

## Concept Map

### Medical Surgical Clinical II & III

- **What is a concept map?** 1. Concept mapping is a technique for visualizing the relationships among different concepts. 2. A concept map is a special form of a web diagram for exploring knowledge and gathering and sharing information.  
It is a careplan that does not *just* focus on three diagnoses and their interventions, but on the holistic condition and care of the patient.
- **What should be included in a concept map?** *Every* intervention/treatment that could possibly be done for this patient, from head to toe.
- **What exactly is my instructor grading me on when he/she looks at the concept map?** Concise, accurate, thorough planning for the care and assessment of this specific patient. The instructor should be able to look at the concept map, **alone**, and know everything about the patient, what you will do for the patient, and that you are aware of every area of assessment needed for this specific patient.
- **Should I include medications in my interventions?** Yes, the administration of medication is an intervention, therefore medications; along with dose, route, frequency, rate, etc. should be included throughout the concept map. Be sure to include primary assessments for each medication (HR >60, K+ level) and primary side effects that you would monitor the patient for.
- **Should I include lab values in the concept map?** Yes, if these values are pertinent to an intervention, treatment, or medication.
- **How can I make my concept map appear organized?** One suggestion is to draw boxes and group interventions by body systems, or by areas of the body, but remember the concept map is your own original way of critically thinking and planning for this patient.
- **Do my interventions have to include rationales?** Yes, otherwise the instructor can not be sure that you understand why you plan to perform this intervention. They may be brief, but **must** be included.
- **Do I have to do the careplan packet along with the concept map?** Yes, you must continue to gather patient information, document medications, assess laboratory and radiology results, and do a textbook research on the primary medical diagnosis, using all the documents in the packet, with the exception of the three careplan pages.
- **Do I have to write nursing diagnoses?** Yes, each concept map should include the three (3) primary nursing diagnoses, according to Maslow's hierarchy. Each diagnoses should be NANDA approved and should be three part if actual and two part if risk. These should be written on the back of the concept map.
- **Where should I document patient information?** At the top of the page, document the patient's initials, room number, medical dx., most recent vital signs, and weight.
- **What if I run out of room?** You must learn to write small and neat, you should have enough room in most cases, but you can write on the back. The three (3) nursing diagnoses should always be written on the back of the concept map.
- **Can my concept map be typed?** No, this discourages critical thinking for this specific patient. Even patient's with the same diagnoses will have different interventions, according to specific orders, treatments, medications, past medical hx., etc.
- **When is my concept map due?** It must be **completed**, along with the *entire careplan packet* on the first morning of clinical, otherwise, how will the student know the interventions to perform and the critical assessment that must take place throughout the first clinical day.
- **What if my concept map does not meet the instructor's expectations?** The student will receive "10" point deduction, on clinical day one, in the following evaluation areas; (3) required paperwork, (4) knowledge of interventions for assigned patient, (7) following instructions. The student will be **required** to improve the concept map or complete another concept map for clinical day two. The student will be graded accordingly on clinical day two and may again be required to improve the concept map.
- **Do I have to use the drawing supplied by my instructor for the concept map?** Yes, this way every student's map is uniform to the instructor's eye, but you may be as creative as you like; documenting information in different colors, drawing in incisions, drains, equipment, anatomy, etc.