



***Chaminade University***

***School of Nursing***

***Course Syllabus***

***NUR 380: Primary Care in Community Health Centers in Hawaii***

***Summer 2017***

**Course: NUR 380 Primary Care in Community Health Centers in Hawaii  
Summer 2017  
3 Credits (Hybrid clinical)**

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**Course Dates:** 12 weeks (5/22/17-8/11/2017)

**COURSE DESCRIPTION:**

This hybrid course is offered to senior nursing students who are seeking an intensive hands-on experience in primary care before they enter the final, fourth year of the nursing program. The course includes online education modules that augment knowledge and skills needed for high quality, safe clinical practice during this 12-week summer internship on one of the Hawaiian Islands.

*Prerequisites: BI 151 and BI 151L, BI 152 and BI 152L, CH 250, BI 250L, MA 107, NUR 190, NUR 290, NUR 291, NUR 201, NUR 202, NUR 203, NUR 204, NUR 206, BI304, BI 305, NUR 301, NUR 302, NUR 303, NUR304, NUR 305, and NUR 306.*

*\*The requirement of prerequisites is for CUH students only.*

**COURSE LEARNING OUTCOMES**

**At the end of this course, the students will be able to:**

1. Establish rapport and communicate effectively with consumers of healthcare, their family members and other providers.
2. Demonstrate to function as a member of an inter professional team that includes behavioral health and primary care providers, consumers and family members.
3. Conduct brief evidence-informed and developmentally appropriate screening and to conduct or arrange for more detailed assessments when indicated.
4. Create and implement integrated care plans, ensuring access to an array of linked services and the exchange of information among consumers, family members and providers.

5. Provide a range of brief, focused prevention, treatment and recovery services, as well as longer-term treatment and support for consumers with persistent illnesses.
6. Provide services that are relevant to the culture of the consumer and family.
7. Function effectively within the organizational and financial structures of the local system of healthcare.
8. Assess and continually improve the services delivered as an individual provider and as an interprofessional team.
9. Use information technology to support and improve integrated healthcare.

**Linkages between Course Learning Outcomes (CLOs) and Program Learning Outcomes (PLOs):**

**I= Introduced to the concept/skill D= Developing M= Mastered**

<b>PLO Program Learning Outcomes</b>	<b>CLO1</b>	<b>CLO2</b>	<b>CLO3</b>	<b>CLO4</b>	<b>CLO5</b>	<b>CLO6</b>	<b>CLO7</b>	<b>CLO8</b>	<b>CLO9</b>
PLO#1 Nursing Process, health and illness, application. Developmentally And culturally appropriate care	D	D		D					
PLO#2 Safe, holistic care, across the lifespan. Patient-centered care.	D	D		D				D	
PLO#3 Patient advocate, apply leadership and professional nursing principles.		D				D		D	
PLO#4 Communicate and collaborate with professional disciplines in providing patient care.	D	D	D			D			
PLO#5 Evidence-based practice, research knowledge and participation.		D	D	D	D				
PLO#6 Informatics, healthcare technologies as applied to professional nursing practice.		D	D						D

PLO#7 Health Promotions/Disease Prevention, determinants of health.	D	D			D				
PLO#8 Understand Healthcare finance and policy development.		D			D	D	D	D	

### Linkages between Course Learning Outcomes (CLOs) and Hawaiian Core Values:

I= Introduced to the concept/skill D= Developing M= Mastered

Program Associated Hawaiian Core Values	CLO1	CLO2	CLO3	CLO4	CLO5	CLO6	CLO7	CLO8	CLO9
1. Patient Centered-Care, <i>Ka malama olakino Pili pono I ia kanaka</i>	D	D							
2. Community Based Care, <i>Ka malama olakino ma o ke kaiaulu</i>	D				D	D			
3. Developmentally and Culturally Appropriate Care, <i>Ka malama ola kino noka ho'omohala a me ka mo'omeheu</i>	D	D	D						
4. Care Across the Lifespan <i>Ka malama olakino o ka wa ola</i>	D	D		D					

**REQUIRED TEXTS** - No required course textbook

**Course Resources and Electronic readings** – Evidence-based journal articles; TBA

### TEACHING/LEARNING STRATEGIES

Online weekly module lecture, weekly discussion, clinical reflection, case study, discussion/reflection, e-documentation, e-modules, CBPR report, community analysis

