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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 - 7820

4. Proposed title\*: See Attached PEDIATRIC NURSE PRACTITIONER CLINICAL II: COMMON ACUTE AND STABLE CHRONIC ILLNESSES

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

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

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

8. Delivery Mode: Primary\* Secondary Tertiary a. Activity Type\* b. Minimum 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: Spring Years offered: Every Year

10. Are students permitted to register for more than one section during a term? No May the courses be repeated for credit? Yes 6 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 - 7810 b. NURS - 7690 c. -

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

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)

	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.

Fourth 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:

*Deanne Smolen, Ph.D., RN*

Date: Month 12 / Day 12 / Year 11

College Curriculum Authority:

[Signature: Susan J. ...]

Date Month / Day / Year

College Dean:

[Signature: Timothy Gaspar]

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.:

[Signature]

Date Month / Day / Year

Faculty Senate Core Curriculum Comm.:

[Signature]

Date Month / Day / Year

Graduate Council:

[Signature]

Date Month / Day / Year

Office of the Provost:

[Signature]

Date Month / Day / Year

Registrar's Office:

[Signature]

Date Month / Day / Year

Submit New Course Proposal

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 7820 Pediatric Nurse Practitioner Clinical II: Common Acute, and Stable Chronic Illnesses**

**COURSE CREDIT & CONTACT HOURS:**

6 Credit Hours, 2 Theory Hours, 4 Clinical

**PRE-REQUISITES:**

NURS 7810 PNP Clinical I, NURS 7690 Advanced Pharmacotherapeutics

**FACULTY:** TBA

**COURSE DESCRIPTION:**

Care of children/adolescents with an emphasis on the management of common acute and stable chronic illnesses and APN role development. Includes therapeutic communication skills development with individuals and groups.

**COURSE OBJECTIVES:**

1. Analyze knowledge from nursing, medical and behavioral sciences using developmental models to diagnose and treat of common acute and chronic conditions of children and adolescents.
2. Synthesize behavioral and nursing theory in promoting positive health behaviors in primary care.
3. Apply epidemiological principles in clinical reasoning process with specific populations of children and adolescents.
4. Critique personal and professional development related to clinical decision-making in pediatric primary care.
5. Apply professional, legal and ethical standards in clinical practice.
6. Establish an environment that promotes ethical decision making and patient agency.
7. Examine core clinical issues across advanced practice nursing specialties.
8. Analyze personal abilities and limitations that have a potential to enhance or limit effectiveness in working with individuals and groups.
9. Describe the role of the APN as an advocate for healthcare for individuals and families.
10. 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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10. Apply change agent strategies as they relate to the advanced practice role.

**Teaching/learning Strategies:**

Lecture, class discussion, case studies, 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.

**Assignment (continued)**

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 Associate Dean of the Graduate 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	35%
3 Graded SOAP Notes	15%
Clinical Case Study Presentation	10%
OTC Medication Project	10%

**Required Texts:****From PNP I:**

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.

## **For PNP II:**

National Association of Pediatric Nurse Practitioners, Society of Pediatric Nurses, American Nurses Association. (2008). *Pediatric Nursing: Scope and Standards of Practice*. Silver Spring, MD

Niederhauser, V.P. (Ed.) (2007). *Core Review for Primary Care Pediatric Nurse Practitioners*. St Louis: Mosby Elsevier.

Ryan-Wenger, N.A. (Ed) (2007). *Core Curriculum for Primary Care Pediatric Nurse Practitioners*. St Louis: Mosby Elsevier.

## **Recommended Texts:**

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 - [www.brightfutures.org](http://www.brightfutures.org)

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

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

## **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 may 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 (including professional conferences unless previously negotiated with Course Coordinator).
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 projected days of the week for clinical experience, the specific clinical site for each projected day, the projected number of hours per clinical day (e.g. Wednesdays, 4 hours; Thursday, 8 hours), and the name, address, fax, and contact phone number of preceptor.

##### **Weekly Clinical Log - S/U**

Weekly clinical logs are recorded in the Typhon system, and are due weekly. Include clinical hours/week and cumulative hours to date at the end of each Typhon note. The Precepted Clinical Hours Record to document clinical hours, with Preceptor verification, is due each class day.

