

APPROVED

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DEC 29 2011

If you wish to submit a new course, please login

COLLEGE OF
GRADUATE STUDIES

The University Of Toledo

NEW COURSE PROPOSAL

* denotes required fields

1. College*: Nursing
Department*: College of Nursing

Level (check one)*
 Undergraduate
 Graduate

Will this course impact program requirements? Yes No If yes, a Program Modification must be completed.

Type of course (check all that apply):
 Academic Skills Enhancement Writing Intensive (WAC) Honors
 Univ. Core: English Hum Math Nat. Sciences Social Sciences
 Multicultural: Diversity of US Culture Non-US Culture
 Transfer module: Arts&Hum Engl Math Nat Sci & Phys Soc Sci
 (to be considered as core curriculum, question 18 must be completed)

2. Contact Person*: Susan Sochacki Phone: 418-383-5806 (xxx-xxxx) Email: susan.sochacki@utoledo.edu

3. Alpha/Numeric Code (Subject area - number)*: NURS - 7230

If this is a renumbering, please request an electronic copy of the old course approval through the Register's Office at x4865, and attach it to #15 in this form. Remember to delete the old course ID in #13.

4. Proposed title*: See Attached **FAMILY NURSE PRACTITIONER**
CLINICAL II: PRIMARY CARE OF WOMEN AND CHILDREN
Proposed effective term: F 2014

Administrative Use Only

Code: _____

Approved (senate or Grad Council) _____

Effective Date: ____/____/____ (mm/dd/yyyy)

CIP Code: _____

Sub: _____ Prog: _____ Level: _____

5. Planned enrollment per section: 10 per term: 10

6. Is the course cross-listed with another academic unit? Yes No

Is the course offered at more than one level? Yes No
If yes to either question, please list additional Alpha/Numeric codes, and submit a separate New Course form or Course Modification form for the course(s) referenced below.

a. _____ b. _____ c. _____
Approval of other academic unit (signature) _____
Name and title _____

If course is to be offered at more than one level, attach an explanation of the different requirements that students must meet for each level. If the requirements are the same for each level, justification must be provided.

7. Credit hours*: Fixed: 8 or Variable: _____ to _____

8. Delivery Mode:	Primary*	Secondary	Tertiary
a. Activity Type†	* Lecture	Regular Lab <i>Clinic</i>	<i>Studio</i>
b. Minimum Credit Hours	* 2	6	
Maximum Credit Hours	* 2	6	
c. Weekly Contact Hours	* 2	18	

† Choices are: Lecture, Recitation, Seminar, Regular Lab, Open Lab, Studio, Clinic, Field, Independent Study, Workshop, Computer Assisted Instruction, Other

9. Terms offered: Fall Spring Summer

Years offered: Every Year Alternate Years

10. Are students permitted to register for more than one section during a term? No Yes

May the courses be repeated for credit? No Yes 8 Maximum Hours

11. Grading System*: Undergraduate Graduate

- Normal Grading (A-F,PS/NC,PR, I)
- Passing Grade/No Credit (A-C, NC)
- Credit/No Credit
- Grade Only (A-F, PR, I)
- Audit only
- No Grade
- Normal Grading (A-F,PS/NC,PR, I)
- Grade Only (A-F)
- Satisfactory/Unsatisfactory (G only)
- Audit only
- No Grade

12. Prerequisites (must be taken before): a. NURS - 7220 b. - c. -

PIN (Permisson From Instructor) PDP (Permission From Department)

1/12/12 SJ
1/12/12 BS

13. Co-requisites (must be taken together): a. - b. - c. -

13. If course is to replace an existing, course(s) will be deleted, and when should that deletion occur?

	Course to be removed from inventory	Final Term to be offered (YYYYT. i.e. use 20064 for Fall'06)
a.	-	
b.	-	
c.	-	
d.	-	

14. Catalog description* (30 words Maximum)

See Attached

15. Attach an electronic copy of a complete outline of the major topics covered.

Syllabus: *

Additional Attachment 1:

Additional Attachment 2:

16. Where does this course fit in the University/College/Department curriculum? (Be specific by course level, if applicable). Indicate prospective demand.

Fifth semester in the BSN-DNP program.

17. If the proposed course is similar to another course in the College or University, please describe the difference and provide a rationale for the duplication. (If this course duplicates material covered in another course within your department or college or in another college, attach a letter of endorsement from that area's dean and department chairperson indicating their support. Clarify the manner in which this course will differ).

