EVALUATION TOOL**

- This evaluation tool consists of 10 standards that are based on the ANA Standards of Practice and the AACN Essentials.
- Measurement criteria are listed for each standard. These criteria are intended to illustrate examples of expected objectives that should be mastered in clinical experiences. Please note that not every example will apply in every situation or at each level of the curriculum.
- Each standard has suggested criteria that should be met for the clinical experience. Some criteria may not be appropriate for all levels of the curriculum. For example, students at the sophomore level are expected to be aware of and show evidence of understanding each of the criteria and its applicability to clinical practice. At the junior level, students are expected to begin demonstrating use of the criteria during clinical practice situations. At the senior level, students are expected to articulate both their use of the criteria in clinical practice, and other nursing implications related to the criteria. Each level subsumes the ones under it, and student behaviors are expected to reflect this progression.

#### **Instructions to clinical faculty:**

- The midterm evaluation is to be given midway way through the clinical experience. Its purpose is to inform the student of their clinical performance and is graded on a pass (P)/fail (F) basis using the criteria outlined in each standard. This evaluation will include a written assessment (see Clinical Evaluation Tool Midterm Summary) highlighting the student's current strengths and areas for improvement for the remainder of the clinical experience. Clinical faculty may also provide additional information and anecdotal notes/work plan if needed.
- At the midterm evaluation, if a student earns a failing mark (6.9 or below) for a particular standard, specific documentation must be provided to support this failing mark. A plan should be developed with the student on how a passing mark can be achieved.
- The final evaluation is given to the student AFTER the entire clinical rotation is completed and MUST reflect faculty assessment through the last day of the clinical course. The student's performance will be evaluated for each standard using a 10 point scale (see next page). A total of 10 points can be earned for each of the 10 standards, so possible final evaluation scores may range from 0-100 points. A written assessment of the student's strengths and progress toward addressing areas for improvement for the future will also be included as well as any additional documentation necessary to explain the student's final grade (see Clinical Evaluation Tool Final Summary). The final clinical grade should be calculated as per instructions from the Faculty of Record (FOR).
- At the final evaluation, if a student earns a failing grade (6.9 or below) for a particular standard, specific documentation must be provided to support this grade.
- Complete tool using black or blue ink only

## CLINICAL EVALUATION TOOL POINT SCALE

The following criteria will be used to evaluate the student's clinical performance within each standard.

### 9.0-10.0

- Applies theoretical knowledge accurately each time.
- Performs safely and accurately each time behavior is observed without supportive cues from the preceptor/instructor.
- Demonstrates dexterity.
- Spends minimal time on task.
- Appears relaxed and confident during performance of task.
- Focuses on client while giving care.

### 8.0-8.9

- Applies theoretical knowledge accurately with occasional cues.
- Performs safely and accurately each time behavior observed with supportive cues from the preceptor/instructor.
- Demonstrates coordination, but uses some unnecessary energy to complete behavior/activity.
- Spends reasonable time on task.
- Appears generally relaxed and confident; occasional anxiety may be noticeable.
- Focuses on client initially; as complexity increases, focuses on task.

### 7.0-7.9

- Identifies principles, but needs direction to identify application.
- Performs safely and accurately each time observed.
- Requires frequent supportive and occasional directive cues.
- Demonstrates partial lack of skill and/or dexterity in part of activity; awkward.
- Takes longer time to complete task; occasionally late.
- Appears disorganized in planning nursing intervention.
- Focuses primarily on task or own behavior, not on client.

### 6.9 and below

- Identifies fragments of principles or unable to identify principles at all.
- Applies principles inappropriately or is unable to apply principles at all.
- Performs safely under supervision, not always accurate or performs in an unsafe manner.
- Requires continuous supportive and directive cues.
- Demonstrates lack of skill; uncoordinated in majority of behavior or unable to demonstrate behavior.
- Performs tasks with considerable delay; activities are disrupted or omitted.
- Appears incapable of carrying out nursing intervention.
- Attempts activity or behavior, yet is unable to complete.
- Focuses entirely on task or own behavior.
- Lacks organization; non-productive.

Adapted from tool developed by Krichbaum, K. from Bondy, K. (1983). Criterion-referenced definitions for rating scales in clinical evaluation. *Journal of Nursing Education*, 22, 376-382. (University of Minnesota School of Nursing)

**Oakland University School of Nursing  
GRADE CONVERSION**

*Note: 70% = 2.5*

<u>PERCENTAGE</u>	<u>GPA</u>
100.00	4.0
98.00 – 99.99	3.9
96.00 – 97.99	3.8
94.00 – 95.99	3.7
92.00 – 93.99	3.6
90.00 – 91.99	3.5
88.00 – 89.99	3.4
86.00 – 87.99	3.3
84.00 – 85.99	3.2
82.00 – 83.99	3.1
80.00 – 81.99	3.0
78.00 – 79.99	2.9
76.00 – 77.99	2.8
74.00 – 75.99	2.7
72.00 – 73.99	2.6
70.00 – 71.99	2.5
68.00 – 69.99	2.4
66.00 – 67.99	2.3
64.00 – 65.99	2.2
62.00 – 63.99	2.1
60.00 – 61.99	2.0
58.00 – 59.99	1.9
56.00 – 57.99	1.8
54.00 – 55.99	1.7
52.00 – 53.99	1.6
50.00 – 51.99	1.5
48.00 – 49.99	1.4
46.00 – 47.99	1.3
44.00 – 45.99	1.2
42.00 – 43.99	1.1
40.00 – 41.99	1.0