



## **PNSG 2035 Nursing Fundamentals Clinical**

### **COURSE SYLLABUS**

#### **SPRING Semester 2023 (202314)**

##### **COURSE INFORMATION**

Credit Hours/Minutes: 2/4500

Clinical Location: 100 % FTF

**Emanuel Medical Center Nursing Home, Swainsboro (EMCNH)**

Class Meets: **03-20-2023 to 03-30-2023** Monday, Tuesday, Wednesday, and Thursday: 6:45AM-2:30 PM at EMCNH. Post conference and clinical documentation at Southeastern Technical College, Building 8, Computer Lab 8109 (2:45 PM- PM-5:30 PM)

Course Reference Number (CRN): **40286**

##### **INSTRUCTOR CONTACT INFORMATION**

Instructor Name: Joanna W. Bell, BSN, RN

Email Address: [Joanna Bell jbell@southeasterntech.edu](mailto:jbell@southeasterntech.edu)

Campus/Office Location: Swainsboro Campus, Building 8 (Health Science Building), Office 8105

Office Hours: 7:30 AM-12:30 PM and 1:00 PM-6:00 PM and Southeastern Technical College, Building 8, Office 8105

Phone: 478-289-2201

Fax Number: 912-538-3106

Tutoring Hours: Please schedule an appointment.

EHR (Electronic Health Record) Course Enrollment Key: **35GTX3S**

All communication with faculty should be completed using STC email. Please note that emails sent during business hours will be answered within 24-48 hours. Emails sent during holidays and on weekends may not be answered until the next business day.

Students are encouraged to check their STC student email a minimum of twice daily.

##### **SOUTHEASTERN TECHNICAL COLLEGE'S (STC) CATALOG AND STUDENT HANDBOOK**

Students are responsible for all policies and procedures and all other information included in Southeastern Technical College's [Catalog and Student Handbook](http://www.southeasterntech.edu/student-affairs/catalog-handbook.php) (<http://www.southeasterntech.edu/student-affairs/catalog-handbook.php>).

##### **REQUIRED TEXT**

1. Fundamentals of Nursing Care: Concepts, Connections, and Skills, 4rd Edition, FA Davis by Burton, Smith & Ludwig
2. Nursing Care Plans, 10th Edition, Doenges, Morehouse et al.

3. Davis's Nursing Skills **Videos** for LPN/LVN, 3rd Edition (This is not a book. This is a scratch-off card with a code that provides the student with access to skills videos through FA Davis website.)
4. Pharmacology Clear and Simple, 4th Edition, F.A. Davis, Watkins
5. Understanding Medical Surgical Nursing, 7th Edition, FA Davis, Williams and Hopper
6. Safe Maternity and Pediatric Nursing Care, 2nd edition, FA Davis, Linnard-Palmer and Coats
7. Practical Nursing Program Skills Book/Pharmacology and Practical Nursing Program Skills Book/Fundamentals (No purchase necessary. Instructor will provide to the student. These Skills books are used during PNSG 2030 and PNSG 2010.)

#### **REQUIRED SOFTWARE**

1. ATI Web Service Package
  - EHR (Electronic Health Record) Tutor is included in ATI purchase

#### **REQUIRED SUPPLIES**

2. Full Clinical Uniform (Purchased through Meridy's)
3. Watch with seconds displayed
4. **Two Clinical** student identification **badges that reflect Practical Nursing Program and first name** (Issued by Student Affairs)
5. One Classroom/Lab student Identification badge (Issued by Student Affairs)
6. Skills Packs (Purchased through Meridy's)
  - Skills Packs will include the following items, but not limited to:
    - Stethoscope
    - Blood pressure cuff
    - Pen Light
    - Scissors
7. Ear phones for any ATI assignments
8. Pens (blue or black ink)
9. Highlighters
10. 2 Three Ring Binders
11. Basic Calculator
12. Clinical Notebook
13. Laptop/personal computer
 

**Suggested specifications include:**

  - Processor i5 or i7
  - Memory 8GB or higher
  - Hard drive 250GB or larger
  - DVD Drive either internal or external
14. Webcam with microphone
15. Internet speed of 5 Mbps. (10 Mbps or more is recommended). Test your internet speed using [www.speedtest.net](http://www.speedtest.net).

Google Chrome and Firefox are the recommended browsers to use for Blackboard Collaborate.

Google Chrome is the recommended browser to use for WebEx.

Google Chrome is the recommended browser to use for ATI.

Note: Although students can use their smart phones and tablets **to access** their online course, discussions, exams, assignments, and other graded activities should be performed on a personal computer. Neither

Blackboard nor GVTC provide technical support for issues relating to the use of a smart phone or tablets. Students are advised to not rely on these devices to take an online course.

ATI Technical Requirements: Students have access to the most updated technical requirement recommendations at [ATI website](#) . *Please note that smart phones and iPads do not support many of the modules within ATI.*

Students are encouraged to take pictures of completed ATI modules/assignments that capture student name, date, time, score, and module name that is contained in one picture. Pictures will be emailed to instructor upon request if there is a question concerning a module/assignment completion.

It is the responsibility of the student to communicate technical issues with an ATI representative as the issue happens.

Students should not share login credentials with others and should change passwords periodically to maintain security.

**COURSE DESCRIPTION**

An introduction to nursing practice in the clinical setting. Topics include but are not limited to: history taking; physical assessment; nursing process; critical thinking; activities of daily living; documentation; client education; standard precautions; hygiene and personal care; mobility and biomechanics; fluid and electrolytes; oxygen care; and perioperative care.

**MAJOR COURSE COMPETENCIES**

1. **Clinically-Based Experience**

**PREREQUISITE(S)**

Program Admission, PNSG 2030, and PNSG 2010

**COURSE OUTLINE: CLINICALLY BASED EXPERIENCE**

Order	Description	Learning Domain	Level of Learning
1	Perform history taking skills.	Psychomotor	Guided Response
2	Perform patient assessments.	Psychomotor	Guided Response
3	Implement the nursing process.	Cognitive	Application
4	Implement critical thinking.	Cognitive	Application
5	Demonstrate techniques to promote health management and maintenance and prevention of illness.	Psychomotor	Guided Response
6	Perform nursing care with respect to activities of daily living.	Psychomotor	Guided Response
7	Demonstrate appropriate documentation.	Psychomotor	Guided Response
8	Implement client education.	Cognitive	Application
9	Develop approaches for caring for the individual as a whole.	Psychomotor	Guided Response
10	Demonstrate the nursing process with emphasis on assessment and client education.	Psychomotor	Guided Response

Order	Description	Learning Domain	Level of Learning
11	Perform standard precautions.	Psychomotor	Guided Response
12	Relate clinically relevant care for individuals with respect to the life span.	Cognitive	Application
13	Display cultural competence and maintain patient confidentiality.	Affective	Responding

### GENERAL EDUCATION CORE COMPETENCIES

Southeastern Technical College has identified the following general education core competencies that graduates will attain:

1. The ability to utilize standard written English.
2. The ability to solve practical mathematical problems.
3. The ability to read, analyze, and interpret information.

