

Nursing 202: Advanced Concepts of Nursing

2023

Welcome!

- Faculty Contact (Introductions)
 - Located on Edvance
 - Alexa Baich
 - Alison Watson
 - Charlotte Buoni
 - Emily Petito
 - Makenzie Helsel
 - Theresa Crowson

Syllabus

- N202 Overview: Acute care, Critical Care, Emergency Nursing, and Leadership
- Required Textbooks
 - Huff - EKG Workbook
 - Lewis - Med Surg Text
 - Perry - Maternal Child Text
- Teaching Strategies
 - Classroom & Clinical

Syllabus

- Edvance360
 - All postings will be at least 1 week prior to scheduled class time
- Hours
 - 90 theory
 - 270 clinical
 - 360 total
- Course Objectives
 - Independent review

Syllabus

- Attendance
 - 100% Expectation
 - >30 hours missed = withdrawal
 - Cannot enter classroom once doors closed
- Writing Competency
 - APA Utilized
 - *Optional workshop: 2/27
1130-1330*
- QSEN/ Joint Commission Minute Weekly
 - Weekly survey
 - Quiz at end of semester on content
- Math Competency
 - Minimum 80%
 - 1st Date: 2/9 **0700-0800**
 - 2nd Date for those unsuccessful: TBD
 - *Workshop offered 2/7 @ 1400*

Grade Sheet

- ▶ Unit Exams (Units I - VII)
 - ▶ Missed exam = Taken on the next class day & 2 hours either theory or clinical time missed
- ▶ Total Unit exams - 65%
- ▶ Class Preparation - 5%
- ▶ ED Report Project- 10%
- ▶ Final Exam - 10%
- ▶ ATI - 10%

Grade Sheet

- Quizzes
 - Dates can be found on your class schedule.
 - If you are absent during a quiz, you will receive a “0”.
 - Grades are incorporated into the class preparation grade.

Grade Sheet

- Clinical Evaluation:
 - Multidisciplinary Care Map- Preceptorship
 - Clinical Summary
 - Midterm/ Final Clinical Evaluations
- Volunteer Hours
 - Due 5/15 to Mrs. Petito
 - Minimum 8 hours required
 - Complete form and submit to “Volunteer Forms” Dropbox

APA

- ▶ 7th edition APA
- ▶ APA Workshop - Monday , February 27th, 1130-1330

ATI

- ▶ Integration Schedule (Practice A and Proctored)
 - ▶ Adult Medical-Surgical (with NextGen NCLEX)
 - ▶ Pharmacology
 - ▶ Leadership
- ▶ Release Dates
- ▶ Binder collection
- ▶ Proctored Assessment Dates
- ▶ RN Comprehensive
 - ▶ No remediation 😊
 - ▶ ATI Integration Schedule & Documentation of Points

ATI

- ▶ Virtual ATI NCLEX Orientation- Monday, March 27th
- ▶ Virtual ATI NCLEX Review- Begins April 17th
- ▶ Four modules to complete by Friday, May 12th, 2023.
- ▶ Each completed module is worth 2 points
- ▶ 8 Possible Points
- ▶ Course requirement

ATI

- ▶ RN Comprehensive Practice A- Opens Monday, March 27th
 - ▶ Benchmark 67.3%
 - ▶ If benchmark is not met, you must take the RN Comprehensive Practice B (Opens Monday, April 3rd)
- ▶ RN Comprehensive Proctored - Monday, May 15th
 - ▶ Benchmark 71.3%
 - ▶ If benchmark is met, 1 point will be added to your grade sheet.

ATI

- ▶ Skills Modules 3.0
- ▶ Focused-Review quizzes
 - ▶ Only generate if score <75%
 - ▶ Not graded, can only help you learn
- ▶ Pharm Made Easy 4.0
- ▶ Learning System RN

MHR Star Program



- ▶ Recognize your classmates for going above and beyond in the classroom or clinical setting.
- ▶ Nomination forms are located under “Resources”
- ▶ Submit in “MHR Star” Dropbox
- ▶ Catch a Star!

Questions?



