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If you wish to submit a new course, please login

COLLEGE OF GRADUATE STUDIES

The University Of Toledo NEW COURSE PROPOSAL

\* denotes required fields

Level (check one)\* Will this course impact program requirements? Type of course (check all that apply):

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

2. Contact Person\*: Susan Sochacki Phone: 418-383-5806 Email: susan.sochacki@utoledo.edu

3. Alpha/Numeric Code (Subject area - number)\*: NURS - 7810

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.

4. Proposed title\*: See attached PEDIAITRIC NURSE PRACTICER CLINICAL: CARE OF CHILDREN AND CONCEPTS OF WELLNESS Proposed effective term: F 2013

Administrative Use Only Code: Approved (senate or Grad Council) Effective Date: CIP Code: Sub: Prog: Level:

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

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

Is the course offered at more than one level? 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.

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.

7. Credit hours\*: Fixed: 6 or Variable: to

Table with 3 columns: Primary\*, Secondary, Tertiary. Rows: a. Activity Type, b. Minimum Credit Hours, Maximum Credit Hours, c. Weekly Contact Hours

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

9. Terms offered: [X] Fall [ ] Spring [ ] Summer

Years offered: [X] Every Year [ ] Alternate Years

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

May the courses be repeated for credit? [ ] No [X] Yes 76 Maximum Hours

11. Grading System\*: Undergraduate Graduate

Handwritten notes: 1/12/12 SJ, 1/12/12 AS, 1/12/12 AS

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

1/12/12 SJ  
1/12/12 RS

12. Prerequisites (must be taken before): a. See - attached <sup>syllabus</sup> b. - c. -  
 PIN (Permission From Instructor)  PDP (Permission From Department)

Co-requisites (must be taken together): a. NURS - 7690 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.

Third 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: *Debbie Anderson* Date Month *12* / Day *12* / Year *11*

College Curriculum Authority:	<input type="text"/>	Date	Month	/	Day	/	Year
College Dean:	<input type="text"/>	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.:	<input type="text"/>	Date	Month	/	Day	/	Year
Faculty Senate Core Curriculum Comm.:	<input type="text"/>	Date	Month	/	Day	/	Year
Graduate Council:	<input type="text"/>	Date	Month	/	Day	/	Year
Office of the Provost:	<input type="text"/>	Date	Month	/	Day	/	Year
Registrar's Office:	<input type="text"/>	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 7810 Pediatric Nurse Practitioner Clinical I: Care of Children and Concepts of Wellness**

**COURSE CREDIT & CONTACT HOURS:**

6 Credit Hours, 2 Theory Hours, 4 Clinical Hours

**PRE-REQUISITES:**

Admission to the BSN-DNP, NURS 7680 Advanced Physiology and Pathophysiology, NURS 7740 Advanced Health Assessment, NURS 7050 Information Technology in Nursing and Healthcare Systems, NURS 7400 Theoretical Foundations of Advanced Nursing Practice, NURS 7410 Ethical Foundations of Advanced Nursing Practice

**CO-REQUISITE:**

NURS 7690 Advanced Pharmacotherapeutics

**FACULTY: TBA**

**COURSE DESCRIPTION:**

Health care for children/adolescents, principles of health promotion/wellness. Understanding of APN role in primary care, development of therapeutic relationships. Competencies in primary care for children from birth to 21 years and families.

**COURSE OBJECTIVES:**

1. Apply knowledge from the behavioral, medical and nursing sciences using developmental models to provide health care for children and their families.
2. Apply health promotion theory in providing well child anticipatory guidance and patient education to individuals and families.
3. Use professional, ethical and legal standards of nursing practice to monitor and ensure cost effective, quality health care.
4. Demonstrate advanced nursing knowledge to diagnose and treat common health disorders in children.
5. Analyze environmental influences on risk factors for health promotion/disease prevention.
6. Analyze indicators of effective patient care outcomes for a patient population.
7. Examine personal and professional development in delivery of primary care to children and adolescents.
8. Establish an environment that promotes ethical decision making and patient agency.
9. Examine core clinical issues across the advanced practice nursing specialties.
10. Evaluate personal ability to initiate, maintain, and terminate therapeutic relationships.
11. Analyze the dimensions of the advanced practice role.
12. Apply change agent strategies as they relate to the advanced practice role.