## Student Requirements

### COVID-19 MASK REQUIREMENT

Students participating in clinical learning experiences are required to follow the specific screening and PPE protocols of the clinical facility. Full PPE with N95 mask is required for suspected or confirmed COVID patients.

### EMANUEL MEDICAL CENTER NURSING HOME SPECIFIC REQUIREMENTS

All students and faculty will perform a self-assessment of Covid signs and symptoms and temperature check at designated entrance.

### COVID-19 SIGNS AND SYMPTOMS

We encourage individuals to monitor for the signs and symptoms of COVID-19 prior to coming on campus.

If you have experienced the symptoms listed below or have a body temperature 100.4°F or higher, we encourage you to self-quarantine at home and contact a primary care physician's office, local urgent care facility, or health department for further direction. Please notify your instructor(s) by email and do not come on campus for any reason.

COVID-19 Key Symptoms
Fever or felt feverish
Chills
Shortness of breath or difficulty breathing (not attributed to any other health condition)
Cough: new or worsening, not attributed to another health condition
Fatigue
Muscle or body aches
Headache
New loss of taste or smell
Sore throat (not attributed to any other health condition)

Congestion or runny nose (not attributed to any other health condition)
Nausea or vomiting
Diarrhea
<b>In the past 14 days, if you:</b>
Have had close contact with or are caring for an individual diagnosed with COVID-19 at home (not in healthcare setting), please do not come on campus and contact your instructor (s).

### **COVID-19 SELF-REPORTING REQUIREMENT**

Students, regardless of vaccination status, who test positive for COVID-19 or who have been exposed to a COVID-19 positive person, are required to self-report <https://www.southeasterntech.edu/covid-19/>. Report all positive cases of COVID-19 to your instructor and Stephannie Waters, Exposure Control Coordinator, [swaters@southeasterntech.edu](mailto:swaters@southeasterntech.edu), 912-538-3195.

### **PROGRESSION TO CLINICAL COURSE**

In order for a student to progress to this clinical, he or she must have a final grade of 70% or greater in the lecture course Fundamentals of Nursing, PNSG 2030, score a 100% on the calculation exam within the three attempts allotted, and demonstrate proficiency related to various Lab/Nursing Skills as required by state standards (Refer to Lab Skills Checklist).

A passing grade of 70% in this clinical, along with a passing grade in PNSG 2030 is required in order to pass the semester and progress in the practical nursing program.

### **EHR (ELECTRONIC HEALTH RECORD) DOCUMENTATION**

Documentation in EHR, accessed through [www.atitesting.com](http://www.atitesting.com) is due by **7 AM** the following day of the scheduled clinical day. EHR may not allow charting past this deadline. If documentation is not submitted into EHR by the deadline, a grade of "0" may be given for the required assignments.

Please note: Students should refer to the Clinical Schedule for this course. A copy of the clinical schedule is provided to students, but is not available in this course syllabus.

Students should have the instructor sign the clinical time sheet following completion of the shift. This will be completed during post conference on a daily basis each clinical day.

The faculty will use the rubrics to determine the student's grade based on the points as outlined. It is advised that the student use the rubric when completing the clinical assignments to ensure all components are accurately completed.

It is the student's responsibility to complete the documentation requirements. If there are no clients available or scheduled in the assigned clinical area, the student must notify the instructor immediately.

If two or more students are assigned to the same clinical facility on the same day, the students are not to complete clinical documentation on the same client as their classmates

No printed material may be removed from any clinical site. This is a possible HIPPA violation. See Practical Nursing Program Student Handbook concerning this.

### **PRECEPTOR/INSTRUCTOR EVALUATIONS:**

Preceptors/Instructors may be used at STC clinical sites. The preceptors/Instructors will be responsible for issuing a clinical grade by using the Preceptor/Instructor Evaluation Form provided by the instructor. Students will follow instructions located on the Preceptor Evaluation Form for completion. See the STC Practical Nursing Clinical Evaluation for Fundamentals that can be found in both your program handbook and at the end of the lesson plan for exact verification of how clinical grade is averaged.

### **HEALTH DOCUMENTATION AND BASIC LIFE SUPPORT (BLS):**

All students must have current immunizations with current Purified Protein Derivative (PPD), and an active American Heart Association BLS card. It is the student's responsibility to keep these items up-to-date at their cost. If any of these items are expired, the student will not be allowed to go to clinical and will be counted absent.

### **FIT TESTING:**

All students who have a clinical component are required by the TCSG infection control policy to get fit tested. The instructor will complete the fit test for the student. The fit testing must be complete in order to begin clinical time.

### **STUDENT SUCCESS PLAN**

The Student Success Plan documents deficiencies in performance and provides a means for improvement. A success plan should be initiated for the following reasons:

- If the student has (1) a cumulative unit exam average of < 70% after the completion of 25% of the unit exams or (2) a skill(s) performance deficiency.
- The faculty will initiate individual counseling session and complete the Student Success Plan.
- if the student has (1) a cumulative unit exam average of < 70% after the completion of 50 % of the unit exams or (2) a skill(s) performance deficiency,
- The faculty will initiate individual counseling session, as well as review and update the Student Success Plan and submit an Early Alert.
- if the student exhibits behavior outside the expected:
  - codes of conduct outlined in professional codes of ethics, professional standards,
  - All procedures/requirements/policies outlined in program handbooks/documents,
  - STC e Catalog and Student Handbook, and/or
  - Clinical facility policies and procedures.

The faculty will initiate an individual counseling session and complete an Academic Occurrence Notice and the Student Success Plan.

(T)echnical College System of Georgia (E)arly (A)lert (M)anagement (S)ystem (TEAMS) & The Student Success Plan are designed to ensure that students are well informed about strategies for success, including college resources and assistance. One of the responsibilities of the Program faculty is to monitor the academic progression of students throughout the curriculum. The faculty believes that the student is ultimately responsible for seeking assistance; however, faculty will meet or refer students who are having academic difficulties.

- TEAMS is designed to provide assistance for students who may need help with academics, attendance, personal hardships, etc.

Specific information about the Student Support services listed below can be found at [STC Website \(www.southeasterntech.edu\)](http://www.southeasterntech.edu) by clicking on the Student Affairs tab.

- Tutoring
- Technical Support
- Textbook Assistance
- Work-Study Programs
- Community Resources

## **ADDITIONAL ATTENDANCE PROVISIONS**

### **Health Sciences**

Requirements for instructional hours within Health Science and Cosmetology programs reflect the rules of respective licensure boards and/or accrediting agencies. Therefore, these programs have stringent attendance policies. Each program's attendance policy is published in the program's handbook and/or syllabus which specify the number of allowable absences. All provisions for required make-up work in the classroom or clinical experiences are at the discretion of the instructor.

This class requires 75 clinical hours (4500 minutes) during the semester. A clinical absence will require an excuse or appropriate documentation and all missed clinical time must be made up as required to fulfill the curriculum requirements. Absences must be discussed with faculty, Program Director and/or Special Needs Coordinator dependent on the circumstances of the absence. Students who do not make up all clinical time missed will be issued a final clinical grade of zero and will be unable to progress in the program. The date and site for makeup time will be specified by the instructor and are non-negotiable. See Clinical Rules for further attendance policies.