## COURSE GRADING

Your grade in this course will be based on the following:

Modules Discussion (5 points x12)	60 points
CBPR Report	20 points
Competency Reflection (5 points x3)	15 points
Community Analysis Report	20 points
e-Documentation	20 points
Time sheet (5 points x 2)	
Preceptor Attestation Form (2 points)	
Student Acknowledgement form (2 points)	
Preceptor Acknowledgement form (2 points)	
Clinical evaluation (facility/preceptor, competency, 4 points)	

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**TOTAL 135 POINTS**

## GRADING SCALE

## COURSE POINTS

A=90 and up	A=90-100
B= 80-89	B=80-89.9
C=70-79	C=70-79.9
D=60-69	D=60-69.9
F= 59 and below	F=59.9 and below

## COURSE REQUIREMENTS/METHODS OF EVALUATION

### Overall Course Grading

Assignments	Points	Percentage/equivalent
Module Discussion	60	30%
CBPR Report	20	20%
Competency Reflection	15	10%
Community Analysis Report	20	20%
e-Documentation	20	20%
Clinical Competency	P/F	Pass/Fail
<b>Total</b>	<b>100</b>	<b>100%</b>

### Clinical Course Grading Percentage Equivalents

Assignments	Points	Percentage/equivalent
Clinical Evaluation	N/A	Satisfactory/Unsatisfactory
Clinical related activities	N/A	Satisfactory/Unsatisfactory
<b>Total</b>		Satisfactory/Unsatisfactory

## **ASSIGNMENTS AND GRADING CRITERIA**

### **Module Discussion** (5 points x 12, 30% of the grade)

There are 12 modules available via Canvas Learning Management System. Each week, students are expected to read the module content to learn about course contents such as primary care nursing, community-based population-focused nursing approach, community assessment strategies, CBPR process, and diverse under-served population care. Students need to post weekly discussion thread to answer the discussion questions and/or case study.

### **CBPR Report** (20 points, 20% of the grade)

The Community Based Participatory Research (CBPR) process is introduced to students on week 3. Students are able to learn how to assess the community health need, community resources, and community capacity to identify strategies to improve health outcomes. The CBPR process will help students to gain knowledge and skills to work with community partners, inter-professional providers collaboratively. The CBP Report template is available for students to follow step-by-step guidelines.

### **Competency Reflection** (5 points x3, 10% of the grade)

Students are required to submit 3 competency reflections via online questionnaires prior to the clinical study, at the mid-point clinical study, and the post clinical study to assess their clinical competencies and self-reflection.

### **Community Analysis Report** (20 points, 20% of the grade)

Students are required to gather community assessment data, literature review data, current healthcare strategy, and health outcome data to analyze the community health needs of under-served population of the clinical site area. This is individual assignment to submit. The template is available for students.

### **e-Documentation** (20 points, 20% of the grade)

Students are required to submit 1) the time sheet to verify their clinical hours, 2) the preceptor attestation form to verify the qualification of the preceptor, 3) acknowledgement forms, and 4) clinical evaluation forms to verify their clinical performance and competencies. Please check the Canvas course module for details. The blank forms and the online forms are available.

### **Clinical Competency**

The clinical portion of the grade is Pass/Fail. It is based on the preceptor's feedback on student's clinical performance, effective communication including all written clinical form submissions, and the comments by the facility during site visit. The course coordinator decides whether students meet the clinical objectives and pass the course.

