NURSING 106
Nursing Care of the Childbearing Family

COURSE SYLLABUS

Section: 995
Theory Instructor: Laura Berry, RN, MSN
Meeting Days/Times: Wednesday 10:30 AM – 12:45 PM
Room: Science & Technology Building, Room 126
Instructor's Office: Science & Technology Building, Room 218H
Instructor's Office Hours: Mondays, 10AM – 12:15 PM, in February, thereafter, Tuesdays, 10AM – 12:15 PM, or by appointment
Instructor's Office Phone: 323-953-4000, Ext. 2067
Instructor's E-mail: berryl@lacitycollege.edu allenberry@roadrunner.com

Clinical Location & Instructors:
California Hospital Medical Center
Laura Berry, RN, MSN - Fridays 6:30AM – 7:00PM (8 week rotation)
Delia Zamora, RN, BSN - Thursdays 6:30AM – 7:00PM (8 week rotation)

Facebook Group: Nursing 106 LACC

Important Dates This Semester:
Final Exam: TBA
Holidays/Non-Instruction Days:
Presidents’ Holiday, 2/17-2/20/17
Non-Instruction Day, 3/30/17
Cesar Chavez Holiday, 3/31/17
Spring Break, 4/1-4/7/17
Non-Instruction Day, 4/16/17
Memorial Day, 5/29/17

Important Information for All LACC Students
Drop Date Information
The deadline to drop without a “W” is the last day of Week 2 (of the semester), which is Sunday, February 19, for Spring, 2017. If you must drop a

Course: NURSING 106, Nursing Care of the Childbearing Family, 4 units: Theory = 2.4 hours (2 hours 24 min.)/week. Clinical = 13.5 hours. Clinical rotation = 108 hours total

Required Texts:

Additional Required Materials:
- MyNursingLab, on-line supplement to London textbook, Pearson Education, Inc.
- Program texts for fundamentals, medical-surgical nursing, clinical skills book, nursing diagnosis, pathophysiology, medical terminology/dictionary, pharmacology, nursing drug guide, clinical calculations.
- Current LACC Student Nurse Handbook
- ATI testing and resources

Catalog and Course Description: Students learn to assess and care for women through the lifespan and newborns, with emphasis on reproductive health and the childbearing years, healthy neonates, and women’s health. Utilizing the Roy Adaptation model, the nursing process, and QSEN competencies, family-centered care is emphasized, including identification of the bio-psycho-social needs, as well as cultural diversity, of patients and families. Students will apply concepts that include the disease process, medical treatments, nursing responsibilities, and interventions, cultural, ethical, and legal issues to the childbearing family.

Prerequisites/Co-requisites/Advisories: Successful completion of Nursing-Registered 105: Beginning Medical/Surgical Nursing with a grade of C or higher.
Co-requisite: NUR 116: Skills Lab, Wednesdays 1:30 pm-4:30 pm, Advanced Skills Lab

LACC Institutional Student Learning Outcomes: Institutional Student Learning Outcomes (ISLO’s) are the skills and abilities students are expected to have developed by the time they graduate from LACC. They are listed in the college catalog (Pg. 3), the schedule of classes, and can be accessed on the college website by following this link: http://www.lacitycollege.edu/schedule/catalog/2016-17LACC-Catalog-Web.pdf

Course Student Learning Outcomes (SLOs): Upon successful completion of Nursing 106, Nursing Care of the Childbearing Family, students will demonstrate competence in the following Student Learning Outcomes:
Provide appropriate and effective patient care utilizing the nursing process, including assessment, diagnosis, goals, interventions, and evaluation.

Assess a patient’s psychosocial, developmental, cultural and socioeconomic status and incorporate this assessment into appropriately caring for the patient.

The SLOs for this course have been linked to the following Institutional Student Learning Outcomes:
1. Information Competency: Critical and Creative Thinking
2. Written and Oral Communication
10. Intercultural knowledge & exploration

Teaching Philosophy: We are all students and we are all teachers. Learning is not something someone can “give us”...it is something that we construct for ourselves. Sometimes it’s in the questions we ask, or in the discussions we have, or in the things we teach others. I hope to give you the tools to learn and to stimulate in you a passion to learn about this health care area that I love so much and find so fascinating. It’s up to you to make the knowledge your own. I ask that you be open to inquiry, change and growth. Learning is not easy. It requires that you build a new reality for yourself that incorporates the questions and answers you’ve come up with in reading, discussing, seeing, smelling and living a subject. Sometimes you will fail, sometimes you will not have the right answer, or will “miss” important information along the way. That’s okay. Mistakes are great teachers. Learning is a process and the path is as important as the destination.

Competencies/Exit Skills: Upon successful completion of the course, the student should be able to:

1. Minimize risk of harm to patients and providers through both system effectiveness and individual performance, utilizing Quality and Safety Education for Nurses (QSEN) competencies, and their related knowledge, skills and attitudes (KSAs), to continuously improve the quality and safety of the healthcare system as related to the women’s health and newborn care area. (MC, POC; QSEN: Safety)

2. Identify and analyze specific bio/psychosocial/cultural health care needs of childbearing families incorporating critical thinking, Roy’s model and the nursing process, using best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care. (RM, NP, PSY; QSEN: EBP)
3. Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs. *(CC, G/D, TC; QSEN: PCC)*

4. Use information and technology to communicate, manage knowledge, mitigate error, and support decision making. *(MP, POC; QSEN: I)*

5. Plan, implement and evaluate therapeutic nursing care for patients and their families conducive to optimal wellness of patients, newborns, and immediate family members, specifying nursing diagnoses based on hierarchy of need, the nursing process and assessment of client’s physical, psychosocial, and cultural needs. *(G/D, CC, P; QSEN: PCC)*

6. Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. *(TC, MC, MP; QSEN: TWC)*

7. Assess patient’s need for information and readiness to learn, and develop short range teaching plans, following established protocols for client teaching regarding self-care, newborn care, post-op care, discharge, nutrition, breastfeeding, fertility regulation, sexually transmitted infection prevention, childbirth practices, breast self-exam, etc. Modify teaching plan when indicated. *(NP, MC, POC; QSEN: I, PCC)*

8. Use data to monitor the outcomes of care processes and be aware of methods used to continuously improve the quality and safety of health care systems. *(MC; QSEN: QI)*

9. Demonstrate technical competency of previously learned skills as well as new skills applicable to nursing care for the childbearing year including: gestational dating, fetal monitoring, antepartum, intrapartum, postpartum, and newborn physical assessment, catheterization, calculation/administration of PO, IM, SQ medications for adults and/or newborns, saline lock conversion, breast pump demonstration, newborn care, heel puncture, phototherapy and gavage feeding. *(POC)*

Curriculum Key: CC – Cultural Competence; G/D – Growth & Development Theory; L – Legal; PSY – Psychosocial; TC – Therapeutic Communication; NP – Nursing Process; MC – Manager of Care; MP – Member within the Profession; POC – Provider of Care; QSEN – Quality and Safety Education for Nurses; RM – Roy Model

QSEN Competencies Key: S – Safety; PCC – Patient Centered Care; EBP – Evidenced-based practice; QI – Quality Improvement; TWC – Teamwork & Collaboration; I - Informatics

Methods of Instruction: Any combination or all of the following may be used in this course.

