Loyola University Chicago
Marcella Niehoff School of Nursing
Spring 2014

Course Number and Title: MCN 273L Family Health Patterns I

Number of Credits: 3 Credit hours

Meeting Schedule: Varies by clinical site

Faculty: Varies by clinical site

Faculty Contact Information: Varies by clinical site

Prerequisites: GNUR 238, GNUR 293

Co-requisites: MCN 273 Lecture

Course Description: This nursing course provides opportunities for students to apply theoretical concepts. Using family theory and an epidemiological framework, emphasis is placed on the physical, developmental, and psychosocial well-being of perinatal woman, her fetus, and newborn. Nursing care of the high risk perinatal woman, newborn, and hospitalized infants are addressed. Current health policy, cultural, economic and ethical issues are also discussed.

Course Outcomes:
1. Discuss the physiological and psychosocial adaptations of the perinatal woman and her fetus/newborn.
2. Perform appropriate physical and psychosocial assessments of the perinatal woman, her fetus/newborn and the family.
3. Demonstrate critical thinking in the provision of safe, therapeutic, and quality nursing care to the low risk and high risk perinatal woman, her fetus and newborn.
4. Prioritize clinical decisions for nursing care of the low risk and high risk perinatal woman, her fetus and newborn based on scientific rationale.
5. Demonstrate the use of evidence-based data to support therapeutic interventions for the low risk and high risk perinatal woman, her fetus and newborn.
6. Discuss the moral and ethical implications of nursing care for the high risk perinatal woman, fetus, neonate, family, community, and the nurse.
7. Articulate and demonstrate the principles of safe medication administration and management for the low risk and high risk perinatal woman and her fetus/newborn.

Teaching methods:
Patient care: clinical assessment and observation (on and off unit)
Pre-clinical and/or post-clinical conferences
OB Skills Day Experience
Clinical Simulation Experience
Written assignments and reflection
Videos
Group presentations
Clinical Expectations:
Punctuality is an expectation; all students will be professionally dressed and ready to receive report at the start of the clinical shift.

ONLY BLACK INK MAY BE USED IN ANY CLINICAL DOCUMENTATION FOR PATIENT’S CHART.

Professional attire is required during all clinical experiences: clinical, simulation, external clinical experiences. Loyola Student Nurse uniform, Loyola ID, appearance must be clean, nails trimmed, nail polish NEUTRAL AND UNCHIPPED, shoes clean, pants hemmed (MAY NOT DRAG ON GROUND OR UNDER SHOES), watch, stethoscope, NO JEWELRY- based on JCAHO standard and hospital policy. Do NOT bring any valuables to the clinical setting. Cell phone usage is limited to non clinical environment and may only be used for purposes of looking up information for clinical application.

Attendance is mandatory as it is not possible to make up missed clinical time during the current semester. OB Skills day, simulation time and observational experiences outside of the clinical setting are categorized as clinical time and constitute the same consequences for unexcused absences. Unexcused absences can result in an incomplete (I) which will require a make-up session(s) the following semester, if available, or an unsatisfactory (U) grade for the course, which would require retaking the entire course.

Simulation Statement: Clinical simulation is an integral part of this course designed for students to demonstrate critical thinking and skill proficiency within a clinical setting. Expectations for satisfactory performance in simulation includes evidence of preparation, timeliness and professional collegial behavior. Consequences of not meeting any of these expectations will be determined on an individual basis by the course director, Director of Simulation and Associate Dean for Undergraduate Programs. Consequences may result in failure to progress in the program.

IDEA Course Feedback Expectation: It is a professional expectation that all students participate in course feedback to guide ongoing program improvement. The IDEA course feedback system is based on student ratings of their individual learning during a course. A key part of the IDEA system is students offering their rating on the progress they made on learning objectives, using a scale that ranges from “no apparent progress” to “exceptional progress.” The decision to have the IDEA system open for student input during the last two weeks of the class is based, in part, on this foundation. In these last couple of weeks of a course, enough of the course has been completed so that students should be able to accurately gauge the progress they have made on the key learning objectives of the course.
Academic Integrity Statement: Academic honesty is an expression of an ethic of interpersonal justice, responsibility and care applicable to Loyola University faculty, students and staff, which demands that the pursuit of knowledge in the university community be carried out with sincerity and integrity.