## COURSE SCHEDULE

***\*\* The content of each module will be opened a week prior. The details of schedule will be TBA.***

Week	Module	Clinical	Assignment
1	Introduction to the course	Prep process for clinical	<ul style="list-style-type: none"> <li>• Discussion Thread #1</li> <li>• Zoom meeting</li> </ul>
2	Community-based primary care nursing service	Review the mission and vision of the assigned Federally Qualified Health Center	<ul style="list-style-type: none"> <li>• Discussion Thread #2</li> <li>• Zoom meeting</li> <li>• Competency reflection (pre)</li> </ul>
3	Population focused nursing care	Review Preceptor Handbook Prep documents completion	<ul style="list-style-type: none"> <li>• Student acknowledgement form</li> <li>• Discussion Thread #3</li> <li>• Zoom meeting</li> </ul>
4	Community assessment - Identify the under-served population	Clinical orientation	<ul style="list-style-type: none"> <li>• Preceptor acknowledgement form</li> <li>• Discussion Thread #4</li> <li>• Zoom meeting</li> </ul>
5	Community assessment – Identify the health disparity	Clinical study	<ul style="list-style-type: none"> <li>• Discussion Thread #5</li> <li>• Zoom meeting</li> </ul>
6	Community assessment – Identify community resources	Clinical study	<ul style="list-style-type: none"> <li>• Discussion Thread #6</li> <li>• Zoom meeting</li> <li>• Time sheet (mid-term)</li> </ul>
7	Community assessment – Community data and epidemiological data, & evidence-based literature review	Clinical study	<ul style="list-style-type: none"> <li>• Discussion Thread #7</li> <li>• Zoom meeting</li> <li>• Competency reflection (mid-term)</li> </ul>
8	Introduction to CBPR process	Clinical study	<ul style="list-style-type: none"> <li>• Discussion Thread #8</li> <li>• Zoom meeting</li> </ul>
9	CBPR process – Quality improvement	Clinical study	<ul style="list-style-type: none"> <li>• Discussion Thread #9</li> <li>• Zoom meeting</li> <li>• CBPR report</li> </ul>
10	Community analysis	Clinical study	<ul style="list-style-type: none"> <li>• Discussion Thread #10</li> <li>• Zoom meeting</li> </ul>
11	Social Determinants of Health and Culturally centered-care Medical home	Clinical evaluation	<ul style="list-style-type: none"> <li>• Discussion Thread #11</li> <li>• Zoom meeting</li> <li>• Time sheet (final)</li> <li>• Competency reflection (post)</li> <li>• Clinical evaluation</li> </ul>
12	Future roles of Nurses in community-based primary care nursing	Clinical evaluation	<ul style="list-style-type: none"> <li>• Discussion Thread #12</li> <li>• Zoom meeting</li> <li>• Community analysis report</li> </ul>

## **COURSE POLICIES:**

**All policies stated in the Chaminade University and Chaminade University School of Nursing handbooks are in effect in this course.**

- **Academic Honesty:** Nursing students are responsible for promoting academic honesty in all educational settings. Nursing students represent Chaminade University and the School of Nursing and as such are expected to demonstrate professional, ethical behavior in the classroom, in laboratory settings, in the clinical setting, and in the community. The Chaminade student nurse shall be committed to the Marianist values and the core values of the School of Nursing.

Questions of unethical behavior or academic dishonesty in a particular class are first reviewed by the instructor, who must make a report with recommendations to the Dean for Nursing. Punishment for academic dishonesty or unethical behavior will be determined by the instructor in collaboration with the Dean for Nursing and may range from an “F” for the work in question to an “F” for the course to suspension or dismissal from the program.

- **Course Atmosphere:** This course is hybrid online course with clinical study. Some of the content will be presented in a lecture format; however, we will be discussing the assigned readings, sharing our reflections on what we’ve read and our own personal experiences, and working in small and large groups. Everyone’s participation is essential as we will learn and grow from the sharing that occurs. It is the expectation that students will come to lecture, lab or clinical prepared and ready to fully engage in learning.
- **Attendance: Class attendance is regarded as an essential part of the educational process.** Weekly zoom meeting is mandatory and students are expected to attend all zoom meetings. The online classroom is a teaching and learning environment where there is an exchange of knowledge and experience, so it is essential that students attend class and actively participate in classroom activities to maximize individual learning. Each student will be encouraged to develop a professional work ethic that reflects personal responsibility, initiative, and teamwork. Students should notify the instructor by phone or email when illness prevents them from attending class and make arrangements to complete missed assignments. Any student who stops attending online class or clinical without officially withdrawing may receive a failing grade. Unexcused absences equivalent to more than a week of class may lead to a failure of the course. Any absence of two weeks or more must be reported to the Associate Provost and the Records Office by the course coordinator.
- **Academic Conduct:** Please refer to and follow all policies and procedures included in the University and School of Nursing Student Handbook (available in hard copy and online) and



carefully read all areas. Please pay attention to the sections that discuss plagiarism, classroom respect, student conduct, freedom of speech, and all academic policies regarding grading.