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

**NURS 7810 Pediatric Nurse Practitioner Clinical I: Care of Children and Concepts of Wellness**

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**FACULTY:**

TBA

**PRE-REQUISITES:**

Admission to the BSN-DNP, NURS 7680 Advanced Physiology and Pathophysiology, NURS 7740 Advanced Health Assessment, NURS 7050 Information Technology in Nursing and Healthcare Systems, NURS 7400 Theoretical Foundations of Advanced Nursing Practice, NURS 7410 Ethical Foundations of Advanced Nursing Practice

**CO-REQUISITE:**

NURS 7690 Advanced Pharmacotherapeutics

**COURSE DESCRIPTION:**

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9. Examine core clinical issues across the advanced practice nursing specialties.
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12. Apply change agent strategies as they relate to the advanced practice role.

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.

### Course Grading Scale

A	91–100%
B	81–90%
C	71–80%
D	61–70%

### Evaluation Strategies:

1. Students are expected to abide by the UT CON Academic Honesty Policy. The CON views cheating and plagiarism as a direct violation of the purpose of the educational program.
2. 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 sheet, credit will only be given for the scantron answer.
3. Students who need accommodation for a disability or health reasons are responsible for requesting accommodation from the faculty. Self-identification is the only way to assure that the faculty can provide the appropriate accommodation. Notification of appropriate UT staff is also required.
4. Faculty reserve the right to change course requirements in exceptional circumstances, with fair notice to students.

### Assessment of Student Outcomes for Theory and Clinical Course Components:

1. 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 (419.383.6118).
4. The only valid excuses for missing an exam are a serious illness or death in the family. In either case, you must call 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 within one week of your return to UT. Exams will not be given early.
5. The clinical site and/or preceptor must be approved by the Course Coordinator 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 function as a preceptor.
6. 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 **Coordinator and** course faculty, in consultation with the NP Coordinator and Program Director of the Master's Nursing Program.
7. Achievement of clinical objectives and requirements at a satisfactory level is required and will

be evaluated by faculty with evaluation input from the 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.

8. All S/U assignments must be satisfactory in order to receive a course grade. The final course grade is based on a combination of the theory grade and clinical grade.

**Course Requirements:**

Satisfactory Clinical Performance	S/U
Weekly Clinical Log (Typhon database)	S/U
Midterm Exam	30%
Final Exam	30%
3 Graded SOAP Notes	15%
Clinical Case Study Presentation	10%
Health Literacy Project	15%

**Required Texts:**

Augustyn, M. C., Zucherman, B.S., Caronna, E.B. (2010) *The Zucherman Parker Handbook of Developmental and Behavioral Pediatrics for Primary Care, 3<sup>rd</sup> Ed.* Philadelphia: Lippincott Williams & Wilkins

Burns, C.E., Dunn, A.M., Brady, M.A., Starr, N.B., & Blosser, C. (2009). *Pediatric Primary Care, 4<sup>th</sup> Ed.* St Louis: Saunders Elsevier

Duderstadt, K. (2006). *Pediatric Physical Examination: An Illustrated Handbook.* St. Louis: Mosby

Joseph, F., Hagan, M.D., Judith, S., Shaw, R.N., Paula, M., & Duncan, M.D. (Eds). (2008). *Bright Futures: Guidelines for Health Supervision of Infants, Children, & Adolescents, 3<sup>rd</sup> Ed. Pocket Guide.* Elk Grove IL: American Academy of Pediatrics.

