



Nursing N2130 2017

Nursing of Children and Young Families

UPEI School of Nursing

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Overview of Nursing N2130

Course Description:

The focus of this course is on caring for healthy children and families in the community and in acute care settings. Students are introduced to the philosophies of family-centered care and empowerment as they examine structure, function, and tasks of families at various stages of their development. Emphasis is on the nurse's role in promoting and supporting health, and preventing illness. Students examine the broad determinants of health which influence the health of children and families. Clinical experiences include placements in a variety of agencies/programs designed to provide promotive, preventive, and supportive services to families with children.

Classes:

Time: Monday and Friday 10:30-11:45hr

Location: Health Sciences Building 104

One of the secrets to success in university is keeping up with course material. Try not to fall behind! You are expected to complete assigned readings prior to class. Classes will build upon (not duplicate) assigned readings. Your participation in discussion and your questions are encouraged and welcomed. Each student is responsible for material covered and announcements made in class whether or not the session was attended.

Seminars/Labs:

Weekly seminars and labs will be held in N2130

Time: Tuesday 0830-1030hr

Location: Health Sciences 104 for Learning Resource Center

Check your weekly class schedule for location of seminars and labs.

Clinical:

The clinical experience will provide opportunities for students to care for children and families in community settings and acute care settings.

Attendance for Seminars/Labs and all clinical experiences (including pre- and post-clinical conferences and family visit conferences and tutorials) are compulsory.

Student Policies:

Please familiarize yourself with the various policies found on the School of Nursing Webpage

<http://www.upei.ca/nursing/nursing-passport>

Course Textbooks

Required Textbooks:

**Hockenberry, M.J. & Wilson, D. (Eds.). (2015). *Wong's nursing care of infants and children*. St. Louis, MO: Elsevier. 10th Edition

Other Required Resource Material:

*American Psychological Association (2010). *Publication manual of the American Psychological Association*. (6th ed.). Washington, DC: Author.

*Curren, A.M. (2010). *Dimensional analysis for meds*. (4th ed.). Albany, NY: Delmar.

*LaFleur-Brooks, M., & LaFleur-Brooks, D. (2017). *Basic Medical language* (5th ed.). St. Louis, MI: Elsevier.

*Pagana, Pagana & MacDonald (2013). *Mosby's Canadian manual of diagnostic and laboratory tests* (1st ed.). St. Louis, MO: Mosby.

*Ross-Kerr, J.C., & Wood, M.J. (2014). *Potter & Perry's Canadian Fundamentals of Nursing* (Revised ed.). Toronto, ON: Mosby.

*Skidmore-Roth, L. (2017). *Mosby's nursing drug reference* (30th ed.) St. Louis: Mosby.

*Purchased in Year One

**New purchases for 2017-17

Year Two Objectives

By the end of Year Two the student is expected to:

1. Discuss and initiate selected roles of the nurse when working with individuals and families within interdisciplinary teams and when practicing within a Primary Health Care framework.
2. Discuss and demonstrate the principles and services of Primary Health Care, and integrate these into practice in community and acute care settings.
3. Integrate acquired knowledge, skills, and attitudes from nursing and other disciplines to provide safe, holistic nursing care while working with individuals and families.
4. Recognize the range of normal characteristics across the life span and differentiate these from indicators of illness.
5. Analyze factors that influence individual and family health values and practices.
6. Apply principles of family-centred care when working with families in a variety of settings.
7. Apply theory of growth and development to individuals and families throughout the life span.
8. Demonstrate an organized, systematic approach to own nursing practice.
9. Value the uniqueness of individuals and families and demonstrate respect for them.
10. Promote active involvement of individuals and families and support them in decision making and provision of care.
11. Use appropriate communication skills to develop collaborative relationships with individuals, families, peers, and colleagues.
12. Examine relevant research and use its findings in scholarly work.
13. Demonstrate an inquiring approach to learning and value opportunities to enhance own learning.
14. Continue to practice according to the nursing code of ethics.
15. Apply selected nursing and borrowed theories to clinical practice.
16. Communicate orally and in writing in a clear manner using grammatically correct format.

Nursing N2130 Objectives

Upon completion of the course the student will:

1. Explain the principles and services of Primary Health Care as they relate to family nursing and integrate these principles and services when working with individuals and families.
2. Discuss historical developments and current issues and trends in Family Nursing.
3. Analyze factors which influence the health values, practices, and health status of individuals and families.
4. Describe the developmental tasks of families.
5. Apply theory of growth and development to children and families.
6. Begin to interpret responses of family members to developmental and situational events.
7. Identify the role of the nurse in various community settings within the interdisciplinary team.
8. Incorporate concepts acquired from other disciplines in continuing to expand the understanding of wellness in children and families.
9. Begin to identify appropriate resources to promote and support wellness within the family.
10. Discuss the impact of appropriate communication on client/family/nurse interactions.
11. Describe the impact of nursing care on the child and family.
12. Examine relevant research and use research findings in scholarly work.
13. Provide safe, holistic nursing care for children and families.
14. Continue to develop competencies required for nursing practice within a Primary Health Care framework.
15. Incorporate principles of family-centered care when interacting with families in a variety of settings.
16. Demonstrate increasing ability to communicate effectively in a variety of situations (therapeutic, collegial, inter-professional).
17. Use an organized, systematic approach to obtain data and to develop, implement, and evaluate strategies for the care of children and families.

18. Use appropriate tools to assess individual and/or family structure, development, and functioning.
19. Continue to develop assessment skills and begin to recognize deviations from normal and interpret their significance.
20. Use the scientific process and critical thinking to analyze and integrate concepts in classroom and clinical settings.
21. Demonstrate beginning teaching skills which relate to wellness promotion, maintenance, and/or illness prevention.
22. Demonstrate increasing ability in performing psychomotor skills.
23. Demonstrate the use of appropriate and clear documentation.
24. Respect the uniqueness and rights of peers, colleagues, clients, and families.
25. Promote active involvement of clients in their own health care.
26. View nursing care as working collaboratively with clients rather than doing for clients.
27. Demonstrate personal responsibility for own learning by being well prepared for classes, labs/seminars, and clinical experiences and by taking advantage of opportunities to enhance own learning.
28. Conduct themselves in a professional and ethical manner.
29. Be accountable for his/her professional practice.

Marking Scheme

Clinical Performance

Clinical performance is Pass/Fail. Students must pass the clinical component and the classroom component to be successful in N2130.

Class Assignments	<u>Due Date</u>	<u>Value</u>
Family Case Study Assignment	November 17	10
Learning Activities	See below	10
<i>The assignments below must be completed by the date indicated:</i>		
• WHO growth charts Module 1, 2, & 3	September 8	
• Period of Purple Crying module	September 22	
• WHO growth charts module 4&5	October 13	
• Children & Grief Self Study	October 20	

It is recommended that the assignments below are completed by the dates indicated but can be submitted up to the first day of the exam period (Dec. 6):

- Growth & Development Review September 15
- Diabetes and Insulin November 24
- HESI Case Studies
 - Asthma October 27
 - RSV Bronchiolitis October 27
 - Acute Lymphoblastic Leukemia (ALL) November 3
 - Dehydration November 10
 - Fluid & Electrolytes November 10
 - Compound Fracture November 17

Clinical Assignments

Journal Article Summary	Rotation 1 – October 6 Rotation 2 – November 17	10
Developmental Assessment	Rotation 1 – October 6 Rotation 2 – November 17	10

Exams/Quizzes

Online Quiz 1	October 6 to October 9	15
Online Quiz 2	November 3 to November 6	15
Math Competency Exam	October 30	See LRC Info.
Final Exam	As per exam schedule	30
	TOTAL	100