- **Assignments:** It is expected that assignments will be submitted in on time. Late assignments are highly discouraged. Students (at an instructor's discretion) may ask an extension of an assignment for the didactic portion of this course only but will be subject to the deduction of points as stipulated above in the late assignments. All written assignments must be submitted via Canvas LMS online submission in the acceptable **pdf file attachment only** or readable hand-written document upon the approval of the instructor. The student is responsible to make sure that attachment is the final version of the assignment. Any resubmissions will be subject to late penalty.
- **Writing policy:** All papers should demonstrate mastery of grammar, punctuation, spelling and syntax expected of college level students. Use of APA is required for all papers. If you need writing assistance, please seek help from Student Support Services and the Academic Achievement Program at 735-4881. All papers are to be word processed, proofread, and solely the work of the author. Please read information about plagiarism in your student handbook.
- **Testing policy:** Students are expected to take tests on the designated day. In case of an emergency, please contact the instructor prior to the test so that an alternate plan can be made. Failure to do so will result in a zero. If a test is to be made up, it must be taken before the next class. Approval for taking a make-up test must be granted by the instructor.
- **Cell phones:** Use of music devices and cell phones is prohibited during all Nursing classes at Chaminade, unless specifically permitted by your instructor. Use of cell phones and music devices in the laboratory, simulation, or clinical settings is a safety and privacy issue. In addition, use of cell phones and music devices in any class is discourteous and may lead to suspicion of academic misconduct. Students who cannot comply with this rule will be asked to leave class and may receive unsatisfactory performance for that day. Please refer any questions to the Dean for Nursing.
- **ADA Accommodations:** Students with special needs who meet criteria for the Americans with Disabilities Act (ADA) provisions must provide written documentation of the need for accommodations from the CUH Counseling Center (Dr. June Yasuhara; phone 735 4845) by the end of week three of the class, in order for the instructor to plan accordingly. Failure to provide written documentation will prevent your instructor from making the necessary accommodations. Please refer any questions to the Dean of Students and review the procedures at [http://www.chaminade.edu/student\\_life/ssc/counseling\\_services.php](http://www.chaminade.edu/student_life/ssc/counseling_services.php).

# CLINICAL

**Clinical Hours: 90 hours**

## CLINICAL COMPETENCY

### CUH SON BSN Competencies for Primary Care

Definition- The nurse promotes and protects the health of populations using knowledge from nursing, social, and public health sciences (APHA, PHN Section, 1996). The nurse uses an environmental approach to form the basis of population-focused services and programs, advocacy activities, research and public health education. The nurse recognizes that health promotion and disease prevention are integral components of culturally responsive community and population focused health care.

CUSON BSN Competencies for Primary Care			
CLO #1	Interpersonal Communication: Establish rapport quickly and communicates effectively with consumers of healthcare, their family members and other providers (SAMHSA-HRSA Center for Integrated Health Solutions)		
	BSN Competency	Meets Competency	Does Not Meet Competency
1-A	Implements holistic, patient centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management, and nursing management across the health illness continuum, across the lifespan, and in multiple healthcare settings (AACN BSN Essentials, 2009)	Provides documentation that reflects holistic care for patients such as holistic care plan, concept map, participates in transition of care committees.	Portfolio lacks documentation that reflects holistic care for patients such as holistic care plan, concept map, participates in transition of care committees
1-B	Provides individualized care by Identifying, respecting, and integrating patient's, values, expressed needs, preference into evidences informed practice.	Portfolio documentation of the integration of best practice, patient values, and clinical expertise. Examples: 1. personal reflection of how the individual respects patient values while incorporating best practice and clinical expertise	Portfolio lacks documentation of the integration of best practice, patient values, and clinical expertise
1-D	Clearly informs, communicates with, and educates patients	Evidence of effective communication skills including negotiation and conflict resolution as well as cultural responsiveness. Examples: 1. evidence of training in communication and cultural competence 2.evidence in documentation 3. verification from preceptors).	Portfolio lacks evidence of effective communication skills including negotiation and conflict resolution as well as cultural responsiveness
1-E	Engages in shared decision-making and management	Shows evidence of partnering with patients, families, and	Portfolio shows lack of evidence of partnering with patients, families,