Delivery of Course Content:
1. Lecture
2. Lecture/Laboratory
3. Class Discussion
4. Group Activity
5. Case Scenarios/Simulation
6. Videos
7. Power Point Presentations
8. Demonstrations
9. Question & Answer Sessions
10. Role Play
11. Computer Assisted Instruction
12. Laboratory Work
13. Oral Presentations
14. Group Projects
15. One-on-One Conference
16. Audio Visual
17. Small Group Discussion
18. Collaboration
19. Field Experience

Assessment/Evaluation Methods: Tests, Exams, Papers, Case Studies, Simulation, Scenarios, Presentations, Computer Assisted Assessments, and other methods to be determined by faculty

Grading Rationale: I will be looking for students to be able to demonstrate (through testing, writing, discussions, presentations and care planning) a basic, entry-level understanding and mastery of the theoretical, clinical, and compassionate care principles of promoting health and adaptation among women, neonates and families throughout the lifespan. I will also be looking for students to demonstrate an inquiring and active approach to learning about this health care area.
Communication with Instructor: The official communication modes for this course are both Etudes and e-mail. It’s important that you check your e-mail and the 106 Etudes site everyday. Let the instructor know immediately when your address changes. You will be held accountable for any and all information, assignments, directions, etc., sent by e-mail. Instructor’s e-mail: allenberry@roadrunner.com or berryl@lacitycollege.edu Clinical issues are to be directed to the assigned clinical instructor. Your instructor is not responsible for e-mail messages not received in a timely manner due to students’ technical problems or failure to check e-mail accounts regularly.

Student Responsibilities: Read assignments before class in order to come to class prepared and engaged. Be respectful to all in class. Come to class on time, stay for the entire time, and participate. Be engaged during class: do not surf the web, visit irrelevant web sites, disrupt or distract classmates with use of computers, PDA’s, phones, texting, etc. Cell phones will be placed on silent during class and put away. Cell phone use is not allowed during class. Students may use a laptop or tablet for note taking purposes only. Recording of lectures is not permitted. Personal items, including cell phones, must be placed against the wall during exams. You must bring a basic calculator for exams, when necessary (no cell phone calculators). Complete and turn in all assignments on time. Contact instructor in advance of problems in meeting deadlines. Maintain a positive attitude. Let instructor know if you’re having a problem, either academic or personal, that impacts your ability to be successful in the class. Seek help in a timely fashion when you need it. Practice ethical behavior. Maintain a sense of humor.

Faculty Responsibilities: Come to class/clinical on time and prepared. Maintain a fair, respectful, supportive, interactive, collaborative learning environment. Keep an open mind and accommodate various learning styles and diverse student experiences. Listen to student concerns. Help students understand the class material. Provide feedback in a timely manner. Practice ethical behavior. Maintain a sense of humor.

Attendance Policy:

1. The nursing program adheres to the college policies governing attendance which state: Only students who have been admitted to Los Angeles City College and are in approved active status may attend classes. Students should attend every meeting of all classes for which they register. To avoid being excluded from class, students should contact the instructor when they are absent for emergency reasons. Whenever students are absent more hours than the number of hours the class meets per week, the instructor may exclude them from class.

2. Absence from a lecture may be excused or made up at the discretion of the instructor. According to State Law, the student has to be counted absent if they are NOT in class. Even though the Department Policy may allow progression in the Program in the event there are excessive absences, the absence has to be recorded in Attendance Records.

3. Consistent with policy of LACC, absences shall not exceed the number of hours that a class meets per week; the maximum allowable excused absence in a theory course class is one (1) lecture. Students are responsible for all material presented whether absent or tardy.

4. Students are expected to complete all required clinical hours required for licensure by the BRN. The maximum allowable clinical absence is up to 10% of required clinical hours. For specialty courses with 12 hour clinical, this equates to 1 day, for courses that have 8 hour clinical, this equates to 2 days. All clinical absences must be made-up within a two weeks period at the discretion of the instructor.

5. Absence from clinical experience for personal/religious holidays that are not included in the standard college holiday schedule, must be counted as an absence and made up according to current policy.

6. It is the student’s responsibility to notify the clinical instructor prior to the start of the clinical day for any absence or tardiness. In the event of an unforeseen event or accident, notification shall occur as soon as possible.

7. A student with absences that exceed 10% of required clinical hours will:
   a. Present evidence of extenuating circumstances to the theory instructor within 48 hours.
   b. The determination of the ability to progress in the course will be determined on a case by case basis by the Admission, Remediation, and Retention committee.
   c. The student will make up the number of excessive hours missed at the discretion of the faculty.
d. Make-up time can never be on a Clinical Day.

8. The exact number of clinical hours missed in the course must be made up. For example, if the absence occurs in a first semester rotation and the clinical day equals 6 hours, the student will make-up 6 hours. If the absence occurs in a semester rotation where the clinical day equals 8 hours, the student will make-up 8 hours. If the absence occurs in a semester rotation where the clinical day equals 12 hours, the student will make-up 12 hours. Partial days will also be made-up on an hour for hour basis. Total clinical hours per day are based on the course standard hours and will vary per course. All clinical make-up time must be completed within two weeks of the absence. Make-up time can never be on a Clinical Day.

9. Tardies
   a. Students that are not present at the designated start time of theory or clinical are considered to be tardy.
   b. Three tardies will be considered as one absence.
   c. Absence from clinical must be made up (see #7 above). Absence from greater than 10% of total clinical hours may result in clinical failure.
   d. Absence from theory more hours than the number of hours the class meets per week may lead to exclusion from the class (see #1 above).

Class Cancellation:
If for any reason I am unable to come to a scheduled class, I will contact both LACC and the Nursing Department. If there is no substitute, Nursing Department personnel will either come to class to inform you of my absence, or a notice will be posted outside the classroom door. If you have not been informed of my absence, you are required to wait for 20 minutes. Before leaving the classroom, a sign-in sheet shall be prepared and each student present must sign and one student shall carry it to the Nursing Department Secretary in Sci-Tech, 2nd floor.

Academic Integrity:
In accordance with LACCD Board Rules and Code of Conduct, students are prohibited from engaging or participating in acts of dishonesty, including but not limited to cheating, plagiarism or other forms of academic dishonesty. The complete Student Code of Conduct and other student policies are available in the catalog and at: http://www.lacitycollege.edu/schedule/catalog/2016-17LACC-Catalog-Web.pdf pages 250 - 254.

Cheating is a violation of academic integrity and Board Rule 9803.12. Penalties for cheating may include a grade of zero or “F” on an exam or paper, or even suspension from the College.

Academic Dishonesty: Violations of Academic Integrity include, but are not limited to, the following actions: cheating on an exam, plagiarism, working together on an assignment, paper or project when the instructor has specifically stated students should not do so, submitting the same term paper to more than one instructor, or allowing another individual to assume one’s identity for the purpose of enhancing one’s grade.

Additional Academic and Student Support Services:
1. The publisher’s companion website for your text: http://www.nursing.pearsonhighered.com for NCLEX-style practice questions, case studies, critical thinking exercises, links, etc.
2. Professional/governmental organizations: Quality and Safety Education for Nurses (QSEN) http://qsen.org/ Association of Women’s Health, Obstetrical and Neonatal Nurses (AWHONN) (awhonn.org), American College of Obstetricians and Gynecologists (ACOG) (acog.org), National Institutes of Health (NIH) (nih.gov), Center for Disease Control & Prevention (cdc.gov)
4. Nursing Skills Lab, Advanced Nursing Skills Lab, and Nursing Computer Lab, SciTech Bldg., 2nd floor: individual and assisted skills videos, learning, reinforcement and remediation, see Lab Instructional Personnel for assistance in individual practice/remediation in the lab.
5. Learning Skills Center: To further your success, reinforce concepts, and achieve the stated learning objectives for this course, the Learning Resource Center offers many learning assistance services. You will be automatically enrolled in Supervised Tutoring, a free noncredit course that does not appear on your transcripts. Services are located in the Learning Skills Center. 323-953-4000, Ext. 2779
6. **Facebook Group:** NURS 106 LACC. An on-line learning community and resource clearinghouse for our class.

**Classroom Etiquette:** The LACC Nursing Program adheres to the LACCD published Student Code of Conduct and consequences for violation of any of these policies. Students are advised to review pages 250-251 of the current LACC Catalog, available at the following [link](http://www.lacitycollege.edu/schedule/catalog/2016-17LACC-Catalog-Web.pdf)

In addition, it is the student’s responsibility to be familiar with, know and observe all the policies and procedures related to the program he or she is pursuing (see LACC Nursing Student Handbook for Nursing specific policies). Regulations will not be waived and exceptions will not be granted if a student pleads ignorance of policies or procedures.