**Recommended Texts**

Schanler, R.J., Dooley, S., Gartner, L.M., Krebs, N.F., & Mass, S.B. (Eds.) (2005). *Breastfeeding Handbook for Physicians, 1<sup>st</sup> ed.* American Academy of Pediatrics & American College of Obstetricians & Gynecologists.

Story, M., Holt, K., & Solka, D. (2002). *Bright Futures in Practice: Nutrition, 2<sup>nd</sup> ed. Pocket Guide.* Elk Grove IL: American Academy of Pediatrics.  
Also available for download at: <http://www.brightfutures.org/nutrition>

Taketomo, C.K., Hodding, J.H., & Kraus, D.M. (2010). *Pediatric Dosage Handbook, 17<sup>th</sup> ed.* Hudson, Ohio: Lexicomp

## Websites for Clinical Reference

**American Academy of Pediatrics – [www.aap.org](http://www.aap.org)**

**Bright Futures - : <http://www.brightfutures.org>**

**Center for Disease Control – [www.cdc.gov](http://www.cdc.gov)**

**NAPNAP – [www.napnap.org](http://www.napnap.org)**

**Ohio Department of Health – [www.cdc.gov](http://www.cdc.gov)**

**Healthy People 2020 – [www.healthypeople.gov](http://www.healthypeople.gov)**

**Pediatric Nursing Certification Board – [www.pncb.org/ptistore/control/about/links](http://www.pncb.org/ptistore/control/about/links)**

## Clinical Expectations and Evaluation - Elements of the Clinical Evaluation

### A. Direct observation of clinical performance by preceptor/faculty

(See Preceptor Evaluation of Student Clinical Performance, pages 12-14)

Student performance is monitored and assessed in the clinical setting by the preceptor. The preceptor's evaluation is assessment included in the student's overall clinical evaluation. The preceptor will be sent an evaluation form from the CON and should return the form by week 15 of the semester. Phone contacts between the preceptor and faculty may be made at any time. Students will be evaluated by the preceptor using the following learning objectives for clinical:

1. Completes history & records systematically, accurately & succinctly
2. Performs PE & developmental assessment skillfully & systematically
3. Adapts evaluation techniques to the child's age & developmental level
4. Reports history & PE finding concisely
5. Identifies a range of reasonable differential diagnoses (using S & O)
6. Suggests & prioritizes appropriate plans of care
7. Records exam findings systematically, accurately & succinctly
8. Suggests, performs & interprets routine lab tests appropriately
9. Provides accurate anticipatory guidance to parents and children during well visits
10. Provides accurate anticipatory guidance during ill visits
11. Suggests correct immunizations
12. Provides correct immunization information to parents & assesses for contraindications consistently
13. Suggests appropriate medications
14. Calculates medication dose based on child's weight correctly
15. Suggests referrals as needed
16. Establishes rapport with child and parent
17. Establishes professional rapport with other staff members
18. Appropriately uses preceptor for consultation and improvement
19. Assumes responsibility & accountability for own actions
20. Demonstrates initiative in seeking learning opportunities
21. Uses self-evaluation to identify own areas of improvement

### B. Expectations of the Student during Clinical Preceptorship:

The student must also take responsibility for his or her own learning needs, including:

1. Ability to identify own competencies and limitations in clinical performance
2. Communicates learning needs to preceptor and faculty.