WEEKLY LECTURE AND SEMINAR SCHEDULE



Weekly Lecture & Seminar Schedule

Date	Topic	Readings	Location
September 6, 2017	Introduction to Nursing N2130	Nursing N2130 Syllabus	TBA
September 8, 2017	Perspectives of Pediatric Nursing	<p>Hockenberry, M.J. (2015). Perspectives of pediatric nursing. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 1-11). St. Louis, MO: Elsevier.</p> <p>Canadian Pediatric Society (2017). <i>Are We Doing Enough? A status report on Canadian public policy and child and youth health</i>. Ottawa, ON: Author</p>	HSB 104
September 11, 2017 Double class	<p><u>0900-1015hr</u></p> <p>Perspectives of Pediatric Nursing</p> <p><u>1030-1145hr</u></p> <p>Social, Cultural, Religious, and Family Influences on Child Health Promotion</p>	<p>Dudley, N., Ackerman, A., Brown, K. M., Snow, S. K., Shook, J. E., Chun, T. H., ... & Moore, B. R. (2015). Patient-and family-centered care of children in the emergency department. <i>Pediatrics</i>, 135(1), e255-e272</p> <p>Kuo, D.Z., Houtrow, A.J., Arango, P., Kuhlthau, K.A., Simmons, J.M., & Neff, J.M. (2012). Family-centered care: Current applications and future directions in pediatric health care. <i>Maternal Child Health Journal</i>, 16, 297-305.</p> <p>Franklin, Q. & Mooney-Doyle, K. (2015). Social, Cultural, Religious, and Family Influences on Child Health Promotion. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 17-26). St. Louis, MO: Elsevier.</p> <p>Center for the Developing Child (2007). <i>INBRIEF: The impact of early adversity on children's development</i>. Retrieved on August 28, 2017 from http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2015/05/inbrief-adversity-1.pdf</p>	HSB 104
September 12, 2017 0830-1030hr	Communicating with Children and Play	Hockenberry, M.J. (2015). Communication. Physical, and Developmental Assessment. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 91-97). St. Louis, MO: Elsevier.	HSB 104

		<p>Huecke, R. (2015). Family-centered care of the child during illness and hospitalization. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.875-880). St. Louis, MO: Elsevier.</p> <p>Jun-Tai, N. (2008). Play in hospital. <i>Paediatrics & Child Health, 18</i>(5), 233. doi:10.1016/j.paed.2008.02.002</p>	
September 15, 2017		<p align="center">Health Assessment today 0900 to 1145hr</p>	HSB 104
September 18, 2017		<p align="center">Health Assessment today 0900 to 1145hr</p>	HSB 104
September 19, 2017 0830-1030hr	Preparing Children for Procedures	<p>Brown, T. (2015). Pediatric Nursing Interventions and Skills. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 883-894). St. Louis, MO: Elsevier.</p> <p>Hockenberry, M.J. (2015). Pain Assessment and Management in Children. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 152-170). St. Louis, MO: Elsevier.</p>	HSB 104
September 22, 2017 0900-1145hr	<p>Social, Cultural, Religious, and Family Influences on Child Health Promotion</p> <p align="center"><i>This is a double class!</i></p>	<p>Franklin, Q. & Mooney-Doyle, K. (2015). Social, Cultural, Religious, and Family Influences on Child Health Promotion. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 26-34). St. Louis, MO: Elsevier.</p> <p>Children's Hospital of Eastern Ontario (2013). Joint Statement on Physical Punishment of Children and Youth: Executive Summary. Retrieved on August 28, 2017 from http://www.cheo.on.ca/uploads/advocacy/JS_Executive_Summary_En.pdf</p> <p>Canadian Pediatric Society (2016). <i>When your child misbehaves: Tips for positive discipline</i>. Retrieved on August 28, 2017 from http://www.caringforkids.cps.ca/handouts/tips_for_positive_discipline</p>	HSB 104

<p>September 25, 2017</p>	<p>Communicating with Families</p>	<p>Hockenberry, M.J. (2015). Communication, physical, and developmental assessment. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.91-105). St. Louis, MO: Elsevier.</p> <p>Wright, L. M., & Leahey, M. (2013). <i>Nurses and families. [electronic resource] : A guide to family assessment and intervention</i>. Philadelphia: F.A. Davis. Review pages 75-90, 219-225, & 263-277.</p>	<p>HSB 104</p>
<p>September 26, 2017</p> <p>0830-1030hr</p>	<p>Calculating Pediatric Safe Dosages</p>	<p>Curren (2010). <i>Dimensional analysis for meds.</i> Chapters 13, 14, 20.</p> <p>From the CD Rom that accompanies the text, please review the following sections:</p> <ul style="list-style-type: none"> - Decimal review - Expressing decimal fractions to the nearest tenth - Expressing decimal fractions to the nearest hundredth - Solving equations - Reducing fractions with zeros - Reducing fractions with decimals - Summary self test 	<p>HSB 104</p>
<p>September 29, 2017</p>	<p>Social, Cultural, Religious, and Family Influences on Child Health Promotion</p> <p><i>Impact of the social determinants of health</i></p> <ul style="list-style-type: none"> • Physical Environment • Income 	<p>Franklin, Q. & Mooney-Doyle, K. (2015). Social, Cultural, Religious, and Family Influences on Child Health Promotion. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (34-39). St. Louis, MO: Elsevier.</p> <p>Public Health Agency of Canada, <i>What makes Canadians healthy or unhealthy?</i> Retrieved from http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php</p>	<p>HSB 104</p>
<p>October 2, 2017</p>	<p>Family Nutrition</p>	<p>Health Canada (2015). <i>Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months</i>. Retrieved on August 28, 2017 from https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months.html</p> <p>Health Canada (2015). <i>Nutrition for Healthy Term</i></p>	<p>HSB 104</p>

		<p><i>Infants: Recommendations from Six to 24 Months.</i> Retrieved on August 28, 2017 from https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months/6-24-months.html</p> <p>Health Canada (2011). <i>Choosing foods: Children.</i> Retrieved on August 28, 2017 from https://www.canada.ca/en/health-canada/services/food-nutrition/canada-food-guide/choosing-foods/advice-different-ages-stages/children.html</p> <p>Wilson, D. (2015). Health promotion of the toddler and family. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.504-508). St. Louis, MO: Elsevier.</p> <p>Monroe, R.A. (2015). Health promotion of the preschooler and family. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.538-539). St. Louis, MO: Elsevier.</p> <p>Rodgers, C.C. (2015). Health promotion of the school-age child and family. . In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.591-592). St. Louis, MO: Elsevier.</p>	
<p>October 3, 2017</p> <p>0830-1030hr</p>	<p>Social, Cultural, Religious, and Family Influences on Child Health Promotion</p> <p><i>Early childhood development</i></p>	<p>Please review video about how to play THE BRAIN ARCHITECTURE GAME: https://dev.thebrainarchitecturegame.com/</p> <p>Center for the Developing Child (2009). <i>Five Numbers to Remember about Early Childhood Development.</i> Retrieved August 28, 2018 from http://developingchild.harvard.edu/resources/five-numbers-to-remember-about-early-childhood-development/</p> <p>Center for the Developing Child (2016). <i>From best</i></p>	<p>HSB 104</p>

