CALIFORNIA STATE UNIVERSITY, FRESNO

DEPARTMENT OF NURSING

(Semester, Year)

**COURSE NUMBER:** NURS 50

**COURSE TITLE:** Cooperative Education in Nursing

**UNITS:** 1-3 per semester

1. unit = 45 clinical hours
2. units = 90 clinical hours
3. units = 135 clinical hours

**PREREQUISITES:** Nursing 10, 10L, 10A, 110, 110L, 110A

Current CPR Certification, Health Clearance

**FACULTY:**

**Catalog description:**

This course provides students enrolled in the nursing major an opportunity to obtain structured work-study experiences, under the supervision of registered nurses, in participating health care agencies. This course provides opportunities for additional practice and development of confidence through application of previously learned knowledge and skills. Credit / No Credit grading only; not applicable toward degree requirements.

**Student Learning Outcomes:**

At course completion, the student will:

1. Demonstrate proficiently previously learned skills such as:
   * 1. Personal care
     2. Safety and comfort measures
     3. Procedures such as dressing changes
     4. Documentation of assessments and care provided
2. Work cooperatively with other nursing personnel to provide patient care.
3. Organize and manage time efficiently with appropriate priorities.
4. Communicate effectively with patients, families, and health care workers.
5. Function within the agency and delivery of care system.
6. Use appropriate sources of information.

**Learning activities:**

Students work with a Clinical Practice Mentor selected by the agency coordinator. The Cooperative Education Faculty Member meets periodically with students and mentors. See specific responsibilities listed below.

Activities may include skills that have been learned and demonstrated in previous nursing classes and well as application of the nursing process.

The following are activity examples.

1. Patient assessment

* 1. Direct patient care including assistance with comfort, ADL, and treatment measures
  2. Evaluation of care provided
  3. Patient/family education in areas the student has studied

Activities ***may not*** include:

* 1. Skills that the student has not previously learned and demonstrated.
  2. Activities not allowed by the participating healthcare agency.
  3. Taking telephone orders.

**Credits/Units:**

Students may earn one to three units of credit per semester. Forty-five (45) hours of practice is the standard for each unit of credit. The credit earned **cannot** be used to fulfill units required in the Nursing Major.

**Grading Criteria:**

Grading is a CR/NC only.

**To earn credit students must:**

1. Submit objectives by the third week of the semester; due -**Date-** (See sample objectives below).
2. Complete and submit Proof of Employment Form and Cooperative Education Student Agreement by the fourth week of the semester **\_Date\_**.
3. Document completion of hours and experience on log form.
4. Attend scheduled meetings with Clinical Practice Mentor and/or faculty.
5. Receive a satisfactory evaluation from the Clinical Practice Mentor.
6. Submit the NURS 50 Log of Work-Study Experiences.

**Responsibilities for Evaluation:** Student’s Responsibilities**:**

* 1. Apprise Clinical Practice Mentor of status of skills checklist.
  2. Maintain a daily log of activities.
  3. Complete the NURS 50 Work-Study Experiences Log with a brief summary of your experience. Factors to be addressed:
     1. Progress at meeting course objectives
     2. Problems encountered and solutions reached
     3. Major benefits of the experience

Clinical Practice Mentor’s Responsibilities**:**

* 1. Complete student evaluation form*, Mentor Evaluation of Student*
  2. Meet with student and Cooperative Education Faculty as needed to plan and evaluate experiences.

**Sample Student Objectives**

Name:

Semester:

Agency:

At completion of NURS 50, the student will

1. Document accurately all patient care in a timely and efficient manner.
2. Start successfully at least 2 IVs.
3. Manage the patient’s personal care by performing organized and timely ADLs while ensuring safety and comfort.
4. Document accurately patient assessments in the electronic record.

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PROOF OF EMPLOYMENT

Student Name:

Phone:

Student E-mail:

Agency Name:

Unit Employed by:

Phone:

Semester:

Units registered:

Primary Mentor:

Phone:

Supervisor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

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EDUCATION STUDENT AGREEMENT

A Cooperative Education agreement is not a legal contract and may be terminated at any time by any party. The purpose of the agreement is to assure that there is joint understanding of goals and objectives of the Cooperative Education program.