**Keys to Success:**
The college expects 2 hours of study/preparation by the student for each class hour and 1.5 hours of preparation for each laboratory hour, for a total of 30 study hours each week. Study habits, reading effectiveness, critical thinking and time management are very important. If you feel that you need help with these areas, please come to see me. I have lots of ideas that may help. In addition or alternatively, you may go to the campus Learning Skills Center.

**Determination of Final Grade:**
The following will be used for evaluation of your grade (Total Points: 100)

- Exam #1 15 points (15%)
- Exam #2 15 points (15%)
- Exam #3 15 points (15%)
- Comprehensive Final Exam 25 points (25%)
- ATI Content Mastery Series 10 points (10%)
- Additional ATI Assignments (TBA) 7 points (7%)
- MyNursingLab Pre/Post Tests 8 points (8%)
- Group presentation 5 points (5%)

Maximum Total Points 100 points (100%)

A = 100-90 points 100%-90%; B =89.99-83 points (89.99%-83%); C = 82.99-75 points (82.99%-75%); F = < 75 (75%).

75 points (75%) are required for a passing grade. There is no “rounding up” of final grades. The student must pass theory and clinical to pass the nursing course. Extra credit points cannot be used to achieve a passing grade. Exams may be a combination of multiple choice, critical thinking, in class and possibly take home exams.

All ATI points will be input in the gradebook one time at the end of the term. These points will be recorded only after the student submits a copy of their ATI Transcript showing all ATI assignments for this course highlighted.

**ALL ASSIGNMENTS USED IN THE DETERMINATION OF THE FINAL GRADE MUST BE COMPLETED**

**Grading Policies for Exams:** Each exam consists of 50 questions worth a total of 15 points each. The final exam consists of 75 questions worth a total of 25 points. There is no “rounding up” of final grades. Exam review will be available for one week following each exam (except final exam). It is mandatory that students who score less than 75% on an exam meet with the instructor to review the exam and plan remediation and improvement. An appointment must be made WITHIN 1 week of the exam date. It is up to the student to initiate the meeting.

**Missed or Late Assignments/Assessments:**
In order for a late assignment to be accepted, a substantial justification must accompany the request within a 5 day limit from due date. If accepted, up to a 50% deduction in points may be applied. All work must be submitted by Final exam for calculation of your grade. **No Late submissions will be accepted after grade posts.**

- up to 2 Days late = 10%
- 2-5 days late = 20%
- 7-10 days late = 50%

It is the responsibility of the **student** to contact instructor about late/missing assignments.
**Important Dates:**

**WEEK-BY-WEEK READING ASSIGNMENTS AND IMPORTANT DATES**

*To aid students in utilizing their text to the fullest, note-taking skills and study techniques will be discussed the first day of class. Any student who feels that he/she needs more guidance is encouraged to come to office hours or make an appointment with me as early as possible in the semester.*

<table>
<thead>
<tr>
<th>Lecture Week</th>
<th>Date</th>
<th>Assignments</th>
<th>Module</th>
<th>Topic(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2/8</td>
<td>Textbook Ch. 1, 2, 4 (pg 57-68), &amp; Ch. 28 ATI MN Chapters 17-19</td>
<td>Intro to Subject Module 1 Nursing Care During Postpartum Period</td>
<td>Introduction to care area. Normal postpartum adaptation and care of patients with vaginal and C/S deliveries; breastfeeding; patient teaching of self and newborn care.</td>
</tr>
<tr>
<td>2</td>
<td>2/15</td>
<td>Textbook Ch. 29 &amp; 30 ATI MN Chapters 20-22</td>
<td>Module 1 Nursing Care During the Postpartum Period</td>
<td>Normal Postpartum, Postpartum complications (hemorrhage, infection, thromboembolic disorders, urine retention/infection, altered nutrition, altered parenting, postpartum depression); family planning. Home care.</td>
</tr>
<tr>
<td>4</td>
<td>3/1</td>
<td>Textbook Ch. 26 (pg 565-589: thru Preterm NB) Ch. 27 (pg 622-633: Cold Stress – Hyperbili) ATI MN Chapters 26 &amp; 27, Small &amp; Large for Gestational Age &amp; Hyperbilirubinemia ATI: Real Life 2.0 Scenario: Thermoregulation &amp; Care of Newborn</td>
<td>Module 2 Nursing Care of the Well Newborn</td>
<td>Normal adaptation, assessment, and care of the newborn; nutrition; Newborn with complications (LGA, SGA, post- or pre-term, hypothermia, hypoglycemia, hyperbili)</td>
</tr>
<tr>
<td>5</td>
<td>3/8</td>
<td>EXAM 1</td>
<td>MODULES 1 &amp; 2: Postpartum &amp; Well Newborn</td>
<td>The reproductive system &amp; family planning Conception &amp; fetal development.</td>
</tr>
<tr>
<td>6</td>
<td>3/15</td>
<td>Textbook Ch. 3, 7-8 ATI MN Chapter 3 ATI Practice Assessment A</td>
<td>Module 3 Pregnancy &amp; Pregnancy at Risk</td>
<td>Conception &amp; fetal development, genetic disorders &amp; prenatal genetic testing, preparation for parenthood, physiologic changes of pregnancy</td>
</tr>
<tr>
<td>Date</td>
<td>Topics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 7/3/22 | Textbook Ch. 9-11  
ATI MN Chapters 4 & 5  
ATI Nutrition for Nursing  
Chapter 7, Pregnancy & Lactation  
ATI Practice Assessment A Remediation  
Module 3  
Pregnancy & Pregnancy at Risk  
Physical & psychologic changes of pregnancy, diagnosing pregnancy, antepartum nursing assessment, prenatal care and screening tests |
| 8/3/29 | Textbook Ch. 12-14  
ATI MN Chapter 6 & 9, Gest. DM  
ATI: Real Life: Gestational Diabetes Case Study  
Module 3  
Pregnancy & Pregnancy at Risk  
Common discomforts of pregnancy, health promotion during pregnancy, maternal nutrition, adolescent pregnancy, assessment of fetal wellbeing |
| 4/5 | Spring Break |
| 9/4/12 | Textbook Ch. 15  
ATI MN Chapter 7-9  
ATI: Dosage Calculation: Critical Care Meds: Flow rates for Large Volume Bolus & Drill Set 1  
Pharmacology Made Easy: Drug Therapy to Prevent & Treat Seizure Activity  
ATI: Real Life: Preeclampsia Case Study  
Module 3, Pregnancy & Pregnancy at Risk  
Complications of Pregnancy, including preeclampsia, diabetes, gestational trophoblastic disease, hyperemesis gravidarum, preexisting health problems, placental problems, etc. |
| 10/4/19 | EXAM 2  
Textbook Ch. 16  
ATI MN Chapter 11  
ATI Pharmacology for Nursing Chapter 32  
Module 4 Nursing Care during Birth  
Processes and stages of labor and birth, physiology of labor; maternal and fetal responses to labor, assessment of labor progress |
| 11/4/26 | Textbook Ch. 17-19  
ATI MN Chapters 12 - 14  
ATI: Dosage Calculation: Preeclampsia Case Study  
ATI Practice Assessment B  
Module 4 Nursing Care during Birth  
Intrapartal nursing care, labor support & comfort, pain management during labor, childbirth at risk: pre-labor complications |
| 12/5/3 | Textbook Ch. 20-21  
ATI MN Chapters 9 & 10  
ATI: Pharmacology Made Easy: Drug Therapy that Stops Uterine Contractions, Beta 2 Adrenergic Agonists & Drug Therapy to Accelerate Fetal Lung Maturity  
ATI: Real Life: Preterm Labor Case Study  
ATI Practice Assessment B Remediation  
Module 4 Nursing Care during Birth  
Childbirth at risk: labor & delivery complications, L&D complications such as dystocia, dysfunctional uterine contraction, precipitous labor, fetal malposition/malpresentation, non-reassuring fetal status, prolapsed cord, CPD |
<table>
<thead>
<tr>
<th>Date</th>
<th>Assignment/Exam</th>
<th>Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/10</td>
<td>Textbook Ch. 22, ATI MN Chapters 15 &amp; 16</td>
<td>Module 4 Nursing Care during Birth</td>
</tr>
<tr>
<td></td>
<td>Oxytocin &amp; Synthetic Prostaglandins</td>
<td>Birth-related procedures</td>
</tr>
<tr>
<td></td>
<td>ATI: Dosage Calculations: Critical Care Meds: Titrating Continuous IV Medication Infusions &amp; Drill Set 2</td>
<td></td>
</tr>
<tr>
<td>5/17</td>
<td>EXAM 3</td>
<td>MODULE 4 Nursing Care During Birth</td>
</tr>
<tr>
<td></td>
<td>Textbook Ch. 26 &amp; 27, ATI MN Chapter 27</td>
<td>Module 2 Newborn at Risk</td>
</tr>
<tr>
<td></td>
<td>ATI Content Mastery #1</td>
<td>(Newborn with complications respiratory distress syndrome, asphyxia); NICU care.</td>
</tr>
<tr>
<td>5/24</td>
<td>Textbook Ch. 5 &amp; 6, ATI MN Chapter 8</td>
<td>Module 1 Reproductive &amp; Women’s Health Review for Final</td>
</tr>
<tr>
<td></td>
<td>ATI Content Mastery #1 Remediation</td>
<td>Common infections and health problems of women; social issues and domestic violence.</td>
</tr>
<tr>
<td>TBA</td>
<td>COMPREHENSIVE FINAL EXAM</td>
<td>ALL MODULES</td>
</tr>
<tr>
<td>TBA</td>
<td>ATI Content Mastery #2, if needed</td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL, ONGOING ASSIGNMENTS**