## **STUDENTS WITH DISABILITIES**

Students with disabilities who believe that they may need accommodations in this class based on the impact of a disability are encouraged to contact the appropriate campus coordinator to request services.

**Swainsboro Campus:** Emily Jarrell ([ejarrell@southeasterntech.edu](mailto:ejarrell@southeasterntech.edu)) , 478-289-2259, Building 1, Room 1210

**Vidalia Campus:** [Helen Thomas hthomas@southeasterntech.edu](mailto:hthomas@southeasterntech.edu) , 912-538-3126, Building A, Room 108

## **SPECIFIC ABSENCES**

Provisions for Instructional Time missed because of documented absences due to jury duty, military duty, court duty, or required job training will be made at the discretion of the instructor.

## **PREGNANCY**

Southeastern Technical College does not discriminate on the basis of pregnancy. However, we can offer accommodations to students who are pregnant that need special consideration to successfully complete the course. If you think you will need accommodations due to pregnancy, please make arrangements with the appropriate campus coordinator.

**Swainsboro Campus:** Emily Jarrell ([ejarrell@southeasterntech.edu](mailto:ejarrell@southeasterntech.edu)) , 478-289-2259, Building 1, Room 1210

**Vidalia Campus:** [Helen Thomas hthomas@southeasterntech.edu](mailto:hthomas@southeasterntech.edu) , 912-538-3126, Building A, Room 108

It is strongly encouraged that requests for consideration be made PRIOR to delivery and early enough in the pregnancy to ensure that all the required documentation is secured before the absence occurs. Requests made after delivery MAY NOT be accommodated. The coordinator will contact your instructor to discuss

accommodations when all required documentation has been received. The instructor will then discuss a plan with you to make up missed assignments.

## **WITHDRAWAL PROCEDURE**

Students wishing to officially withdraw from a course(s) or all courses after the drop/add period and prior to the 65% point of the term in which student is enrolled (date will be posted on the school calendar) must speak with a Career Counselor in Student Affairs and complete a Student Withdrawal Form. A grade of "W" (Withdrawn) is assigned for the course(s) when the student completes the withdrawal form.

Students who are dropped from courses due to attendance after drop/add until the 65% point of the semester will receive a "W" for the course.

Important – Student-initiated withdrawals are not allowed after the 65% point. Only instructors can drop students after the 65% point for violating the attendance procedure of the course.

Students who are dropped from courses due to attendance or academic deficiency after the 65% point will receive either a "WP" (Withdrawn Passing) or "WF" (Withdrawn Failing) for the semester and will be unable to progress in the practical nursing program. Informing your instructor that you will not return to his/her course, does not satisfy the approved withdrawal procedure outlined above.

There is no refund for partial reduction of hours. Withdrawals may affect students' eligibility for financial aid for the current semester and in the future, so a student must also speak with a representative of the Financial Aid Office to determine any financial penalties that may be assessed due to the withdrawal. A grade of "W" will count in attempted hour calculations for the purpose of Financial Aid.

**Remember** - Informing your instructor that you will not return to his/her course does not satisfy the approved withdrawal procedure outlined above.

## **ACADEMIC DISHONESTY POLICY**

The Southeastern Technical College Academic Dishonesty Policy states that all forms of academic dishonesty, including but not limited to cheating on tests, plagiarism, collusion, and falsification of information, will call for discipline. The policy can also be found in the Southeastern Technical College Catalog and Student Handbook.

## **PROCEDURE FOR ACADEMIC MISCONDUCT**

The procedure for dealing with academic misconduct and dishonesty is as follows:

### **1. First Offense**

Student will be assigned a grade of "0" for the test or assignment. Instructor keeps a record in course/program files and notes as first offense. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus. The Registrar will input the incident into Banner for tracking purposes.

### **2. Second Offense**

Student is given a grade of "WF" (Withdrawn Failing) for the course in which offense occurs. The instructor will notify the student's program advisor, academic dean, and the Registrar at the student's home campus indicating a "WF" has been issued as a result of second offense. The Registrar will input the incident into Banner for tracking purposes.

### **3. Third Offense**

Student is given a grade of "WF" for the course in which the offense occurs. The instructor will notify



the student's program advisor, academic dean, and the Registrar at the student's home campus indicating a "WF" has been issued as a result of third offense. The Vice President for Student Affairs, or designee, will notify the student of suspension from college for a specified period of time. The Registrar will input the incident into Banner for tracking purposes.

**STATEMENT OF NON-DISCRIMINATION**

As set forth in the student catalog, Southeastern Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law).

The following individuals have been designated to handle inquiries regarding the nondiscrimination policies:

<p><b>American With Disabilities Act (ADA)/Section 504 - Equity- Title IX (Students) – Office of Civil Rights (OCR) Compliance Officer</b></p>	<p><b>Title VI - Title IX (Employees) – Equal Employment Opportunity Commission (EEOC) Officer</b></p>
<p>Helen Thomas, Special Needs Specialist Vidalia Campus 3001 East 1<sup>st</sup> Street, Vidalia Office 108 Phone: 912-538-3126 Email: <a href="mailto:hthomas@southeasterntech.edu">Helen Thomas</a> <a href="mailto:hthomas@southeasterntech.edu">hthomas@southeasterntech.edu</a></p>	<p>Lanie Jonas, Director of Human Resources Vidalia Campus 3001 East 1<sup>st</sup> Street, Vidalia Office 138B Phone: 912-538-3147 Email: <a href="mailto:ljonas@southeasterntech.edu">Lanie Jonas</a> <a href="mailto:ljonas@southeasterntech.edu">ljonas@southeasterntech.edu</a></p>

**ACCESSIBILITY STATEMENT**

Southeastern Technical College is committed to making course content accessible to individuals to comply with the requirements of Section 508 of the Rehabilitation Act of Americans with Disabilities Act (ADA). If you find a problem that prevents access, please contact the course instructor.

**GRIEVANCE PROCEDURES**

Grievance procedures can be found in the Catalog and Handbook located on Southeastern Technical College’s website.

**ACCESS TO TECHNOLOGY**

Students can now access Blackboard, Remote Lab Access, Student Email, Library Databases (Galileo), and Banner Web via the my STC portal or by clicking the Current Students link on the [Southeastern Technical College \(STC\) Website \(www.southeasterntech.edu\)](http://www.southeasterntech.edu).

