## **NURSING EDUCATION**

INSTRUCTOR: JENNIFER ESTES R.N.
PLANNING PERIOD: 2:25-3:15 PM
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I have attached a summary of the course descriptions, but if you would like a more detailed description of what your child will learn in my class, please use the following instructions to access the State of Tennessee's Department of Education website and view the standards and competencies for each course:

- Go to <a href="http://www.tennessee.gov/education">http://www.tennessee.gov/education</a>
- Click on the Educators-Administrators on the left side of the page
- Click on Curriculum/Standards
- Under Career Technical Education Course Standards click on Health Science
- Find the subject your child is enrolled in and open the standards and competency profile for your review. I offer Anatomy and Physiology, Emergency Medical Services, Health Science Education, and Medical Therapeutics.
- If you cannot access this website and would like to have a hard copy of these competencies, please contact me, and I will send you one.

## **Course Description from state website**

Nursing Education is a capstone course designed to prepare students to pursue careers in the field of nursing. Upon completion of this course, a proficient student will be able to implement communication and interpersonal skills, maintain residents' rights and independence, provide care safely, prevent emergency situations, prevent infection through infection control, and perform the skills required of a nursing assistant. At the conclusion of this course, if students have logged 40 hours of classroom instruction and 20 hours of classroom clinical instruction, and if they have completed 40 hours of site-based clinical with at least 24 of those hours spent in a long-term care facility, then they are eligible to take the certification examination as a Certified Nursing Assistant (CNA).

Prior to beginning work at a clinical site, students must be certified in Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR), and deemed competent in basic first aid, body mechanics, Standard Precaution guidelines, and confidentiality. Standards in this course are aligned with Tennessee State Standards in English Language Arts & Literacy in Technical Subjects, Tennessee State Standards for Anatomy & Physiology, and Tennessee Nursing Education Training Program requirements.\*

Note: In order for students to qualify for the nursing assistant certification examination, the training program must be approved at least 30 days before the first day of class by the Tennessee Department of Health Nurse Aide Training program staff.

GRADING SCALE/POLICY: Students will be given a participation grade based of evaluations of co-workers from participation, attitude, willingness to learn, and attendance. They will be required to give a weekly report. Students will be responsible for any and all work or assignments missed due to absence. By new school policy, the student will only have as many days as they missed to complete make up work. For example, if the student is out on Monday, get the work on Tuesday, the work will be due on Wednesday. If a student misses a quiz he/she may be given an alternate assignment to take its place. If a student misses a test with an excused absence, he/she will be expected to make up the test as per the above make up work policy. You must schedule a time either before or after school. All daily sheets will be due the next day upon return from an absence if it fall on the day daily sheets are due. Students will have graded work including research papers, with written and oral presentation.

STUDENT WORK: Students will be responsible for extensive research, written assignments, and presentations. Students will also be responsible for maintaining a portfolio with all of their work, including research, assignments, presentations, and daily journal entries. Students will use their critical care skills to take care of patients in multiple settings.

CLASS RULES: Students will follow the given rules and policies for each given facility. Students must maintain confidentiality. All problems will be addressed individually. Any problems reported by clinical facility such as confidentiality issues, ethics, morals, abuse, etc. will be handled on an individual basis, but can be the end product of dismissal from clinicals.

Student must not be tardy to a designated area. 2 or more tardies will result in a written assignment.

Student must report to clinical site on time and as directed.

Student must present with clean uniform, shoes and name tag on at all times.

Hair must be clean

Student will not have any odor including perfume, smoke, etc.

Hair must be pulled back at all times during clinicals.

Student must come prepared

Student must be polite at all times.

It is a requirement that they are HOSA members. We do some activities throughout the school year). This does not mean they have to compete or do nighttime activities.

We will be using a local medical facility.

Student must provide their own transportation to clinical site.

Student must have a 3.2 GPA unless determined otherwise by the instructor

Maintain absences with 9 or less per semester. (5 absences and no more than 4 Qualified Absences) per semester.

If student is going to miss a clinical day, they must report in prior to clinicals to the instructor and at the clinical site. This day will need to be made up by completing an assignment and possible a clinical day during an in-service day or weekend. Even if they are going to miss a class day, this is considered a clinical learning day, and they must call the instructor.

NURSING EDUCATION			
Student Name:	Class Period:		
**PLEASE SIGN THE FRONT AND	BACK OF THIS FORM		
	INTERNET FORM		
	/internet to look up medical diagnosis, medicatio se the internet. Internet usage will be supervised		
Yes, my child has permission t	to use the internet for school purposes.		
No, my child does not have pe	ermission to use the internet for school purposes		
	HIGH SCHOOL OF MCMINN COUNTY CE WAIVER/INFORMATION FORM		
Please check the appropriate box re	garding your child's insurance information and sig	gn below.	
I have purchased the School In:	surance Plan that was offered to my son/daughte	er.	
<del></del>	school Insurance Plan offered to my child. I do no d I will not hold the school financially liable for an school.	•	
I have adequate insurance coverinformation)	erage to cover the below named student. (Must o	complete	
Name of Insurance Company	Policy Number	_	
Parent Printed Name	Parent Signature	 Date	

PHOTO/VIDEO PERMISSION FORM

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Theses will only be used in connection		, , ,		
Yes, my child's pictures may b	e used for the above stated purposes.			
No, I do not wish for my child's picture to be used for the above stated purposes.				
Student Signature	Parent Signature	Date		
	NURSING EDUCATION			
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Parent/Guardian Name Printed	Parent/Guardian Signature	Date		
If you wish to have contact by email:	Please list your name and email address	below:		
Name	Email Address			