18. If the course is intended to meet a University Undergraduate Core requirement, complete the following and submit a course syllabus using the template:

Please explain how this course fulfills the general education guidelines. (Guidelines are available in Faculty Senate Website)

Course Approval:

Department Curriculum Authority:

Date Month / Day / Year

Department Chairperson:

Siavon Smelton, Ph.D., RN

Date Month/2 Day 12 Year 11

College Curriculum Authority: Date Month / Day / Year

College Dean: Date Month / Day / Year

After college approval, submit the original signed form to the Faculty Senate (UH 3320) for undergraduate-level courses; for graduate-level courses submit the original signed form to the Graduate School (UH3240). For undergraduate/graduate dual-level courses, submit the proposals to each office.

Faculty Senate Undergrad. Curriculum Comm.: Date Month / Day / Year

Faculty Senate Core Curriculum Comm.: Date Month / Day / Year

Graduate Council: Date Month / Day / Year

Office of the Provost: Date Month / Day / Year

Registrar's Office: Date Month / Day / Year

You will see a confirmation page after you press the "Submit" button. If you do not see the confirmation page, please call x 4320 or send an email to ProvostWebMaster.utoledo.edu. Thanks.

**University of Toledo College of Nursing
BSN to DNP Program
Syllabus**

NURS 7230 Family Nurse Practitioner Clinical III: Primary Care of Adults and Older Adults

COURSE CREDIT & CONTACT HOURS:

8 Credit Hours, 2 Theory Hours, 6 Clinical Hours

PRE-REQUISITES:

NURS 7220 FNP Clinical II

FACULTY:TBA

COURSE DESCRIPTION:

Focuses on primary care management of acute/chronic conditions of adults/older adults. Urgent care issues are addressed. Emphasizes holistic care across the lifespan integrating primary care concepts. Explores professional APN leadership role.

COURSE OBJECTIVES:

1. Synthesize knowledge from nursing, medical and behavioral sciences in providing primary care to patients across the life span.
2. Manage health promotion and common health deviations for adults and older adults including urgent care situations.
3. Analyze impact of health care access and cost on older adults, uninsured, and under-served.
4. Integrate professional and legal standards into advanced practice role.
5. Incorporate epidemiological principles in clinical decision-making process.
6. Apply outcomes based research findings in managing the clinical plan.
7. Evaluate performance related to beginning level competency in the role of Nurse Practitioner.
8. Examine core clinical issues across advanced practice nursing specialties.
9. Explore the use of complimentary modalities within the therapeutic relationship.
10. Identify the role of the APN as a leader within the healthcare system.
11. Apply change agent strategies as they relate to the advanced practice role.

**University of Toledo College of Nursing
BSN to DNP Program
Syllabus**

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Teaching/ Learning Strategies:

Lecture, class discussion, student presentations, online assignments or research related to class and clinical learning, evaluation of student assignments related to theory or clinical content, and small group discussions.

Evaluation Strategies:

Students are expected to abide by the UT CON Academic Honesty Policy. The College of Nursing views cheating and plagiarism as a direct violation of the purpose of the educational program as noted in the Code of Ethics for the Profession of Nursing.

1. For examinations using scantron sheets and separate exam sheets, all scores will be determined by the scantron sheet. If there is a discrepancy between the scantron sheet and the examination, credit will only be given for the scantron answer.
2. Faculty reserve the right to change course requirements with fair notice to students.

3. Any student who feels that she/ he may qualify for academic accommodations in this course based upon the impact of a documented disability, or who may need assistance in the event of an emergency, should contact the Academic Enrichment Center (AEC) to discuss your specific needs. If you have already met with the AEC staff and have a faculty memo, please make an appointment to meet with your Course Leader as soon as possible. AEC staff can be reached at 419-383-4274, <http://www.utoledo.edu/med/depts/aec>.

Students with Disabilities

The University of Toledo abides by the Americans with Disabilities Act (equal and timely access) and Section 504 of the Rehabilitation Act of 1973 (non-discrimination on the basis of disability). If you have a disability and are in need of academic accommodations but have not yet registered with the Office of Accessibility (OA) (Rocket Hall 1820; 419.530.4981; officeofaccessibility@utoledo.edu) please contact the office as soon as possible for more information and/or to initiate the process for accessing academic accommodations. I /We also encourage students with disabilities receiving accommodations through OA to discuss these with me/us, after class or during office hours, so that I/we may be better informed on how to assist you during the semester.

Course Grading Scale:

A	91-100%	Exam I	25%
B	81- 90%	Exam II	25%
C	71-80%	Exam III	25%
D	61-70%	SOAPs	15%
F	60% and below	Clinical Practice Project	5%
		Community Resource Project	5%
		Clinical Practice/Conference	S/U

Final course grade is based upon the theory grade which requires an 81% (B) **and** a satisfactory clinical performance grade for passage of the course.