**TECHNICAL COLLEGE SYSTEM OF GEORGIA (TCSG) GUARANTEE/WARRANTY STATEMENT**

*The Technical College System of Georgia guarantees employers that graduates of State Technical Colleges shall possess skills and knowledge as prescribed by State Curriculum Standards. Should any graduate employee within two years of graduation be deemed lacking in said skills, that student shall be retrained in any State Technical College at no charge for instructional costs to either the student or the employer.*

Assessment/Assignment	Percentage
Average of Fundamentals of Nursing Clinical Daily Grades There are 8 Fundamentals of Nursing Clinical Daily Grades within this course.	100 %

**GRADING SCALE**

<b>Letter Grade</b>	<b>Range</b>
A	90-100
B	80-89
C	70-79
D	60-69
F	0-59

# PNSG 2035

## Nursing Fundamentals Clinical

### SPRING Semester 2023 Lesson Plan

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
03/20/2023 Monday  <b>Clinical Day 1</b>	Clinical Experience	<p><b>Facility:</b> Emanuel Medical Center Nursing Home, Swainsboro, Georgia</p> <p><b>Clinical Instructor:</b> Joanna Bell</p> <p><b>Course Name in EHR:</b> SPRING 2023_Bell_Fundamentals Clinical_CRN_40286</p>	<ul style="list-style-type: none"> <li>• <b>EHR Tutor:</b> Personal History</li> <li>• <b>EHR Tutor:</b> Allergies and Home Medication List</li> <li>• <b>EHR Tutor:</b> Vital Signs (One set of manual vital signs with Head to Toe Assessment and two (2) additional sets of manual vital signs on two different clients.)</li> <li>• <b>EHR Tutor:</b> Flowsheet Assessment</li> <li>• <b>EHR Tutor:</b> Head to Toe Narrative Assessment (Choose History and Physical Note)</li> <li>• <b>EHR Tutor:</b> <i>Document top 3 priority nursing diagnostic statements designated as 1., 2., 3.</i> Add under "Assessment" portion of Care Plan Template in EHR Tutor               <ul style="list-style-type: none"> <li>➤ <b>Prioritizing 3 Nursing Diagnostic Statements</b></li> </ul> </li> </ul> <p style="text-align: right;">Clinical Day 1 Assignment is Due by 7 AM 03/21/2023</p>	Course 1-13 Core A-C

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
03/21/2023 Tuesday  <b>Clinical Day 2</b>	Clinical Experience	<p><b>Facility:</b> Emanuel Medical Center Nursing Home, Swainsboro, Georgia</p> <p><b>Clinical Instructor:</b> Joanna Bell</p> <p><b>Course Name in EHR:</b> SPRING 2023_Bell_Fundamentals Clinical_CRN_40286</p>	<ul style="list-style-type: none"> <li>• <b>EHR Tutor:</b> Personal History</li> <li>• <b>EHR Tutor:</b> Allergies and Home Medication List</li> <li>• <b>EHR Tutor:</b> Vital Signs (One set of manual vital signs with Head to Toe Assessment and two (2) additional sets of manual vital signs on two different clients.)</li> <li>• <b>EHR Tutor:</b> Flowsheet Assessment</li> <li>• <b>EHR Tutor:</b> Head to Toe Narrative Assessment (Choose History and Physical Note)</li> <li>• <b>EHR Tutor:</b> <i>Care Plan on priority diagnosis for client</i> Add under Care Plan Template in EHR Tutor               <ul style="list-style-type: none"> <li>➤ <b>Care Plan</b></li> </ul> </li> </ul> <p>Clinical Day 2 Assignment is Due by 7 AM 03/22/2023</p>	Course 1-13 Core A-C

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
03/22/2023 Wednesday  <b>Clinical Day 3</b>	Clinical Experience	<b>Facility:</b> Emanuel Medical Center Nursing Home, Swainsboro, Georgia  <b>Clinical Instructor:</b> Joanna Bell  <b>Course Name in EHR:</b> SPRING 2023_Bell_Fundamentals Clinical_CRN_40286	<ul style="list-style-type: none"> <li>• <b>EHR Tutor:</b> Personal History</li> <li>• <b>EHR Tutor:</b> Allergies and Home Medication List</li> <li>• <b>EHR Tutor:</b> Vital Signs (One set of manual vital signs with Head to Toe Assessment and two (2) additional sets of manual vital signs on two different clients.)</li> <li>• <b>EHR Tutor:</b> Flowsheet Assessment</li> <li>• <b>EHR Tutor:</b> Head to Toe Narrative Assessment (Choose History and Physical Note)</li> </ul> <p><b>EHR Tutor:</b> <i>Document top 3 priority nursing diagnostic statements designated as 1., 2., 3.</i> Add under “Assessment” portion of Care Plan Template in EHR Tutor</p> <ul style="list-style-type: none"> <li>➤ <b>Prioritizing 3 Nursing Diagnostic Statements</b></li> </ul> <p>Clinical Day 3 Assignment is Due by 7 AM 03/23/2023</p>	Course 1-13 Core A-C

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
03/23/2023 Thursday  <b>Clinical Day 4</b>	Clinical Experience	<b>Facility:</b> Emanuel Medical Center Nursing Home, Swainsboro, Georgia  <b>Clinical Instructor:</b> Joanna Bell  <b>Course Name in EHR:</b> SPRING 2023_Bell_Fundamentals Clinical_CRN_40286	<ul style="list-style-type: none"> <li>• <b>EHR Tutor:</b> Personal History</li> <li>• <b>EHR Tutor:</b> Allergies and Home Medication List</li> <li>• <b>EHR Tutor:</b> Vital Signs (One set of manual vital signs with Head to Toe Assessment and two (2) additional sets of manual vital signs on two different clients.)</li> <li>• <b>EHR Tutor:</b> Flowsheet Assessment</li> <li>• <b>EHR Tutor:</b> Head to Toe Narrative Assessment (Choose History and Physical Note)</li> <li>• <b>EHR Tutor:</b> <i>Care Plan on priority diagnosis for client</i> Add under Care Plan Template in EHR Tutor               <ul style="list-style-type: none"> <li>➤ <b>Care Plan</b></li> </ul> </li> </ul> <p>Clinical Day 4 Assignment is Due by 7 AM 03/24/2023</p>	Course 1-13 Core A-C

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
03/27/2023 Monday  <b>Clinical Day 5</b>	Clinical Experience	<p><b>Facility:</b> Emanuel Medical Center Nursing Home, Swainsboro, Georgia</p> <p><b>Clinical Instructor:</b> Joanna Bell</p> <p><b>Course Name in EHR:</b> SPRING 2023_Bell_Fundamentals Clinical_CRN_40286</p>	<ul style="list-style-type: none"> <li>• <b>EHR Tutor:</b> Personal History</li> <li>• <b>EHR Tutor:</b> Allergies and Home Medication List</li> <li>• <b>EHR Tutor:</b> Vital Signs (One set of manual vital signs with Head to Toe Assessment and two (2) additional sets of manual vital signs on two different clients.)</li> <li>• <b>EHR Tutor:</b> Flowsheet Assessment</li> <li>• <b>EHR Tutor:</b> Head to Toe Narrative Assessment (Choose History and Physical Note)</li> <li>• <b>EHR Tutor:</b> <i>Document top 3 priority nursing diagnostic statements designated as 1., 2., 3.</i> Add under “Assessment” portion of Care Plan Template in EHR Tutor             <ul style="list-style-type: none"> <li>➤ <b>Prioritizing 3 Nursing Diagnostic Statements</b></li> </ul> </li> </ul> <p>Clinical Day 5 Assignment is Due by 7 AM 03/28/2023</p>	Course 1-13 Core A-C