*DATE DUE: Weekly:* In order to promote linking of concepts, critical thinking, and future success on NCLEX testing, students must complete MyNursingLab on-line PreTest and PostTest for assigned chapters (see assignment calendar on MyNursingLab web site) each week. Submissions must be made by midnight, Tuesday, the day before lecture. Minimum PreTest Score for full points is 75%. Minimum PostTest score for full points is 90%. Failure to achieve minimum of 75% on Pretest, or 90% on a PostTest, or omitting any PreTest or PostTest assignment will incur point deductions.

*DATE DUE: TBA (probably weeks 6 & 11):* **All students** will complete Step 1 of the Content Master Series Grading Rubric (i.e. Practice Assessments A & B and Remediation for both, as outlined in the LACC ATI Policy, attached). Students will submit copy of their full Test Results along with an Active Learning Template for each missed topic. Students should retain their Active Learning Templates in their **ATI BINDER**.

*DATE DUE: TBA (probably week 14 or 15):* **All students** will take the OB Proctored Assessment (i.e: Standardized Proctored Assessment, as outlined in the LACC ATI Policy, attached). Students achieving Level 2 or 3 on the Standardized Proctored Assessment are required to complete the remediation generated from the Assessment, but are **not required** to retake the Assessment. Students who achieve BELOW Level 2 are required to remediate and RETAKE the Assessment following the Comprehensive Class Final in Week 16.

*DATE DUE: TBA (week 16):* **All students** will submit the remediation generated by the Standardized Proctored Assessment. Students who achieved below Level 2 will RETAKE the Standardized Proctored Assessment following the Comprehensive Class Final.

*DATE DUE: Group Oral Presentations: Beginning Week 4*

*Group oral presentations will be teaching presentations directed at peers, but will include consideration of the learning needs of patients. Students are expected to prepare visuals to enhance their presentations. Visuals may consist of pictures, posters, powerpoint slides, equipment for demonstration, or other appropriate materials. Presentations will be done in class on the date the topic is scheduled to be discussed. Topics (with dates) will be provided by faculty.*
Presentations should include elaboration of key concepts regarding the topic. Focus should include background information on clinical significance and prevalence, physiology/pathophysiology, management of the problem/complication, priority appropriate bedside care & assessments, patient teaching regarding procedures and/or self-care, etc.

Nursing diagnoses, interventions and typical plan of care for the topic should also be discussed, but they should be integrated into the presentation. For example, if the topic is GBS infection, please discuss why we care about it, what it is, how common is it, what effect it will have on labor and baby, what treatments are given to minimize its effect, what assessment of laboring patient should be made, what patient teaching is necessary and give a nursing diagnosis with relevant interventions with rationales.

Additionally, students must present at least one current (last 2 years) research paper from a peer-reviewed, professional source, on the topic. This should be a brief statement of the research question and findings, and should NOT be the sole topic for a presenter. The group should turn in a copy of the research paper on the day of the presentation.

The Oral Presentation will be done in groups of approximately 4 students. All students must participate in the in-class presentation. The presentation should not be longer than 15 minutes. The presenting group should print out and bring a copy of the Oral Presentation Grading Sheet, found among the Modules of 106 Etudes course. Clothing should be professional, and thought should be given on how to equally distribute and integrate the content among the presenters. In addition, presentation style will be considered. Effective presentations spotlight prepared, knowledgeable, enthusiastic presenters. Practice with your group, make eye contact with audience, speak in an audible tone, DO NOT READ FROM THE SCREEN OR YOUR NOTES. Notes should be limited to brief index card. Student should be conversant in the topic.

The presentation will be scored using the Oral Presentation Grading Sheet, and one grade will be given to all the group members.

**COURSE POLICIES:**

1. Student must have completed all prerequisite courses with a grade C or better.
2. Each student is required to pass a math test by 90%. Each student will have a maximum of 3 opportunities for testing within the first 2 weeks of the course. Any student who has not passed the math test with a score of 90% or higher on the third test will be required to withdraw from the course. She/he will be counseled regarding remediation and the possibility of future re-enrollment following documented improvement of computational skills. Students are individually responsible and accountable for remediation of their math deficiencies.
3. The student may be terminated from the course with a failing grade for any behavior that places the client in physical or emotional jeopardy or is life threatening.
4. A nursing student may enroll in a specified required nursing class a maximum of two times. Enrollment is defined as attending at least one class meeting.
5. Maximum allowable absence is 1 lecture absence per course and 1 (6 or 8 hour) clinical absence per course. All missed clinical hours must be made up. Absence that exceeds specified maximum might result in exclusion from the course or receiving an F grade for the course.
6. All students must have proof of nursing malpractice insurance to be presented the first day of class. Insurance must be valid throughout the entire clinical rotation.
7. All students are required to bring proof of the following on the first day of class. Students who do not comply will be considered to have withdrawn from the course.
   - A valid CPR card. Must be an American Heart Association 8 hour course that includes adult, infant and child CPR, and AED.
   - Results of TB skin test within the past year or chest x-ray within the past two years.
   - Proof of Rubella titer. If negative must have immunization with a follow up titer.
   - Proof of varicella titer, rubeola titer and Hep. B vaccinations and titer.
   - Clear drug screen and background check.
COURSE CONTENT

FOR ALL MODULES:
Role as Manager of Care:

1. Recognize the patient as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.
2. Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
3. Minimize risk of harm to patients and providers through both system effectiveness and individual performance.
5. Demonstrate effective communication skills
6. Organize nursing care based on prioritization
7. Demonstrate appropriate time management
8. Seek assistance from staff or instructor when appropriate, ie. when nursing problem is beyond student’s knowledge or skill level
9. Collaborate with patient, family, and staff in providing care and discharge planning
10. Coordinate client care with staff, including providing a report of care to staff RN before leaving the unit
11. Demonstrate awareness of cost-effective practices

Role as Member of Profession of Nursing:

1. Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
2. Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.
3. Use information and technology to communicate, manage knowledge, mitigate error and support decision making.
4. Practice within the legal and ethical guidelines of the profession and agency
5. Consult with instructor or supervising nurse if practice required is beyond knowledge or experience
6. Report immediately to instructor or supervision nurse if errors are committed
7. Maintain professional appearance and behavior according to college and agency standards
8. Maintain confidentiality of patients and their families
9. Keep current all required certifications and insurances