		communities in planning care for individuals and populations.	and communities in planning care for individuals and populations.
1-F	Advocates for disease protection, wellness, and promotion of healthy lifestyles	Provide examples of activities you have been involved in that demonstrate application of levels of prevention	Portfolio shows lack of evidence of partnering with patients, families, and communities in planning care for individuals and populations.
1H	Utilizes care management to assist in navigating and facilitating complex systems	Demonstrates with at least one patient or high risk population the ability to develop, implement, and evaluate a transitional care plan	Portfolio shows lack of demonstration of care management with at least one patient or high risk population the ability to develop, implement, and evaluate a transitional care plan
CLO # 2	Collaboration and Teamwork: Demonstrates ability to function as a member of an interprofessional teams that includes behavioral health, primary providers, consumers and family members. Health		
2-A	Collaborate with others to develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to the health and prevention of illness, injury, and disability. (adapted from AACN BSN Essentials, 2008).	Provide examples of activities you have been involved in that demonstrate application of determinants of health, levels of prevention, core functions. Submit the collaborative intervention plan specific to population problems that were identified	Portfolio lacks examples of provide examples of activities you have been involved in that demonstrate application of determinants of health, levels of prevention, core functions. Submit the collaborative intervention plan specific to population problems that were identified
2-B	Collaborates across disciplines and with community partners to promote the health of individuals, families, and groups within the population (Quad Council, 2011).	Provide evidence of interprofessional interactions/activities with other health care providers and community partners that promote health and health education for individuals, families, and groups.	Portfolio lacks evidence of interprofessional interactions/activities with other health care providers and community partners that promote health and health education for individuals, families, and groups.
CLO #3	Screening and Assessment: Conduct a brief, evidence-informed and developmentally appropriate screening conduct or arrange for more detailed assessments when indicated.		
3-A	Assess protective and predictive factors, including genetics, which influence the health of individuals, families, groups, communities, and populations,	Provide examples of activities you have been involved in that demonstrate assessment of protective factors, including genetics which influence health	Portfolio lacks examples of activities you have been involved in that demonstrate assessment of protective factors, including genetics which influence health
3-B	Conduct a health history, including environmental exposure and a family history that recognizes genetic risks, to identify current and future health problems.	Provide evidence of knowledge and application of epidemiology principles related to population health i.e. care planning based on community assessments, involvement in outbreak investigation such as planning, implementation, or evaluation.	Portfolio lacks evidence of knowledge and application of epidemiology principles related to population health i.e. care planning based on community assessments, involvement in outbreak investigation such as planning, implementation, or evaluation.
3-C	Examine global and public health threats (i.e. manmade and natural disasters, epidemics, terrorism) as they effect populations, physical and socio-political	Provide evidence of continuing education, coursework, and/or participation in planning for a public health threat or mock drill.	Portfolio lacks evidence of continuing education, coursework, and/or participation in planning for a public health threat or mock drill.

	environments, and preparedness (AACN BSN Essentials, 2008)		
CLO # 4	Care Planning and Care Coordination: Create and implement integrated care plans, ensuring access to an array of linked services and exchange of information among consumers, family members, and providers		
4-A	Collaborates with specific known populations and the interprofessional health care team to manage care within and across settings.	Evidence of participation in interprofessional teams to manage care within and across settings such as the Team Step approach, S-Bar communication, patient care conferences, etc.	Portfolio lacks evidence of participation in interprofessional teams to manage care within and across settings such as the Team Step approach, S-Bar communication, patient care conferences, etc.
4-A	Collaborate with stakeholders and interprofessional team within and across systems develop an intervention plan that takes into account determinants of health, available resources, and the range of activities that contribute to health, and the prevention of illness, injury, and disability.	Verification of actual collaboration and working with interdisciplinary teams. Examples:  1. Engagement in CBPR initiative 2. Participation in legislative initiatives).	Portfolio lacks verification of actual collaboration and working with interdisciplinary teams.
4-B	Cooperate, collaborate, communicate, and integrate care in terms to ensure that care is continuous and reliable.	Provides documentation of collaboration in patient education and referral in interprofessional discharge planning to coordinate care	Portfolio lacks documentation of collaboration in patient education and referral in interprofessional discharge planning to coordinate care
CLO # 5	Provide a range of brief, focused prevention, treatment, and recovery services, as well as longer-treatment and support for consumers with persistent illnesses.		
5-A	Utilize an ecological approach in population risk identification and allostatic burden; and in assessment, planning, interventions, and evaluation for plans of care for individuals and populations.	Portfolio shows evidence of analysis of population capacity, needs, resources, and social determinants of health.	Portfolio lacks evidence of analysis of population capacity, needs, resources, and social determinants of health.
5-B	Examines global and public health threats (i.e. manmade and natural disasters, epidemics, terrorism) as they effect populations, physical and socio-political environments, and preparedness (AACN BSN Essentials, 2008).	Provide evidence of continuing education, workshop/ coursework, and/or participation in planning for a public health threat or mock drill.	Portfolio lacks evidence of continuing education, workshop/ coursework, and/or participation in planning for a public health threat or mock drill.
CLO # 6	Cultural Competence and Adaptation: Provide services that are relevant to the culture of the consumer and family		
6-A	Assess health/illness beliefs, values, attitudes, and practices of individual, families, and groups., communities, and populations.	Provide examples of culturally responsive care with individuals, families, groups and community members i.e. written care plans, teaching plans, discharge	Portfolio lacks examples of culturally responsive care with individuals, families, groups and community members i.e. written care plans, teaching plans,