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
03/28/2023 Tuesday  <b>Clinical Day 6</b>	Clinical Experience	<p><b>Facility:</b> Emanuel Medical Center Nursing Home, Swainsboro, Georgia</p> <p><b>Clinical Instructor:</b> Joanna Bell</p> <p><b>Course Name in EHR:</b> SPRING 2023_Bell_Fundamentals Clinical_CRN_40286</p>	<ul style="list-style-type: none"> <li>• <b>EHR Tutor:</b> Personal History</li> <li>• <b>EHR Tutor:</b> Allergies and Home Medication List</li> <li>• <b>EHR Tutor:</b> Vital Signs (One set of manual vital signs with Head to Toe Assessment and two (2) additional sets of manual vital signs on two different clients.)</li> <li>• <b>EHR Tutor:</b> Flowsheet Assessment</li> <li>• <b>EHR Tutor:</b> Head to Toe Narrative Assessment (Choose History and Physical Note)</li> <li>• <b>EHR Tutor:</b> <i>Care Plan on priority diagnosis for client</i> Add under Care Plan Template in EHR Tutor               <ul style="list-style-type: none"> <li>➤ <b>Care Plan</b></li> </ul> </li> </ul> <p>Clinical Day 6 Assignment is Due by 7 AM 03/29/2023</p>	Course 1-13 Core A-C



Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
03/29/2023 Wednesday  <b>Clinical Day 7</b>	Clinical Experience	<b>Facility:</b> Emanuel Medical Center Nursing Home, Swainsboro, Georgia  <b>Clinical Instructor:</b> Joanna Bell  <b>Course Name in EHR:</b> SPRING 2023_Bell_Fundamentals Clinical_CRN_40286	<ul style="list-style-type: none"> <li>• <b>EHR Tutor:</b> Personal History</li> <li>• <b>EHR Tutor:</b> Allergies and Home Medication List</li> <li>• <b>EHR Tutor:</b> Vital Signs (One set of manual vital signs with Head to Toe Assessment and two (2) additional sets of manual vital signs on two different clients.)</li> <li>• <b>EHR Tutor:</b> Flowsheet Assessment</li> <li>• <b>EHR Tutor:</b> Head to Toe Narrative Assessment (Choose History and Physical Note)</li> <li>• <b>EHR Tutor:</b> <i>Document top 3 priority nursing diagnostic statements designated as 1., 2., 3.</i> Add under "Assessment" portion of Care Plan Template in EHR Tutor               <ul style="list-style-type: none"> <li>➤ <b>Prioritizing 3 Nursing Diagnostic Statements</b></li> </ul> </li> </ul> <p>Clinical Day 7 Assignment is Due by 7 AM 03/30/2023</p>	Course 1-13 Core A-C

Date/Week	Chapter/Lesson	Content	Assignments & Tests Due Dates	Competency Area
03/30/2023 Thursday  <b>Clinical Day 8</b>  65% P1 Part of Term 04/10/2023	Clinical Experience	<b>Facility:</b> Emanuel Medical Center Nursing Home, Swainsboro, Georgia  <b>Clinical Instructor:</b> Joanna Bell  <b>Course Name in EHR:</b> SPRING 2023_Bell_Fundamentals Clinical_CRN_40286	<ul style="list-style-type: none"> <li>• <b>EHR Tutor:</b> Personal History</li> <li>• <b>EHR Tutor:</b> Allergies and Home Medication List</li> <li>• <b>EHR Tutor:</b> Vital Signs (One set of manual vital signs with Head to Toe Assessment and two (2) additional sets of manual vital signs on two different clients.)</li> <li>• <b>EHR Tutor:</b> Flowsheet Assessment</li> <li>• <b>EHR Tutor:</b> Head to Toe Narrative Assessment (Choose History and Physical Note)</li> <li>• <b>EHR Tutor:</b> <i>Care Plan on priority diagnosis for client</i> Add under Care Plan Template in EHR Tutor</li> </ul> <p>➤ <b>Care Plan</b></p> <p>Clinical Day 8 Assignment is Due by 7 AM 03/31/2023</p>	Course 1-13 Core A-C

**COMPETENCY AREAS:**

**Clinically- based Experience**

1. Perform history-taking skills.
2. Perform patient assessments.
3. Implement the nursing process.
4. Implement critical thinking.
5. Demonstrate techniques to promote health management and maintenance and prevention of illness.
6. Perform nursing care with respect to activities of daily living.
7. Demonstrate appropriate documentation.
8. Implement client education.
9. Develop approaches for caring for the individual as a whole.
10. Demonstrate the nursing process with emphasis on assessment and client education.
11. Perform standard precautions.
12. Relate clinically relevant care for individuals with respect to the life span.
13. Display cultural competence and maintain patient confidentiality.

**GENERAL CORE EDUCATIONAL COMPETENCIES:**

- a) The ability to utilize standard written English.
- b) The ability to solve practical mathematical problems.
- c) The ability to read, analyze, and interpret information.

## Documentation Requirements for PNSG 2035: Fundamentals of Nursing Clinical

### REQUIRED DOCUMENTS/FORMS FOR EACH PNSG 2035 CLINICAL DAY:

- **Completed Time Sheet.** Signed by the student nurse and the preceptor/Instructor at the end of each day. Time sheets are considered an official document. Blue or black ink is required. Incomplete time sheets or time sheets with inappropriate/unprofessional error corrections may not be accepted and returned to the student to complete on their own time. (Example: Student may have to travel to a clinical site on an off day to have preceptor complete time sheet).
- After each clinical day, the student will complete the **Southeastern Technical College Student Evaluation of Clinical Experience form.** The student will complete the evaluation form daily with his/her clinical paperwork. The student is required to complete the top portion of the evaluation (student name, semester, course, and clinical site-no abbreviations) prior to submitting the evaluation to the instructor. Incomplete student evaluation forms may result in a ten (10)-point deduction from the daily clinical grade.
- **Preceptor/Instructor Evaluation Forms** are completed and signed by the instructor for each day during the Fundamentals of Nursing clinical experience. The student is required to complete the top portion of the evaluation (student name and clinical site-no abbreviations) prior to submitting the evaluation to the instructor. The Swainsboro nursing student class will be using Emanuel Medical Center Nursing Home for their clinical course. It is the student's responsibility to provide the instructor an evaluation form by the end of the clinical day. There are 8 days in this clinical rotation.

These requirements for PNSG 2035 should be kept neat and orderly by the student. The instructor will pick up completed time sheets and student evaluations of the clinical facility on the last day of each week. Failure to complete the forms as outlined above may result in the student's inability to attend clinical until the assignment/requirement is completed and/or points deducted from the clinical grade.

**Documentation in EHR is due by 7 AM the following day of each clinical day.** EHR may not allow charting past this deadline. If documentation is not submitted into EHR by the deadline, a grade of "0" may be given for the required assignments.