MODULE 1: NURSING CARE FOR POSTPARTUM AND REPRODUCTIVE HEALTH

I. Theory Objectives:

Postpartum
1. Describe the physiological changes and psychological adjustments that normally occur in the postpartum period.
2. Differentiate between normal and ineffective adaptation to physical and psychosocial postpartum changes.
3. Compare the nursing needs of a postpartum patient who gave birth vaginally to one who had a cesarean section.
4. Relate the use of nursing diagnoses to the findings of ineffective postpartum behaviors.
5. Discuss appropriate nursing interventions to meet the identified nursing goals for the postpartum family.
6. Identify the predisposing factors, preventative measures, signs and symptoms of and appropriate therapeutic nursing interventions for the following postpartum complications: hemorrhage, infection, thromboembolic disorders, urine retention/infection, altered nutrition, altered parenting, and postpartum depression.
7. Review postpartum teaching re: feeding, basic care, and safety needs of infant.
8. Review postpartum teaching and discharge instructions for postpartum home care including: self-care of mothers (for both vaginal and cesarean section births), medications, and signs and symptoms of developing postpartum complications.
9. List common postpartum medications (analgescics, stool softeners, oxytocics) and their uses.

Reproductive Health
10. Identify pathophysiology, treatments, nursing management, and health education for the following sexually transmitted infections: Chlamydia, gonorrhea, trichomoniasis, HPV, HSV, HIV, syphilis, bacterial vaginosis and candidiasis.
11. Compare the risks, benefits and effectiveness of various contraceptive methods.
12. Identify nursing assessments and interventions for the patient seeking or having a termination of pregnancy.
13. Delineate the nurse’s role in working with women who are victims of sexual abuse or violence.
14. Describe breast care for women, including: benign breast conditions, BSE, routine screening and treatments for breast cancer, post mastectomy care, breast reconstruction and prosthesis care, and psychosocial-cultural responses to breast cancer.
15. Identify pathophysiology, treatments and nursing management for benign conditions of the female reproductive tract.
16. Identify pathophysiology, treatments and nursing management for cancers of the female reproductive tract.

II. Clinical Skills:
   1. Catheterization, discontinue foley, collect specimen for C & S
   2. Injection—RhoGam, Rubella & Other Vaccines, Methergine, Hemabate
   3. Monitor IV therapy, IV piggyback
   4. Administer PO postpartum medications
   5. Saline Flush
   6. Demonstrate breast pump
   7. Postpartum breast exam
   8. Fundal check
   9. Lochia assessment
   10. Patient/family teaching

III. Nursing Roles—clinical activities:

Role as Provider of Care:
1. Perform postpartum assessment of patient following vaginal or cesarean birth by:
   a. Collecting a patient history, reviewing subjective and objective data from the patient’s medical record, staff reports, and interviewing the patient and relevant family members. Correlate physical, psycho/social and cultural factors.
   b. Performing a postpartum physical assessment
   c. Ascertaining level of patient postpartum knowledge re: recovery, self-care, infant care and safety, infant feeding
   d. Comparing data collected from interview, physical assessment, and diagnostic tests with normal behavior, assessment findings and lab values.
2. Identify physical, psychosocial, and self-care/patient education needs for patients experiencing a postpartum complication such as: hemorrhage, hypertension, infection, hypotension, deep vein thrombosis, altered nutritional status, altered breastfeeding, altered urinary elimination, altered gastrointestinal function, subinvolution, altered comfort, fatigue, postpartum blues, alteration in family processes or bonding, alteration in self-concept or body image.
3. Plan and write nursing diagnosis
   a. Based on assessments and analysis of data, identifies 2 nursing diagnoses per patient
   b. Identifies appropriate outcome criteria for selected diagnoses
   c. Writes nursing care plan based on diagnoses and appropriate goals
4. Implement therapeutic interventions
   a. Provide postpartum comfort measures, post operative nursing care, and perform interventions for puerperal complications or problems as listed above.
   b. Describe or demonstrate administration of common postpartum medications, RhoGam and vaccinations.
   c. Review and give postpartum teachings and discharge instructions for postpartum home care (such as self-care of mothers, medications, and signs and symptoms of developing postpartum complications), infant care, safety and feeding needs
   d. Demonstrate patient teaching for STIs, family planning and cancer prevention
   e. Perform nursing care for woman with cancer of the breast or reproductive tract
   f. Maintain universal precautions.
5. Evaluate effectiveness of therapeutic interventions
   a. Compare outcome criteria with goals
   b. Identify effective interventions and revise nursing care plan for ineffective interventions
MODULE 2: NURSING CARE OF THE NEWBORN

I. Theory Objectives:
1. Summarize the respiratory and cardiovascular adaptation occurring in the transition to extrauterine life
2. Summarize the components of newborn assessment (physical, gestational, nutritional, reflexes)
3. Differentiate between normal and abnormal newborn behavioral states.
4. Discuss characteristics of normal and high risk newborns
5. Discuss nursing interventions for the immediate normal newborn period
6. Discuss etiology and appropriate nursing interventions for select newborn complications (RDS, hypothermia, hypocalcemia, hypoglycemia, hyperbilirubinemia, LGA/SGA, preterm gestation, maternal disease/infection, drug/alcohol exposure, cardiac defects)
7. Compare breast milk and formula in terms of nutritional value, composition, and advantages/disadvantages to mother and infant
8. List activities to be included in daily care plan for a normal newborn
9. Discuss common concerns of the family regarding the newborn
10. Outline content for parent education on care of newborn
11. Discuss cultural variations regarding nutrition and care of newborn

II. Clinical Skills:
1. Identification procedures
2. Bulb syringe
3. Injections (Vit. K, Hepatitis B vaccine, HBIG)
4. Measuring newborn
5. Infant eye care
6. Cord care
7. Bathing newborn
8. Heel puncture
9. Phototherapy
10. Oral gavage feeding

III. Nursing Roles—clinical objectives:
Role as Provider of Care:
1. Perform assessment of term and preterm newborn by collecting subjective and objective data through: interviewing the family regarding psychosocial/cultural factors; performing or observing (micropreemie) a newborn physical assessment; applying assessment tools (Ballard, Neonatal Reflexes, Brazelton, Nutritional assessment); Identifying normal and abnormal newborn behaviors based on comparison of collected data with established norms and lab values.
2. Identify needs for infant undergoing a health deviation or complication such as: respiratory distress syndrome, cold stress, meconium aspiration, infection, transient tachypnea, cardiovascular defect, hypoglycemia, hyperbilirubinemia, urinary/bowel/feeding alteration, dehydration, drug withdrawal, metabolic disorder, size alteration (SGA, LGA), prematurity.
3. Plan and write nursing diagnosis
   a. Based on assessments and analysis of data, identifies 2 nursing diagnoses per patient
   b. Identifies appropriate outcome criteria for selected diagnoses
   c. Writes nursing care plan based on diagnoses and appropriate goals
4. Implement therapeutic interventions
   a. Perform/assist with feedings, diaper changes (I&O, occult fecal blood testing), dressing changes, and other ADL, as appropriate
   b. Admission procedures for newborn (measuring, weighing, identification banding, bathing)
   c. Interventions for airway clearance
   d. Maintaining adequate thermal environment
   e. Administration of eye ointment and Vitamin K
   f. Heel stick
   g. Oral gavage feeding
h. Daily newborn care
i. Circumcision care
j. Phototherapy
k. Newborn screening
l. Parent education regarding infant needs and care