Calendar

- **Of Note:**

- Exams
- Due Dates
- Class time after exams
- Faculty assigning the Class Preparation
- Guest Speaker- Friday, February 10th 1000-1015
- End of Program Student Conferences: May 15th -17th

Unit Objectives: Overview

- Unit I: Critical Care, Nursing Management/ Assessment
- Unit II: Cardiac
- Unit III: Respiratory
- Unit IV: Neurotrauma
- Unit V: Pharmacology
- Unit VI: Trauma
- Unit VII: Leadership

N202: Course Projects

Unit VI, Trauma: Emergency Oral Report Overview of Assignment

- Outlines Due Tuesday, March 21st by 0830
- Outlines will be returned Monday, April 3rd by 1500
- PPT & Handouts are due Monday, April 17th by 1200
- Reports presented on Monday, 4/24 & Tuesday, 4/25.
- 10% Final Grade
- Guidelines
- Rubric
- Topics

Multidisciplinary Care Map- Preceptorship

- Objectives
 - To identify collaboration between nursing and other disciplines.
 - To create a SBAR report.
 - To enhance and refine your critical thinking skills.
 - To evaluate patient care.
- Each student will submit one, multidisciplinary care map during their preceptorship.

Multidisciplinary Care Map: Components

- ▶ Situation: Patient information
- ▶ Background: Patient history & current treatments
- ▶ Assessment: Your assessment, the care team's assessment, nursing problems, and nursing interventions
- ▶ Recommendation: Patient goals, discharge needs, and resources
- ▶ Evaluation of Care: What nursing interventions worked well?
- ▶ Identify the multidisciplinary team members involved in the care of your patient.

Multidisciplinary Care Map

- ▶ Maps must be submitted on the 2nd Friday, by 1200 (noon), after care.
- ▶ Incomplete/ unsatisfactory maps will be returned to the student and corrected.
- ▶ Failure to complete the map as instructed may result in failure of the Multidisciplinary Care Map component of this course.
- ▶ Care Maps must be completed by May 15th, 2023

Update CONTACT List

- ▶ Confirm your contact phone number & email address

N202: Clinical Orientation

Contacting Faculty

- ▶ Teams is method of communication for time-sensitive matters
 - ▶ Ensure Teams is always on, with notifications.
 - ▶ Teams will log off when Beebe password is changed
- ▶ Must confirm receipt of message by faculty member

Clinical Attendance

- 100% of time is expected
- Clinical, Observations, & Simulation is included
- >12 hours requires Make-up (Fee associated)
- >28 hours = withdrawal

Noteworthy!

- Noteworthy:
 - Contact Dr. Watson and Observational Site Contact if cannot attend observation
 - Must administer **90%** of **daily** medications accurately
 - If High Alert medication involved, “U” for the day

AIDET With All Interactions

A	Acknowledge	<i>Increase safety</i>
I	Introduce	<i>Increase trust</i>
D	Duration	<i>Decrease anxiety</i>
E	Explanation	<i>Increase compliance</i>
T	Thank you	<i>Increase loyalty</i>

Clinical Objectives and Criteria

- Matches anecdotal
- Anecdotal process:
 - Student only completes anecdotes that are not faculty-facilitated (observation, preceptorship, SDS/OSC/ED)
 - Return all anecdotes signed
 - Primary RN or staff member signature required
 - If not obtained, will need to return to site at staff member's convenience to obtain
 - Color- code available for ED, SDS, OSC
 - You can directly write on the yellow anecdotal
 - Due by 0830 on next scheduled class day (typically, Monday 0830) to senior- level anecdotal mailbox

Students Complete (submit signed)	Faculty Complete
Preceptorship	Districts
ED	ICU
SDS	ICU Sim
OSC	Complex Care Sim
Observations	Virtual (ATI)

Faculty- Facilitated Clinical Experiences

- Districts
- ICU SIM
- Complex care SIM
- ICU
- Virtual (ATI)
 - Submit completed student packet and ALL simulation attempts to designated ATI dropbox (ATI-MI or ATI-CKD, not specific faculty) by scheduled clinical day at 1600.