3. Assertively seeks appropriate patient care situations.
  4. Incorporates suggestions for improvement as recommended by faculty or preceptor.
  5. Articulates rationale for clinical judgments; communicates rationale for clinical judgments to faculty and peers in clinical conference; provides rationale for decisions to clinical preceptor. The student will also be evaluated directly by the clinical faculty in the preceptor's setting or at the clinical practice of the faculty.
- C. Clinical Hours, Attendance, Professional Attire during Clinical Preceptorship
- 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 180 hours of direct patient contact. Students are expected to average 12 clinical contact hours weekly, and should have at least 60 clinical hours completed by midterm. All clinical hours must be completed by the first week of May 2007 in order to satisfactorily complete this course.
1. Direct patient contact includes time spent seeing patients in the clinical setting and time spent in consultation with the preceptor. Also included in the 180 hour clinical time are orientation hours (generally 4) and clinical conference time, as designated by the course faculty. No activity other than direct patient contact will be credited toward the clinical hour requirement
  2. Students should report clinical difficulties to their clinical faculty or to the course director. In the case of a clinical emergency, the clinical faculty should be notified immediately. Failure to report for a clinical experience without contacting both the preceptor and the clinical faculty will be considered unsatisfactory clinical performance.
  3. Professional dress and conduct will be the standard. While in the clinical setting the student will wear a lab coat (or alternate professional attire required by the agency) and UT ID name pin.
- D. Collaboration, Progression, and Documentation
1. After one-half to one day of orientation, the NP student will collaborate with the preceptor on the selection of patients for assessment and management. Initially, students can expect to work with 1 or 2 patients each hour.
  2. By about the third week of clinical time, 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 and follow-up in collaboration with their Preceptor.
  3. The NP student will collaborate with their preceptor to discuss the accuracy of assessment findings, diagnosis, and plan of care. Expect to take some risks in stating your findings and suggested plan of care-you are not expected to be right all the time.
  4. Documentation of patient encounters will be recorded each week in the Typhon Database, with identifying information removed.

### **Assignments**

### Clinical Plan - S/U

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 specific clinical site (name & address), projected days of the week for clinical experience, the projected number of hours per clinical day (e.g. Wednesdays, 4 hours; Thursday, 8 hours), and the name, e-mail address, and phone number of preceptor.

### Weekly Clinical Log - S/U

Clinical logs are kept within the Typhon database system. The student enters information about each patient encounter (without identifiers), and also completes the typhon time log. Logs are reviewed weekly by the Faculty; information should be logged by the day of class and printed off to submit to faculty.

### SOAP Notes - 15%

Three well child SOAP documentations are due to faculty as assigned. Each SOAP note is also included in the Typhon database. SOAP notes will be evaluated by faculty using the following guidelines. This point system is to be used by the student as a guide to determine integration of concepts and faculty feedback, and is not intended to be an absolute evaluation protocol. (Refer to SOAP grading criteria, page 9)

There are 35 total possible points for each SOAP note:

- 10 points: (S) subjective. In this section are pertinent elements of the CC, HPI with current health status, PMH, FH, Developmental milestones, pertinent psychosocial history and Gyn (as needed), as well as subjective review of systems are documented.
- 8 points (O) objective. In this section, document physical findings related to HPI or well visit; elements of focused exam are included; stated in accurate terminology
- 4 points (A) assessment. In this section, document the diagnosis, stated correctly, as supported by S & O data. Developmental and preventive health issues are also addressed in this section.
- 5 points (P) plan. In this section include diagnostic tests ordered, therapeutic interventions, referrals, education/anticipatory guidance, and follow-up instructions.  
Include prescriptions, in the standardized format, with all identifying information removed, with the SOAP notes
- 8 points Evaluation of the patient encounter, information collected and documented, diagnostic thinking, diagnosis, and level of patient encounter (LOE). Self evaluation of the SOAP and patient encounter will be done with each submitted SOAP note because self evaluation is critical for role development. The successful student will critically analyze personal clinical performance and learn from each patient encounter.