MODULE 3: NURSING CARE DURING PREGNANCY

I. Theory Objectives:
   1. List the types of pregnancy tests and identify the hormone that the tests use to diagnose pregnancy
   2. Summarize cultural factors influencing a family’s response to pregnancy
   3. Describe the physiological and psychological changes that occur during pregnancy
   4. Compare the subjective (presumptive), objective (probable), and diagnostic (positive) signs of pregnancy
   5. Delineate the timeline of the development of the fetus during pregnancy
   6. Identify vulnerable period for fetal malformations and list common teratogens
   7. Describe the structure and function of the placenta, umbilical cord, amniotic fluid and membranes
   8. Describe common discomforts of pregnancy and measures to alleviate
   9. List and explain function of key prenatal screening tests to identify the mother or baby at risk
   10. Identify the pathophysiology and relevant nursing interventions for complications of pregnancy, including: hyperemesis, preeclampsia, anemia, gestational diabetes, abortion, ectopic pregnancy, previa, preterm labor, ABO and Rh incompatibility, TORCH infections
   11. State indications for ultrasound exam and discuss implications of results
   12. Discuss AIDS in relation to the HIV positive mother and ramifications for fetus and family
   13. Summarize the effects on the fetus of tobacco, alcohol, and illicit drug use by mother
   14. Discuss increased nutritional needs during normal pregnancy and identify the woman at nutritional risk
   15. Relate the impact of cultural factors on prenatal care
   16. Identify indications of partner abuse and resources for counseling referrals
   17. Discuss special needs of both adolescent and older expectant couples
   18. Discuss basic goals of childbirth education and compare methods

II. Clinical Skills/Activities:
   1. Demonstrate use of gestational wheel
   2. Apply Nageles rule
   3. Observe or assist in non-stress fetal monitoring test
   4. 1 hour glucose tolerance testing, blood and/or urine testing
   5. Injection—Rhogam, Insulin, Betamethasone
   6. Monitor IV therapy; IV piggyback
   7. Measure fundal height

III. Nursing Roles

Role as provider of Care:
   1. Perform assessment of a low risk pregnant patient by:
      a. Collecting a patient history, reviewing subjective and objective data from the patient’s medical record, staff reports, and interviewing the patient and relevant family members. Correlates physical, psycho/social and cultural factors.
      b. Performing a physical assessment, including: use of gestational wheel, Naegles rule, fundal height measurement, Homan’s sign, deep tendon reflexes, clonus.
      c. Ascertain level of patient knowledge re: complications, effective and maladaptive behaviors
      d. Comparing data collected from interview, physical assessment, and diagnostic tests with normal behavior, assessment findings and lab values.
   2. Identify needs of low-risk pregnant patient and patient experiencing a complication such as: changes in maternal cardiac or respiratory system, pregnancy induced hypertension, abortion, preterm labor/PPROM, multiple gestation, ectopic pregnancy, hyperemesis, long-term bedrest/threat to pregnancy outcome, inappropriate maternal weight gain,
alterations in urinary or bowel elimination, fatigue, changes in endocrine and reproductive system, developmental
tasks of pregnancy, sexual behavior related to pregnancy, grieving behaviors related to loss of pregnancy.
3. Discuss/demonstrate appropriate care and teaching of patient on magnesium sulfate (verbalizes correct
rationale for magnesium therapy-PIH v. PTL)
4. Discuss/demonstrate appropriate care and teaching of patient with diabetes (gestational, type 1, or 2),
including glucose monitoring and insulin administration (scheduled, sliding scale, continuous infusion).
5. Plan and write nursing diagnosis
   a. Based on assessments and analysis of data, identifies 2 nursing diagnoses per patient
   b. Identifies appropriate outcome criteria for selected diagnoses
   c. Writes nursing care plan based on diagnoses and appropriate goals.
6. Implement therapeutic interventions
   a. Review pregnancy comfort measures
   b. Demonstrate patient teaching for promotion of maternal and fetal well-being
   c. Describe or demonstrate administration of RhoGam and other medications.
   d. Perform select nursing care for patient with pregnancy complications (ie monitor B/P for PIH, glucose
      monitoring for gestational DM, etc.)
   e. Observe, assist or describe principles of antenatal testing: NST, CST, BPP, Doppler flow studies,
      amniocentesis, CVS, maternal blood and urine testing. Place fetal monitors, interpret fetal heart rate and
toco tracing.
7. Evaluate effectiveness of therapeutic interventions
   a. Compare outcome criteria with goals
   b. Identify effective interventions and revise nursing care plan for ineffective interventions

MODULE 4: NURSING CARE DURING BIRTH

I. Theory Objectives:
   1. Describe the four major factors that interact during normal childbirth (powers, passenger, passage, psyche)
   2. Distinguish between false and true labor
   3. Define: engagement, position, presentation, effacement, dilatation, station
   4. Identify the information to be collected when a patient is admitted to L&D
   5. Delineate the stages and phases of labor and describe appropriate nursing interventions
   6. Describe maternal physiology and psychological changes occurring in labor
   7. Summarize the methods used to evaluate labor progress
   8. Compare major types of analgesia and anesthesia and discuss nursing interventions to promote pain relief during labor
   9. Identify and describe appropriate nursing care for complications of labor: dysfunctional labor, placenta previa,
      abruption, malpresentation, fetal distress, meconium staining, uterine rupture, prolapsed cord, elevated blood
      pressure, precipitous birth, preterm labor, distended bladder, dystocia, stillbirth and ineffective coping and anxiety
   10. Describe the rationales and methods used for induction or augmentation of labor

II Clinical skills/activities
   1. Leopolds maneuver
   2. Placing fetal monitoring belts
   3. Operating electronic fetal monitor
   4. Reading fetal monitoring strip
   5. Palpate & assess contractions
   6. Nitrazine paper
   7. Administration of IV piggyback medications
   8. Monitoring IV
   9. Foley catheter
   10. Giving oxygen
   11. Prep, position, and drape for vaginal birth
   12. Give apgar score
   13. Bulb suction and administer oxygen to neonate
   14. Injection (terbutaline, analgesics)

III Nursing Roles—clinical objectives:
   Role as Provider of Care:
1. Perform assessment of a laboring patient by:
   a. Collecting a patient history, reviewing subjective and objective data from the patient’s medical record, staff reports, and interviewing the patient and relevant family members. Includes physical, psycho/social and cultural factors present during labor.
   b. Performing a physical assessment during labor and identify stage of labor/labor progress
   c. Identifying high risk factors
   d. Assessing level of comfort/pain
   e. Comparing data collected from interview, physical assessment, and diagnostic tests with normal behavior, assessment findings and lab values.

2. Identify needs and provide support of laboring patient experiencing a health deviation or complication such as: fetal distress, tachysystolic labor pattern, previa, abruption, rupture, preeclampsia, prolapsed cord, hyperventilation, vomiting and diarrhea, elevated maternal temperature, prolonged labor, hemorrhage, oligohydramnios, diabetes, physical and emotional fatigue, malpositions, coping with pain, dysfunctional or preterm labor, CPD, anxiety.

3. Plan and write nursing diagnosis
   a. Based on assessments and analysis of data, identifies 2 nursing diagnosis per patient
   b. Identifies appropriate outcome criteria for selected diagnosis
   c. Writes nursing care plan based on diagnoses and appropriate goals.

4. Implement therapeutic interventions
   a. Admission procedures to L&D unit
   b. Leopolds maneuvers
   c. Timing and palpating uterine contractions
   d. External monitoring: place monitors, interpret tracings
   e. Monitor IV, intake & output
   f. Comfort measures/ambulation, relaxation techniques
   g. Patient teaching
   h. Assisting with breathing in 1st stage and pushing in 2nd stage
   i. Assess pain, assist with pain management/teaching, place foley with epidural
   j. Procedure for fetal distress
   k. Procedure for prolapsed cord
   l. Pre-op for cesarean section
   m. Psychosocial support for family of stillborn
   n. Observe/assist with newborn apgars, weighing, measuring, administering medications, performing infant vital signs/assessment

5. Evaluate effectiveness of therapeutic interventions
   a. Compare outcome criteria with goals
   b. Identify effective interventions and revise nursing care plan for ineffective interventions

LOS ANGELES CITY COLLEGE ASSOCIATE DEGREE REGISTERED NURSING PROGRAM GUIDELINES FOR CLINICAL EVALUATION

GRADING CRITERIA FOR STUDENT CLINICAL PERFORMANCE:
Student performance in the clinical area will be evaluated weekly as needed, according to course clinical performance objectives. The weekly clinical grade will be rated as Satisfactory, Needs to Improve or Unsatisfactory. A rating of Needs to Improve and/or Unsatisfactory requires a written plan of action by the student in consultation with the instructor within two (2) clinical days. Final clinical grade will be rated as Satisfactory or Unsatisfactory. The minimal passing grade for clinical performance is Satisfactory. The final clinical grade is based on satisfactory performance of all clinical course objectives. The student is expected to demonstrate continual progress and achieve a grade of “Satisfactory” in all aspects of clinical performance.