Each student must achieve a minimum average of 81% on the written examinations AND a minimum average of 81% on written assignments which include the SOAP documentations and the project/presentations to pass this course.

Clinical Conference:

Attendance at clinical conferences is a required part of the course requirements.

Assessment of Student Outcomes:

1. Generally, assessment of student progress is an ongoing process between both the student and the faculty throughout the course.
2. The student has a reciprocal responsibility for self-evaluation throughout the course, which includes, but is not limited to, initiation of individual conferences with the faculty member when needed.
3. Students with learning issues, test anxiety, or personal issues are encouraged to contact the Academic Enrichment Center at the University of Toledo Health Science Campus.
4. The only valid excuses for missing an exam are a serious illness or death in the family. In either case, you must call (no emails) the Course Coordinator before noon on the day of the exam. It is your responsibility to schedule a make-up examination with the Course Coordinator upon your return to UT. If you are unable to take the final exam 72 hours before final semester grades are due, you will be given an incomplete for the

- semester and are not eligible to graduate. **Exams will not, in any case, be given early.** Make-up exams may be given in alternate format (essay, short answer, multiple choice, matching) at coordinator discretion.
5. During exams students are not permitted to wear caps or visors. No food or beverages will be consumed during exams. Cell phones will be turned off and inaccessible. Calculators, PDAs and other electronic equipment will not be permitted. **All personal items will be placed in the front of classroom as directed by proctors.**
 6. Achievement of clinical objectives and requirements at a satisfactory level is required and will be evaluated by faculty with evaluation & input from your Clinical Preceptor. **The student must successfully achieve the clinical performance elements of the course with a satisfactory clinical grade in order to progress in the clinical major.**

Clinical Expectations and Evaluation - Elements of the Clinical Evaluation:

1. Direct observation of student by Preceptor and/or Faculty (See Preceptor Evaluation of Student Clinical Performance).
2. By week 2 of the semester, each student will submit a written plan for achievement of clinical hours to their clinical faculty. This plan must include specific information including the projected days of the week for clinical experience, the specific clinical site, the projected number of hours per clinical day (e.g. Wednesday, 4 hours; Thursday, 8 hours), and the name, address, fax, and contact phone number of preceptor. A form has been developed for this written plan of clinical hours achievement.
3. The clinical site and/or preceptor must be approved by the Course Leader and/or clinical faculty. It is not appropriate to function in a student role in your place of employment, nor can an employee or employer, friend, relative or personal physician or NP function as a preceptor. Use of such individuals as Preceptors WILL RESULT in clinical failure.
4. If for any reason, a preceptor requests a student not return to a clinical setting due to unsafe practice, inappropriate behavior, or failure to adhere to the preceptor's guidelines, it may result in an automatic unsatisfactory clinical grade after review by the Course Leader and Course Faculty.

Expectations of the Student during Clinical Preceptorship:

1. Direct care clinical practice is essential for the acquisition of advanced practice skills. There is no substitute for the experience gained in direct care settings. This course requires 240-270 hours of direct patient contact (variable – see faculty).
2. Each hour of orientation (should be four (4) hours total), and each hour of clinical conference time, as designated by the clinical faculty, are also included in the required clinical time, and should be the only exception to the direct care requirement. Therefore, no activity other than direct patient contact will be credited toward the clinical hour requirement (including professional conferences unless previously negotiated with the Course Coordinator).
3. Clinical time should average 16-18 hours weekly. All clinical hours must be completed by the final week of the course in order to receive a final course grade. 100 hours clinical time must be met at midterm to receive a satisfactory midterm clinical evaluation.
4. Students should report clinical difficulties to their clinical faculty and to the Course Coordinator. In the case of a clinical emergency, the clinical faculty should be notified immediately.