		<p><i>practices to breakthrough impacts: A science-based approach to building a more promising future for young children and families (Key Findings).</i> Retrieved August 28, 2017 from http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2016/05/Key_Findings_Breakthrough_Impacts.pdf</p> <p>Center for the Developing Child (2016). <i>8 Things to Remember about Child Development</i>. Retrieved on August 28, 2017 from http://46y5eh11fhgw3ve3ytpwxt9r.wpengine.netdna-cdn.com/wp-content/uploads/2016/05/8-Things-to-Remember-About-Child-Development.pdf</p>	
October 6, 2017	Family Nutrition - Obesity	<p>Review WHO Growth Module 4 – Childhood Obesity</p> <p>Public Health Agency of Canada (2010). <i>Curbing childhood obesity: A federal, provincial, and territorial framework for action to promote healthy weights</i>. Retrieved from http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/pdf/ccofw-eng.pdf</p>	HSB 104
October 10, 2017	<p>Group B</p> <p>Communication, Physical, and Developmental Assessment</p> <p>**Students may complete Growth & Development Review assignment prior to class. Posted on Moodle</p>	<p>Hockenberry, M.J. (2015). Communication. Physical, and Developmental Assessment. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 99-150). St. Louis, MO: Elsevier.</p> <p>Rourke, L., Leduc, D., & Rourke, J. (2014). <i>The Rourke Baby Record</i>. Retrieved from http://roukebabyrecord.ca/pdf/RBR2014Nat_Eng.pdf</p> <p>Ages 6-9: Canadian Pediatric Society (2017). <i>The Greig Health Record</i>. Retrieved from http://www.cps.ca/uploads/tools/2017-GHR-Ages-6-to-9.pdf</p> <p>Ages 10-13: Canadian Pediatric Society (2017). <i>The Greig Health Record</i>. Retrieved from http://www.cps.ca/uploads/tools/2017-GHR-Ages-10-to-13.pdf</p>	HSB 104

		<p>Ages 14-17: Canadian Pediatric Society (2017). <i>The Greig Health Record</i> . Retrieved from http://www.cps.ca/uploads/tools/2017-GHR-Ages-14-to-17.pdf</p>	
	<p style="text-align: center;"><u>Group A</u></p> <p style="text-align: center;">Administering Meds to Children</p>	<p>Review readings from Curren (2010) on calculating pediatric dosages.</p> <p>Brown, T. (2015). Pediatric Nursing Interventions and Skills. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 914-916). St. Louis, MO: Elsevier.</p>	LRC
<p>October 13, 2017</p>	<p>Children & Grief</p> <p>Self-Study</p> <p>No face to face class today</p>	<p>Docherty, S.L., Brandon, D. Thaxton, C.A., & Barfield, R.C. (2015). Family-Centred Palliative Care. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.797-800). St. Louis, MO: Elsevier.</p> <p>Riely, M. (2003). Facilitating children's grief. <i>Journal of School Nursing, 19</i>(4), 212-218.</p> <p>Willis, C. (2002). The grieving process in children: Strategies for understanding, educating and reconciling children's perceptions of death. <i>Early Childhood Education Journal, 29</i>(4), pp. 221-226.</p>	<p>Self-Study</p> <p>See Moodle for details</p> <p>Due Friday, Oct. 20/17 @ 1600hr</p>
<p>October 16, 2017</p>	<p>Communication, Physical, and Developmental Assessment</p> <p>**Guest Speakers: Caring for a child with special needs.</p>	<p>Barry McElfresh, P. & Taneski Merck, T. (2015). Family –centered care of the child with chronic illness or disability. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 761-775). St. Louis, MO: Elsevier.</p> <p>Gordon, J. (2009). An evidence-based approach for supporting parents experiencing chronic sorrow. <i>Pediatric Nursing, 35</i>(2), 115-119.</p>	HSB 104

<p>October 17, 2017</p>	<p style="text-align: center;"><u>Group A</u></p> <p>Communication, Physical, and Developmental Assessment</p> <p>**Students to complete Growth & Development Review assignment prior to class. Posted on Moodle</p>	<p>Hockenberry, M.J. (2015). Communication. Physical, and Developmental Assessment. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 99-150). St. Louis, MO: Elsevier.</p> <p>Rourke, L., Leduc, D., & Rourke, J. (2014). <i>The Rourke Baby Record</i>. Retrieved from http://rourkebabyrecord.ca/pdf/RBR2014Nat_Eng.pdf</p> <p>Ages 6-9: Canadian Pediatric Society (2017). <i>The Greig Health Record</i> . Retrieved from http://www.cps.ca/uploads/tools/2017-GHR-Ages-6-to-9.pdf</p> <p>Ages 10-13: Canadian Pediatric Society (2017). <i>The Greig Health Record</i> . Retrieved from http://www.cps.ca/uploads/tools/2017-GHR-Ages-10-to-13.pdf</p> <p>Ages 14-17: Canadian Pediatric Society (2017). <i>The Greig Health Record</i> . Retrieved from http://www.cps.ca/uploads/tools/2017-GHR-Ages-14-to-17.pdf</p>	<p>HSB 104</p>
	<p style="text-align: center;"><u>Group B</u></p> <p>Administering Meds to Children</p>	<p>Review readings from Curren (2010) on calculating pediatric dosages.</p> <p>Brown, T. (2015). Pediatric Nursing Interventions and Skills. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 914-916). St. Louis, MO: Elsevier.</p>	<p>LRC</p>
<p>October 20, 2017</p>	<p>Safety and Injury Prevention</p>	<p>Monroe, R.A. (2015). Health promotion of the preschooler and family. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.539-540). St. Louis, MO: Elsevier.</p> <p>Rodgers, C.C. (2015). Health promotion of the school-age child and family. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 600-606). St. Louis, MO:</p>	

		<p>Elsevier.</p> <p>Wilson, D. (2015). Health promotion of the infant and family. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 442-448). St. Louis, MO: Elsevier.</p> <p>Wilson, D. (2015). Health promotion of the toddler and family. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 512-519). St. Louis, MO: Elsevier.</p> <p>Child Safety Link, <i>Useful Resources</i>. Retrieved from http://www.chilsafetylink.ca/resources.html</p> <p>Child Safety Link (2017). Children's injury prevention by age. Retrieved August 28, 2017 from http://chilsafetylink.ca/library/childrens-injury-prevention-by-age/</p>	
October 23, 2017	Family Centred Care of the Child During Illness and Hospitalization	<p>Hueckel, R. (2015). Family-centered care of the child during illness and hospitalization. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 864-881). St. Louis, MO: Elsevier.</p> <p>Justus, R., Wyles, D., Wilson, J., Rode, D., Walther, V., & Lim Sulit, N. (2006). Preparing children and families for surgery: Mount Sinai's multidisciplinary perspective. <i>Pediatric Nursing</i>, 32(1), 35-43</p>	HSB 104
October 24, 2017 0830-1030hr	Childhood Communicable and Infectious Diseases and Immunizations	<p>Wilson, D. (2015). Childhood Communicable and Infectious Diseases. . In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 193-221). St. Louis, MO: Elsevier.</p> <p>Health PEI (2017). <i>Adult and Child Immunization in PEI</i>. Retrieved from https://www.princeedwardisland.ca/en/information/health-and-wellness/adult-and-child-immunization-pei</p> <p>Freed, G., Clark, S., Butchart, A., Singer, D., & Davis,</p>	HSB 104