		instructions, community health care initiative	discharge instructions, community health care initiative
6-B	Advocate for social justice, including a commitment to the health of vulnerable populations and the elimination of health disparities.	Provide evidence of advocacy for a vulnerable population, addressing health disparities and social justice issues i.e. letters to legislators, legislative testimony given, and involvement in community organizations.	Provide lacks evidence of advocacy for a vulnerable population, addressing health disparities and social justice issues i.e. letters to legislators, legislative testimony given, and involvement in community organizations
CLO # 7	Systems Oriented Practice: Function effectively within the organizational and financial structures of the local system of healthcare		
7-A	Use evaluation results to influence the delivery of care, deployment of resources, and to provide input into the development of policies to promote health and prevent disease.	Portfolio documentation of integration of systems thinking, effective communication skills, creative leadership approaches and management strategies to meet the needs of select populations. Examples: 1. Completed a project as a charge nurse/team leader (microsystem) 2. Attended a workshop on communication and leadership approaches	Portfolio lacks documentation of integration of systems thinking, effective communication skills, creative leadership approaches and management strategies to meet the needs of select populations
7-B	Demonstrates professional comportment and accountability for upholding professional values, ethical guidelines, and standards.	Demonstrated professional behaviors. Examples: 1. Membership and participation in professional organizations, 2. Evidence of a professional demeanor as verified by colleagues and supervisors).	Demonstrated unprofessional behaviors
CLO # 8	Practice Based Learning and Quality: assess and continually improve the services delivered as an individual provider and as an interprofessional team		
8-A	Use evidence informed practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral, and follow-up throughout the lifespan	Provide evidence of knowledge and application of epidemiology principles related to population health i.e. care planning based on community assessments, involvement in outbreak investigation such as planning, implementation, or evaluation	Portfolio lacked evidence of knowledge and application of epidemiology principles related to population health
8-B	2. Embraces the need for continuous improvement in clinical practice based on new knowledge.  Portfolio documentation of involvement in continuous improvement in clinical practice.	Provide documentation of leadership in coordinating and collaborating with the primary care team, stakeholders, and the community at both the macro- and micro-system. Examples of evidence may include: 1. participation in CBPR project 2. attending a continuing education workshop or	Portfolio lacked documentation of leadership in coordinating and collaborating with the primary care team, stakeholders, and the community at both the macro- and micro-system.

		conference related to evidence based clinical practice	
9-C	Considers the strength and relevance of evidence when choosing clinical interventions.	Show evidence of PICO process has been used in making changes in clinical practice.	Portfolio lacked evidence of PICO process has been used in making changes in clinical practice.
9-D	Monitors, evaluates, and revises care based on patient response and input as well as outcomes.	Provide evidence of monitoring, evaluating, and revising care based on patient response and input as well as outcomes. Examples: 1. Observations of briefings, involvement, chart audits, root cause analysis. 2. Demonstration of use of patient satisfaction data to make changes in patient care processes. 3. Documentation of revised patient care through updated care planning	Portfolio lacked evidence of monitoring, evaluating, and revising care based on patient response and input as well as outcomes.
CLO #9	Informatics: Use information technology to support and improve integrated healthcare		
9-A	Communicate, manage knowledge, mitigate error, and support decision making using information technology to support and improve integrated primary care.	Provide evidence of the use of informatics in preventive care. Example: include teaching and/or discharge planning.	Portfolio lacked evidence of the use of informatics in preventive care.
9-B	Demonstrate competence in the ability to access information systems to address quality care and safety for specific patient populations.	Portfolio documents use of information systems to enhance sound decision-making in health care delivery. Examples: 1. Attended a continuing education workshop or conference related to use of information systems for aggregates 2. 2) Participate on a committee to implement HER, quality indicators, or other	Portfolio lacked documents use of information systems to enhance sound decision-making in health care delivery.