5. Failure to report for a clinical experience without contacting **both** the preceptor and the clinical faculty will be considered unsatisfactory clinical performance.
6. While in the clinical setting, the student will wear a lab coat (or alternate professional attire as required by the agency) and name tag identifying the student as a UT Nurse Practitioner-Student. Professional dress and conduct will be the standard.
7. After one-half day of orientation, NP students will collaborate with their preceptors on the selection of patients for assessment and management. Initially, students can expect to work with 1 or 2 patients each hour.
8. By the third clinical week, the NP student will be expected to become more independent in approach to patient care. The student will be able to collect initial subjective/objective data, develop a working list of probable and possible diagnoses, and suggest a potential plan for treatment, management and follow-up in collaboration with their preceptor.
9. The NP student will collaborate with the preceptor to discuss the accuracy of assessment findings, diagnosis, and plan of care. At the clinical site, students will document each patient interaction in the standard clinical record using the SOAP format or the accepted format of the clinical practice setting.
10. Weekly written work: 1) Patient encounter notes will be submitted to your clinical faculty each week through the Typhon program, documenting all patient encounters, prior to class. Clinical faculty may choose to have students print the Typhon patient encounter notes and submit weekly. Clinical faculty will monitor patient encounters in the Typhon system and mark them "accepted". 2) Weekly clinical log hours will be submitted to your clinical faculty each week at the start of the clinical conference time. 3) SOAP notes are expected to be turned in systematically. The first SOAP note is due by month, date, year. The second SOAP note is due by month, date, year. The third SOAP note is due by month, date, year. The fourth SOAP note is due by month, date, year.
11. 4 SOAP note submissions, to clinical faculty, of patient encounters will be required. Student abilities in clinical reasoning and critical thinking are reflected in the SOAP note. Therefore, skill in SOAP documentation is essential and is a good indicator of the student's clinical judgment. Each SOAP will be evaluated by clinical faculty based on the criteria found on the Faculty Evaluation of SOAP Recordings syllabus document. A SOAP note submission consists of: 1) Student type written documentation and evaluation of patient encounter addressing Evaluation of Student SOAP Note Documentation criteria 2) Copy of student clinical site documentation of the patient encounter 3) Copy of Typhon submission of the patient encounter. A score of at least 40.5 points is required on each SOAP to be considered satisfactory at the 81% level. An average score of 81% of all SOAP notes is required to be successful in the course. All SOAP notes will be graded, there is no formative SOAP note. A student may be required to submit an additional SOAP note if the faculty deems necessary. All graded SOAP notes will be factored in to the SOAP note grade for the semester.
12. SOAP notes should be submitted via Typhon with all identifying information removed. Inclusion of any identifying information will automatically earn a score of 0 points for that week. If your clinical site is using computerized formats, you will negotiate with your clinical faculty for appropriate format to transfer SOAP notes for Typhon submission. Typhon has a paperwork blank page to assist in gathering and entering data after patient encounter.
13. You should submit notes from both clinical sites on alternating weeks if there is more than one site.
14. Self evaluation of the patient encounter and SOAP documentation will be done with each submitted SOAP note, as noted in the Faculty Evaluation of SOAP Recordings rubric.

15. Include prescriptions, in the proper standardized format, with all identifying information removed, with your weekly SOAP notes as appropriate.
16. Include LOE assigned to each patient encounter on each SOAP + documentation of supporting documentation for the level chosen.

Direct observation of clinical performance (preceptor / faculty):

Students are expected to see patients across the life-span, with the focus of this course being acute and chronic illness of the adult and elderly adult; emphasis should include health promotion and epidemiological principles in primary care.

Student performance is monitored and assessed in the clinical setting by the preceptor. The student may also be evaluated directly by the clinical faculty in the clinical practice setting. The preceptor's evaluation documents the student's overall clinical performance. The preceptor will be sent an evaluation form from the College of Nursing and should return the form between week 14 and 16 of the semester. Phone contact between the preceptor and faculty may be made at any time. Students are evaluated by the preceptor and faculty using the following learning objectives:

Learning Objectives for Clinical:

1. Uses appropriate interpersonal communication with patients/family.
2. Able to establish rapport with patient/family.
3. Uses age appropriate interviewing and exam approach.
4. Collects meaningful history data.
5. Demonstrates ease and professional behaviors in patient interaction.
6. Able to prioritize multiple patient concerns.
7. Uses problem focused history to direct the physical exam.
8. Uses orderly and systematic approach to physical exam.
9. Demonstrates thoroughness in exam related to the chief complaint.
10. Uses correct examination techniques with evidence of practice.
11. Uses sound rationale in developing the working diagnosis.
12. Able to prioritize patient problem appropriately
13. Able to verbalize basic interpretation of lab studies
14. Suggests possible lab/diagnostic tests as needed.
15. Suggests appropriate medications/therapies as needed.
16. Integrates patient education/ health teaching into treatment plan
17. Suggests appropriate referrals and follow up.
18. Works effectively with other members of the team.
19. Exhibits appropriate /professional conduct in the clinical setting
20. Demonstrates respect for patients/families/staff.
21. Demonstrates accountability and responsibility for actions
22. Demonstrates initiative in seeking learning opportunities
23. Demonstrates active involvement in clinical learning
24. Appropriately seeks preceptor consultation for improvement.

Clinical Standard of Practice Project:

Format

Each student will present a Clinical Practice Project in a clinical group format. Presentations will be evaluated related to the criteria listed. Presentations, in a PowerPoint format with a Reference List in APA format, will be no more than 20 minutes in length including time for questions.

