

Module Description: Pediatric Nursing Practice

Module name	Course Module
Module level, if applicable	Professional Nurse Degree Program
Code, if applicable	17506R0203
Subtitle, if applicable	-
Course, if applicable	Pediatric Nursing Practice
Semester(s) in which the module is taught	IX
Person responsible for the module	Dr. Kadek Ayu Erika, S.Kep.,Ns.,M.Kes
Lecturer	1. Tuti Seniwati, S.Kep., Ns., M.Kes. 2. Nur Fadhillah, S.Kep., Ns., MN.
Language	Indonesian Language [Bahasa Indonesia]
Relation to Curriculum	This course is a compulsory course and offered in the 9 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 Preceptor (OMP) - Case Based Discussion <p>The class size for lecture is approximately 20 students, therefore there are 4-5 students for each lecturer Clinical fieldwork is 140.00 hours.</p>
Workload	For this course, students are required to meet a minimum of 140.00 hours for clinical fieldwork.
Credit points	3 credit points (equivalent with 5.60 ECTS)
Requirements according to the examination regulations	Students presence must 100% and submitted all class assignments that are scheduled before the OSLER.
Recommended prerequisites	Students must have graduated with Bachelor Science in Nursing (BSN) and must have passed the Fundamental of Nursing Practice
Module objectives/intended learning outcomes	After completing the Pediatric Nursing Practice: Attitude CLO1: Students will be able to provide pediatric nursing care with culture sensitivity that respect to ethics, religions or other factors of each pediatric client as well as applying ethical and legal aspects in pediatric nursing practice (A1) Competence CLO2: Students will be able to apply comprehensive and continuing pediatric nursing care in clinical and community setting based on research (C1)

	<p>CLO3: Students will be able to communicate effectively in establishing interpersonal relationships to pediatric 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 nursing care (C4)</p>
Content	<p>Students will learn about:</p> <ul style="list-style-type: none"> - Performing comprehensive nursing care for client (neonates, infants, toddlers, school age, adolescent age) through the nursing care process - The teamwork and working with other nursing students. - Assessing clients according to the objectives of the professional nurse degree program - Developing an action plan in accordance with the data analysis that has been carried out and communicate with team members to carry out nursing care - Carry out implementation accordance with the plans that have been set on the client with health problems related to : <ul style="list-style-type: none"> a. Respiratory System b. Digestive System c. Cardiovascular system d. Nerve System e. Urination System f. Endocrine System g. Growth and Development h. Malignancy i. Terminally ill patients j. Dying patients <p>f. Implementing nursing implementation in high-risk infants</p> <p>g. Communicating the results of nursing care to team members to be followed up</p> <p>h. Evaluating the results of nursing care</p> <p>i. Documenting the results of nursing care on client status to be communicated to team members or team leaders.</p> <p>j. Reporting one important incident (Clinical Incidence Report)</p>
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 - Portpholio - OSLER (Objective Structured Long Examination Record) - MSF-360 Degree (Multi Source Feedback)
Study and examination requirements and forms of examination	<p>Study and examination requirements:</p> <ol style="list-style-type: none"> 1. Students carry out Pediatric Nursing Practice in accordance with the objectives to be achieved. 2. Students must be present 15 minutes before the activity begins, if students are late, they are required to report to the supervisor. 3. Students are obliged to work in the morning shift, afternoon and evening according to the official schedule. 4. 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

	<ol style="list-style-type: none"> 5. 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 6. If students are absent for 3 days, then their pediatric nursing practice is considered fail. 7. 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 8. The presence of students during this Pediatric Nursing Practice must be 100% 9. 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. 11. 11. Students are not allowed to leave practice site except with the permission of the supervisor 12. 12. 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>
Media employed	
Reading list	<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 NursingClinical Care Plans</i>. Singapore : Mc Graw-Hill Inc. 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.