

9 Module Description: Pediatric Critical Care (electives)

Module name	Course Module
Module level, if applicable	Professional Nurse Degree Program
Code, if applicable	17559R0204
Subtitle, if applicable	-
Course, if applicable	Pediatric Critical Care
Semester(s) in which the module is taught	X
Person responsible for the module	Dr. Kadek Ayu Erika, S.Kep.,Ns.,M.Kes
Lecturer	1. Tuti Seniwati, S.Kep., Ns., M.Kes 2. Suni Hariati, S.Kep.,Ns.,M.Kes 3. Nur Fadhillah, S.Kep., Ns., MN.
Language	Indonesian Language [Bahasa Indonesia]
Relation to Curriculum	This course is an elective course and offered in the 10 th semester
Type of teaching, contact hours	Teaching methods used in this course are: <ul style="list-style-type: none"> - Bed side teaching - Pre-post conference - Reflective study - Nursing Round - One-Minute Preceptorship (OMP) - Case Based Discussion <p>The class size for lecture is approximately 7-10 students, therefore there are 3-4 students for each lecturer</p> <p>Clinical fieldwork is 186,67 hours.</p>
Workload	For this course, students are required to meet a minimum of 186.67 hours for clinical fieldwork.
Credit points	4 credit points (equivalent with 7.47 ECTS)
Requirements according to the examination regulations	Students presence must 100% and submitted all class assignments that are scheduled before the OSLEP.
Recommended prerequisites	Students must have graduated with Bachelor Science in Nursing (BSN) and must have passed the Fundamental of Nursing Practice, Pediatric Nursing Practice
Module objectives/intended learning outcomes	After completing the Pediatric Critical Care Practice: Attitude CLO1: Students will be able to provide pediatric critical nursing care with cultural sensitivity that respect to ethics, religions or other factors of each critical pediatric client as well as applying ethical and legal aspects in pediatric critical nursing practice (A1) Competence

	<p>CLO2: Students will be able to apply comprehensive and continuing pediatric critical nursing care in critical care unit (C1)</p> <p>CLO3: Students will be able to communicate effectively in establishing interpersonal relationships to pediatric critical clients and/or to family (C2)</p> <p>CLO4: Students will be able to apply the results of research in an effort to improve the quality of pediatric critical nursing care (C4)</p>
Content	<p>Students will learn about:</p> <ol style="list-style-type: none"> 1. Identifying pediatric critical cases 2. Identifying the service system in the critical care unit 3. Recognizing the equipment commonly used in the Pediatric Intensive Care Unit (PICU) 4. Operating the equipment commonly used in PICU 5. Implementing basic life assistance and prevent complications. 6. Assessing the bio-psycho-social of pediatric children and the factors that influence them 7. Assessing pediatric clients 8. Carrying out implementation in accordance with the plans that have been set on the client with health problems related to: <ul style="list-style-type: none"> - Respiratory System - Digestive System - Cardiovascular system - Nerve System - Urination System - Endocrine System - Growth and Development - Malignancy - Terminally ill patients - Dying patients 9. Providing pediatric critical nursing care and their families based on the principle: <ul style="list-style-type: none"> - Promotion, preventive, curative and rehabilitative. - Use appropriate technology - Involve children and their families to participate in care - Pay attention to the rights of the baby / child and his family - Pay attention to the level of child development - Pay attention to legal and ethical aspects 10. Caring for clients and families in the phase of loss 11. Preparing clients and families under conditions of death 12. Documenting the results of the actions that have been taken 13. Analyzing the gap between theory and practice found in the field 14. Communicating the results of nursing care to team members to be followed up 15. Evaluating the results of pediatric critical nursing care 16. Documenting the results of pediatric critical nursing care on patients record to be communicated to team members or team leaders.
Forms of Assessment	<ul style="list-style-type: none"> - Written test (MCQ) - DOPS (Direct Observation of Procedural Skills) - SOCA (Student Oral Case Analysis) - CIR (Critical Incidence Report) - Case Report - Portofolio - OSLER (Objective Structured Long Examination Record) - MSF-360 Degree (Multi Source Feedback)

