

<ul style="list-style-type: none"> You will give an example of care in 2 categories per week with Requirement of providing examples in ALL categories by end of EACH 3-week OB/PMH clinical rotation. Students are expected to be prepared, engaged and attentive in each clinical experience. Paperwork is to be completed and submitted by 2359 on Thursday of clinical experience. You will have 2 OB verification forms to submit; 1 for OB rotation and 1 for PMH rotation 				
IM6 Student Learning Outcomes				
Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
<i>Formulate a plan of care using evidence-based practice, safety, and quality principles for the childbearing family and the patient with mental health disorders.</i>	<i>Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.</i>	<i>Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.</i>	<i>Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.</i>	<i>Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.</i>

OB Acute Clinical Expectations:

Clinical Bingo – Your instructor will give you a BINGO sheet to use for your clinical week. This includes Tues. & Wed. As you provide care throughout the days, attempt to mark off as many items as possible. (Please turn into the instructor at end of your clinical week in post conference.)

Mom Baby:

- Demonstrate effective communication and professionalism while providing patient care.
- Perform vital signs and assessments on your patients. Continue to assist with vital signs, on other patients as needed by healthcare team. **Be sure to report any vital sign measurement outside of normal ranges to the nurse. If you cannot find the nurse, report measurements outside of normal limits to your instructor.**
- Answer call lights & phone. You may not know how to address the patient’s need, but you can find someone who does.
- Assist with answering door following security measures: **Ask for patient name and room number.**
- **Infant security: Check ID bands on baby & mother/father when returning to room.**
- When taking baby to nursery from patient room, ALWAYS follow safety protocol and show parents password card before removing infant from room.
- Perform medication administration with nurse throughout the day.

8. ****REQUIRED: Administer medications alongside instructor to at least one of your patients** to be evaluated on performing correct dosage calculation & to ensure proper education & instructions are given to patient.
9. Practice your time management skills with multiple patients.
10. Assess patient blood type and need for Rhogam.
11. ****Perform fundal rubs on your patients.**
12. ****REQUIRED** Perform assessment on your moms utilizing "BUBBLEHEB" and document accordingly.
Perform 1 assessment with instructor on of your patients – this includes mother and baby.
13. Assess infant and obtain vital signs (HR, R, & Temp): HR & Respirations (count for 6 seconds and add a zero for a total)
14. Document what you do throughout the day and familiarize yourself with EPIC: ensure you request Cosigner for instructor or your nurse to sign off on.
15. ****Complete Critical Thinking Worksheet and develop Priority Nursing Diagnosis relevant to your patient.**
16. ****Throughout care make efforts to think of how care affects patient outcomes. As you assist with care, speak with patients, and assess mental status, emotional status, & nutritional status. What needs do you feel are priorities for each patient you see?**
17. Consider community resources or referrals patients may need as they prepare for discharge.

Be prepared to share a thorough SBAR Report to your peers for post conference along with your Priority Nursing Diagnosis.

Post Clinical Discussion

Look at your Student Learning Outcome and think about if you observed an example of care in one or more of the categories during the clinical day. Be prepared to share during post clinical conference.

Labor & Delivery

1. Demonstrate effective communication and professionalism while providing patient care.
2. Assist with repositioning patient.
3. Place tocodynamometers on patient or adjust to help familiarize yourself with finding baby's heartbeat.
4. ****Take advantage of skill opportunities & place a foley catheter or start an IV on your patient if possible.**
5. Witness epidural & spinal placement by anesthesiologist.
6. Assist with small tasks such as getting ice chips for patient or popsicle. **ASK NURSE IF PATIENT IS ALLOWED FIRST!**
7. Continue to assist with vital signs. **Be sure to report any vital sign measurement outside of normal ranges to the nurse. If you cannot find the nurse, report measurements outside of normal limits to your instructor.**
8. Assist with as many activities of daily living as possible. Activities of daily living include assistance with hair care, assisting with meals, ambulation, emptying trash, straightening up rooms, refilling water pitchers.
9. Assess patient blood type and need for Rhogam.