### **Clinical Case Study Presentation - 10%**

Over the semester, each student will present one structured clinical case presentation during the clinical conference hour. The outline for these presentations is follows. Presentations should be about 20 minutes in length, with a brief time for questions afterwards. The discussion should focus on an interesting patient or family you have seen in clinical. Try to keep a focus on developmental and wellness issues whenever possible. (Refer to Case Grading criteria, page 10)

#### Outline of Content for Clinical Case Study/Presentation

1. Chief complaint.
2. Identify and discuss developmental, psychological, and cultural issues relevant to your client and his/her diagnosis, and treatment. Reference appropriate research and clinical literature.
3. Relevant history including past medical history and pertinent family history (include a genogram of you client), currents, developmental, and psychosocial data. Provide a genogram relevant to this child/family.
4. Exam findings (briefly note any abnormalities or note as WNL). Include any developmental assessment.
5. Develop a table that lists all diagnostic hypotheses that were generated in your assessment of this patient. State the single most important objective and subjective piece of information used in making the diagnoses. Conclude with your final diagnosis(es) for this visit.
6. Goals (what goals do you have for this child and family relative to the diagnoses.
7. Plan (all actions taken, including educative, diagnostic, treatments, follow-up).
8. Briefly discuss and document from the clinical and research literature etiology, prevalence, etc of wellness, developmental, and/or clinical problem. Include a copy and critique of an evidenced based journal article that guided your decision-making. (Reference list in APA format to be provided for all conference participants.)
9. Why did you choose this case? Any changes in your actions? Would you do anything different? Why?
10. Provide a reference list in APA format for all participants.

#### **Health Literacy Project - 15%**

A project promoting health literacy among children and parents is a requirement of this course. The student will choose from developmental and health promotion topics in collaboration with course faculty. Examples of these issues might include: toilet training, sleep issues, birth of a sibling/sibling rivalry, bullying, behavioral issues, stepfamilies, and substance abuse.

The student will choose one topic for each of three developmental age groups (i.e. adolescent, toddler, infant). For each topic, the student will investigate available literature/media that relates to the topic for both children and parents. The student will produce an annotated bibliography, with two sources for each topic, one for the parent and one for the child, listing title, author, and publication information in APA format. The annotated bibliography will include a short description of the content; a critique that includes appropriateness and accuracy of the information, reading level, and attractiveness of the choice for children/parents; and a summary statement of how these materials could be used by the PNP in practice.

(Refer to grading criteria, page 11)

**NURS 7910 - PNP I: Care of Children and Concepts of Wellness  
Faculty Evaluation of Student Clinical Documentation (SOAP)**

Student \_\_\_\_\_ Date \_\_\_\_\_

Clinical Faculty \_\_\_\_\_

Make additional copies as needed.

0 = N/A      y = yes      n = no      p = partial

Criteria	Score	Comments
<b>S – History Documentation (10 points)</b>		
1. Chief complaint or reason for visit documented	0 y n p	
2. HPI complete (7 characteristics of symptoms)	0 y n p	
3. HPI questions focus on CC or reason for visit	0 y n p	
4. Relevant PMH documented	0 y n p	
5. Currents: allergies, meds, tobacco, ETOH etc.	0 y n p	
6. Pertinent FH documented	0 y n p	
7. Review of System is pertinent for CC.	0 y n p	
8. Documentation is organized with correct spelling and descriptors.	0 y n p	
9. Psych-social history if relevant		
10. Gyn history as appropriate		
11. Developmental milestones		
<b>O – Objective Documentation (8 points)</b>		
1. Exam is problem focused.	0 y n p	
2. PE is related to the CC & history.	0 y n p	
3. PE complete for CC/history	0 y n p	
4. Developmental assessment	0 y n p	
5. Documentation is organized.	0 y n p	
6. Correct spelling & descriptors	0 y n p	
<b>A – Assessment (4 points)</b>		
1. Addresses S + O findings	0 y n p	
2. Diagnosis supported by S + O	0 y n p	
3. Diagnosis correctly stated	0 y n p	
<b>P – Plan of Care/Treatment (5 points)</b>		
1. Diagnostic tests (as appropriate)	0 y n p	
2. Medications (as prescribed)	0 y n p	
3. Immunizations (as appropriate)	0 y n p	
4. Patient education/health promotion/anticipatory guidance	0 y n p	
5. Follow-up documented	0 y n p	
<b>Self Evaluation of Patient Encounter (8 points)</b>		