Swainsboro nursing class will travel back to the Practical Nursing computer lab (Room 8109) for post-conference and clinical documentation.

The faculty will use the rubrics to determine the student's grade based on the points as outlined. It is advised that the student use the rubric when completing the clinical assignments to ensure all components are accurately completed.

It is the student's responsibility to complete the documentation requirements. If there are no clients available or scheduled in the assigned clinical area, the student must notify the instructor immediately.

If two or more students are assigned to the same clinical facility on the same day, the students are not to complete clinical documentation on the same client as their classmates.

### **REQUIRED EHR (ELECTRONIC HEALTH RECORD) DOCUMENTATION**

- The student must log into ATI, access EHR, and enroll in the course using the course enrollment key provided by the instructor. The course enrollment key and the name of the course can be found in the Lesson Plan.
- Once the student is enrolled in the course, the student will see the list of activities for the clinical course. The student will choose the activity and create a patient.
- **Enter the patient's age. In the comment section, enter the name of the clinical facility.**
- Please remember, Protected Health Information (PHI) for a real client should never be entered into an academic EHR.

Choose **ONE** client for the day to complete the required documentation in EHR: (See rubric for details.)

#### **ACTIVITY 1 IN EHR:**

- Go to EHR: > Provider > History > Personal History
- Complete Past Medical History
- Complete Past Surgical History/Procedures
- Pregnancy History: **(Not Required for Fundamentals Clinical)**
  - **G** (Gravida) Total Pregnancies
  - **T** (Term Births) Born at 38 weeks or more
  - **P** (Preterm Births)
  - **A** (Abortions/miscarriages)
  - **L** (Living Children)
- Family History: **(Not Required for Fundamentals Clinical)**
- Complete Social and Safety Screening
  - Patient Lives With:
  - Comments:
  - Support Systems
  - Abuse, Neglect, Exploitation Screen
  - Observation Neglect, Abuse
  - Abuse, Neglect Comments
  - Substances Used
  - What impairments does the patient have that affect life at home and safety?
- **Allergies:**
  - NKDA (No Known Drug Allergies) **OR**
  - Medication with allergic reaction documented
- **Home Medication List:**
  - Five current medications client is prescribed/ordered

- If the client has less than five medications ordered, student will consult with instructor/nurse to document the most commonly administered medications of the facility

#### ACTIVITY 2:

- **Vital Signs:**
  - Go to EHR: Flowsheet > Vital Signs
  - Three (3) manual sets of Vital Signs (**B/P, Pulse, Respirations, and Temperature**)
  - **Client vital signs are documented at the beginning of Narrative Assessment**
  - Other two sets are documented under Vital Signs Flowsheet in EHR Tutor
  - This allows instructor/student to relate physical assessment with vital signs
- **Assessment Flowsheet:**
  - EHR: Choose Flowsheets > Choose Assessment

#### ACTIVITY 3:

- Head to Toe Physical Assessment
  - EHR: Choose Notes > Choose NEW NOTE > Choose Note Type: Choose *History and Physical Note*
  - Narrative Format: Head to Toe Physical Assessment

#### ACTIVITY 4:

- Care Plans **OR** Prioritizing three (3) prioritized diagnostic statements (Designated on the Lesson Plan)
  - **Day 1:** Prioritizing three (3) prioritized diagnostic statements
  - **Day 2:** Care Plan
  - **Day 3:** Prioritizing three (3) prioritized diagnostic statements
  - **Day 4:** Care Plan
  - **Day 5:** Prioritizing three (3) prioritized diagnostic statements
  - **Day 6:** Care Plan
  - **Day 7:** Prioritizing three (3) prioritized diagnostic statements
  - **Day 8:** Care Plan
- Care Plan is written based on the ONE chosen client for the day for documentation requirements
- Choose Care Plan > New Problem Need in EHR Tutor
- *Document top 3 priority nursing diagnostic statements designated as 1., 2., 3.* Add under “Assessment” portion of Care Plan Template in EHR Tutor
- Reference documentation goes under “Comment” section at the bottom of the Care Plan

#### ACTIVITY 5:

- Instructor will complete **Preceptor/Instructor Evaluation PNSG 2035** on each student daily. Student evaluations are based on QSEN standards in the delivery of nursing care.

## Fundamentals of Nursing Clinical Daily Grade Rubric

ACTIVITY	POINTS POSSIBLE	GRADE/POINTS EARNED
<b>Activity 1</b>	_____/20 Points	<b>A.)</b> Personal History (10 Points) <b>B.)</b> Allergies (5 Points) and Home Medication List (5 Meds Required) (5 Points)
<b>Activity 2</b>	_____/20 Points	<b>A.)</b> Vital Signs (3 sets) (10 Points) <b>B.)</b> Flowsheet (10 Points)
<b>Activity 3</b>	_____/20 Points	Narrative Format: Head to Toe Physical Assessment ( <b>Rubric</b> )
<b>Activity 4</b>	_____/20 Points (Care Plan)  <b>OR</b> _____/20 Points (Prioritizing 3 Nursing Diagnoses)	Care Plan on Priority Nursing Diagnosis ( <b>Care Plan Rubric</b> )  Care Plans will be graded using Practical Nursing Care Plan Rubric and converted to a 20-point scale. Example: Student makes an “85” on Care Plan. To convert: $85/100=X/20$ , $X=17/20$ Points  <b>OR</b>  Prioritizing Diagnostic Statements: (6.66 points each) Student correctly prioritizes all three complete diagnostic statements (2-part or 3-part) in correct order receives 20 points.
<b>Activity 5</b>	_____/20 Points	<b>Preceptor/Instructor Evaluation specific for PNSG 2035</b> Preceptor/Instructor Evaluations are converted to a 20-point scale. Example: Student makes a “90” on the Daily Preceptor/Instructor Evaluation. To convert: $90/100=X/20$ , $X= 18$
		<b>Daily Clinical Grade:</b>

**PRECEPTOR/INSTRUCTOR EVALUATION  
PNSG 2035**

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

**Clinical Site:** \_\_\_\_\_

Please fill this evaluation out and place it in the envelope provided. Seal the envelope and sign your name across the seal. The student will return the sealed envelope to the instructor.