10. Answer call lights. You may not know how to address the patient's need, but you can find someone who does.
11. **ASK** other nurses to go in on a delivery if your patient is progressing slowly! All they can do is tell you No. As instructor, I would rather see you make several efforts throughout the day rather than just wait around all day sitting.
12. There may be a limit on how many students may be in a room for delivery. This may be because a physician/patient request or the nurse may have another student or orientee following so please be understanding in these instances.
13. ****Observe the patient's fetal heart monitor strip throughout the day. Note the type of contractions the patient is experiencing. Be prepared to discuss this observation in post-clinical conference.**
14. ****Describe any Intrauterine Fetal Resuscitation measures utilized and the reason for intervening.**
15. ****Throughout care make efforts to think of how care provided affects patient outcomes. As you speak with patients consider aspects of the patient's mental status, emotional status. What needs do you feel are priorities for each patient you see?**

Be prepared to share a thorough SBAR Report to your peers for post conference as well as share Plus/Delta and Information on Numbers 14 & 15 above during Post-Clinical Discussion.

Post Clinical Discussion

Look at your Student Learning Outcome and think about if you observed an example of care in one or more of the categories during the clinical day. Be prepared to share during post clinical conference.

Newborn Nursery

1. Demonstrate effective communication and professionalism while providing patient care.
2. You have a better opportunity to go back on a cesarean section or newborn transition while in nursery. If going to OR, you will need to change into OR scrubs. Your instructor will obtain these for you.
3. ****Required** Perform an initial head-to-toe assessment on infant along with nurse or observing instructor utilizing the BALLARD scoring sheet. (Please review NB head-to-toe assessment thoroughly in preparation for clinical this week.)
4. Perform a **second assessment** on an infant with minimal prompts from nursery nurse or observing instructor & DOCUMENT your assessment on your sheet.
5. Obtain vital signs (HR, R, & Temp): HR & Respirations (count for 6 seconds and add a 0 for a total)
6. **You may only administer medications to infant alongside nurse or instructor.** Usually, this opportunity occurs when you can follow in on a newborn transition after delivery.
7. Continue to assist with vital signs. **Be sure to report any vital sign measurement outside of normal ranges to the nurse. If you cannot find the nurse, report measurements outside of normal limits to your instructor.** There is a reference sheet with normal ranges above handwashing sink in nursery.
8. Assist with as many activities as possible. Activities may include assistance with newborn bathing, changing diapers, dressing infant, emptying trash, and wiping down beds for use.
9. Answer phone, you may not know how to address a need, but you can find someone who does.

10. Occasionally there may be an infant on oxygen therapy. Note the oxygen device in use, flow rate of the oxygen, and any assessment data associated with the use of oxygen (respiratory rate, depth of respirations, oxygen saturation). **Be prepared to discuss this observation in post-clinical conference.**
11. Observe an infant's delivery history and note if mother is GBS+. What is plan of care for infant and interventions to monitor?
12. Note mother's medical history on infant you assessed. Is there any concerning data that the infant should be monitored for? (ex. GDM mother: will obtain blood sugars 12 hours before newborn feedings)
13. During assessments, note if baby is SGA, AGA or LGA and what blood type baby is. What interventions may be needed? **Be prepared to discuss this observation in post-clinical conference.**
14. Witness circumcisions if performed throughout the day. Note the type of circumcision (Gomco or Plastibell) and explain proper after care instructions for parents to know. **Be prepared to discuss this observation in post-clinical conference.**
15. **Infant security: **Check ID bands on baby & mother/father when returning to room. Assist with taking infant back to room with nurse minimum 2X.**
16. When removing baby from patient room, **ALWAYS** follow safety protocol and show parents password card before removing infant from room. As a student you cannot take newborn out of room alone, you **must** be with nurse or your instructor.
17. Be aware of feeding method for infant and document feedings & diapers for nurse if possible.
18. Consider community resources or referrals infant may need as they prepare for discharge. (Ex: assistance with car seat, crib, housing assistance, language assistance, referrals to Cardiologist, Audiologist)
19. **Observe and be prepared to speak in post-clinical about any patient education experiences you contributed (ex. Education on vaccines or circumcision care.) What went well during the education interaction? What did not go well? What barriers to learning were present?

Be prepared to share a thorough SBAR Report on infant to your peers for post conference as well as share Plus/Delta and Information on Number 13, 14 & 19 above during Post-Clinical Discussion

Post Clinical Discussion

Look at your Student Learning Outcome and think about if you observed an example of care in one or more of the categories during the clinical day. Be prepared to share during post clinical conference.