## Clinical Details/Requirements

Clinical rotations in the nursing program are foundational to the development of the professional nurse and nursing as a practice. You must dress professionally and look professional in all clinical experiences. Only the Chaminade University School of Nursing approved uniforms will be permitted. For this rotation, your uniform will be the community uniform which consists of the designated navy blue polo shirt with the school logo, black slacks, and black closed toe/closed heel shoes. Your image is representative of the Chaminade University Nurse. Your

school picture ID is to be worn at all times unless specified by your clinical instructor. All other clinical requirements apply. Additional information about the clinical requirements including hair, jewelry, make-up, tattoos, and finger nails specifications is found in your student handbook.

Clinical facilities have specific requirements each student must meet; some of these are to be completed before the first day of clinical. These requirements can be facility orientation to policies, computer systems, and other forms of paperwork. Please remember that students and faculty of Chaminade are guests in these facilities and we must comply with ALL of the requirements given or the student and/or clinical group will not be allowed to participate in learning experiences at that facility. A failure to meet these requirements may result in having to withdraw from the course since changing clinical placements after the semester has begun not allowed by the clinical facilities.

### **Clinical Attendance and Participation:**

Attendance is **mandatory**. If you must miss a clinical session due to illness, you must call your clinical instructor one hour prior to start time and provide a physician's note in order to receive a make-up session. A make-up session will be determined by the course coordinator. You also need to email the course coordinator within 24 hours of the absence. You are expected to be at the clinical site on time without tardiness. Students may **NOT** switch clinical sections as orientation to the clinical site will have occurred. Do not bring valuables and only bring the assigned equipment. Clinical facilities do not provide storage for students' bags. If you bring your lunch please realize that a refrigerator will not be available for storage so plan accordingly.

### **Confidentiality, Unacceptable Practice (unsafe, unethical, or illegal)**

Students are expected to maintain patient confidentiality at all times. **No computer printouts, or any form of patient record, are to be removed from the clinical setting.** Patient records are **NOT** to be photocopied. To do so will result in clinical failure. Please read the **HIPAA** regulations for your agency, sign acknowledgement form as required, and submit to appropriate clinical instructor or Course Leader.

- **A failure to close out completely from a facility computer with patient information is a HIPAA violation and will be treated accordingly. This includes screens that have been minimized. This is a federal law and compliance is mandatory.**
- **A failure to cover patient information on your clipboard or notepad is another example of HIPAA violation.**

Patient identifiers, such as: name, clinical facility, DOB, SS#, home address and telephone number, city/county/region, employer, names of relatives/significant others **must be removed or omitted from all written work.** All written work with patient care information (such as daily patient care plans with vital signs and physical assessment notes) must be shredded at the end of the clinical day. Students are also expected to delete from their computer files all coursework at

the end of the semester and return any I.D. and/or parking badges to the respective clinical sites. Students are responsible for any replacement fees attached to lost IDs or parking badges.

**The clinical section of this course is a satisfactory/unsatisfactory grade. The components of this grading will include:**

**Clinical evaluation:** The respective instructor/clinical faculty will distribute and discuss.

**Skills check-off sheets:** Skills checklist book must be reviewed by the students prior to lab day and be brought to lab. Students can be asked to remediate during an open lab as requested by the clinical instructor.

**Simulation activities:** Students will be required to participate in simulation activities if needed

**Disaster Responses:** All students are required to attend and actively involve the campus disaster responses event. PHN students will be assigned to appropriate roles to achieve PHN learning goals and objectives. Students will be required to collaborate to work with all other participants as well as outside resource professionals. The detail instruction will be announced during the class time. The extra grade point will be given to all participants.

***PLEASE NOTE:***

*While every attempt has been made to prepare this syllabus and class schedule in final form, it will be the instructor's prerogative to make any changes as may be deemed necessary in order to meet the learning outcomes of the course. Students will be notified in writing via Chaminade email of any changes. It is recommended that you check Chaminade email and course site frequently for announcements. A syllabus is a contract between the university and the students. All students will be held responsible to read, understand, and clarify the content within this document.*