Districts

- Review guidelines

Simulation

- Masks to be worn during simulated experiences to mimic clinical setting

ICU Simulation

- ▶ Edvance360 Lesson
- ▶ EHR Tutor - ICU Simulation John French
- ▶ Small Groups, mimics anticipated care in hospital ICU
- ▶ Prework to be completed *after 4pm on day before* assigned clinical day
- ▶ New chart info available morning of assigned clinical day

ICU



Virtual Clinical Experiences

- ▶ ATI Real Life 4.0
 - ▶ NEW!
 - ▶ Packet
 - ▶ Submit all attempts to dropbox
 - ▶ Due 1600 of scheduled clinical day

Staff RN-Facilitated Clinical Experiences

- ▶ ED, SDS, OSC
- ▶ Use the color-coded anecdotal (yellow)
 - ▶ Be sure to write the name of the staff nurse where indicated on anecdotal
- Emergency Department
 - Cannot administer medications
 - Priming Plain IVF only
- OSC/ SDS
 - Similar to 201 experience
 - IV starts, assist with OR prep/ post-op needs
 - Alexis Warfel is student liaison at SDS

Observation Clinical Experiences

- Guidelines
 - Review objectives
 - Directions
 - Contact information
 - Jot notes of experience for clinical summary
 - Regular anecdotal
 - **ONLY mark yourself for accountability!**
 - One per day, even if you have a half day experience
 - Submit signed
 - Must have staff/ RN signature verifying attendance

Observation Clinical Experiences

- Board of Nursing
 - Dr. Pickard will be present
 - Dress professional
- ENIT
 - Meet in ENIT office, 3rd floor, left off patient elevators
- VAT
 - Report to 4th floor
- HIV Wellness Center
 - Either Georgetown or Smyrna
 - Follow provided directions
- Nurse Anesthetist
 - Main Campus OR
 - Sue Davis- Guest speaker
- Rounds with Nurse Practitioner
 - GI, Hospitalist, Palliative Care
 - Each with individual instructions to meet
 - R-H indicates which NP is scheduled to work that day to contact
- Tunnell Cancer Center or South Coastal
 - Triage room/infusion

Observation Clinical Experiences

▶ Hospital at Home

- ▶ Call Jennifer Wells the evening prior being scheduled by 1630 to determine meeting location
- ▶ If visiting patient's home, responsible to drive to site unless otherwise agreed upon with RN

▶ Virtual Nurse

- ▶ Meet VN at Rehoboth Surgical Center
- ▶ Office on Main Floor
- ▶ Call Keri Moyer, RN upon arriving
- ▶ Area is secured
- Patient Care Experience with Chaplaincy
 - Second floor Shaw, near classrooms
 - Requesting preference of inpatient versus ED/ICU

Clinical Objectives & Criteria

- ▶ Midterm and Final Evaluations:
 - ▶ Should keep personal records
 - ▶ You will complete one self-evaluation for midterm and one for final evaluation
 - ▶ Will come with strengths, areas to develop, and methods to facilitate that development
 - ▶ Faculty will review tally form during evaluations and collect your self evaluation

Glucose Competency

- ▶ Your responsibility to keep the form and complete when accuchecks are done
- ▶ Once 20 accuchecks are completed on form deliver to Liz Hazzard
 - ▶ **Scan & e-mail to EHazzard@beeebehealthcare.org**
 - ▶ Deliver via interoffice mail
 - ▶ Hand deliver to the lab

COVID- 19 Guidelines

- Assign seating- pick your seat and remain in that seat for the duration of the semester
 - You are responsible daily and prn for cleaning your space
- Abide by physical distance signage for occupancy rules
- Mask optional on campus (exception to simulation)
 - Ms. Rogers to distribute surgical mask prn
- Additional hand sanitizing stations
- Bring own pencil for testing

COVID- 19 Guidelines: PPE in Clinical

- Surgical Masks: One per day unless soiled
- N95 is single-use for respiratory precaution patients
 - COVID 19 +, COVID 19 PUI, any AGP on any patient
- Protective eyewear for PUI/ COVID +
- **Bring PPE to ALL clinical sites.**
- Read Beebe emails for updates to policy



Updated Guidance for Use of Personal Protective Equipment (PPE)

The following table provides guidance for the appropriate minimum PPE required and room criteria for all patients – guidance is presented by Isolation Type and whether an Aerosol Generating Procedure is present

		Airborne transmitted infections (e.g. TB, measles, varicella)		COVID-19 suspect (PUI) or confirmed positive COVID-19 (Expanded Respiratory Isolation)		Droplet or Droplet/Contact transmitted infections other than COVID 19 (e.g. influenza, RSV)		All other patients
		PPE	Room criteria	PPE	Room criteria	PPE	Room criteria	PPE
Type of Procedure	Aerosol Generating Procedure	N95	Airborne Isolation room (if available)	N95 with eye protection, gown and gloves	Airborne Isolation (negative pressure) room preferred (if available). If not available, private room with door closed	N95 along with gown and gloves as needed	Private room (preferred) with door closed	N95 (private room not necessary)
	Not aerosol generating procedure	N95	Airborne Isolation room (if available)	N95 with eye protection, gown and gloves	Private room (preferred) with door closed	Surgical mask along with gown and gloves as needed	Private room (preferred) with door closed	Surgical mask (private room not necessary)