Antepartum

1. Demonstrate effective communication and professionalism while providing patient care.
2. ****REQUIRED** Assist and perform Assessments on your patients.
3. Assess patient blood type and need for Rhogam.
4. Answer call lights & phone. You may not know how to address the patient's need, but you can find someone who does.
5. Assist with answering door following security measures: **Ask for patient name and room number.**

6. ****Med Admin** –You May Prepare & Give Medications alongside your nurse or instructor. You may pull meds from the Pyxis under the observation of your nurse.
7. ****REQUIRED: Administer medications alongside instructor to at least one of your patients** to be evaluated on performing correct dosage calculation & to ensure proper education & instructions are given to patient.
8. Assist with vital signs. **Be sure to report any vital sign measurement outside of normal ranges to the nurse. If you cannot find the nurse, report measurements outside of normal limits to your instructor.**
9. Answer call lights. Even if you do not know how to help the patient, you can find someone who does.
10. Assist with repositioning patient if on fetal heart monitor.
11. Assist with placement/adjustment of tocodynamometers on patient having a NST to help familiarize yourself with finding baby's heartbeat.
12. Assist with as many activities as possible. Activities may include ambulation, emptying trash, straightening up rooms, refilling water pitchers.
13. ****Most patients on AP have pregnancy complications so note interventions and plan of care needed to delay delivery and maintain healthy pregnancy. Be prepared to discuss this observation in post-clinical conference.**
14. ****Take advantage of skill opportunities & place a foley catheter or start an IV on your patient if possible**
15. **Consider community resources your patient may need as they continue receiving care: (Ex: Financial Assistance, housing assistance, language assistance, NICU tour, consult with Neonatologist, mental health assistance, spiritual assistance)**
16. ****Observe and be prepared to speak in post-clinical about any patient education experiences you contributed. What went well during the education interaction? What did not go well? What barriers to learning were present?**
17. ****Observe patient interaction when interviewing with questionnaire. Is patient anxious, calm or on edge about plan of care. Be prepared to discuss this observation in post-clinical conference.**

***Note – Ensure you check patient diet at beginning of shift because some patients will be scheduled for a bilateral tubal ligation and need to be NPO.**

Be prepared to share a thorough *SBAR Report* on infant to your peers for post conference as well as share Plus/Delta and Information on Number 13, 15 & 16 above during Post-Clinical Discussion

Post Clinical Discussion

Look at your Student Learning Outcome and think about if you observed an example of care in one or more of the categories during the clinical day. Be prepared to share during post clinical conference.

Parent Educators

1. Demonstrate effective communication and professionalism while providing patient care.
2. Assist and observe breastfeeding education provided to patients.

3. *****REQUIRED** Perform a LATCH assessment on a patient utilizing scoring tool on your paperwork. When assessing feeding, note breast anatomy. (flat nipples, inverted, blisters, cracked)
4. Note any difficulties mother is experiencing and share what interventions were provided to assist her. **Be prepared to discuss this observation in post-clinical conference.**
5. Setup breast pump equipment for patients and assist with placement of pillows.
6. Note times of feedings to assist nurse in documentation.
7. Observe education differences between mothers who are breastfeeding vs bottle feeding.
8. Provide encouragement to patient often.
9. Seek out patient utilizing a nipple shield and their experience. **Be prepared to discuss this observation in post-clinical conference.**
10. Did you observe any specific medications a patient was prescribed that were contraindicated with breastfeeding?
11. Consider community resources your patient may need before discharge: (Ex: Breast pump, WIC)
12. ***Observe and be prepared to speak in post-clinical about patient education experiences you observed. What went well during the education interaction? What did not go well? What barriers to learning were present?
13. Did you observe any specific cultural practices or needs that were or should have been addressed during care of any of your patients? Were those needs appropriately met? If not, what could have been improved?

Be prepared to share Plus/Delta and Information on Numbers 4, 12 & 13 above during Post-Clinical Discussion.

Post Clinical Discussion

Look at your Student Learning Outcome and think about if you observed an example of care in one or more of the categories during the clinical day. Be prepared to share during post clinical conference.

Community Sites

1. Call day before scheduled and remind office you will be attending the next morning.
2. Demonstrate effective communication and professionalism while providing patient care.
3. Assist Nurses with room setup, vital signs, and fetal heart tones.
4. Follow orders from staff and physician and participate actively in all experiences allowed.
5. Be on time and prepared. Know location you are going and name of nurse to check in with.
6. ***Observe and be prepared to share on your Community Questionnaire about patient education experiences you observed. What went well during the education interaction? What did not go well? What barriers to learning were present?
7. Take advantage of experience and ask questions, perform skills, and make note of type of testing/procedure witnessed and share in your clinical paperwork.

Be prepared to share Plus/Delta and Information on Numbers 6 above on your Clinical Paperwork.