		M. (2010). Parental vaccine safety concerns in 2009. <i>Pediatrics</i> , 125, 654-660. Doi:10.1542/peds.2009-1962.	
October 27, 2017	The Child with Respiratory Dysfunction	<p>Conlon, P. & Wilson, D. (2015). The Child with Respiratory Dysfunction. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 1164-1170; 1188-1191; 1215-1233).</p> <p>Conlon, P. & Wilson, D. (2015). The Child with Respiratory Dysfunction. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 1164-1170; 1188-1191; 1215-1233). St. Louis, MO: Elsevier.</p> <p>Robinson, L. (2011). Preventing respiratory syncytial virus infections <i>Paediatrics & Child Health</i>, 16(8):488-490. Retrieved from http://www.cps.ca/en/documents/position/preventing-rsv</p>	HSB 104
October 30, 2017	Pediatric Safe Dose Competency Exam 1030-1130hr		HSB 104
October 31, 2017	Child with Respiratory Dysfunction	Conlon, P. & Wilson, D. (2015). The Child with Respiratory Dysfunction. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 1164-1170; 1188-1191; 1215-1233). St. Louis, MO: Elsevier.	HSB 104
November 3, 2017	Interpreting the Complete Blood Count	<p>George-Gay, B. & Parker, K. (2003). Understanding the complete blood cell count with differential. <i>Journal of Perianesthesia Nursing</i>, 18(2), 96-114.^e</p> <p>Herron, C. (2012). Deciphering diagnostics. Know your WBCs. <i>Nursing Made Incredibly Easy</i>, 10(1), 11-15.</p> <p>Marrs, J.A. (2006). Care of patients with neutropenia. <i>Clinical Journal of Oncology Nursing</i>, 10(2), 164-166.</p> <p>McCarron, K. (2007). Deciphering diagnostics. Clues in the blood: know your CBCs. <i>Nursing Made Incredibly Easy</i>, 5(3), 13-17.</p> <p>Montoya, V., Wink, D., & Sole, M. (2004). Anemia: what lies beneath. <i>Nursing Made Incredibly Easy</i>, 2(1), 37-45.</p>	HSB 104

		<p>Walden, P. (2010). Ask an expert. Neutrophil count down, infection risk up. <i>Nursing Made Incredibly Easy</i>, 8(5), 56</p> <p>George-Gay, B. & Parker, K. (2003). Understanding the complete blood cell count with differential. <i>Journal of Perianesthesia Nursing</i>, 18(2), 96-114.^e</p> <p>Marrs, J.A. (2006). Care of patients with neutropenia. <i>Clinical Journal of Oncology Nursing</i>, 10(2), 164-166.</p>	
November 6, 2017	The Child with Cancer	<p>Rodgers, C.C. (2015). The Child with Cancer. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.1379-1397; 1398-1402). St. Louis, MO: Elsevier.</p> <p>Radwin, L. E., Farquhar, S. L., Knowles, M. N. & Virchick, B. G. (2005). Cancer patients' descriptions of their nursing care. <i>Journal of Advanced Nursing</i>, 50 (2), 162-169.</p>	HSB 104
November 7, 2017 0830-1030	The Child with Fluid and Electrolyte Imbalance	<p>Hunter, G. (1996). An unnecessary death. <i>Canadian Nurse</i>, 92(6), 18-22.</p> <p>Mondozzi, M.A., Baker, R.A.U., & Wilson, D. (2015) The Child with Fluid and Electrolyte Imbalance. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 945-968). St. Louis, MO: Elsevier.</p> <p>Cuellar, T. (2017). <i>HESI comprehensive review for the NCLEX-RN examination</i>. (pp. 41-46 to the end of Table 3-10) Houston, Texas : Elsevier.</p>	HSB 104
November 10, 2017	The Child with Gastrointestinal Dysfunction	<p>Bender, B., Skal, C., & Ozuah, O. (2005). Oral rehydration therapy: The clear solution to fluid loss. <i>Contemporary Pediatrics</i>, 22(4), 72-76.</p> <p>Rodgers, C.C. & Wilson, D. (2015). The Child with Gastrointestinal Dysfunction. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 1051-1068). St. Louis, MO: Elsevier.</p>	HSB 104

<p>November 17, 2017</p> <p>0900-1145hr</p>	<p>Adolescent Suicide</p> <p>**Please note that this is a double class and will begin at 0900hr.</p>	<p>Wilson, D., Bruening, M., & Lowdermilk, D.L. (2015). Health problems of the Adolescent. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.750-753). St. Louis, MO: Elsevier.</p> <p>Kostenuik, M., and Ratnapalan, M. (2010). Approach to adolescent suicide prevention. <i>Canadian Family Physician, 56</i>, 755-760.</p>	<p>HSB 104</p>
<p>November 20, 2017</p>		<p>Health Assessment today</p> <p>0900 to 1145hr</p>	<p>HSB 104</p>
<p>November 21, 2017</p> <p>0830-1030</p>	<p><u>Group A</u></p> <p>Seizures</p> <p>Child Maltreatment</p> <p><u>Group B</u></p> <p>Simulation</p>	<p><u>Group A</u></p> <p>Rodgers, C.C. (2015). The child with cerebral dysfunction. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 1463-1481). St. Louis, MO: Elsevier.</p> <p>Besag, f., Nomayo, A., & Pool, F. (2005). The reactions of parents who think that a child is dying in a seizure- In their own words. <i>Epilepsy & Behavior, 7</i>, 517-523.</p> <p>All students are expected to have completed the <i>Period of Purple Crying</i> Module.</p> <p>McCarthy, K. (2015). Health problems of early childhood. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 556-566). St. Louis, MO: Elsevier.</p> <p>Meskauskas, L., Beaton. K., & Meservey, M. (2009). Preventing shaken baby syndrome. <i>Nursing for Women's Health, 13</i>(4), 325-330.</p> <p><u>Group B</u></p> <p>**Student will have completed the HESI Case Study – Compound fracture in advance of this simulation</p> <p>Preparation for Simulation:</p> <p>Review:</p>	<p>HSB 104</p>

		<ul style="list-style-type: none"> • Pediatric Assessment resources • Impact Of Hospitalization resources • Communicating with children and Preparation for Procedures resources. <p>Readings: Hockenberry, M.J. (2015). Pain assessment and management in children. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.152-189). St. Louis, MO: Elsevier.</p> <p>Drummond, A. & Curry, M.R. (2015). The child with musculoskeletal or articular dysfunction. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.1567-1575). St. Louis, MO: Elsevier.</p> <p>Rodgers, C.C. (2015). The child with cerebral dysfunction. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.1442-1452). St. Louis, MO: Elsevier.</p>	
November 24, 2017	The Child with an Eating Disorder **Guest Speaker from IWK team	<p>Campbell, K. & Peebles, R. (2014). Eating Disorders in Children and Adolescents: State of the Art Review. <i>Pediatric</i>, 134(3), 582-592. Doi: 10.1592/peds.2014-1094</p> <p>Wilson, D, Bruening, M., & Lowdermilk, D.L. (2015). Health Problems of the Adolescent. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 737-745). St. Louis, MO: Elsevier.</p>	HSB 104
November 27, 2017	The Child with Endocrine Dysfunction **Students may complete learning activity on the <i>Diabetes and Insulin</i> before this class	<p>Barry, A. Connelly, E., & Brill, P. (2015). The child with endocring dysfunction. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp. 1519-1539). St. Louis, MO: Elsevier.</p> <p>Sutcliffe, K., Sutcliffe, R., & Alderson, P. (2004). Can very young children share in their diabetes care? Ruby's story. <i>Paediatric Nursing</i>, 16(10), 24-26.</p>	HSB 104

		<p><i>infants and children</i> (pp.1567-1575). St. Louis, MO: Elsevier.</p> <p>Rodgers, C.C. (2015). The child with cerebral dysfunction. In Hockenberry, M.J. & Wilson, D. (Eds.). (2015). <i>Wong's nursing care of infants and children</i> (pp.1442-1452). St. Louis, MO: Elsevier.</p>	
December 1, 2017	Review, Wrap-up, and Course Evaluations		HSB 104

N2130 Learning Resource Centre Schedule

The purpose of the lab experience in this course is to provide you with an opportunity to practice new psychomotor skills and enhance your communication skills with children and families.

Learning Resource Centre Schedule

The dates, titles, and assigned readings for each of the labs incorporated into N213 are included in the class schedule.

Math Competency Policy

Any student who has completed a lab or class on medication or intravenous therapy must write a Mathematics Competency Test, and achieve a grade of 85%. Calculators **are not** permitted during the test.

Remedial help will be available prior to writing a supplemental test. It is the student's responsibility to arrange help sessions with Learning Resource Centre instructors, if desired, prior to the date of the supplemental test.