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

Over the semester, the student will write up and present 1 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. The focus of these presentations is to be focused on acute and chronic stable issues. This assignment is designed as a professional presentation to your colleagues. (Refer to Case Grading criteria, page 11)

### **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.

### **Over-the-Counter (OTC) Medication Project – 10%**

The main objective of this activity is to make the PNP student aware of the many OTC products available to parents and to heighten awareness of the different brands of each OTC in just one category--as well as differences in expense, instructions for parents, dosing, etc. An additional objective is to help the student educate parents in making decisions concerning OTCs chosen for their child.

Students will choose four (4) of the following categories for their investigation and report. From each of the four categories, select two products to compare & contrast. (There will be 8 products per student).

1. Fever, pain
2. Cough, cold, flu
3. Allergy
4. Stomach ache, heartburn
5. Constipation, diarrhea
6. Skin – moisturizers, anti-itch medications
7. Skin – insect repellants, sunscreen, sunburn
8. Vitamins & minerals, herbal supplements

Grading of this activity is based on completeness; grading percentages for each step are indicated

in parentheses. This project will be presented to student peers and/or faculty as scheduled.

1. Visit a pharmacy or retail store that sells the OTC products; select at least 2 brand name or generic products for children in each of the categories you are searching (There will be at least 8 products) (20%)
2. List the product by name and cost (10%)
3. Include the active ingredients and action for each product (10%)
4. Indicate the dosage range for infants, children, and adolescents; indicate if packing states that any dosing device is included; if so, can you determine the accuracy of the device (20%)
5. Indicate whether you would recommend any products to your patients--if so, which ones and why. Use literature guidelines when available. (20%)
6. Submit 3–4 typed pages, or tables, on the medications in your OTC category for distribution

### **SOAP Notes - 15%**

Three acute care 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 10)

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
- 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.

\*\* In general a score of at least 28 points is required on each SOAP to be considered satisfactory at the 80% level.

**NURS 720 PNP II: Common Acute and Stable Chronic Illnesses  
Faculty Evaluation of Student Clinical Documentation (SOAP)**

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

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

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 (as appropriate)		
<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 (as appropriate)	0 y n p	
5. Documentation is organized.	0 y n p	
6. Correct spelling & descriptors		
<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. Plan of care documented	0 y n p	
2. Appropriate diagnostic tests	0 y n p	

3. Medications as prescribed	0	y	n	p	
4. Orders immunizations (as appropriate)	0	y	n	p	
5. Patient education/health promotion/anticipatory guidance	0	y	n	p	
6. Follow-up documented	0	y	n	p	
Self Evaluation of Diagnostic Thinking (8 points)					
1. Quality of S = O data	0	y	n	p	
2. Pertinent/missing data	0	y	n	p	
3. Differential diagnoses	0	y	n	p	
4. Patient education	0	y	n	p	
5. LOE	0	y	n	p	
6. What would student do differently?	0	y	n	p	
					Total = 35 points

NURS 7820 PNP II: Common Acute and Stable Chronic Illnesses  
Clinical Case Study/Presentation: Grading Criteria

Name \_\_\_\_\_

Date \_\_\_\_\_

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)

Comment



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

Student Name: \_\_\_\_\_ Preceptor Name: \_\_\_\_\_

Course #/Title: \_\_\_\_\_ Clinical Site: \_\_\_\_\_

Semester/Yr: \_\_\_\_\_ Total # Clinical Hours Needed: \_\_\_\_\_

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

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

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

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

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

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.

**University of Toledo College of Nursing**  
**NURS 7820 - Pediatric Nurse Practitioner Clinical II:**  
**Class schedule**

WEEK/ DATE	CLINICAL CONFERENCE 3-4 PM	CLASS 4-6 PM	FACULTY	READINGS	ASSIGNMENTS
1 8/25	Course Overview & Clinical Arrangements	Course Overview: Acute Care Perspective	TBA	Basic readings are assigned for each week. Additional readings may be added as relevant for weekly topics.	
2 9/1	Certification Review Questions: Core Review: Ch. 27-28	Common ENT & Respiratory Illnesses in Children	TBA	<p>Burns – Ch 28 (689-698); Ch 29 (712-723); Ch 31 (767-790)</p> <p>AAP Website: Policy/Practice guidelines/Reports</p> <ol style="list-style-type: none"> <li>1. Diagnosis and Management of Acute Otitis Media, 2004</li> <li>2. Otitis media with Effusion, 2004</li> <li>3. Management of Sinusitis</li> <li>4. Review of evidence-Cephalosporins</li> <li>5. Policy statement - Synagis</li> </ol> <p>AAO guidelines – Tonsillectomy in children</p> <p>Hayes &amp; Williamson (2001) Management of Group A Beta-Hemolytic Streptococcal Pharyngitis</p> <p>Spering (2011) Therapeutic strategies for bacterial conjunctivitis</p>	Clinical Plan due