Topics will be listed and students must sign up for presentation by the second week of the course. Topics may include: pneumonia, aneurysm, Parkinson's, pancreatitis, benign prostatic hypertrophy, sickle cell anemia, joint replacement, psoriasis, other.

The focus of the presentation must reflect current treatment recommendations from accepted professional organizations. The evaluation of the presentation is based on content and professionalism

Grading Criteria

- 5 points 1. Chief complaint & typical presenting symptoms
 - 5 points 2. Health History: what key points of the history should be included to rule in/out this particular condition?
 - 5 points 3. Physical exam: what elements of the PE are critical to this diagnosis?
 - 5 points 4. List possible differential diagnosis with supporting/excluding criteria. .
 - 10 points 5. What labs or tests are typically ordered in relation to this condition? What results should the NP expect to see with this diagnosis?
 - 10 points 6. What medications are typically prescribed for this condition? List specific drugs, starting doses, dose ranges, precautions to keep in mind when prescribing these drugs.
 - 15 points 7. Discuss appropriate community referrals and resources that may be used in relation to this condition.
 - 15 points 8. Discuss the Standard of Practice and appropriate follow up when treating this condition
 - 10 points 9. When should the NP refer a patient with this condition and to whom should they refer to?
 - 10 points 10. Discuss specific changes that could be made in your clinical setting to improve patient outcomes.
 - 5 points 11. Provide patient teaching materials specific to your condition.
 - 5 points 12. Presentation is organized and of advanced clinical principles; within time frame.
-

Total: 100 points

Student: _____ Clinical Faculty: _____ Date: _____

Community Resource Project

Students will work in their clinical group to investigate resources available within the community. The goal of this endeavor is to provide information to be used by practitioners in the clinical setting.

Examples of resources to research include:

- Durable medical equipment coverage
- Home care agencies
- Mental health services
- Office of aging assistance
- Assisted living
- Women/children services
- Mission services
- Nursing home admission criteria

A brief 5-10 minute oral presentation will be provided to the clinical group, with written information to clinical group and faculty.

Grading Criteria:

1. Discuss population most likely to use this resource (10 points)
2. Discuss how population is identified for this resource (10 points)
3. Discuss how populations access this resource (10 points)
4. Include assessment tools available for using this resource (10 points)
5. Include any red flags/do not miss information concerning this resource and population (10 points)
6. Discuss how the practitioner makes this referral and financial issues related to referral: precertification, co-pays, and out-of-pocket payment (30 points)
7. Discuss practitioner coding for reimbursement related to referral (10 points)
8. Discuss relevance to practice (5 points)
9. Reference list APA format (2 points)
10. Professional presentation (3 points)

Total points:

Comments:

Student: _____ Clinical Faculty: _____ Date: _____

**The University of Toledo, College of Nursing
Nurse Practitioner / Clinical Nurse Specialist Program
Faculty Evaluation of SOAP Recordings**

Student _____ Date _____
Clinical Faculty _____ Course _____

Criteria	Score	Comments
S - History (6 points)		
1. Chief complaint documented (1) 2. HPI complete and relevant for the CC (1) 3. Currents: allergies, meds, tobacco, ETOH (1) 4. Relevant PMH/FH documented (1) 5. ROS as pertinent to CC (1) 6. Organized w/ correct spelling and descriptors (1) 7. Gyn / psych-soc if relevant (S/U)	S: Score =	
O - Physical Exam (4 points)		
1. Problem focused exam excludes extraneous elements (1) 2. PE related to CC and history (1) 3. PE complete for CC/history (1) 4. Organized w/ correct spelling and descriptors (1)	O: Score =	
A - Diagnosis (4 points)		
1. Diagnosis supported by S+O (1) 2. List of potential /actual differentials (Including health risks (abusive habits, obesity, etc.) (1) 3. Actual and current diagnoses are written correctly & prioritized (1) 4. Level of encounter and coded diagnosis supported with documentation (1)	A: Score =	
P - Plan of Care (7 points)		
1. Appropriate diagnostic tests (1) 2. Medications written correctly (1) 3. Potential drug interactions and medication education addressed (1) 4. Patient education (1) 5. Health promotion (1) 6. Follow-up & community /specialty referrals (1) 7. Identify potential drug interactions and monitoring plan (1)	P: Score =	
Reflective Self-Evaluation (29points)		
1. Analyze the quality of data obtained in the S+O. (2) 2. Identify epidemiologic principles that impact		