If a student is not successful in a supplemental test, faculty, in consultation with the Dean of Nursing, reserves the right to assign a failure in the course. The decision to fail the student will be made on a case-by-case basis, with consideration given to the student's academic and clinical performance in the program. Documentation of a failed math competency exam will be placed in the student's file.

Should a student fail three math competency exams throughout the program, this may be cause for dismissal from the program.

Students must pass the N2130 Math Competency Exam (85% or greater) to receive a passing grade in Nursing 2130.

Pediatric Safe Dose Competency Exam: Monday, October 30, 2017, 1030-1130 hours
Location: **Health Sciences 104**

Supplemental Exam Date: TBA

CLINICAL EXPERIENCES



Overview of Clinical Experiences

The focus of this course is on caring for children and families with children. It is a community based course and will include experiences in the community (Schools and Public Health Nursing) and also acute care settings that provide services for children and families.

The clinical experiences are divided into two rotations. Each student will spend six consecutive weeks in each of the two clinical rotations. All students will complete a School Health rotation which involves working with children in kindergartens. Each student will also complete a rotation in **either** Public Health Nursing **or** in a Pediatric Acute Care setting.

Clinical experiences

A. School Health Experience (All students)

- Orientation & post-clinical conference
- Kindergarten
- Teddy Bear Clinic

B. Public Health Experience

- Orientation & post-clinical conference
- Four Year Appraisal
- Child Health Conference
- Community Program Visit
- Additional Day (for student in Charlottetown)

OR

C. Pediatric Acute Care Experience

- Orientation & post-clinical conference
- Clinical experience at QEH or PCH

D. CIS Computer training

Pre-clinical Interviews

At the beginning of each rotation, the clinical instructor will interview each student in her clinical group. In preparation for this interview, students will identify, in writing, personal objectives for the learning experience based on the student's self-identified learning needs and course objectives. The pre-clinical interview form will be posted on Moodle.

School Health Experience

Each student will spend time visiting a school kindergarten in the Charlottetown *or* Summerside area. This experience will provide students with an opportunity to apply developmental and communication theory when interacting with children, assess health-related needs of young children, and provide age-appropriate teaching on a health-related topic.

The School Health experience will include:

- Three days working with preschoolers in a kindergarten program
- One day preparing for and participating in a Teddy Bear Clinic for Preschoolers.

Setting and Time Frame:

See Moodle for the School Health Clinical Rotations. The specific dates when you will attend the various programs and detailed information re the various child care programs will be posted on Moodle.

Dress:

Wear comfortable clothing/footwear appropriate for caring for young children (no sweat pants or jeans) and your School of Nursing name tag. Wear appropriate clothing so you can accompany children during their outdoor activities.

Objectives:

1. Identify types of early childhood programs available locally and discuss services provided by each.
2. Observe and discuss the normal variations in growth and development between children of similar ages.
3. Interact with children on a level appropriate to their developmental stage and level of understanding.
4. Provide basic care for children.
5. Use appropriate safety precautions when caring for children.
6. Incorporate theory and principles of teaching and learning when planning and providing an age appropriate educational session for children in a kindergarten setting.
7. Prepare children for encounters with health care professionals by planning and participating in a Teddy Bear Clinic.

Required Readings:

Available at E reserve (Clinical Readings for School Health Experience)

Beach, J., & Bertrand, J. (2009). Early childhood programs and the education system. *Pediatrics and Child Health, 14*(10), 666-668.

Campbell, A., & Brown, S.T. (2008). The healthy teddy clinic: An innovative pediatric clinical experience. *Teaching and Learning in Nursing, 3*, 72-75.

Child Safety Link (2017). Children's injury prevention by age. Retrieved August 28, 2017 from <http://childsafetylink.ca/library/childrens-injury-prevention-by-age/>

Monroe, R.A. (2015). Health promotion of the preschooler and family. In Hockenberry, M.J. & Wilson, D. (Eds.), *Wong's Nursing Care of Infants and Children* (523-541). St. Louis, MO: Elsevier.

Laforet-Fliesser, Y., MacDougall, C. & Buckland, I. (2012). School Health. In L. Stamler & L. Yiu (Eds.) *Community health nursing: A Canadian perspective* (3rd ed., pp. 283-299). Toronto, ON: Pearson.

Flanagan, K. (2010). Early learning in PEI: An investment in the Island's Future. Retrieved August 28, 2017, from http://www.gov.pe.ca/photos/original/edu_earlyyrsRpt.pdf

Post-clinical Conference for the School Health Rotation:

A post-clinical conference will be scheduled following completion of this rotation. Students will engage in discussion and share observations regarding their experiences.

Evaluation:

Clinical instructors will visit students periodically in the various schools to assess their knowledge and ability to apply theory in practice. Evaluation will also be based on the quality of your written preparation, the quality and delivery of the kindergarten presentation, your participation during the Teddy Bear Clinic, and your preparation for and participation in pre- and post-clinical conferences. Early childhood educators in the various School Health programs will provide written feedback regarding each student's performance.

Clinical Preparation

Thorough preparation for clinical is a student responsibility and an essential component of providing safe, quality nursing care to clients. The following guidelines provide an overview of expected preparation for your School Health experience.

You are expected to review:

- The normal growth and development for the pre-schooler (4 & 5 year olds)
- The assigned readings

Written Preparation- School Health

Value: 10 points

The written preparation for School Health is a graded assignment. You are expected to prepare a growth and development summary for preschoolers (4 & 5 year olds). You should bring your growth and development (G&D) summary to clinical each day to guide your observations and assessments. Your instructor will review your clinical preparation with you in the clinical setting to assess your level of preparation and your ability to apply critical thinking to child development observations. They will also grade your assignment. Your knowledge, performance, interest, interaction with children and staff, active participation in the program, as well as a discussion of primary health care concepts will be assessed in your clinical evaluation.

1. Growth and Development Summary

Due: First Day of Clinical

- a. Create one document of 4 year olds and one for 5 year olds.
 - i. Point form in a chart is acceptable.
- b. Using the Table 13-1 (pg. 529 in Wong's Nursing Care of Infants and Children, 10th ed.), summarize the normal developmental milestones related to the criteria below and include 3 measureable developmental milestones:
 - i. Cognitive development
 - ii. Motor skill development
 - iii. gross motor
 - iv. fine motor
 - v. Communication and language development
 - vi. Social development
- c. Summarize the normal physical growth trends for pre-schoolers children.

2. Analysis

Due: Rotation 1: October 6 and Rotation 2: November 17

- a. Answer the following questions:
 - i. What influences impact a child's ability to meet their developmental milestones? Or not meet their developmental milestones?

- ii. Identify and describe the type of play associated with this age. Provide two specific examples of toys or games.
- iii. Identify two leading safety concerns and appropriate prevention strategies.
- iv. Why would a nurse need to consider a child's stage of growth and development when providing health teaching?

The written clinical preparation that you are handing in to be graded should include:

- When this assignment is submitted for grading, APA format is expected for the cover page and the references. Please refer to resources on Moodle.
- Remember to reference all content that is not student's original work.
- This assignment should be no longer than 2000 words (excluding cover page and references).
- Include observable and measurable milestones to best illustrate growth and development and guide analysis of observations. This assignment will also be very useful in the public health and acute care pediatric clinical sites.

Teddy Bear Clinic

Most young children visit health care professionals (Doctor's office, Outpatient Dept. or Emergency Room, etc.) during their preschool years. These experiences frequently involve unfamiliar environments, tests, and/or treatments and can be stressful for young children. A Teddy Bear/Doll clinic is a fun way for children to learn about health care in a friendly and structured environment.

Students will work in groups of 5-14 and will provide Teddy Bear Clinics for children in a local kindergarten. Each child will bring a teddy bear or doll to the clinic and will act in the role of the parent so he/she can observe an encounter with a health care professional (in this case a nurse), in a non-threatening environment.