Look at your Student Learning Outcome and think about if you observed an example of care in one or more of the categories during the clinical day. Share examples on your Community Questionnaire.

OB Simulation

Patient Centered Care

1. Assess the patient support system, culture, and/or birthing preferences
2. Provide reassurance regarding concerns related to pregnancy/neonatal complication
3. Utilize therapeutic communication techniques

Communication and Collaboration

4. Collaborate with other healthcare members to provide quality care
5. Delegate tasks appropriately
6. Demonstrate prompt notification of status change to provider utilizing SBAR
7. Provide ongoing patient and family education

Clinical Judgement

8. Recognize, evaluate, prioritize, and implement appropriate interventions for:
 - a. Labor progress
 - b. Pain
 - c. Fetal heart rate patterns
 - d. Complication of pregnancy
 - e. Newborn instability

Safety and Quality

9. Maintain standard precautions
10. Utilize the 7 rights of medication administration
11. Implement intrauterine resuscitation
12. Evaluate effectiveness of patient/family communication and education

Professionalism

13. Demonstrate effective communication and professionalism while providing patient care

Be prepared to discuss each scenario Plus/Deltas as we debrief and present a thorough SBAR Report following the debrief of your patient scenario.

Look at the Student Learning Outcome and think about if you observed an example of care in one or more of the categories during OB Sim. Be prepared to share at the end of OB Sim.

Psychiatric Mental Health Acute Inpatient (Oceans)

• Safety & Quality

- Apply evidence-based practices to formulate a comprehensive plan of care that ensures the safety and quality of care for patients with mental health disorders in an inpatient psychiatric unit.
- Identify and mitigate potential safety risks in the psychiatric inpatient setting to maintain a secure environment for patients and staff.

• Clinical Judgment

- Utilize clinical judgment to assess and manage symptoms of mental health disorders in an inpatient psychiatric setting using standard assessment instruments.

- Integrate evidence-based data and DSM-V diagnostic criteria in decision-making processes to provide effective and individualized care for psychiatric patients.
- **Patient Centered Care**
 - Implement patient-centered care strategies that address the unique needs and preferences of patients with mental health disorders and their families in an inpatient setting.
 - Develop and maintain therapeutic relationships with patients and their families to promote engagement in the treatment plan using therapeutic communication techniques.
- **Professionalism**
 - Demonstrate professionalism by adhering to ethical and legal standards while providing care to patients with mental health disorders.
 - Advocate for the needs and rights of psychiatric patients, ensuring their dignity and respect are maintained.
 - Communicate professionally with staff, including giving and receiving report using the SBAR format.
- **Communication & Collaboration**
 - Communicate effectively with patients, families, and the interdisciplinary team to ensure coordinated and comprehensive care in the inpatient psychiatric unit.
 - Collaborate with healthcare team members to develop and implement care plans that meet the holistic needs of psychiatric patients, incorporating therapeutic communication and professional communication skills.

Psychiatric Mental Health Simulation

- **Safety & Quality**
 - Simulate the application of safety protocols and quality improvement measures in managing patients with mental health disorders.
 - Evaluate the effectiveness of safety interventions and quality care practices in simulated psychiatric scenarios.
- **Clinical Judgment**
 - Demonstrate clinical judgment in high-fidelity simulations by analyzing patient data and making informed decisions for patients with mental health disorders using standard assessment instruments.
 - Reflect on simulation experiences to enhance clinical decision-making skills and improve patient outcomes.
- **Patient Centered Care**
 - Practice delivering patient-centered care in simulated scenarios, focusing on the needs and preferences of patients with mental health disorders.
 - Use simulation to refine skills in developing and implementing individualized care plans that involve patients and their families, applying therapeutic communication techniques.
- **Professionalism**
 - Exhibit professional behavior and ethical decision-making during high-fidelity simulations of psychiatric nursing care.
 - Reflect on simulation experiences to identify areas for professional growth and improvement in providing psychiatric care.
- **Communication & Collaboration**

CSON Module 6 Clinical Goals/Post Clinical Discussion Prompts

- o Practice effective communication and collaboration with simulated patients, families, and the interdisciplinary team in high-fidelity simulations.
- o Utilize simulation to develop and enhance skills in coordinating care and fostering teamwork in psychiatric nursing scenarios.
- o Apply knowledge of DSM-V diagnostic criteria to communicate assessment data.
- o Practice giving and receiving report using the SBAR format in simulated scenarios.