<p>Study and examination requirements and forms of examination</p>	<p>Study and examination requirements:</p> <ul style="list-style-type: none"> - Students carry out Pediatric Critical Nursing Practice in accordance with the objectives to be achieved. - Students must be present 15 minutes before the activity begins, if students are late, they are required to report to the supervisor. - Students are obliged to work in the morning shift, afternoon and evening according to the official schedule. - 4. Students must wear complete attributes, if the attributes used are incomplete, students are not allowed to take part in practical activities and must replace the shift on other day - If students are late to attend at the ward (maximum of 15 minutes from the actual schedule), they are required to change their shift for 2 days - If Students are absent for 3 days, then their pediatric nursing practice is considered fail. - If during the Pediatric Nursing Practice students are absent without any confirmation, students are required to replace the shift for 2 days, while if students report sick, student only required to replace 1 day - The presence of students during this Pediatric Critical Nursing Practice must be 100% - If the students fail in one ward, the student still has to rotate and will return to that ward at the end of the round - 10. Students are said to have passed the professional nurse program if they have passed in all wards/sections. - Students are not allowed to leave practice site except with the permission of the supervisor - All the assignments and log book must be collected maximum of 1 week after the pediatric nursing practice takes place. The score of late assignments will be reduced by 5% per day. <p>Form of examination: Written test (MCQ) and OSLER</p>
<p>Media employed</p>	<p>PowerPoint Presentation, Nursing Kit</p>
<p>Reading list</p>	<ol style="list-style-type: none"> 1. Ashwill and Droske. (1997). <i>Nursing Care of Infant and Children</i>. Toronto: Mosby. 2. Depkes RI. 2014. Indikator Kompetensi Berdasarkan Level Jenjang Karir Perawat Klinik. Jakarta. 3. Gibbs, G. (1988). <i>Learning by Doing: A Guide to Teaching and Learning Methods</i>. Oxford: Oxford Further Education Unit 4. Herdman, T.H., & Kamitsuru, S.(Eds). (2014). <i>Nanda International Nursing Diagnoses: Definitiona & Classification</i>. 2015-2017. Oxford: Wiley Blackwell. 5. Hockenberry, J.M. & Wilson, D. (2009). <i>Wong’s Nursing Care of Infants and Children</i> (8th Edition). Canada: Mosby Company 6. James, S.R., Nelson, K.A., & Ashwill, J.W. (2013). <i>Nursing Care of Children Principles & Practice</i> (4th edition). St. Louis: Elsevier Saunders. 7. Kathleen Morgan Speer. (1999). <i>Pediatric Care Planning</i>. Pennsylvania: Spinghouse Corporation. 8. Marlene Mayer, Annete Yacobson. (1995). <i>Pediatric Nursing Clinical Care Plans</i>. Singapore: Mc Graw-Hill Inc. 9. Marlene Mayer, Annete Yacobson. (1995). <i>Perinatal/Neonatal Nursing Clinical Care Plans</i>. Singapore : Mc Graw-Hill Inc.

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| | <ol style="list-style-type: none">10. Moorhead, S., Johnson, M., Maas, M.L., Swanson, E. (Eds). (2013). <i>Nursing Outcome Classification (NOC)</i> (5th ed). St. Louis: Mosby Elsevier.11. Wilkonson, J.M&ahern, N.R. (2011). <i>Diagnosis Keperawatan Diagnosis NANDA. NIC Intervensi. NOC Outcome</i> (Edisi 9). Jakarta: EGC.12. Wong, D.L. (1999). <i>Clinical Manual of Pediatric Nursing</i>. Toronto Mosby.13. Wong, D.L. and Whaley. (1996). <i>Nursing Care of Infants ans Children</i>. Toronto: Mosby. |
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