The purposes of this experience are to:

- help children to establish trust with a professional in a friendly environment;
- familiarize the children with commonly used medical equipment;
- help children express their feelings associated with this type of experience.
- provide age-appropriate health teaching to young children.

Setting: Local kindergartens.

Objectives for Nursing Students:

- Have fun while incorporating relevant theory (e.g. growth and development, teaching and learning, communication, etc.) when planning a Teddy Bear Clinic for preschool children.
- Communicate effectively with children using age-appropriate and non-threatening terminology to familiarize children with medical equipment and common procedures that they might encounter during a visit to a health care professional.

- Select age-appropriate learning activities to teach children positive health practices.
- Promote active involvement of the children and encourage them to express concerns and feelings about the health care encounter through play.

Process:

The overall plans and format for the Teddy Bear Clinic have been developed. However, each group of students will be expected to plan specific details for the Teddy Bear Clinic which they will be implementing. These plans will include:

1. Teaching Plan

- a. **Each group**, will have an initial meeting to discuss the how they will go about leading their Teddy Bear Clinic and will discuss the teaching plan as a group.
- b. **Each group**, will complete the following and submit to their instructor one week in advance of the Teddy Bear Clinic:
 - i. Identification of the specific health practices they will be teaching to the children during the clinic (e.g. hand washing, dental health, sleep, nutrition, exercise, etc.). Students will consult with Kindergarten teachers regarding these choices.
 - ii. Two learning objectives, using the format for writing behavioural objectives discussed during orientation. Students are expected to identify specific and measurable objectives for the teaching session: What do you expect the children to learn or be able to do following the presentation?

2. Summary of developmental characteristics:

- a. **Each student** will complete the following and submit to their instructor one week in advance of the Teddy Bear Clinic:
 - i. Identify *normal characteristic that influence learnings of the age group* and discuss implications of each of these characteristics for your teaching. (Refer to readings listed below from Hockenberry & Wilson and Bastable).
 - ii. List any *unique characteristics/special needs* of member(s) of the group that may affect learning and discuss implications of each of these characteristics for your teaching. (Be specific)

Students are expected to use appropriate APA referencing (in-text and reference page) if using sources of information beyond observations.

Required readings for Teddy Bear Clinic Preparation:

Bastable, S. & Doody, J.A. (2008) Behavioral objectives. In S. Bastable *Nurse as educator: Principles of teaching and learning for nursing practice* (3rd ed.) pp. 387-393. Boston, Mass: Jones & Bartlett.

Bastable, S. & Dart, M.A. (2008). Developmental stages of the learner. In S. Bastable *Nurse as educator: Principles of teaching & learning for nursing practice* (3rd ed.) p. 152; 159-162. Boston, Mass: Jones and Bartlett.

Campbell, A., & Brown, S.T. (2008). The healthy teddy clinic: An innovative pediatric clinical experience. *Teaching and Learning in Nursing, 3*, 72-75.

Hockenberry, M.J. (2015). Communication, Physical, and Developmental Assessment. In Hockenberry, M.J. & Wilson, D. (Eds.), *Wong's Nursing Care of Infants and Children* (95-99). St. Louis, MO: Elsevier.

Public Health Nursing Experience

The Public Health Nursing experience will have students buddied with a Public Health Nurse at one of 3 offices. Possible experiences include:

1. an orientation to Public Health Nursing
2. assisting with Child Health Clinic
3. assisting in 4 year appraisals working with the Public Health Nurse.
4. Other public health experiences depending on availability and role of the nurse on that day.

All students will complete:

1. One day visiting a community health service that promotes wellness for families with children and preparing a presentation about the service/agency for classmates.

Setting: PHN Office, 161 St. Peter's Road, Charlottetown
PHN Office, 126 Douses Road, Montague
PHN Office, 205 Linden Ave, Summerside

Dress: Street clothes (no jeans) and low, comfortable shoes.
Lab coat and name tag for all PHN clinics.
Name tag for visit to Community Agency

Time Frame: See Public Health Nursing Clinical Rotation

Objectives:

1. Identify the various roles of the PHN as she works with families with children.
2. Discuss how principles and services of Primary Health Care are integrated into practice in Public Health Nursing.
3. Use therapeutic communication skills to develop a helping relationship with children and their parents.
4. Provide safe, holistic family-centered care in an organized manner.
5. Assess children's physical growth, plot measurements on percentile charts, and interpret findings.
6. Observe the growth and development of children at various stages of childhood and begin to recognize deviations from the normal.
7. Discuss common concerns expressed by parents regarding their child's growth and development and discuss ways in which nurses can work with families to promote and maintain family health.
8. Recognize the need for family teaching and implement appropriate teaching for clients
9. Discuss the immunization schedule, indicators, contradictions, and side effects of the various vaccines and provide appropriate family teaching regarding immunizations.
10. Observe children's reactions to immunizations and utilize strategies to minimize the child's discomfort.

Post Clinical Conference:

At a designated time following the experience, students will be expected to participate in a post-clinical conference to discuss the PHN experience. During this conference students will also provide a presentation on

the specific community health service that s/he visited. (See class schedule for date, time, and location of the post-clinical conference).

Evaluation:

Evaluation for the PHN rotation will be based on the student's performance during the various experiences and his/her participation in the pre- and post-clinical conferences. In preparation for his/her evaluation each student will be expected to complete a written self-evaluation of performance (See Student Self-Evaluation Form on Moodle).

Required Resources:

- Available on E reserve

Freed, G.L., Clark, S.J., Butchart, A.T., Singer, D.C., and Davis, M.M. (2010). Parental vaccine safety concerns in 2009. *Pediatrics*, 125, 654-660.

Health Canada (2015). *Nutrition for Healthy Term Infants: Recommendations from Birth to Six Months*. Retrieved on August 28, 2017 from <https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months.html>

Health Canada (2015). *Nutrition for Healthy Term Infants: Recommendations from Six to 24 Months*. Retrieved on August 28, 2017 from <https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/infant-feeding/nutrition-healthy-term-infants-recommendations-birth-six-months/6-24-months.html>

Health Canada (2011). *Choosing foods: Children*. Retrieved on August 28, 2017 from <https://www.canada.ca/en/health-canada/services/food-nutrition/canada-food-guide/choosing-foods/advice-different-ages-stages/children.html>

Health PEI (2007). *The Baby Help Book: Feeding and Immunizing your Baby*. Retrieved from http://www.gov.pe.ca/photos/original/HPEI_babyhelp.pdf?_ga=1.193489709.1009408721.1473032619

Health PEI (2017). *Public Health Nursing*. Retrieved from <https://www.princeedwardisland.ca/en/information/health-pe/public-health-nursing>

Hersghell, A. D., Greco, L. A., Filcheck, H.A., & McNeil, C. B. (2002). Who is testing whom? Ten suggestions for managing the disruptive behavior of young children during testing. *Intervention in School and Clinic*, 37(3), 140-148.

MacDonald, N. E., & Finlay, J. C. (2013). Working with vaccine-hesitant parents. *Paediatrics & Child Health*, 18(5), 265-267.

Monroe, R.A. (2015). Health Promotion of the Preschooler and Family. In Hockenberry, M.J. & Wilson, D. (Eds.), *Wong's Nursing Care of Infants and Children* (523-540). St. Louis, MO: Elsevier.

Rourke, L., Leduc, D., & Rourke, J. (2014). *The Rourke Baby Record*. Retrieved from http://roukebabyrecord.ca/pdf/RBR2014Nat_Eng.pdf

Rourke, L., Leduc, D., & Rourke, J. (2014). *The Rourke Baby Record*. Retrieved from http://roukebabyrecord.ca/pdf/RBR2014Nat_Eng.pdf

Wilson, D. (2015). Health Promotion of the Infant and Family. In Hockenberry, M.J. & Wilson, D. (Eds.), *Wong's Nursing Care of Infants and Children* (413-449). St. Louis, MO: Elsevier.