Any one act of omission or commission, in any area of patient care or student behavior, that places the client/family/staff in either physical or emotional jeopardy, may result in the student being dropped from the course with a grade of “F”.

Behaviors that may cause emotional or physical jeopardy include, but are not limited to: omission of care, commission of errors, particularly when care has not been discussed or approved and/or supervised by faculty or RN responsible for that
patient (independent actions by a student for which that student is not qualified to perform); unwanted touching; invasion of personal space that causes discomfort; verbal statements that directly state or infer to families or patients that care is inadequate, or cause families or patients to question competency of care; intrusion, or involvement in any situation that is inappropriate, or in which the student is not invited; physical or verbal behaviors that create an uncomfortable environment for staff, classmates, patients, or families.

**RATING CLINICAL PERFORMANCE:**

Critical performance objectives are indicated by an asterisk (*) on the clinical evaluation tool; these include but are not limited to:

» Clinical preparation as outlined on clinical course preparation sheets
» Preparation and safe administration of medications according to the "five rights"
» Safe clinical practice and demonstration of knowledge and utilization of QSEN knowledge, skills and attitudes related to the 6 defined quality and safety competencies for nursing: Patient-centered Care, Teamwork and Collaboration, Evidence-based Practice, Quality Improvement, Safety, and Informatics.

All other performance objectives listed on the clinical evaluation tool although not deemed "critical" are essential and expected student behaviors.

**Satisfactory Rating (S):**
1. To successfully complete the clinical objectives with a passing grade, the student must demonstrate a "Satisfactory" level of performance at a minimum of 75% of the time i.e., 6 ratings of "Satisfactory" in an 8 week period.

**Needs To Improve (NI):** Needs to improve rating will be assigned for student performance that does not meet specific criteria for satisfactory or unsatisfactory performance.
1. Behaviors manifested are safe/correct and caused no harm only because the instructor/staff person intervened with questions, or data, and student was then able to perform correct actions.
2. Student requires assistance to initiate and complete a procedure or skill, delays in administering care, conducts inadequate client research, or performs limited therapeutic communication or client teaching.
3. Written assignments submitted one or more days late or with limited/incomplete data.

**Note:** Needs to improve will be evaluated as Satisfactory if the student's performance improves to a satisfactory level after instructor counseling.

**Unsatisfactory Rating (U):**
The student will receive an "Unsatisfactory" weekly rating for clinical performance under the following circumstances:
1. The student receives an "Unsatisfactory" rating for a critical performance objective (*).
2. The student has 4 or more "Needs Improvement" ratings in any performance objective during one week of clinical experience
3. The student has one "Unsatisfactory" and 2 (two) or more "Needs Improvement" ratings in a non critical performance objective.
4. The student in previous clinical days received 2 (two) "Needs Improvement" in any one clinical performance objective- a third "Needs Improvement" constitutes a rating of "Unsatisfactory".

**DESCRIPTORS FOR OTHER TERMINOLOGY USED ON CLINICAL EVALUATION TOOL:**
- **Not Applicable (NA):** Indicates that specific criteria was not a requirement for current week or extenuating circumstance (s) not in control of student, prohibited student from meeting criteria. Circumstance will be communicated with instructor before evaluation submitted.
- **Not Observed (NO):** The nursing procedure or intervention not performed by the student on clinical day
- **Absent (A):** Student did not attend clinical.
- **Tardy (T):** Student late for pre conference, clinical and/or post conference. Indicate minutes/hours late and reason

**CLINICAL REASONING/Critical Thinking:** Clinical reasoning is a cognitive or mental process that is purposeful, self-regulated judgment, which results in interpretation, analysis, evaluation, inference, and the formation of conclusions and decisions to provide client care.
**THERAPEUTIC INTERVENTIONS:** Therapeutic interventions are nursing actions derived from theory, the nursing process, and critical thinking which promote optimum wellness for individuals in a variety of situations and settings.

**COMMUNICATION:** Communication is a dynamic, multidimensional, purposeful process in which an individual or group imparts/transmits ideas, thoughts, information, knowledge and attitudes to another person or group of persons to assist in their effective adaptation. The communication may be effected through verbal and non-verbal behaviors, including writing, computers and other electronic behaviors.

*Clinical evaluation criteria and descriptors adapted with permission from Los Angeles Harbor College*
Course: REGNRSG 106

Title: NURSING CARE OF THE CHILDBEARING FAMILY

Course Description
Students learn to assess and care for women through the lifespan and newborns, with emphasis on reproductive health and the childbearing year, healthy neonates, and women’s health. Utilizing the Roy Adaptation model, the nursing process, and QSEN competencies, family-centered care is emphasized, including identification of the bio-psycho-social needs, as well as cultural diversity, of patients and families. Students will apply concepts that include the disease process, medical treatments, nursing responsibilities, and interventions, cultural, ethical, and legal issues to the childbearing family.

Units/Transferability
Transferrable to CSU

Prerequisites/Co-requisites/Advisories
No Prerequisites. No Corequisites. No Advisories.

Course Student Learning Outcomes
1. Provide appropriate and effective patient care utilizing the nursing process, including assessment, diagnosis, goals, interventions and evaluation. 2. Assess a patient’s psychosocial, developmental, cultural, and socioeconomic status and incorporate this assessment into appropriately caring for the patient.

Grading Scale or Criteria
A - Excellent  B - Good  
C - Satisfactory  
D - Less than satisfactory  
F - Failing  
P - Pass; at least equivalent to a “C” grade or better  NP - Not Pass; equal to “D” or “F” grade

Drop and Repeats
Effective July 1, 2012 students are allowed three (3) attempts to pass a single class within the Los Angeles Community College District. If a student gets a “W”, “D”, “F”, or “NP” as a grade in a class, that counts as an attempt. If you think you will not be able to complete this course with a C or better, please drop by the due date. For all important dates make sure to visit http://www.lacitycollege.edu/services/admissions/dates.html

Attendance Policy
Students who are registered and miss the first time the class meets may lose their right to a place in the class. Whenever students are absent more hours than the number of hours the class meets per week, the instructor may exclude them from class. If the instructor determines that there are no mitigating circumstances that may justify the absences, the instructor may exclude a student from the class. Students are responsible for officially dropping a class that they stop attending.

Financial Aid
If you need help paying for books and other college expenses, call the Financial Aid Office at (323) 953-4000 ext.2010 or email finaid@lacitycollege.edu.
Accommodations
Students with a verified disability who may need authorized accommodation(s) for this class are encouraged to notify the instructor and the Office of Special Services (323-953-4000, ext.2270 or email oss@lacitycollege.edu) as soon as possible, and at least two weeks before any exam or quiz. All information will remain confidential.

Student Code of Conduct
Violations of academic integrity include, but are not limited to, the following actions: cheating on an exam, plagiarism, working together on an assignment, paper or project when the instructor has specifically stated students should not do so, submitting the same term paper to more than one instructor, or allowing another individual to assume one’s identity for the purpose of enhancing one’s grade (see LACCD Board Rule 9803.28). Penalties may include a grade of zero or "F" on an exam or paper, or even suspension from the College.
Dear Educators,

Through the engagement of content experts and the review of current practice, the following topics were determined to be relevant in establishing effective practice and policy for the use of ATI resources. In addition please review the appropriate educator implementation guides (EIG) found on your faculty home page to promote successful ATI integration. We also highly recommend a curriculum alignment to assist with the successful placement of the products. Finally working closely with your ATI team will assist with integration.