**STUDENT**

I agree to abide by the rules that govern the Cooperative Education program and those of my employer. When applicable, I understand that I am responsible for turning in all forms at the required times for evaluating my performance and obtaining academic credits. I understand that, depending on my curriculum, individual circumstances, and major, I may or may not be eligible for academic credits. I agree to provide my Faculty Coordinator with my objectives and to keep the Nursing Office informed of any changes in my circumstances as they relate to my employment.

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

*Complete this form and turn into NURS 50 faculty for placement in your file,* ***no later than the fourth week of the semester (Date).***

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**NURS 50 Work–Study Experiences Log**

**Due (Date)**

**Instructions:** Keep this log of dates and hours worked. When your hours are completed, have the form signed by your supervisor and return to the Nursing Office. This form must be completed to receive credit for the course.

STUDENT:

AGENCY:

AGENCY UNIT:

PRECEPTOR:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Hours** |  | **Date** | **Hours** |  | **Date** | **Hours** |  | **Date** | **Hours** |
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**Total Hours: \_\_\_\_\_\_\_**

Agency Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_

Summary of Experience (Including any feedback on your mentor)

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MENTOR EVALUATION OF STUDENT

**Mentor Name:**

**Area:**

**Student Name:**

**Directions:** Please rate the nursing student in the following areas. Any area rated unsatisfactory should be explained in the comments section or on the reverse side.

**Due by (Date)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Above Average** | **Satisfactory** | **Unsatisfactory** |
| Dependability |  |  |  |
| Cooperation |  |  |  |
| Communication  Skills |  |  |  |
| Nursing  Knowledge |  |  |  |
| Approachability |  |  |  |
| Effectiveness |  |  |  |
| Professionalism |  |  |  |

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date**

Please give to student or FAX to (Faculty Name) at (Number) or

email to: ( faculty email address)

# NURS 50

**Frequently Asked Questions**

**What are the prerequisites for the course?**

You need to be done with secondsemester to be eligible for NURS 50.

**Is Nursing 50 required in conjunction with nurse externship?**

Yes, to be employed in the agencies you need to be enrolled in NURS 50.

**Does the class meet or is it simply a work-study course?**

The class will only meet once at the beginning of the semester for orientation.

Orientation is planned for **(Date, time, location)**. It is important to attend the orientation. We will not meet on campus otherwise, and you will do all your hours at the agency.

**What is required for credit in the course?**

Please download the syllabus from Blackboard. All forms are in the syllabus.

Even if you do not have an externship, you must submit achievable objectives and a completed Cooperative Education Student Agreement.

Objectives are due **(Date)** and should address briefly your main goals for taking the course. Be brief and focused with 3-4 achievable objectives.

Cooperative Education Student Agreement is due **(Date).**

If you have an externship, you also need to complete and submit the

Proof of Employment form by (date).

Work-Study Experience Log is due (date).

Mentor Evaluation of Student form is due (date).

**There are three sections of the course ranging from 1-3 units credit. How many hours per week are required for each of these sections?**

Each section can have a variety of hours to achieve the Credit grade. If you do not need the units for any reason, I suggest taking the one (1) unit section. The total hours can be adjusted to meet your work and school needs. Typically, students do 45 hours for one (1) unit during a semester.

**When do I need to arrange the work-study?**

You should be making arrangements now. Check with your agencies to arrange employment. We may need to get a contract developed ASAP so it is vital to start the paperwork now. Most places have had NURS 50 students, but you can check with the department if you are in a newer site.

**How late can I get a job?**

The very last day to add a class is (date) so you need to make all arrangements before that date.

**You must have your Skills Checklist with you while in the clinical setting. Provide a copy of the NURS 50 syllabus to your mentor and area supervisor. Your mentor needs to be familiar with your completed activities and can sign you off on skills that you complete under their guidance.**