Wilson, D. (2015). Health Promotion of the Toddler and Family. In Hockenberry, M.J. & Wilson, D. (Eds.), *Wong's Nursing Care of Infants and Children* (488-519). St. Louis, MO: Elsevier.

PREPARATION FOR PUBLIC HEALTH NURSING CLINICAL EXPERIENCE

- Review the "PHN Orientation Information" (available on Moodle in PHN section)
- Review normal growth and development for infants, toddlers, & preschoolers. (Chapter 10, 12, & 13 in *Wong's Nursing Care of Infants and Children*).
- Be prepared to discuss developmental milestones, nutrition, immunizations, and safety in relation to infants, toddlers, and preschoolers (4 & 5-year olds) with the instructor, assigned Public Health Nurse and/or parents.
- Review readings assigned for the classes/assignments related to Infant and Preschooler Nutrition.
- Review guidelines for Launching Little Ones assessments (2 month, 4 month, 6 month, 12 month and 18 month and 4 & 5 year olds) (provided during orientation).
- Review WHO growth chart module information. Be prepared to plot measurements (height, weight, head circumference) on the WHO growth charts and interpret results for the parents.

Please prepare and submit the following information to your clinical instructor on the first day of clinical at Public Health Nursing.

The information should be presented neatly and typed.

1. **Expected Growth Trends:**

- a. Using your text/assigned readings, prepare a summary of the general growth trends you would expect to see in **infants and toddlers**. Include the average measurements for the following:
 - i. Weight
Birth 6 months 12 months
 - ii. Length

Birth 6 months 12months

iii. Head Circumference

Birth 6 months 12months

- b. Prepare a summary of the general growth trends you would expect to see during the **preschool years** (3-5 years).
2. Using your text/assigned readings, prepare a summary of the growth and development of the **infant and toddler** for the following areas. For each of the categories listed above, select **2** milestones that are realistic and measurable:
- a. Motor Development
 - i. Gross motor
 - ii. Fine motor
 - b. Sensory Development (for infant and toddler)
 - c. Vocalization/Language
 - d. Socialization/Cognition
 - e. Nutrition
3. Using your text/assigned readings, students will complete written preparation for clinical related to assessments of the 4 & 5 year old. This written preparation is to be completed prior to arriving for your clinical experience. This preparation will be posted on Moodle and is to be completed and passed into the clinical instructor on arrival to the clinic. Clinical preparation will include completing case studies and multiple choice questions related to the guidelines and readings listed above.
4. **Immunizations:**
Complete the following table by identifying all vaccines recommended for children on PEI between the ages of 2 months and 5 years.

Vaccine	Protects Against	Age Given	Side effects: - general - serious - severe	Contraindications

Public Health Nursing Assignments

Journal Article Summary

Value: 10 points

Write a brief summary (1500 word maximum) of *two* articles (on the same topic) you have read that are directly related to your clinical experience in public health nursing (e.g. immunization, child health surveillance, anticipatory guidance, growth and development assessment, parenting education, etc.). Your summary should include:

1. Why you chose the article?
2. Why is this article relevant/applicable to practice in Public Health Nursing?
3. What are the main points the authors are trying to convey?
4. How could you use what you learned from these articles to support your nursing practice in the future?

This is to be written using APA format with a minimum of 2 levels of heading, a cover page, in-text citations and reference page.

N2130 Community Agency Assignment

Value: Included in clinical evaluation

PEI offers a variety of community resources that are designed to support individuals and families, promote healthy lifestyles, and help Islanders improve the quality of their health. The purpose of this experience is to increase the students' awareness of these community resources and enhance his/her ability to initiate appropriate referrals for clients.

Setting: A program that provides a health promotion program/service for healthy children and/ or families.

Time Frame: Research and visit to be completed during your Public Health rotation and to be presented during the post-clinical conference.

Objectives:

1. Identify various community agencies in PEI that support and strengthen individuals and families and enable them to increase control over or to improve their health.
2. Visit a specific community agency to obtain a comprehensive overview of the program offered to children and families.
3. Examine how programs offered by community agencies incorporate to principles of PHC.
4. Discuss how these programs can influence the health of children and families.
5. Discuss potential role(s) that a nurse could assume in relation to the program visited.
6. Begin to develop skills in peer teaching by providing an overview of the program offered by a specific community agency to classmates.

Process:

Students will work in pairs. A list of Community Agencies/Programs will be provided during orientation. Each pair of students will select a program from the list (or one of your choice which has been approved by your clinical instructor) and spend the equivalent of one half a clinical day visiting the agency and researching the chosen community program. Students will actively participate in the program and interview appropriate staff and participants and will share information about the program with classmates during post-clinical conference. See guidelines below regarding expectations for the presentation.

Community Agency/Program Presentation

Each pair of students should be prepared to present the following information regarding the community agency/program that you visited. You will be allotted 10 minutes for your presentation. You are expected to use a variety of teaching aids.

Please address the following information regarding the agency you visited:

1. Name of program. Should include contact person and location.
2. Objectives of the program
3. Target group
4. Description of the program
5. Provide one example to illustrate how each PHC principle is incorporated in the program.
6. Identify potential role(s) for a nurse within this program

Acute Care Pediatric Experience

Clinical settings will be at the Queen Elizabeth Hospital in Charlottetown and at the Prince County Hospital in Summerside. There are 12 clinical hours per week in this course.

Dress Code

Please see Student Manual for details regarding dress code.

Clinical Hours

Day Shifts

Wednesday: 0730-1530

Thursday: 0730 - 1530

Evening Shifts

Wednesday: 1530 -1930

Thursday: 1530-1930

Clinical conference

Clinical conferences will be held at the discretion of the clinical instructor. These conferences are an opportunity to share learning experiences, analyse client care situations, review clinical skills, and discuss student questions and concerns.

Pre-clinical Interviews

During orientation to clinical, the clinical instructor will hold a brief individual interview with each student in the clinical group. The purpose of this interview is for the student and clinical instructor to formulate goals for the learning experience based on the student's self-identified learning needs and the expectations for the course. To prepare for this interview, students will complete a brief self-evaluation (to be distributed on 1st day of class).

Clinical Preparation

Clinical experience is graded on a pass/fail basis (See Evaluation Forms on Moodle).

Clinical evaluations will be completed at midterm and at the end of the semester by appointment with your clinical instructor. **Students are expected to bring a completed self-evaluation to the appointment. Students who come to the appointment without this will be rescheduled for a later date.**

1. Data Collection:

The following is an overview of the data that students will collect on Tuesday evening (between 4:00 and 6:30 pm).

- **Lab coats and name tags (no blue jeans) are required** when visiting the nursing units for data collection.
- Using the N2130 Acute Care Pediatrics Clinical Assessment Tool (posted on Moodle), students will review the patient chart and gather the necessary information to plan their care for their patient. The clinical assessment tool is not only to be used for clinical preparation but is expected to be used as a working document that the student will document and change as they work with their

patient. The clinical assessment tool will be reviewed by the clinical instructor daily and is to be passed in to the clinical nursing instructor at the end of the last clinical day. Clinical Instructors will review the specific expectations for clinical in orientation.

2. Prepare an organizational plan (i.e. a work plan) for your shift.

- This is a specific orderly, sequential plan which outlines the care you will provide for your client(s) during your shift (include all relevant assessments, vital signs, all medications as well as coffee & lunch break in your plan). The purpose of this plan is to organize your shift; therefore, it should be kept in your pocket. This is included in the N2130 Clinical Assessment Tool.

