

MCN 2021

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 due by Friday at 0800.

FRMC OB Clinical- Faculty led: Kelly or Liz 0630-1300

You will report to the main desk in the Obstetric Department at Main Campus at 0630 on your assigned days. For this clinical you will be required to wear your uniform and will be changing into scrubs. There is limited locker space to place belongings. Please contact Kelly or Liz with any questions.

Fisher Titus OB Clinical – Faculty led: Monica 0630-1300

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 by 0630. We will take a tour of the unit prior to the start of our clinical day at 0700. For this clinical, you are required to wear your school uniform and will wear it for the clinical day. Please contact Monica with questions.

An onsite post conference will follow each clinical day at 1200.

Complete the 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.

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 4d:** What education did you provide to your patient? What are some education needs that still need to be addressed?
6. **Objective 5a:** What was something new or interesting you experienced this week when caring for your patient?

Care Plan

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

Lactation Consultant Nurse- Precepted Experience: times vary, please see clinical schedule

You will report to the Lactation room in the Postpartum unit on the 3rd floor 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 scrubs upon arrival.

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.

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. Is this the first time breastfeeding or has this mom breastfed before?
3. **Objective 4d:** 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?

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 and 1130-1530)

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 on 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.

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.

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 1e:** What is your patient's growth and development stage according to Erikson's Stages of Psychosocial Development? Were they meeting their milestones for this age group?
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 4a:** What was your top priority nursing diagnosis for the patient you described? (Problem statement, etiology, and defining characteristics).
6. **Objective 4a:** List the top five priority nursing interventions you completed. Describe how the patient responded to each intervention.

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.

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.

Directions: Please answer the questions related to your hearing and vision 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 1e:** What age group did you perform screenings on today and what was their growth and development stage according to Erikson’s Stages of Psychosocial Development.
- 2) **Objective 4d:** 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 3d:** Identify and discuss legal, moral and ethical issues related to hearing and vision screening. Give actual or potential issues you witnessed in the clinical setting.

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 9 419-484-5070	Bellevue High School, 200 Oakland Ave, Bellevue, OH 44811 740am-1040am Report to the Main Office
2	Thursday September 16 419-484-5050	Bellevue Elementary School, 1150 Castalia Street, Bellevue, OH 840am-1140pm Report to the Main Office
3	Thursday September 23 419-484-5050	Bellevue Elementary School, 1150 Castalia Street, Bellevue, OH 840am-1140pm Report to the Main Office
4	Thursday September 30 419-484-5060	Bellevue Middle School, 1035 Castalia Street, Bellevue, OH 44811 Please park in the parking lot off of Northwest Street not in the parking lot facing Castalia Street

		740am-1040am Report to the Main Office
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**Clyde Green Spring Springs City Schools
Hearing and Vision Screening Schedule**

	Date	Place
1	Thursday October 7	Clyde Elementary School, 821 South Main St., Clyde 8:40am to about 11:40pm, Report to the Main Office, 419-547-9868
2	Thursday October 14	Green Springs Elementary School, 420 N. Broadway St., Green Springs, 8:40am to about 11:40pm, Report to the Main Office 419-547-4902
3	Thursday October 21	McPherson Middle School, 4230 Limerick Rd, Clyde 7:40 am to about 10:40 am, Report to Main Office 419-547-9150
4	Thursday October 28	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 meet the faculty member at the front entrance of the building in the parking lot. We will all enter the building together. 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. See the directions that follow to determine your assigned topic and group. 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.

The Clinical Evaluation Tool is due by 0800 on Friday via the drop box.

- 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?

4) **Objective 4d:** 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?

3) **Objective 1j:** Do you feel that the Boys and Girls Club provides a valuable service? If so, why? If not, why not?

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.