<p>the clinical decision-making process. (2)</p> <p>3. Identification of needed but missing data (2)</p> <p>4. Site the standard of practice for diagnosis treatment of the primary diagnosis (include citation). (2)</p> <p>5. How did your performance compare with this standard of practice? (2)</p> <p>6. Evaluate the sensitivity and specificity of the diagnostic test(s). (2)</p> <p>7. What would you do differently if you were treating this patient independently? Describe why. Cite standard of practice that supports this. (4)</p> <p>8. Does your patient have access to the treatment plan you prescribed? (2)</p> <p>9. Describe the cost to older adults, uninsured and under-served. (2)</p> <p>10. Discuss the degree of your involvement in the clinical decision making process. (1)</p> <p>11. What are you most proud of in relation to this patient interaction (3)</p> <p>12. What areas would you like to continue to work on in relation to this patient interaction (3)</p> <p>13. What specific actions will you take next clinical experience to help in your growth as a practitioner (2)</p>	<p>RSE: Score=</p>	
<p>Total Score (50 points)</p>	<p>Total =</p>	

The University of Toledo
College of Nursing
Nurse Practitioner / CNS Program
Preceptor Evaluation of Student Clinical Performance

Student _____ Date _____
 Preceptor _____ Course _____
 Preceptor Address & Phone _____ Preceptor Hours _____

Please check (X) your observation of student clinical behaviors.

Criteria	Always	Most of the time	Needs reminders	Rare not consistent	N/A
S - History taking, interviewing skills					
1. Uses appropriate communication approach with pt/family					
2. Able to establish rapport with patient/family					
3. Uses age-appropriate approach to patient					
4. Collects meaningful history data					
5. Demonstrates ease and professionalism in pt. interaction					
6. Able to prioritize and focus multiple patient concerns					
O - Physical Examination Skills					
7. Uses problem focused history to direct the physical exam					
8. Uses orderly/systematic approach to the PE					
9. Demonstrates thoroughness in exam related to the chief c/c					
10. Uses correct technique w/ evidence of practice					
A - Diagnostic / Judgment Skills					
11. Uses sound rationale in developing the working diagnosis					
12. Able to prioritize patient problems appropriately					
13. Able to verbalize basic interpretation of lab studies					
P - Plan of Care					
14. Suggests possible lab/diagnostic tests as needed					
15. Suggests appropriate medications / therapies as needed					
16. Integrates patient teaching into treatment plan					
17. Suggests appropriate follow-up or referral					
General					
18. Works effectively with other members of the team					
19. Exhibits appropriate / professional conduct in					

clinical setting					
20. Demonstrates initiative in seeking learning opportunities					
21. Demonstrates respect for patients/families/staff					
22. Assumes accountability and responsibility for actions					
23. Appropriately seeks preceptor for consultation and improvement					
24. Demonstrates active involvement in clinical learning					
Please circle overall performance in one of 5 appropriate boxes	High				Low

Comments:

**NURS N7230
Student Evaluation**

Objective	Midterm – S / U	Final – S / U
Synthesize knowledge from nursing, medical and behavioral sciences in providing care to patients across the life span.		
Manage health promotion and common health deviations for adults and older adults including urgent care situations		
Analyze impact of health care access and cost on older adults, uninsured and under-served		
Integrate professional, legal and ethical standards into advance practice role.		
Incorporate epidemiological principles in clinical decision-making process.		
Apply outcomes based research findings in clinical management plan.		
Evaluate performance related to beginning level competency in the roles of nurse practitioner and clinical nurse specialist (direct care, educator, researchers, change agent consultant, and leader).		
Examine core clinical issues across advanced practice nursing specialties.		

Clinical Hours Midterm: _____

Clinical Hours Final: _____

Clinical Site Visit by Clinical Faculty Date: _____

Clinical Practice Project: _____

Community Resource Project: _____

SOAP Note Paper Average: _____

Clinical Conference Attendance: _____

Midterm Student: _____ Faculty: _____ Date: _____

Final Student: _____ Faculty: _____ Date: _____
#1 Preceptor/Site/Hours: _____ #2 Preceptor/Site/Hours: _____
#3 Preceptor/Site/Hours: _____ #4 Preceptor/Site/Hours: _____

**University of Toledo College of Nursing
Precepted Clinical Hours Plan**

Student: _____ **Student Contact Phone:** _____

Preceptor: _____ **Clinical Site:** _____

Preceptor Address: _____ **Preceptor Fax:** _____

Preceptor Phone: _____

Planned Schedule: (Usual hours planned per day) **Note: Complete a form for each preceptor**

WK	Mon	Tue	Wed	Thur	Fri	Sat/Sun
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

16						
----	--	--	--	--	--	--

Other schedule options:

**University of Toledo College of Nursing
Precepted Clinical Hours Log**

Student Name: _____ **Total # Clinical Hours Needed:** _____

Preceptor Name 1: _____ **Preceptor Name 2:** _____

WK	Mon	Tue	Wed	Thur	Fri	Sat/Sun	Total Wk	Total Sem	Preceptor Initial /Date	Faculty Initial
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										

Student Signature: _____ **Date:** _____

Preceptor Signature: _____ **Date:** _____

Topics and Readings

Week	Topics	Assigned Readings/Media
<p>1.</p> <p>1/11</p>	<p>Class 2p-5p</p> <p>Course Introduction</p> <p>Adult: Health maintenance and health protection</p> <p>Age Appropriate Care Part I (Adult and Older Adult)</p>	<p>McPhee & Papadakis (2010) Ch.1 & 30</p> <p>Fenstermacher & Hudson (2004) Ch 1 Review Adult Assessment</p> <p>Ch. 3 Geriatric Assessment pp. 307-309</p> <p>Maldonado, Zuniga & Uzelac (2005) pp. 2-5</p> <p>www.cdc.gov/vaccines/hep.htm</p> <p>http://www.uspreventiveservicestaskforce.org</p> <p>http://www.nonpf.com 2006 domains and core competencies</p>
<p>2.</p> <p>1/18</p>	<p>Groups 2p-3p</p> <p>Class 3p-5p</p> <p>Age Appropriate Care Part II</p> <p>Chronic HEENT</p>	<p>McPhee & Papadakis (2010) Ch. 2, 4, 7 & 8</p> <p>Maldonado, Zuniga & Uzelac (2005) pp. 28-29</p>
<p>3.</p> <p>1/25</p>	<p>Groups 2p-3p</p> <p>Class 3p-5p</p> <p>Lower Respiratory</p>	<p>McPhee & Papadakis (2010) Ch. 9 with focus on COPD, Pneumonia, TB, Sleep Apnea, Pleural Effusions</p> <p>McPhee & Papadakis (2010) Ch. 20 pages 781-782 TB of bones and joints</p> <p>http://www.goldcopd.com/</p> <p>http://www.guideline.gov/content.aspx?id=8993&search=tb+management</p>
<p>4.</p> <p>2/1</p>	<p>Groups 2p-3p</p> <p>Class 3p-5p</p> <p>Cardiac/Vascular/Neurovascular</p>	<p>McPhee & Papadakis (2010) Ch. 12 & pp. 317-340, 358-366, 886-897</p> <p>Maldonado (2005) pp.</p> <p>Fenstermacher (2004) pp.</p>

5. 2/8	Exam I 2p-4p Class 4p-5p Dementia / Delirium	Fenstermacher & Hudson (2004) pp.418-421 Maldonado, Zuniga & Uzelac, 2005, pp. 24-25. McPhee & Papadakis (2010) Ch. 4 & pp. 985-990 View Alzheimer Disease HBO presentation on Course Website
6. 2/15	Groups 2p-3p Class 3p-5p Neuromuscular	Fenstermacher & Hudson (2004) pp. 315, 324 McPhee & Papadakis (2010) pp. 905-936 http://www.ninds.nih.gov/disorders/parkinsons_disease/parkinsons_disease.htm
7. 2/22	Groups 2p-3p Class 3p-5p Liver / Pancreas / GI	Fenstermacher & Hudson (2004) pp. 170, 221-222, 225, 237-239, Maldonado, Zuniga & Uzelac (2005) pp. 34-35; 108-109 McPhee & Papadakis (2010) Ch. 15 & 16 http://www.cdc.gov/hepatitis/
8. 2/29	Groups 2p-3p Midterm Evaluation Class 3p-5p End of Life Issues	McPhee & Papadakis (2010) Ch. 5
9. 3/7	SPRING BREAK	

<p>10. 3/14</p>	<p>Groups 2p-3p Class 3p-5p Urology / Nephrology</p>	<p>McPhee & Papadakis (2010) Ch. 22 - concentration on assessment of renal disease, acute renal failure, chronic kidney disease, kidney transplantation, diabetic nephropathy, polycystic kidney. Ch. 23 – concentration on erectile dysfunction, BPH. Ch. 4 pp. 70-72 urinary incontinence. Ch. 39 pp. 1484-1489 prostate cancer. Fenstermacher (2004) pp. 295-298, 300-305. Maldonado (2005) pp. 58-59.</p>
<p>11. 3/21</p>	<p>Exam II 2p-4p Class 4p-5p Blood Disorders I</p>	<p>McPhee & Papadakis, (2010) pp 461-479. http://www.leukemia.org/hm_lls</p>
<p>12. 3/28</p>	<p>Groups 2p-3p Class 3p-5p Blood Disorders II</p>	<p>McPhee & Papadakis (2010) pp. 439-461. Fenstermacher & Hudson (2004) pp. 202-207 Maldonado, Zuniga & Uzelac (2005) pp. 8-9. http://www.nhlbi.nih.gov/health/dci/Diseases/anemia/anemia_causes.html</p>
<p>13. 4/4</p>	<p>Groups 2p-3p Class 3p-5p Chronic Musculoskeletal Issues</p>	<p>McPhee & Papadakis (2010) Ch. 20 with focus on degenerative arthritis, gouty arthritis, Rheumatoid arthritis, back pain, joint replacements, septic arthritis, osteomyelitis. Griffin – General Orthopedics: osteoarthritis, complementary and alternative therapies for the OA, falls and MS injuries in the elderly, osteomyelitis, rheumatoid arthritis, septic arthritis. Low back pain pp. 757-768.</p>