http://www.luc.edu/academics/catalog/undergrad/reg_academicintegrity.shtml (Undergraduate)

http://www.luc.edu/media/lucedu/nursing/pdfs/UndergraduateHandbook.pdf (School of Nursing)

Evaluation:
Your clinical performance is evaluated in a variety of ways. Your performance during the clinical day is a key component to this evaluation. This performance should reflect preparation for common clinical scenarios and ongoing progress in synthesizing theoretical knowledge and practical skills. Your performance is also evaluated by your preparation for and participation in pre- and post-conferences, written assignments, and the clinical simulation. Your instructor may give you weekly quizzes to help you master the drug calculations, and important terms/drugs to know listed in the theory syllabus. You will have a verbal and written midterm and final evaluation of your clinical performance.

Assignments:
One weekly assignment will be collected and graded by your clinical instructor. Due dates arranged by clinical instructor.

Required activities include:

**OB Skills Day**

The second meeting for your clinical group will convene in the skills lab at your respective campuses (LSC for traditional BSN students; Maywood for ABSN students). The purpose of this day-long experience is to gain practice with performing assessments and skills that you will need during your clinical (including: maternal intrapartum and postpartum assessments, newborn assessments, viewing birth videos). Preparation for this day includes completing medication cards for some of the most common drugs you will be passing during your clinical.

Upon completion of this clinical experience, you will complete a written reflection. Possible questions to consider: Identify what nursing assessments are essential in providing care for women in first/second stages of labor? What is/could be the role of the nurse in this process? What prior experience have you had with births? How did watching these deliveries make you feel? What are your expectations for the upcoming clinical?

**Newborn Assessment**

You will need to do this assignment once. When you do the newborn assessment, use the Newborn Assessment tool that will be introduced in clinical and posted on Sakai to complete the assessment of the newborn. You will be evaluated by both a peer and your clinical faculty. Submit a written newborn assessment to your clinical instructor per his/her instructions. Form is available on Sakai.
Staff Education Group Project

Prepare a poster and/or presentation on a relevant clinical topic identified in conjunction with your clinical instructor and staff members on the unit. These projects will also be presented in lecture to your classmates and will count towards your theory grade.

Previous project examples have included: posters, clinical binders, brochures, PPTs. Previous topics have included: Baby Friendly Initiative, PPD, PPH, medication administration, role of the student nurse in clinical, GDM, CAM, birthing positions, BMI and pregnancy, teen pregnancy, doula support in labor, TDAP vaccine, cord blood collection/donation.

Childbearing Film Reflection Papers: “The Business of Being Born” and “Descent into Desperation”

You will view the documentaries, “Business of Being Born” produced by Ricki Lake and Abby Epstein and “Descent into Desperation” produced by Jen Ashley and Heidi Zerse. After watching the film, please write a reflection paper on each documentary (4 page maximum; double-spaced, 12 font; APA not necessary, but include an APA cover page with your name). Your responses should include but are not limited to responses to the following:

1. Did anything about the film surprise you? If so, what?
2. What aspects of the film did you like/agree with? Dislike/not agree with?
3. What questions does this film raise in your mind?
4. Which scene or person do you remember most clearly from the film. What (or who) was it. Why do you think it made such an impression?
5. Where there any issues raised in the film that you have seen/heard discussed at your clinical site. If so, describe the connection. If not, why do you think this is?
6. If you had a close friend who was going to have a baby and she asked you whether or not she should see this film, what would you tell her and why?

NICU Experience

Your clinical instructor will assign you to the NICU (SCN/ISCU/etc) at least once during the semester. Your clinical assignment for that week will be prepare answers to the following questions in a 2-4 page document and submitted to your clinical instructor (4 page maximum; double-spaced, 12 font; APA not necessary, but include an APA cover page with your name). You will need to use your text, the patient’s chart, and other providers in the NICU to complete this assignment. Please be sure you are familiar the components of the assignment BEFORE you leave the NICU so that you can collect the information you need:

1. Begin your write-up with a sentence like: “Baby (initials) was born on (date) at (gestational) age via (c/s or vaginal) delivery. (Initials) was admitted to the NICU. (time/date) secondary to (reasons for admission).
2. In this section, providing the details of how this baby ended up in the NICU. Describe the mother’s prenatal care and labor and delivery course. Important things to include would be the mother age, G/TPAL, EDC, gestational age on admission and at birth, information about the rupture of membranes, medical and/or pregnancy-related problems the mother may have had, medicines the mother received or other procedure performed between the time of her admission and the delivery.
3. Provide more extensive detail about the baby’s condition by including the following:
a. If you baby was preterm, compare the mother’s history to what you know about risk factors for preterm delivery. Did she have risk factors? If so, what were they? If she did not have identifiable risk factors, state this. In either case, explain the role of risk assessment in preterm delivery. (use pgs 492-504 in text to help you). What steps, if any, were taken to prevent the preterm birth. If not, why?

b. If the baby is not preterm but is in the NICU for other reasons, describe these. Include a definition of the baby’s diagnosis(es), the etiology, normal treatment and expected course of care. If there is a genetic condition, describe what it is, what causes it, and what the prognosis for this kind of problem is.

c. How is the baby being fed? How is the decision about amount and type of feeds being made? Describe feeding challenges for your patient and what steps are taken to improve his/her intake.

d. What medicines is the baby on and what is the purpose of each of these?

e. Summarize this section by providing 3 NANDA’s for your patient. For each NANDA, include 2 NIC’s and 2 NOC’s. You may include NANDA’s the child had upon admission as well as any problems that began since admission.

f. What are some of the long term effects/outcomes (NOC’s) from their problem(s)?

g. Relative to the baby’s condition at admission and when you cared for him/her, has the baby’s condition improved? Deteriorated? Support your comments with clinical evidence. From your point of view, which NIC’s seemed to play the biggest role in improving the baby’s well-being.

4. Have the newborn’s parent(s) been able to visit? If so, what interactions did you observe. If you did not observe any, what information about the parent’s/family’s adaption to a high-risk newborn is available on the chart or from the nursing staff. What is encouraging? What might present a challenge for this infant?

5. Describe your role in caring for the newborn today (it’s okay if it was very limited – just share what you did). Include your personal reflections about caring for this baby and what is was like to be in the NICU. Explain why it is or is not a place you might like to work.

Other possible assignments include:

**The Clinical Case Study**

Each clinical day, it is expected that you will be prepared to discuss your patient-progressively more in-depth with your instructor and colleagues. You will draw upon your experience with each client. Data sources include the client, family, the client’s delivery and postpartum/newborn history, current condition, and any nursing care associated with that client-this may be in computerized or paper chart format. The case study is intended to reflect the client’s experience and nursing care in a way that bridges the clinical setting and the lecture material. It is also an important opportunity for you to practice writing succinct and informative patient reports in a narrative and/or chart like format.

**A. Client Overview/Report**

This section provides important background information in order to put the client’s current clinical status into context and includes the following:

**Situation:** What's going on with the patient (mom and/or newborn) at this time?

Information may include, but not limited to: Age, race, gravity, parity, gestational age at admission (and delivery if different), reason for admission, significant events and or complications during her labor, delivery, and/or hospital stay.
Background: What's the history of the patient (mom and/or newborn) as it pertains to this situation? Information may include, but not limited to: Prenatal course noting any significant problems and their management. Ob/gyn/med/surg/social history noting any significant influences on her current condition.

Assessment: What is the relevant data and intervention(s) performed? Information may include, but not limited to: Physical assessment, VS, Lab values, Tests (e.g. EKGs, Scans), IV therapy. Strengths/needs of the woman and her family.

Recommendation: What is our plan of care for this patient (mom and/or newborn)? Pending care for this patient. May include nursing diagnoses (NANDAs) and interventions (NICs) with expected outcomes (NOCs). For each set (NANDA, NIC’s, and NOC) briefly discuss the normal or pathological processes that contribute to this particular problem and/or the rationale for the NIC and NOC.

B. Reflection
This section should include a brief personal reflection on this client, her course of care, and your role in it. Depending on the day, this section may be a couple sentences or it may be two pages. It depends entirely on you and your client.

See your clinical instructor for further details regarding the case study. And how often it will be done during the course of the clinical rotation. Your clinical instructor may have more specific instructors or suggestions for your individual clinical group.

Concept Map

Concept mapping is a way to visually connect and understand the relationships between clinical concepts as well as nursing diagnoses. These can be created to examine a particular clinical condition further or can be used to make nursing diagnoses, show the relationships between them, and plan care. Examples available on Sakai.