

MCN 2022

Clinical Sites: Directions and CDG

OB Clinical

Under the direct guidance and supervision of faculty you will have the opportunity to care for patients in labor, delivery, nursery, and postpartum. The Clinical Evaluation Tool is due by 0800 on Friday via the drop box. Please make sure to respond to the following questions in your CDG by Friday at 0800.

FRMC OB Clinical- Faculty led: Kelly 0630-1830

Report to the fountain area outside of the Obstetric (OB) Department entrance on the third floor of Main Campus at 0630 on your assigned day. For this clinical you will be required to wear your uniform to clinical, but will be changing into scrubs provided by the department. There is limited locker space to place belongings. Please contact Kelly or Liz with any questions.

Fisher Titus OB Clinical – Faculty led: Monica 0630-1830

Fisher Titus is located at 272 Benedict Avenue in Norwalk. Drive around to the pavilion main entrance and park in the back of the parking lot. The main entrance doors open at 0600. From this entrance, take the elevators to the 4th floor waiting area. You are required to arrive to this clinical by 0630. We will take a tour of the unit prior to the start of the clinical day. For this clinical, you are required to wear your school uniform and will wear it for the clinical day. Please contact Monica with questions.

Clinical Expectations:

- **Post Conference**

An onsite post conference will follow each clinical day at 1730 and will last one hour.

- **Survey**

Complete the Clinical Evaluation Survey by **Friday at 0800** after all of your scheduled clinical days. Failure to complete this evaluation by the deadline will count as missed clinical time for one hour of clinical experience.

- **Clinical Discussion Group Post Clinical**

Directions: Please answer the questions for your specific clinical site. **DO NOT USE ANY PATIENT NAMES OR OTHER IDENTIFYING INFORMATION. Your response needs to be at least 250 words and must include a reference and citation in proper APA format.** Please follow the Clinical Discussion Rubric.

1. **Objective 1a:** Please describe your patient for this week. (include GTPAL)
2. **Objective 1i:** Discuss examples of family bonding you witnessed.
3. **Objective 1i:** What phase of postpartum adjustment to motherhood (taking-in, taking-hold, and letting-go) is your patient in and why?

4. **Objective 1d:** Describe a safety concern in maternity nursing. This may be one you have experienced while on clinical or one you have read about. What can be done or is being done to improve or correct this situation?
5. **Objective 5a:** What was something new or interesting you experienced this week when caring for your patient?
6. **Objective 5e:** How are vaccinations tracked in the electronic medical record? What are the implications for the patient related to tracking or not tracking this data?

- **Care Map**

Complete a Care Map for one patient cared for during labor, postpartum, or nursery rotation. Follow the Care Map rubric to develop a Care Map for your patient in Labor, Postpartum, or Nursery. Please submit the Care Map to your Dropbox by Friday at 0800. You must have 1 satisfactory Care Map for the semester to pass clinical. Your course faculty may ask you to revise your Care Map and resubmit until a satisfactory is achieved. See the Care Map rubric in your Clinical Evaluation Tool for further directions.

Lactation Consultant Nurse- Precepted Experience: Varying days from 1000-1300, please see clinical schedule

Report to the Lactation room located in the Postpartum unit of OB on the 3rd floor of Main Campus at your scheduled time. During this experience you will have the opportunity to assist the Lactation Consultant with breast feeding education, follow-up bilirubin and weight checks after discharge, patient visits to assist with educating, and assessing the promotion of breastfeeding prior to discharge. Students should wear their clinical uniform and change into department provided scrubs upon arrival.

Clinical Expectations:

- **The Clinical Evaluation Tool** is due by 0800 on Friday via the drop box. Please make sure to respond to the following questions in your CDG due by Friday at 0800.

- **Clinical Discussion Post Lactation**

Directions: Please answer the questions for your specific clinical site. **DO NOT USE ANY PATIENT NAMES OR OTHER IDENTIFYING INFORMATION. Your response needs to be at least 250 words and must include a reference and citation in proper APA format.** Please follow the Clinical Discussion Rubric.

1. **Objective 1a:** Describe a visit that the Lactation Nurse had with a patient. (Describe in detail)
2. **Objective 1a:** Is this the first time breastfeeding or has this mom breastfed before?
3. **Objective 4e:** What education did the Lactation Nurse give to the patient regarding breastfeeding? What questions did the mother have?
4. **Objective 2c:** Did you see the baby latch on to the breast? Were you able to hear the baby swallow? If not, did the education provided improve the feed?