***Please provide comments for any scores less than 2.***

Score	Description
<b>4</b>	Student <b>exceeds all</b> expectations. Demonstrates <b>comprehensive</b> understanding of concepts and applies them to client care, is safe, and shows initiative.
<b>3</b>	Student <b>meets all</b> expectations. Demonstrates <b>above average</b> understanding of concepts and applies them to client care, is safe, and shows initiative.
<b>2</b>	Student <b>meets most</b> expectations. Requires minimum guidance when applying concepts to client care, is safe, and shows initiative. Demonstrates <b>average</b> fundamental level of understanding of concepts.
<b>1</b>	Student <b>meets minimum</b> expectations. Requires frequent guidance when applying concepts to client care. Demonstrates <b>minimum</b> fundamental understanding of concepts and applies them to client care, is safe, and shows initiative.
<b>0</b>	Student <b>does NOT meet</b> expectations. Requires consistent guidance when applying concepts to client care, is not safe, and lacks initiative.
<b>N/O</b>	Not observed/No opportunity

Items scored	Score	Comments
<b>QSEN Concept: Client Centered Care</b> <b>Deliver quality nursing care to clients and their families from diverse backgrounds in a variety of settings.</b>	<b>X</b>	
Perform a basic health assessment that includes physiological, psychological, sociological, and spiritual needs of clients and in a variety of settings.		
<b>QSEN Concept: Teamwork and Collaboration:</b> <b>Participate as a member of the inter-professional healthcare team in the delivery of safe, quality client-centered care.</b>	<b>X</b>	
Recognize role and scope of practice of practical nurse. (perform nursing care with respect to activities of daily living)		
List multidisciplinary team members within the health care settings. (understand different roles of healthcare team with emphasis on client centered care)		
<b>QSEN Concept: Evidence Based Practice</b> <b>Utilize evidence-based rationales and resources when providing safe, quality client-centered care.</b>	<b>X</b>	
Define evidence-based practice. (demonstrates techniques to promote health management, maintenance, and prevention of illness)		
Recognize the nurse's role in evidence-based practice. (demonstrates the nursing process with emphasis on assessment and education)		
Use evidence-based practice to reduce variations in nursing care.		



<b>QSEN Concept: Safety:</b> <b>Apply strategies that minimize risk and provide a safe environment for clients, self, and others.</b>	<b>X</b>	
Recognize hazards of the client's environment.		
Identify actions to reduce risk of injury to self and others. (implements standard precautions, uses proper body mechanics)		
<b>QSEN Concept: Informatics:</b> <b>Utilize client care technology in the provision of safe, quality client-centered care.</b>	<b>X</b>	
Demonstrate the proper use of electronic health record systems according to HIPPA regulations in all health care settings.		
<b>Concept: Professionalism</b> <b>Practice in a professional manner while providing client-centered nursing care.</b>	<b>X</b>	
Demonstrate principles of work ethics. (Punctual, professional, appropriate dress, behavior, and appearance in clinical setting. Shows initiative)		

**Grade is assigned by Southeastern Technical College Faculty with input from clinical preceptors.**

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**Preceptor Signature/Date** **STC Faculty/Date**

  


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**Preceptor Printed Name**

**HOW TO DETERMINE STUDENT GRADE FROM INSTRUCTOR/PRECEPTOR EVALUATION**

The number of earned points is divided by the total items that receive a score. Example: There are 10 items to score on the Preceptor/Instructor Evaluation form. If a student earns 30 points:  $30/10= 90$ . If the score is 3.68, the grade will be recorded as 96.8.

100=4							
99=3.9	94=3.4	89=2.9	84=2.4	79=1.9	74=1.4	69=0.9	64=0.4
98=3.8	93=3.3	88=2.8	83=2.3	78=1.8	73=1.3	68=0.8	63=0.3
97=3.7	92=3.2	87=2.7	82=2.2	77=1.7	72=1.2	67=0.7	62=0.2
96=3.6	91=3.1	86=2.6	81=2.1	76=1.6	71=1.1	66=0.6	61=0.1
95=3.5	90=3.0	85=2.5	80=2.0	75=1.5	70=1.0	65=0.5	60=0.0

**HEAD TO TOE NARRATIVE PHYSICAL EXAM RUBRIC**

<b>Assessment Narrative</b>	<b>A (20 Points)</b>	<b>B (15 Points)</b>	<b>C ( 10 Points)</b>	<b>D (5 Points)</b>	<b>F (0 points)</b>
Complete on <b>one</b> (1) client in EHR as the History and Physical Note to include a full set of vital signs. (BP, Pulse, Respirations, Temperature)	<p>Assessment narrative is completed in its entirety including a full set of vital signs. The charting format is used correctly. The narrative has a logical flow and correct grammar, spelling, and abbreviations are used.</p> <p>Assessment narrative is completed using appropriate medical terminology and redundant words, phrases, and other distracting information are omitted.</p>	<p>Assessment narrative is nearly complete with the exception of one area.</p> <p>Assessment narrative has a mostly logical flow.</p>	<p>Assessment narrative is partially complete with the exception of two areas.</p> <p>Assessment narrative has a fairly logical flow.</p>	<p>Assessment narrative is barely complete with the exception of three or more areas.</p> <p>Assessment narrative does not have a logical flow.</p>	Not Done

Spelling and grammatical errors may result in point deduction from **overall documentation**.

- -0 no spelling / grammar errors
- -10 1-6 spelling / grammar errors
- -20 6-12 spelling / grammar errors
- -30 13 or more spelling / grammar errors

## FLWSHEET ASSESSMENT RUBRIC

Assessment Flowsheet	(10 Points)	(8 Points)	(5 Points)	(2 Points)	(0 Points)
	Assessment Flow Sheet is completed in its entirety. Client's abnormal findings are charted. There are no blank spaces. If there are blank spaces, an explanation is documented in the comment section at the bottom textbox related to the system.	Assessment Flowsheet is nearly complete with the exception of one system. <b>OR</b> One abnormal finding is not charted. <b>OR</b> There are no more than 2 blank spaces within any of the systems.	Assessment Flowsheet is partially complete with the exception of two systems. <b>OR</b> Two-three abnormal findings are not charted. <b>OR</b> There are no more than 5 blank spaces within any of the systems.	Assessment Flowsheet is barely complete with the exception of three or more systems. <b>OR</b> More than 3 abnormal findings are not charted. <b>OR</b> There are 6 or more blank spaces within any of the systems.	

### Systems:

1. Head, Face, Anterior Fontanel, Neck
2. Eyes, Ears, Nose, Throat
3. Neurological Group
  - Deep Tendon Reflexes should be N/E. Documented in the Neurological Comments text box.
4. Glasgow Coma Scale
5. Respiratory
  - Notice that Breath Sounds and Comments share a text box. Breath Sounds should never be blank.
6. Cardiac
7. Peripheral Vascular
8. Integumentary
  - Braden Scale
9. Musculoskeletal
  - Morse Fall Scale
10. Gastrointestinal
11. Genitourinary
12. Pain Assessment

Spelling and grammatical errors may result in point deduction from **overall documentation**.

- -0 no spelling / grammar errors
- -10 1-6 spelling / grammar errors
- -20 6-12 spelling / grammar errors
- -30 13 or more spelling / grammar errors

**CARE PLAN TEMPLATE**

Use this Care Plan Template as a reference. Care Plan documentation is entered in EHR.

<b>A S S E S S M E N T</b>	<b>Subjective Data</b>	
	<b>Objective Data</b>	
<b>D I A G N O S I S</b>	<b>Diagnostic Statement</b>	<b>Nursing Diagnosis:</b>
		<b>Related to:</b>  <b>As evidenced by:</b>
<b>P L A N N I N G</b>	<b>Desired Outcome</b>  <b>Goal must Be Measurable</b>	<b>Client Will:</b>
<b>I M P L E M E N T A T</b>	<b>Nursing Interventions</b>	<b>Rationale</b>

<b>I O N</b>		
<b>E V A L U A T I O N</b>	<b>Subjective Data</b>	<b>Objective Data</b>
	<p>Was the desired outcome achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, what revisions to the interventions will you make?</p>	

Instructor's Comments:

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## Practical Nursing Care Plan Rubric

The purpose of the nursing care plan assignment is to provide an opportunity for students to systematically make decisions regarding patient outcomes by utilizing the steps of the nursing process; assessment, diagnosis, planning, implementation, evaluation.