3 9/8	Certification Review Questions: Core Review: Ch. 36	Asthma in Children	TBA	Burns – Ch 24 (553-554; 555-567) Caverly & Taussig (2011) Uncontrolled Asthma: When to step up NHLBI Website for national asthma clinical practice guidelines: <a href="http://www.nhlbi.nih.gov/guidelines/asthma/index.htm">http://www.nhlbi.nih.gov/guidelines/asthma/index. htm</a> (Summary Report )	
4 9/15	Certification Review Questions: Core Review: Ch. 3	Febrile Illness/ Dehydration Fluid replacement	TBA	Burns – Ch 22 (468-470); Ch 23 (539-542); Ch 27 (654-655). AAP Website: 1. Fever & antipyretics 2. Febrile seizures 3. Technical report-febrile seizures Canavan & Arant (2009) Diagnosis & management of dehydration in children Carson (2003) Alternating Acetaminophen & Ibuprofen... Shapiro et al ( 2010) Rehydration & refeeding after diarrheal illness Wright & Liebelt (2007) Alternating antipyretics for fever reduction...	SOAP #1
5 9/22	Certification Review Questions: Core Review: Ch. 8 & Ch. 30	Common Gastro- intestinal Problems in Children	TBA	Burns - Ch 32 (795- 844)  AAP Website: 1. Technical report- Chronic Abdominal Pain... 2. Clinical report – Probiotics & prebiotics...	OTC PROJECTS Cherie Cebie

6 9/29	Certification Review Questions: Core Review: Ch. 9 & Ch. 31	Genito- urinary Problems in Children	TBA	Burns – Ch. 34 (866-903).  AAP Website: 1. Diagnosis & management of UTI (2011) 2. Clinical guideline UTI (2011)	OTC PROJECTS Erin Julie
7 10/6	Certification Review Questions: Core Review: Ch. 12 & Ch. 34	Musculo- skeletal Problems in Children	TBA	Burns – Ch. 37 (1001-1033)  AAP Website: 1. Overuse injuries 2. Medical conditions affecting sports participation	
8 10/13		MIDTERM EXAM			MT EVALS
9 10/20	Certification Review Questions: Core Review: Ch. 10 & Ch. 32	Dermatologic Problems in Children	TBA	Burns – Ch. 36 (942- 999)  Expert Committee Recommendations for Acne Management (2008) Krakowski et al (2008) Practical considerations in acne treatment...	
10 10/27	Certification Review Questions: Core Review: Ch. 13 & Ch. 35	Headaches in Children	TBA	Burns – Ch. 27 (655-663)  Neurology.org website: 1. Practice parameter – Pharmacologic management of migraine...	SOAP #2



11 11/3	Certification Review Questions: Core Review: Ch. 23	Mental Health Issues in Children	TBA	Burns – Ch. 20 (411- 438)  AAP Website: 1. Policy – Mental Health Competencies in Primary Care	
12 11/8	Meet with FNP Class 3-6 PM	Sexually Transmitted Illness	TBA	Burns – Ch. 35 (933- 939)  CDC Website: 1. Guidelines for STIs	
13 11/17	Certification Review Questions: Core Review: Ch. 26	Gynecologic Issues in Adolescents	TBA	Burns – Ch. 35 (906-932)  AAP Website: 1. Contraception & adolescents 2. Emergency contraception  Lopez & Sherer - Managing menorrhagia	SOAP #3  CASES: Julie Erin
		Thanksgiving Holiday			
14 12/1	Certification Review Questions: Core Review:	Infectious Diseases	TBA	Burns – Ch. 23 (477-535)	CASES: Cebie Cherie
15 12/8	Clinical Discussion Wrap Up	Summary Issues	TBA	TBA	
16 12/15		FINAL EXAM			FINAL EVALUATIONS