- **Survey**

Complete the Evaluation Survey by **Friday at 0800** following your experience. Failure to complete this evaluation by the deadline will count as missed clinical time for one hour clinical experience.

Fisher Titus ER Clinical Experience: (Tuesdays and Wednesdays 0700-1100, 1100-1500, or 1500-1900)

All students will be required to complete a 4-hour clinical experience at the FTMC Emergency Room. Students will be with a registered nurse providing patient care to children who come into the ER on their assigned day. Students should arrive to the Emergency Room entrance at Fisher Titus and inform the Registration Desk of your arrival. They will then call the ER Charge Nurse and they will come get you for clinical. Refer to the Clinical Schedule to determine your scheduled day. You are required to wear your school uniform.

Please see the ER checklist that will be used to evaluate you while in the ER. This list is not all inclusive and you may have opportunities to do other patient care outside of what is on this list.

Clinical Expectations:

- **The Clinical Evaluation Tool** is due by 0800 on Friday via the drop box. Please make sure to respond to the following questions in your CDG due by Friday at 0800.
- **Clinical Discussion Post ER**

Directions: Please answer the questions related to your ER experience. **DO NOT USE ANY PATIENT NAMES OR OTHER IDENTIFYING INFORMATION. Your response needs to be at least 250 words and must include a reference and citation in proper APA format.** Please follow the Clinical Discussion Rubric.

1. **Objective 1a:** Please describe a patient you took care of during your ER experience. What brought them into the ER?
2. **Objective 1k:** Discuss cultural implication that should be considered when planning the care of your patient?
3. **Objective 4h:** What were some interventions/measures you saw in the ER that related to your patient's disease process?
4. **Objective 4g:** What medications were administered to your patient and why?
5. **Objective 4b:** List the top five priority nursing interventions you completed. Describe how the patient responded to each intervention.
6. **Objective 5a:** What new technology did you experience while caring for patients in the emergency department? Are there any important educational points nurses should be aware of when first utilizing this technology?

7.

- **Survey**

Complete the Evaluation Survey by **Friday at 0800** following your experience. Failure to complete this evaluation by the deadline will count as missed clinical time for one hour clinical experience.

Hearing and Vision Screenings Clinical Experience: (Varying days and times)

All students will be required to complete a 3-hour clinical experience at an assigned school performing hearing and vision screening under the supervision of a faculty member. Refer to the Clinical Schedule and the charts below to determine your scheduled day and time. When you arrive to your assigned school, please go to the Main Office and ask for the school nurse. You are required to wear your FRMC warm-up jacket, solid white shirt, and khakis.

Clinical Expectations

- **The Clinical Evaluation Tool** is due by 0800 on Friday via the drop box. Please make sure to respond to the following questions in your CDG due by Friday at 0800.

- **Clinical Discussion Post Hearing and Vision**

Directions: Please answer the questions related to your hearing and vision experience. **DO NOT USE ANY NAMES OR OTHER IDENTIFYING INFORMATION. Your response needs to be at least 250 words and must include a reference and citation in proper APA format.** Please follow the Clinical Discussion Rubric.

- 1) **Objective 1k:** What beliefs, behaviors, and values did you witness in the school setting? What cultural aspects are unique to the school setting?
- 2) **Objective 1k:** What teaching did you provide to the students related to hearing and vision screening? How did you use the concepts of growth and development when teaching the information to the students?
- 3) **Objective 4c:** When collecting data on hearing and vision screenings performed in the school system, how is the data tracked and reported? What are the implications of tracking and reporting this information to the Ohio Department of Health?
- 4) **Objective 4e:** What education did you provide to your patient? What are some education needs that still need to be addressed?

- **Survey**

Complete the Evaluation Survey by **Friday at 0800** following your experience. Failure to complete this evaluation by the deadline will count as missed clinical time for one hour clinical experience.

**Bellevue City Schools
Hearing and Vision Schedule**

	Date	School
1	Thursday September 8	Bellevue High School, 200 Oakland Ave, Bellevue, OH 44811 745am-1040am Report to the Main Office
2	Thursday September 15	Bellevue Elementary School, 1150 Castalia Street, Bellevue, OH 845am-1145pm Report to the Main Office
3	Thursday September 22	Bellevue Elementary School, 1150 Castalia Street, Bellevue, OH 845am-1145pm Report to the Main Office
4	Thursday September 29	Bellevue Middle School, 1035 Castalia Street, Bellevue, OH 44811 745am-1045am Report to the Main Office Please park in the parking lot off of Northwest Street not in the parking lot facing Castalia Street