1. Discussion of quality of S & O data	0	y	n	p	
2. Identification of pertinent/missing data	0	y	n	p	
3. Diagnostic reasoning	0	y	n	p	
4. Analysis of patient education/anticipatory guidance	0	y	n	p	
5. LOE documented	0	y	n	p	
6. Critical analysis of performance as PNP	0	y	n	p	
					Total = 35 points

**NURS 7810 PNP I: Care of Children and Concepts of Wellness**  
**Clinical Case Study/Presentation: Grading Criteria**

Name \_\_\_\_\_ Date \_\_\_\_\_ Total Points \_\_\_\_\_

1. Overall presentation, style, and organization \_\_\_\_\_(10 pts.)
  
2. Accuracy and depth/use of clinical literature and research,  
including use of evidence based practice critique \_\_\_\_\_(15 pts.)
  
3. Presentation of case (elements 1–8)
  - Chief complaint
  - HPI
  - Related history
  - Genogram
  - Physical exam findings
  - Assessment
  - Plan with rationale \_\_\_\_\_(50 pts.)
  
4. Differential diagnosis(es)/critical rationale  
used in arriving at final diagnosis(es) \_\_\_\_\_(20 pts)
  
5. Self Evaluation (element 9) \_\_\_\_\_(5 pts)

Comments:

**NURS 7810 PNP I Care of Children and Concepts of Wellness  
Health Literacy Project: Grading Criteria**

Name \_\_\_\_\_ Date \_\_\_\_\_ Total Points \_\_\_\_\_

The student will choose one topic for each developmental age group (i.e. adolescent, toddler, infant) available in the public library. For each topic, the student will investigate available literature/media that relates to the topic for both children and parents. The student will produce an annotated bibliography, with at least two sources for each topic for both the parent and child, listing title, author, and publication information in APA format. The paper will include a short description of the content; a critique that includes appropriateness and accuracy of the information, reading level, and attractiveness of the choice for children/parents; and a summary statement of how these materials could be used by the PNP in practice.

Criteria	Topic #1		Topic #2		Topic #3	
	Age	Parent	Age	Parent	Age	Parent
3 topics 3 age groups Parent included						
Sources are appropriate						
Description of content						
Critique of each source						
Applicability to practice						

Three topics and three developmental ages of children are represented, as well as parents \_\_\_\_\_ (10 pts)

Sources chosen are appropriate for children/parents \_\_\_\_\_ (10 pts)

Description of the content for each source \_\_\_\_\_ (30 pts)

Critique of each source \_\_\_\_\_ (30 pts)

Applicability of each source to practice \_\_\_\_\_ (15 pts)

APA format \_\_\_\_\_ (5 pts)

**University of Toledo College of Nursing**  
**Preceptor Evaluation of Student Clinical Performance: PNP I**

Student: \_\_\_\_\_

\* Key attached

* Clinical Competency	Not Applicable	Dependent	Provisional	Assisted	Supervised	Independent
Completes history & records systematically, accurately & succinctly						
Performs PE & developmental assessment skillfully & systematically						
Adapts evaluation techniques to the child's age & developmental level						
Reports history & PE finding concisely						
Identifies a range of reasonable differential diagnoses (using S&O)						
Suggests appropriate, prioritized plans of care						
Records exam findings systematically, accurately & succinctly						
Suggests, performs & interprets routine lab tests appropriately						
Provides accurate anticipatory guidance to parents and children during well visits						
Provides accurate anticipatory guidance during ill visits						
Suggests correct immunizations						
Provides correct immunization information to parents & assesses for contraindications consistently						
Suggests appropriate medications						
Calculates medication dose based on child's weight correctly						
Suggests referrals as needed						



* Clinical Competency	Not Applicable	Dependent	Provisional	Assisted	Supervised	Independent
Establishes rapport with child and parent						
Establishes professional rapport with other staff members						
Appropriately uses preceptor for consultation and improvement						
Assumes responsibility & accountability for own actions						
Demonstrates initiative in seeking learning opportunities						
Uses self-evaluation to identify own areas of improvement						

Comments:

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Levels of Student Performance in Clinical Practice

Five levels of clinical performance are described below. Read the standards for each level of competency in order to determine the performance level of the student you are precepting.

