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

2. Contact Person*: Susan Sochacki Phone: 418-383-5806 Email: susan.sochacki@utoledo.edu 3. Alpha/Numeric Code (Subject area - number)*: NURS - 7830

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 Proposed effective term: F 2014

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

6. Is the course cross-listed with another academic unit? Is the course offered at more than one level?

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

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.

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: Fall Spring Summer

Years offered: Every Year Alternate Years

10. Are students permitted to register for more than one section during a term?

May the courses be repeated for credit? 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

1/12/10 SJ
1/12/12 SES

12. Prerequisites (must be taken before): a. NURS - 7820 b. - 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)
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: *Dianne Smalen, Ph.D., RN* Date: Month / Day / Year

College Curriculum Authority: Date Month 12 / Day 9 / Year 11

College Dean: Date Month 12 / Day 19 / Year 11

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 2012

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 7830 Pediatric Nurse Practitioner Clinical III: Complex Chronic Illnesses or Disabilities

COURSE CREDIT & CONTACT HOURS:

6 Credit Hours, 2 Theory Hours, 4 Clinical Hours

PRE-REQUISITES:

NURS 7820, PNP Clinical II

FACULTY: TBA

COURSE DESCRIPTION:

Management of complex acute/chronic conditions in children/adolescents. Holistic care for children and families including developmental concerns and disability. Explores APN leadership role. Integration of the advanced practice role.

COURSE OBJECTIVES:

1. Synthesize knowledge from nursing, medical and behavioral sciences, using a developmental model, in providing care to children and adolescents in primary or specialty practice settings.
2. Manage health promotion and chronic conditions or disabilities of children and adolescents.
3. Analyze the impact of health care access for the under-served or under-insured child or adolescent and their family.
4. Incorporate epidemiological principles in clinical decision-making process.
5. Evaluate personal and professional performance related to beginning level competency in the role of pediatric nurse practitioner.
6. Establish an environment that promotes ethical decision-making and patient agency.
7. Integrate professional, legal and ethical standards into advanced practice role.
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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FACULTY:

TBA

PRE-REQUISITES:

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COURSE DESCRIPTION:

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1. Synthesize knowledge from nursing, medical and behavioral sciences, using a developmental model, in providing care to children and adolescents in primary or specialty practice settings.
2. Manage health promotion and chronic conditions or disabilities of children and adolescents.
3. Analyze the impact of health care access for the under-served or under-insured child or adolescent and their family.
4. Incorporate epidemiological principles in clinical decision-making process.
5. Evaluate personal and professional performance related to beginning level competency in the role of pediatric nurse practitioner.
6. Establish an environment that promotes ethical decision-making and patient agency.
7. Integrate professional, legal and ethical standards into advanced practice role.
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.

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. 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). Students should contact the Office of Accessibility (Rocket Hall 1820; 419.530.4981; officeofaccessibility@utoledo.edu) as soon as possible for more information and/or to initiate the process for accessing academic accommodations.
3. 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.
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. 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.
4. 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.
5. 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.
6. 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.

7. 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	25%
Final Exam	30%
3 Graded SOAP Notes	10%
PNP Role Reflection paper & Resume	10%
Child and Family Resources Project	15%
PEDS Exam Prep (PNCB)	10%

Required Texts:

For PNP III

- Allen, P.J., Vessey, J.A., & Schapiro, N.A. (2010). *Primary Care of the Child with a Chronic Condition* (5th ed.). Elsevier.
- Pediatric Nursing Certification Board (PNCB). *PEDS Exam Prep*. Module I - Primary Care Health Promotion, & Module II - Primary Care Health Restoration module. Obtained at www.pncb.org.

From PNP I & II

- Augustyn, M. C., Zucherman, B.S., Caronna, E.B. (2010) *The Zucherman Parker Handbook of Developmental and Behavioral Pediatrics for Primary Care, 3rd Ed.* Philadelphia: Lippincott Williams & Wilkins
- Burns, C.E., Dunn, A.M., Brady, M.A., Starr, N.B., & Blosser, C. (2009). *Pediatric Primary Care, 4th 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, 3rd Ed. Pocket Guide.* Elk Grove IL: American Academy of Pediatrics.
- 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*, 17th ed. Hudson, Ohio: Lexicomp

Websites for Clinical Reference :

American Academy of Pediatrics – www.aap.org

Center for Disease Control – www.cdc.gov

NAPNAP – www.napnap.org

Ohio Department of Health - www.odh.state.oh.us

Healthy People 2020 - www.healthypeople.gov

Pediatric Nursing Certification Board - www.pncb.org/ptistore/control/about/links

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.

PNP: Role Reflection Paper & Resume – 10 %

The purpose of this 2-page paper is reflection on personal and professional performance as a new pediatric nurse practitioner. For this paper, the student will review two relevant standards of practice:

The National Association of Pediatric Nurse Practitioners (NAPNAP) www.napnap.org - go to scope and standards of practice

National Organization of Nurse Practitioner Faculty (NONPF) www.nonpf.org - go to competencies, pediatric nurse practitioner standards of practice for PNPs,

Reflect on your progress as a new, competent, beginning PNP; reflect on how you as a new PNP meet the competencies and the standards of practice espoused by the professional APN organizations. Be specific in your areas of growth, the type of practice in which you envision yourself, and your goals for future growth and how you will attain these goals.