	<b>A (20 Points)</b>	<b>B (15 Points)</b>	<b>C ( 10 Points)</b>	<b>D (5 Points)</b>	<b>F</b>
<p><b>Assessment:</b> Includes subjective, objective, and historical data that support an actual or at risk for nursing diagnosis</p>	Includes all pertinent data related to diagnostic statement and does not include data not related to nursing diagnosis. All data is referenced correctly as either subjective or objective.	Includes pertinent data related to the diagnostic statement but, also includes non-related data. Most of the data is referenced correctly as either subjective or objective.	Does not include all data related to the diagnostic statement. May also include non- related data. Data is not referenced as subjective or objective.	Assessment portion is incomplete or unrelated to the diagnostic statement.	Not Done
<p><b>Diagnosis:</b> Develop one (1) nursing diagnosis statement based on presented data that identifies a health problem. Correctly stated and prioritized as number one problem the patient is facing. Diagnosis should include 3 parts:  <ol style="list-style-type: none"> <li>1. Nursing diagnosis</li> <li>2. Related to</li> <li>3. As evidenced by</li> </ol>                     (Risk for diagnosis does not require evidence)</p>	Nursing diagnosis statement is a formulation of an appropriately worded, 3-part NANDA-approved nursing diagnosis and demonstrates priority of care for the assigned patient. OR: 2-part NANDA approved nursing diagnosis is formulated for risk of diagnosis.	Nursing diagnosis statement is a formulation of an appropriately worded, 3-part NANDA-approved nursing diagnosis but has not demonstrated priority of care for the assigned patient. OR: 2-part NANDA approved nursing diagnosis is formulated for risk of diagnosis.	Nursing diagnosis statement is a formulation of an inappropriately worded or 2-part statement. Statement is an unapproved nursing diagnosis or does not demonstrate priority of care for the assigned patient.	Incorrect diagnostic statement for presented data. OR: Diagnostic statement is incomplete; missing 1 or more parts.	Not Done
<p><b>Planning:</b> Develop one (1) measurable patient outcome that prevents, reduces, or resolves the identified patient health problem (nursing diagnosis label)</p>	Outcome is specific, measurable, attainable, relevant, timely.	The outcome is missing one of the following elements: specific, measurable, attainable, relevant, timely.	The outcome is missing two of the following elements: specific, measurable, attainable, relevant, timely.	The outcome is missing three of the following elements: specific, measurable, attainable, relevant, timely.	Not Done
<p><b>Implementation:</b> Write four (4) nursing interventions with supporting rationale (4) to meet the identified patient health needs.</p>	Interventions clearly and correctly identified. Specific to the patient situation and nursing diagnosis statement and meets patient health needs. Required number of patient specific nursing interventions identified.	Interventions pertain to patient situation or nursing diagnosis statement and meets patient health needs but lack some specificity. 3 of the 4 required interventions are listed.	Interventions pertain to nursing diagnosis statement in an indirect way; does not completely meet patient health needs; 2 of the 4 required interventions are listed.	Interventions are not appropriate to meet patient health needs. 1 of the 4 required interventions are listed.	Not Done

	<b>A (20 Points)</b>	<b>B (15 Points)</b>	<b>C ( 10 Points)</b>	<b>D (5 Points)</b>	<b>F</b>
<b>Evaluation:</b> Identify subjective and objective data to establish the patient outcome has been met or not met. If unable to evaluate, identify optimal subjective and objective data that support a met outcome	Evaluative statement is present. Data is referenced correctly as either Subjective or Objective. All pertinent subjective and objective data support a met outcome OR an unmet outcome.	Evaluative statement is present but vague. Includes non-related data. Most of the data is referenced correctly as either Subjective or Objective	Evaluative statement does not completely support the outcome. Data is not referenced as subjective or objective.	No evaluative criteria stated or inappropriate.	Not Done

**Additional requirements:**

1. **Reference: Must cite reference used for care plan. May use any Practical Nursing textbook or other reputable books. Student must include name of book, author, edition, and page number.**
  - 5 points deducted from overall care plan grade if reference is not documented in its entirety from approved source.
2. Spelling and grammatical errors may result in point deduction from overall care plan grade
  - 0 no spelling / grammar errors
  - -10 1-6 spelling / grammar errors
  - -20 6-12 spelling / grammar errors
  - -30 13 or more spelling / grammar errors

**PN CLINICAL WEEKLY TIME SHEET:**  
 (Complete Time Sheet Using Blue or Black Ink)

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

Course Name: PNSG 2035 Nursing Fundamentals Clinical Course /Instructor: \_\_\_\_\_

EMC NH (Emanuel Medical Center Nursing Home)

SPRING 2023

Day	Date	Clinical Site	In	Out	In	Out	Total Hours Worked	Preceptor Signature
Sunday								
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Make-up								
Post Conference								

Total Hours \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**STC STUDENT EVALUATION OF CLINICAL EXPERIENCE**

Practical Nursing

Semester: SPRING 2023

Course: PNSG 2035 (Fundamentals of Nursing Clinical)

Clinical site (NO abbreviations): **Emanuel Medical Center Nursing Home, Swainsboro, GA**

Instructor/Preceptor Name: \_\_\_\_\_

Date: \_\_\_\_\_

INSTRUCTIONS: Please evaluate your clinical site. Answer each statement by circling the number that most accurately reflects your evaluation of the site. Please use the scale below:

**1=Strongly Disagree**

**2=Disagree**

**3=No opinion/Not applicable**

**4=Agree**

**5=Strongly Agree**

**CLINICAL EXPERIENCE:**

1. The clinical site provided adequate practice opportunities for my growth as a student nurse.

**5      4      3      2      1**

2. The clinical site was receptive of me as a student nurse.

**5      4      3      2      1**

3. The clinical site had resources to support my learning experience.

**5      4      3      2      1**

4. The clinical site provided an atmosphere where I could integrate class with clinical experience.

**5      4      3      2      1**

5. I would recommend this clinical site to other nursing students.

**5      4      3      2      1**

**EXPERIENCE WITH PRECEPTOR/STAFF:**

6. The clinical preceptor was knowledgeable and helpful to my clinical experience.

**5      4      3      2      1**

7. The clinical preceptor was willing to facilitate my learning needs.

**5      4      3      2      1**

8. The clinical preceptor demonstrated a positive attitude for teaching me.

**5      4      3      2      1**

9. The clinical staff members were positive role models for me.

**5      4      3      2      1**

10. I would recommend this preceptor to other nursing students.

**5      4      3      2      1**

Additional Comments: \_\_\_\_\_

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