Aerosol Generating Procedures (AGPs)

Nebulized Medication	Intubation	PFTs (Pulm. Function Tests)
Non-Invasive Ventilation BiPAP/CPAP	Extubation	Open Suction
High Frequency Ventilation	Bronchoscopy/BAL	Autopsy
Vancomycin	Tracheostomy	CRP

Notes regarding fit tested N95 respirators and AGPs:

- Only healthcare workers who have been fit tested can wear an N95
- Facial hair must be removed in order to be fit tested for an N95
- During AGPs, limit personnel to the fewest # of people needed to provide appropriate patient care

Important Note – Always refer to the Isolation Table available on BeebeNet and follow Standard Precautions in addition to any specific guidance above

COVID-19 Guidelines

- Exposure/ Positive Protocol:
 - If a student develops signs and symptoms of COVID-19, he/she must contact the Course Coordinator AND contact Employee Health for further instruction.
- Employee Health will notify when you can return to school
- All students to be self-monitoring
- Due to HIPPA, students will not be notified if exposed, but encouraged to be vigilant about self-monitoring
- Employee Health will conduct contact tracing and communicate with clinical site/units/ individuals as necessary
- If you are being tested for exposure/ symptoms, you must contact EH

COVID-19 Guidelines

- Attendance:
 - If Employee Health has instructed you to quarantine, you will be expected to virtually attend class with your video activated via Teams. If you do not attend virtually, attendance will be docked as appropriate.
 - Virtual option will be available for clinical, if necessary and by faculty discretion

Charting Documents

- ▶ Cerner: Be sure to review your patient charts at the end of your shift to ensure all documentation and medications have been co-signed.
 - ▶ Preceptorship, Districts, ICU

Nurse Preceptorship

- ▶ 60 hours on unit of preference
- ▶ Assigned a 1:1 preceptor
- ▶ Reach out within 1 week
- ▶ Submit your schedule to your assigned faculty member at least 1 week prior to your first precepted shift
- ▶ Schedule shifts up through May 16th
 - ▶ HIGHLY suggested to wait until through first week of districts
- ▶ Ensure all charting has been validated or signed off at the end of your shift
 - ▶ If charting is not validated by a RN, it will not go into the patient's medical record

Nurse Preceptorship

- ▶ **Complete anecdotal**
 - ▶ Preceptor signs anecdotal under Transition to Practice
 - ▶ Student submits to mailbox, signed
- ▶ **Multidisciplinary Care Map- Preceptorship**
 - ▶ 1 patient assignment during preceptorship
 - ▶ Due no later than May 15th

Clinical Summary

- ▶ Take notes throughout the semester
- ▶ Mandatory attendance

Clinical Preparation

- ▶ Log-in's/ID's
 - ▶ CNA's, Externs, nurse techs - double check
 - ▶ **Must** be completed before clinical begins
 - ▶ “U” in accountability if incomplete
 - ▶ Review handout sent in January
 - ▶ Review Lexicomp

Clinical Schedule

- ▶ 1- SIM
- ▶ 8- D
- ▶ 1- TCC or TCC-SC
- ▶ 1- R-H/ P/ GI
- ▶ 1- NA
- ▶ 1- ICU SIM
- ▶ 1- BON
- ▶ 1- C
- ▶ 1- SDS
- ▶ 1- VN
- ▶ 1- OSC
- ▶ 1- ATI-MI
- ▶ 1- ATI-CKD
- ▶ 1- HIV- G/S
- ▶ 1- ED
- ▶ 2- ICU
- ▶ 1- ENIT
- ▶ 1- VAT
- ▶ 1- HH
- ▶ 7.5- Blanks

Preceptor Assignment



Questions??

The background features a series of overlapping, semi-transparent geometric shapes in various shades of blue and teal. These shapes are primarily located on the right side of the frame, creating a modern, layered effect. The colors range from light sky blue to deep forest green. The overall composition is clean and minimalist.