### INDEPENDENT

Performs procedures and patient evaluations safely and accurately each time observed without direction from preceptor.

Demonstrates dexterity.

Consistently spends an appropriate amount of time on each patient visit.

Appears relaxed and confident during performance of task. Applies theoretical knowledge accurately each time.

Focuses on the child and parent while giving care.

### SUPERVISED

Performs procedures and exam safely and accurately each time observed.

Requires supportive confirmation or specific directions occasionally during performance of care. Demonstrates coordination but uses some unnecessary energy to complete procedures and assessments.

Spends a reasonable amount of time on patient visits.

Appears generally relaxed and confident, only occasionally displaying noticeable anxiety.

Applies theoretical knowledge accurately with occasional suggestions.

Focuses on child and parent initially but as complexity increases, focuses on own behavior and skill.

### ASSISTED

Performs safely and accurately each time observed.

Requires frequent verbal directions and occasional direct physical assistance with assessments and care.

Demonstrates partial lack of skill and/or dexterity in parts of caregiving activity; awkward.

Takes a long time to complete assessments and instruction; occasionally late.

Appears to waste energy due to poor planning.

Identifies theoretical principles, but needs direction to identify application.

Focuses primarily on own behavior/skill, not on child and parent.

### PROVISIONAL

Performs safely under supervision, not always accurate.

Requires continuous verbal and frequent physical directions and assistance.

Demonstrates lack of skill; uncoordinated in majority of patient evaluation and management.

Performs tasks with considerable delay; activities are disrupted or omitted.

Wastes energy due to incompetence.

Identifies fragments of theoretical principles; often applies principles inappropriately.

Focuses entirely on own behavior/skill.

## DEPENDENT

Performs in an unsafe manner; unable to demonstrate behavior.

Requires continuous verbal and physical directions and assistance.

Performs in an unskilled manner; lacks organization. Appears frozen, unable to move, non-productive.

Unable to identify principles or apply them

Attempts procedures or patient evaluations but is unable to complete them.

Focuses entirely on procedure or own behavior/skill.

Adapted from The Ohio State University, College of Nursing.

Criterion-referenced definitions for rating scales in clinical evaluation. Journal of Nursing Education, 22(9), 376-82.



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

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University of Toledo College of Nursing  
 NURS 7810 - Pediatric Nurse Practitioner Clinical I:  
 Class Schedule

WEEK/ DATE	CONFERENCE 2-3 PM	CLASS 3-5 PM	FACULTY	READINGS	ASSIGNMENTS
<b>1</b> 1/13/09	<b>Course Overview Working with a Preceptor</b>	<b>Course Overview</b>	TBA	Basic readings are assigned for each week. Additional readings may be added as relevant for weekly topics.	
<b>2</b> 1/20	<b>Role issues Typhon Overview</b>	<b>Well Child visits: Overview</b>	TBA	<b>Augustyn – Ch. 8 (35-38)</b> <b>Burns – Ch. 1 (3-12);</b> <b>Ch 2 (12-40); Ch 4 (53-70)</b> <b>Duderstadt – Ch.1 (1-10);</b> <b>Ch. 2 (11-22); Ch. 4 (33-45)</b>	<b>Clinical Plan due</b>
<b>3</b> 1/27	<b>Clinical discussion Template for SOAP papers</b>	<b>Acute Care visits: Overview</b>	TBA	<b>Burns – Ch 9 (153-167);</b> <b>Ch 10 – (168-190);</b> <b>Ch. 22 (453-476)</b> <b>Duderstadt – Ch. 3 (23-31);</b> <b>Ch 5 (47-52)</b>	
<b>4</b> 2/3	<b>Developmental Assessment Instruments</b>	<b>Infants: Growth &amp; Development Physical Assessment</b>	TBA	<b>Augustyn – Ch. 3(12-17);</b> <b>Ch. 4 (18-22); Ch 12 (48-55)</b> <b>Burns – Ch. 5 (71-90)</b> <b>Bright Futures: Infancy (2-18)</b>	