14. 4/11	Groups 2p-3p Class 3p-5p Pain Management	McPhee & Papadkis (2010) Ch. 41. Ch. 5 pp. 76-86. Fenstermacher (2004) pp. 480-487.
15. 4/18	Groups 2p-3p Class 3p-5p Dermatology of the Elderly Urgent Care Musculoskeletal Injuries	McPhee & Papadkis (2010) 1165-1166; 138-140; 1447; 1408-1412; 143-144; 72-74. Maldonado (2005) pp.130-157. Fenstermacher (2004) pp. 210-213; 106-121; 83-87; 95-96.
16. 4/25	Exam III 2p-4p Groups 4p-5p	
17. 5/2	Groups 2p-3p Final Eval Class 3p-5p Preparation for Practice	OBN Website: http://www.nursing.ohio.gov/Practice.htm#AdvancedPractice OAAPN Website: http://www.aaapn.org/ NP credentialing: http://www.aanp.org (American Academy of Nurse Practitioners) http://www.nursecredentialing.org (American Nurses Credentialing Center)

**Other articles and / or readings may be assigned at the discretion of the faculty.

Required Texts

- Bickley, L.S. (2009). Bates' guide to physical examination and history taking (10th ed.). Philadelphia, Pennsylvania: Lippincott Williams & Wilkins. (*other editions are good also)
- Dains, J. (2007). Advanced health assessment and clinical diagnosis in primary care (4th ed.). St. Louis, Missouri: Mosby Elsevier. (*other editions are good also)
- Dubin, D. (2000). Rapid interpretation of EKG's (6th ed.). Tampa, Florida: COVER. (or EKG reference of choice)
- Fenstermacher, K. & Hudson, B.T. (2004). Practice guidelines for family nurse practitioners (3rd ed.). Philadelphia, Pennsylvania: Saunders.
- Griffin, L.Y. (2005). Essentials of musculoskeletal care (3rd ed.). Rosemont, IL: American Academy of Orthopedic Surgeons.
- Grossman, Katz, Alberico, Loud, Luch & Bonaccio. (2006). Cost-effective diagnostic imaging: The clinician's guide (4th ed.). Philadelphia, PA: Mosby Elsevier.
- Maldonado, D.C., Zuniga, C. & Uzelac, P.S. (2005). SOAP for family medicine. Baltimore, Maryland: Lippincott Williams & Wilkins.
- McPhee, S.J. & Papadakis, M.A. (2010). Current Medical Diagnosis and Treatment (49th ed.). New York: McGraw-Hill. (*other editions are good also)

Recommended Texts

Drug book or program of your choice.

Quick reference of your choice:

Domino, Frank J. (2010). The 5-minute clinical consult 2011 (19th ed.). Philadelphia, PA: Lippincott Williams and Wilkins.

Ferri, F.F. (2011). Ferri's clinical advisor: Instant diagnosis and treatment. Philadelphia, Pennsylvania: Mosby Elsevier.

Review book of your choice:

Fitzgerald, M.A. (2010). Nurse practitioner certification examination and practice preparation (3rd ed.). Philadelphia, Pennsylvania: F.A. Davis.

Hollier, A. (2009). Adult and family nurse practitioner certification practice questions.

Lafayette, LA: Advanced Practice Education Associates.

Winland-Brown, J.E., & Dunphy, L.M. (2009). Adult and family nurse practitioner certification examination: Review questions and strategies (3rd ed.). Philadelphia, PA: FA Davis.

Laboratory & diagnostic book or program of your choice.

Seller, R. H. & Symons, A.B. (2012). Differential diagnosis of common complaints (6th ed.) New York: WB Saunders .

Wolff, K., Johnson, R.A. & Suurmond, D. (2005). Fitzpatrick's color atlas & synopsis of clinical dermatology (5th ed.). New York: McGraw-Hill.