**Important points for the successful integration of ATI are as follows:**

1. Implement ATI products consistently in each content area across the curriculum (*A curriculum alignment provided by ATI is highly recommended*).
2. Communicate expectations clearly with students and faculty.
3. Apply appropriate stakes to the testing.
4. Perform a periodic evaluation of ATI policy.
5. Reward active learning through remediation.
6. Encourage student accountability through tracking of their efforts.
7. Foster faculty investment through involvement with policy creation.

We at ATI strongly encourage you to have a policy in place so that all faculty and students understand the rules and procedures. Here are some suggestions.

- Once you have created your policy, you are encouraged to send it to your ATI representative to be reviewed.
- An ATI assessment should count for 10% or less of a students’ grade.
- If using one of ATI’s policy templates, you should customize it to fit your school.
- Remediation is a crucial component of any policy.

ATI actively discourages the use of standardized assessment scores as the sole criterion for any high stakes decisions, including admission to a program, course progression, and graduation. Generally, a standardized assessment does not correspond well enough to specific course objectives to make it a valid or fair assessment of whether course objectives were or were not met.

Please review the attached ATI Position on High Stakes Testing document.
What is ATI?

- Assessment Technologies Institute® (ATI) offers an assessment driven review program designed to enhance student NCLEX-PN success.
- The comprehensive program offers multiple assessment and remediation activities. These include assessment indicator for academic success, critical thinking, and learning styles, online tutorials, online practice testing, and proctored testing over the major content areas in nursing. These ATI tools, in combination with the nursing program content, assist students to prepare more efficiently, as well as increase confidence and familiarity with nursing content.
- Data from student testing and remediation can be used for program’s quality improvement and outcome evaluation.
- ATI information and orientation resources can be accessed from your student home page. It is highly recommended that you spend time navigating through these orientation materials.

Modular Study:
ATI provides online review modules that include written and video materials in all content areas. Students are encouraged to use these modules to supplement course work and instructors may assign these during the course and/or as part of active learning/remediation following assessments.

Tutorials/Learn:
ATI offers unique Tutorials that teach nursing students how to think like a nurse; how to take a nursing assessment and how to make sound clinical decisions. Nurse Logic is an excellent way to learn the basics of how nurses think and make decisions. Learning System offers practice tests in specific nursing content areas that allow students to apply the valuable learning tools from Nurse Logic. Features are embedded in the Tutorials that help students gain an understanding of the content, such as a Hint Button, a Talking Glossary, and a Critical Thinking Guide.

Assessments:
Standardized Assessments will help the student to identify what they know as well as areas requiring active learning/remediation. There are practice assessments available to the student and standardized proctored assessments that may be scheduled during courses.

Active Learning/Remediation:
Active Learning/Remediation is a process of reviewing content in an area that was not learned or not fully understood as demonstrated on an assessment. It is intended to help the student review important information to be successful in courses and on the NCLEX. The student’s individual performance profile will contain a listing of the topics to review. The student can remediate, using the Focused Review which contains links to ATI books, media clips and active learning templates.

The instructor has online access to detailed information about the timing and duration of time spent in the assessment, focused reviews and tutorials by each student. Students can provide documentation that required ATI work was completed using the “My Transcript” feature under “My Results” of the ATI Student Home Page or by submitting written Remediation Templates as required.
## Content Mastery Series  Grading Rubric

### Practice Assessment

<table>
<thead>
<tr>
<th>4 pts.</th>
<th>4 pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complete Practice Assessment A</strong>&lt;br&gt;Remediation:&lt;br&gt;• Minimum one hour Focused Review&lt;br&gt;• For each topic missed, complete and submit an active learning template.</td>
<td><strong>Complete Practice Assessment B</strong>&lt;br&gt;Remediation:&lt;br&gt;• Minimum one hour Focused Review&lt;br&gt;• For each topic missed, complete and submit an active learning template.</td>
</tr>
</tbody>
</table>

### Standardized Proctored Assessment

<table>
<thead>
<tr>
<th>Level 3 4 pts.</th>
<th>Level 2 3 pts.</th>
<th>Level 1 1 pt.</th>
<th>Below Level 1 0 pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remediation:  • Minimum one hour Focused Review&lt;br&gt;• For each topic missed, complete and submit an active learning template.</td>
<td>Remediation:  • Minimum two hour Focused Review&lt;br&gt;• For each topic missed, complete and submit an active learning template.</td>
<td>Remediation:  • Minimum three hour Focused Review&lt;br&gt;• For each topic missed, complete and submit an active learning template.</td>
<td>Remediation:  • Minimum four hour Focused Review&lt;br&gt;• For each topic missed, complete and submit an active learning template.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 pts.</th>
<th>2 pts.</th>
<th>2 pts.</th>
<th>2 pts.</th>
</tr>
</thead>
</table>

### Proctored Assessment Retake*

<table>
<thead>
<tr>
<th>No Retake</th>
<th>No Retake</th>
<th>Retake Required</th>
<th>Retake Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Points = 10/10</td>
<td>Total Points = 9/10</td>
<td>Total Points = 7/10</td>
<td>Total Points = 6/10</td>
</tr>
</tbody>
</table>

*Students obtaining Level 1 or below level 1 cut score are required to retake a proctored assessment. Students that achieve level 2 on the retake will receive one additional point.*
## Comprehensive Predictor Grading Rubric

### Practice Assessment

<table>
<thead>
<tr>
<th>Practice assessment A</th>
<th>Practice assessment B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Remediation:</strong></td>
<td><strong>Remediation:</strong></td>
</tr>
<tr>
<td>• Minimum one hour Focused Review</td>
<td>• Minimum one hour Focused Review</td>
</tr>
<tr>
<td>• For each topic missed, complete and submit an active learning template.</td>
<td>• For each topic missed, complete and submit an active learning template.</td>
</tr>
</tbody>
</table>

### Standardized Proctored Assessment

<table>
<thead>
<tr>
<th>95% or above Passing predictability (4 pts)</th>
<th>90% or above Passing predictability (3 pts)</th>
<th>85% or above Passing predictability (1 pt)</th>
<th>84% or below Passing predictability (0 pt)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Remediation:</strong></td>
<td><strong>Remediation:</strong></td>
<td><strong>Remediation:</strong></td>
<td><strong>Remediation:</strong></td>
</tr>
<tr>
<td>• Minimum one hour Focused Review</td>
<td>• Minimum two hour Focused Review</td>
<td>• Minimum three hour Focused Review</td>
<td>• Minimum four hour Focused Review</td>
</tr>
<tr>
<td>• For each topic missed, complete and submit an active learning template.</td>
<td>• For each topic missed, complete and submit an active learning template.</td>
<td>• For each topic missed, complete and submit an active learning template.</td>
<td>• For each topic missed, complete and submit an active learning template.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 pts.</th>
<th>2 pts.</th>
<th>2 pts.</th>
<th>2 pts.</th>
</tr>
</thead>
</table>

### Proctored Assessment Retake*

<table>
<thead>
<tr>
<th>No Retake</th>
<th>No Retake</th>
<th>Retake Required</th>
<th>Retake Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Points = 10/10</td>
<td>Total Points = 9/10</td>
<td>Total Points = 7/10</td>
<td>Total Points = 6/10</td>
</tr>
</tbody>
</table>

*If a student retakes the Proctored Assessment and meets the program benchmark of 90% or above passing predictability, the student can earn an additional point.
Student Acknowledgement

Initial all and sign below:

_____ I have received a copy of and have read the NUR 106 Syllabus and agree to abide by it.

_____ I have received a copy of and have read the ATI Assessment and Review Policy

_____ I understand that it is my responsibility to utilize all of the books, tutorials and online resources available from ATI.

___________________________________  _______________________
Student printed name     Date

____________________________________________________________
Student signature