3. Medication Cards for client(s)

- When you are on the Pediatric Unit, you are expected to have researched and be prepared to verbalize knowledge of each routine **and** each prn (or as needed) medication prescribed for your patient including:
 - Classification
 - General action
 - Reason pt. is receiving the medication
 - Pediatric safe dose
 - Is your patient's dose within the safe range?
 - Important side effects
 - Nursing implications, include an implication for client teaching
 - For liquid medicines, calculate volume to be administered
- Please bring your drug books with pages noted that you may need to refer to for medication administration. You may also choose to create/use drug index cards with information available as above.
- Thorough preparation for clinical is a student responsibility and an essential component of safe, quality client care.

4. Home Preparation for Clinical Experience

- a. Use your textbook and other appropriate resources to research the following information about your client. Be prepared to discuss with your clinical instructor.
- b. Diagnosis of the assigned client(s)
- c. Etiology and pathophysiology of your client's condition
- d. Usual signs and symptoms
- e. Signs and symptoms exhibited by your client
- f. Appropriate nursing care, including any skills required to care for the client(s)
- g. Medications
- h. Relevant diagnostic tests
- i. Relevant growth and development
- j. Communication techniques and skills

Acute Care Pediatrics Clinical Assignments

Journal Article Summary

Value: 10 Points

Write a brief summary (1500 word maximum) of *two* articles (on the same topic) you have read that are directly related to your clinical experience in acute care pediatrics (e.g. pediatric pain and pain management, preparing for procedures, child life specialist role, ambulatory care, communicating with children, pediatric physical assessment). Your summary should include:

1. Why you chose the article?
2. Why is this article relevant/applicable to practice in Public Health Nursing?
3. What are the main points the authors are trying to convey?
4. How could you use what you learned from these articles to support your nursing practice in the future?

This is to be written using APA format with a minimum of 2 levels of heading, a cover page, in-text citations and reference page.

Pediatric Patient Rounds

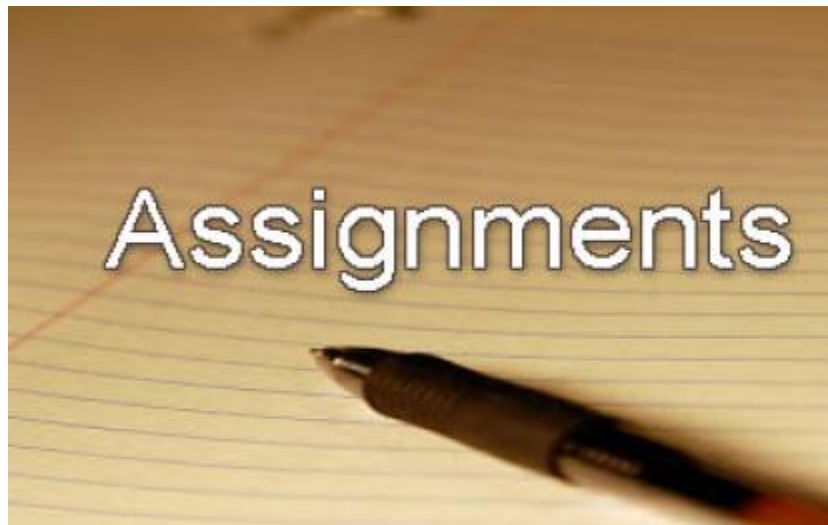
Value: Included in clinical evaluation

Students will have opportunity during the acute care pediatric rotation to care for children experiencing a variety of illnesses, both chronic and acute. Students will spend a considerable amount of time preparing to care for the children and will develop a significant knowledge base related to the illness or condition.

1. Students will be asked to present one of their patients to their classmates in Pediatric Patient Rounds. Students will elaborate on their client assessment tool to highlight particular aspects of the nurse's experience in caring for the child and the child and family's experience of the illness.
2. Students will:
3. Introduce the patient using the demographic data
4. Identify and define the diagnosis
5. Provide basic pathophysiology of the illness including signs & symptoms
6. Discuss their patient's signs and symptoms
7. Discuss assessments and nursing care including medications.
8. Discuss principles of family centered care as they have applied to the family they cared for

This will be an informal presentation in that no AV aids are necessary but students are expected to be knowledgeable of their patient and be prepared to answer questions.

ASSIGNMENTS



General Guidelines for Assignments

1. All written assignments require a title page. The title page must follow APA format (6th edition).
2. Please submit your assignment via the appropriate dropbox on Moodle. **Late assignments must be submitted directly to your professor.**
3. All assignments submitted via Moodle must be in a Word document. Students will be asked to resubmit their assignment if it is not in Word format.
4. Both ideas and quotations drawn from other sources must be referenced in the text. Refer to UPEI Academic Regulation 23 re Plagiarism and other forms of academic dishonesty.
5. Assignments must be submitted on time. **All assignments in N2130 will be due at 1600hr on Friday.** Please see page 10 for details. Exceptions without penalty may be made in the following situations:
 - When a student is ill, has reported to the Health Centre or a family physician, and has requested the Health Centre or the family physician to advise the School of Nursing regarding the need for an extension due to health reasons.
 - When a student has consulted with the **faculty member grading the assignment** prior to a submission date and has obtained an extension.
6. Extensions will not be granted unless there are extenuating circumstances.
7. Late assignments will be penalized 3% a day (including week-ends) for a maximum of 5 days. After that date, late assignments will not be marked and the student will receive a **grade of 0** on the assignment. However, all assignments must be submitted to fulfill course requirements.

Assignments

Critical Thinking Case Study Project

Value: 10 points

Students will work in groups of 4-5 to complete this formative assignment. Students will be provided with a case study family and will work through a series of assignments that will integrate the class, clinical, and lab material covered in Nursing 2130. Each student will be provided with a binder that outlines the expectations for the assignment including, but not limited to, format, word count, & APA expectations.

Students are encouraged to hand in their work to date the weeks of October 2nd and 30th for feedback. The assignment will not be graded at this time but rather the course professor will provide guidance on areas to build on. This is not a mandatory expectation but is recommended.

Learning Activities

Value: 10 points (total)

The assignments below must be completed by the date indicated on page 10:

WHO Growth Chart Modules

Value: 5 pts

Students will complete five (5) WHO Growth Chart Modules. These modules are to be completed as per the instructions found on Moodle and submitted on or before the dates outlined on page 10 of this syllabus.

Period of Purple Crying Modules

Value: 5 pts

Students will complete the Period of Purple Crying Module. This module is to be completed as per the instructions found on Moodle and submitted on or before the dates outlined on page 10 of this syllabus.

Children & Grief Self-Study

Value: 5 pts

Students will complete the readings outlined in the syllabus on page 17 (Oct. 13 class). Following review of the readings, students will answer the questions provided on Moodle under the section for ***Children & Grief Self-Study***.

It is recommended that the assignments below are completed by the dates indicated but can be submitted up to the first day of the exam period (Dec 6):

Growth & Development Review

Value: 5 points

In preparation for the lecture on Communication, Physical, and Developmental Assessment (September 30), students will complete a pre-class assignment related to growth and development. This on-line quiz is to be completed as per the instructions found on Moodle on or before the dates outlined on page 10 of this syllabus.

Diabetes and Insulin

Value: 5 points

In preparation for the lecture on Caring for Children with Diabetes (November 14), students will complete a pre-class assignment related to the pathophysiology of diabetes and insulin. This on-line quiz is to be completed as per the instructions found on Moodle on or before the dates outlined on page 10 of this syllabus.

HESI Case Studies

Value: 5 points each

Students will complete the following case studies. These case studies are found in your Evolve account in the HESI Case Studies under Pediatrics:

- Asthma
- RSV Bronchiolitis
- Acute Lymphoid Leukemia (ALL)
- Dehydration
- Fluid & Electrolytes
- Compound Fracture.