**Clyde Green Spring Springs City Schools
Hearing and Vision Screening Schedule**

	Date	Place
1	Thursday October 6	Clyde Elementary School, 821 South Main St., Clyde 8:50am to about 11:50pm, Report to the Main Office, 419-547-9868
2	Thursday October 13	Green Springs Elementary School, 420 N. Broadway St., Green Springs, 8:50am to about 11:50pm, Report to the Main Office 419-547-4902
3	Thursday October 20	McPherson Middle School, 4230 Limerick Rd, Clyde 7:50 am to about 10:50 am, Report to Main Office 419-547-9150

4	Thursday October 27	Clyde High School, 1015 Race Street, Clyde 7:40 am to about 10:40 am, Report to Main Office 419-547-9511
---	------------------------	--

Boys and Girls Club Youth Center Clinical Experience: (Varying days from 1515-1815)

Students will be required to complete a 3-hour clinical experience at the Boys and Girls Club of Erie County Youth Center. Students will be with Brian Seitz while at this clinical site. Students should park on Adams Street when attending clinical. Students should meet the faculty member at the Adams Street entrance of the building and enter the site as a group. Students will be expected to work with the youth and assist them with homework (if applicable) or any activities they are completing at the beginning of the experience. This will be followed by your planned activity. Each group must prepare an activity appropriate for children ages 6 – 12 years old based on their assigned topic. Refer to the Clinical Schedule to determine your scheduled day. You are required to wear your FRMC warm-up jacket, with a solid white shirt and khakis.

Clinical Expectations

- **The Clinical Evaluation Tool** is due by 0800 on Friday via the drop box.
- **Clinical Discussion Post Boys and Girls Club**
Directions: Please answer the questions related to your Boy’s and Girl’s club experience. **DO NOT USE ANY NAMES OR OTHER IDENTIFYING INFORMATION. Your response needs to be at least 250 words and must include a reference and citation in proper APA format.** Please follow the Clinical Discussion Rubric

- 1) **Objective 1e:** What differences did you notice between the different age groups you worked with?
- 2) **Objective 1b:** How did you adjust your communication techniques between the younger versus older children?
- 3) **Objective 4e:** What type of education did you provide to the children at the Boys and Girls Clubs? What went well? What would you have done differently?
- 4) **Objective 2g:** When thinking of the children you interacted with at the Boys and Girls Club, choose two social determinants of health and discuss how they may affect the children, either now or in the future.

- **Survey**
 Complete the Evaluation Survey by **Friday at 0800** following your experience. Failure to complete this evaluation by the deadline will count as missed clinical time for one hour clinical experience.

Empathy Simulation CDG Questions: (See clinical schedule)

Students will wear the Empathy Belly Pregnancy Simulator for a total of 4 hours. The first 2 hours will be with just the Empathy Belly. The final 2 hours the student will wear the Empathy Belly with the additional components (bladder weight, chest restrictor, and two ball weights).

Throughout the simulation the student should engage in everyday activities such as cleaning, sleeping (lay down with the Empathy Belly on), drive, go out in public (examples: grocery shopping, out to eat, visit at a friend or family members home), etc. While wearing the Empathy Belly the student will need to take a picture of themselves.

Each student is to answer a set of self-reflection questions and submit them in the online discussion area of the Maternal Child Nursing Course and attach the photo(s) of themselves wearing the Empathy Belly. The self-reflection questions account for 1 hour of simulation. The empathy belly simulator is available to sign out on your scheduled day from the administrative secretary – and will need to be returned within 24 hours. You will be expected to wear the provided t-shirt over your cloths before your put on the empathy belly. The empathy belly will be sanitized in between students. The Empathy Belly Simulator is school property. If the simulator is **abused, damaged, or lost** while in your care, you will be responsible for replacing the specific item(s) that are abused, damaged, or lost. This assignment counts as 4 hours of simulation time. The assignment is due on **Friday by 0800** one week after wearing the empathy belly.

1. Describe how you felt physically and emotionally when you put the belly on. What surprised you the most?

2. How did you feel about yourself when you had the belly on?

3. How did others react to you when you had the belly on?

4. Describe what you felt or experienced during the simulation in each of the areas below:
 - a. Weight you felt:

 - b. Weight on bladder:

 - c. Pressure on lungs:

 - d. Change in your posture & center of gravity:

 - e. Fetal movement (movement of weights and/or water):

 - f. Breast enlargement and protruding profile:

5. How complex was it to complete your everyday activities with the belly on?

6. How did your sensitivity, empathy, or understanding of pregnancy change throughout this assignment?