WEEK/ DATE	CONFERENCE	CLASS	FACULTY	READINGS	ASSIGNMENTS
5 2/10	Health Literacy Project	Infants: Health Promotion Anticipatory Guidance	TBA	Augustyn - Ch. 37 (182-186) Burns – Ch. 12 (235-252) <i>Pediatrics</i> , 114(1) July 2004 (or) <a href="http://www.aappolicy.org">www.aappolicy.org</a> search hyperbilirubinemia	Health Literacy Project 1 & 2
6 2/17	Health Literacy Project	Toddlers: Growth & Development Physical Assessment	TBA	Augustyn- Ch 10 (41-43); Ch11 (44-47) Burns – Ch 6 (91-108) Bright Futures: Early Childhood (18-27; 54-55)	Health Literacy Project 3 & 4  SOAP - Infant
7 2/24	Clinical discussion	Toddlers: Health Promotion Anticipatory Guidance	TBA	Augustyn - Ch. 53 (258 -262); Ch. 80 (376-379); Ch 84 (393-395) Burns – Ch 11 (191-234); Ch 13 (253-268) CDC – <a href="http://www.cdc.gov/vaccines">www.cdc.gov/vaccines</a>	
8 3/3		MIDTERM EXAM			MT EVALS
3/10		SPRING BREAK			
9 3/17	Exam review	Preschool Children: Growth & Development Physical Assessment	TBA	Augustyn – Ch. 13 (56-58); Ch. 14 (59-65) Burns – Ch 17 (347-365); Ch 18 (366-394) Bright Futures: Early/Middle Childhood (28-33)	
WEEK/					

DATE	CONFERENCE	CLASS	FACULTY	READINGS	ASSIGNMENTS
10 3/24	Clinical discussion	Pre-School Children: Health Promotion Anticipatory Guidance	TBA	Augustyn - Ch. 43(210-212); Ch. 58 (280-281); Ch 75 (355-359); Ch. 81 (380-385); Ch. 100 (463-466) Burns – Ch. 15 (304-319)	SOAP - Toddler/ Pre-Schooler
11 3/31	Clinical Case Presentation	School Age Children: Growth & Development Physical Assessment	TBA	Burns – Ch 7 (109-131) Bright Futures: Middle Childhood (34-40; 56)	Case #1 & 2
12 4/7	Clinical Case Presentation	School Age Children: Health Promotion Anticipatory Guidance	TBA	Augustyn - Ch 33 (160-163); Ch 54 (263-267); Ch 55 (268-270) Burns – Ch. 14 (268-303)	Case #3 & 4
13 4/14	Scope & Standards of Pediatric Nursing Practice	Adolescents: Growth & Development Physical Assessment	TBA	Burns – Ch 8 (132-149) Bright Futures: Adolescence (42-52; 57)	SOAP – School Age/ Teen
14 4/21	Scope & Standards: Standards of Professional Performance	Adolescents: Health Promotion Anticipatory Guidance	TBA	Augustyn – Ch 46 (222-228); Ch 72 (338-346); Ch 79 (373-375) Burns – Ch. 19 (395-410); Ch. 21 (441-449)	



WEEK/ DATE	CONFERENCE	CLASS	FACULTY	READINGS	ASSIGNMENTS
<b>15</b> <b>4/26</b>	<b>Clinical Discussion</b> <b>Wrap Up</b>	<b>Summary</b> <b>Issues</b>	<b>TBA</b>		
<b>16</b> <b>5/5</b>		<b>FINAL</b> <b>EXAM</b>			<b>FINAL</b> <b>EVALUATIONS</b>