Additionally, attach a copy of a professional resume that you plan to utilize as you market yourself as a PNP. (2-3 pages)

PEDS Exam Prep – 10 %

Students are expected to subscribe to and complete both the Primary Care Health Promotion module and Primary Care Health Restoration module of the PEDS Exam prep offered through the Pediatric Nursing Certification Board (PNCB) at www.pncb.org). Students are to provide printed copies of their answers for each module with the answers and score report submitted to the faculty by the due dates.

Assignments (Continued):

Child and Family Resources Project – 15 %

The purpose of this project is to provide PNP students with an overview of resources to which they might refer children and their families.

Each student will sign up for one of the following categories of services for children and their families.

1. Early Intervention/Help Me Grow
2. Medicare/Medicaid/ SSI
3. Bureau for Children with Medical Handicaps (BCMh)/ free medications
4. Abuse Services/Mental Health Services/ Substance Abuse Services
5. Public Health Department Services/free clinics/medical programs
6. Food Stamps/WIC
7. Subsidized housing programs/Subsidized utility programs

The student will explore their assigned services in both Lucas County as well as one other county of their choosing (ie. NW Ohio, or the county in which the student plans to practice).

In reviewing criteria for how to access and utilize the assigned service the student should consider these following broader issues:

1. Explain/describe the service provided. Who administers this service? Who provides the service?
2. How available is the assigned resource? (ie, is there a “cap” on numbers of clients served or amount of service one client may access? Is there a long wait list?, etc.)
3. What are eligibility requirements? What “proof” do families need to provide to meet these requirements?
4. How acceptable are the resources to families? Are the resources “client friendly?”
5. What constraints exist that make using these resources more difficult? (ie, transportation, scheduled appointments, limitation due to residence in a particular county or general geography?)

The assigned resources and answers to the above criteria will be shared in oral and written format. The written information may be presented in table form, as well as any brochures, web addresses, phone numbers, addresses, etc that will provide a reference guide of valuable resources for all PNP students.

Assignments (Continued):

SOAP Papers – 10 %

Three SOAP note documentations for children with complex/chronic conditions 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)

There are 35 total possible points for each SOAP note:

- 5 points: (S) Subjective - the chief complaint (CC), all pertinent elements of the history of present illness (HPI), past medical history (PMH), including immunizations, current medications, Family history (FH), Psycho-social history, relevant Differential diagnosis(es) based on information provided in history are noted.
- 3 points (O) Objective – Physical data related to chief complaint; elements of focused exam are included; stated in accurate terminology. Differential diagnosis(es) based on information provided in history and objective exam are adjusted.
- 3 points (A) Assessment – diagnosis(es) is supported by data (S and O), preventive health issues addressed; final diagnosis is stated
- 4 points (P) Plan – appropriate diagnostic tests, medications, immunizations, patient education/health promotion/anticipatory guidance, follow-up
- 20 points Self Evaluation of the SOAP and patient encounter (See guidelines below)

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

A Self evaluation of the SOAP and patient encounter will be completed with each submitted SOAP note as reflective practice is critical for role development. The successful student will critically analyze personal clinical performance and learn from each patient encounter. Include the following components in the self-evaluation:

1. Evaluation of the quality of the data obtained in the Subjective information. Include an explanation with cited sources for the differential diagnoses listed in this section
2. Evaluation of the quality of data in the Objective information. Include an explanation with citations for the remaining /adjusted differential diagnoses listed in this section. .
*What missing data would you collect the next time? Why?

3. Evaluation of the quality and completeness of the Assessment. Discuss the rationale for the final diagnosis(es). Include citations.

4. Evaluation of the quality and completeness of the Plan of care/treatment with rationale and citations. Include the following:

Discuss rationale for the plan of care/treatment plan. Cite references.

Were there any areas in which your plan of care differed from that of your preceptor? If so, how did you resolve these issues? Identify how you might have proceeded differently from your preceptor.

Submit prescriptions for the medications in the plan. These prescriptions are to be formatted on the standardized form provided, with all identifying information removed.

Provide rationale for these medications. If you do not agree with the medications or would have preferred other medications, support your preferred choices. Provide citations for your rationale.

5. Evaluation of the patient/family Encounter. What was your level of comfort and your level of independence in assessing, diagnosing and suggesting a plan of care? What would you have done differently in this encounter? What was the Level of Encounter (LOE) for this patient?

**NURS 7820 - PNP III: Complex, Chronic Illnesses or Disabilities
Faculty Evaluation of Student Clinical Documentation (SOAP)**

Student _____

Date _____

0 = N/A y = yes n = no p = partial Total possible = 35 points

Criteria	Score	Comments
S – Subjective Documentation (5 points)		
1. Chief complaint or reason for visit documented	0 y n p	
2. HPI complete (7 charac of sx; questions focus on CC or reason for visit)	0 y n p	
3. PMH documented (includes currents, immunizations)	0 y n p	
4. Pertinent family history/social history documented	0 y n p	
5. ROS: includes all body systems, developmental milestones	0 y n p	
6. List differential diagnosis(es)	0 y n p	
7. Documentation is organized with correct spelling and descriptors.	0 y n p	
O – Objective Documentation (3 points)		
1. Exam is problem focused.	0 y n p	
2. PE is related to the CC & history and complete.	0 y n p	
3. Developmental assessment (as appropriate)	0 y n p 0 y n p	
4. List differential diagnosis(es) based on objective data	0 y n p	
5. Documentation is organized with correct spelling & descriptors.		
A – Assessment (3 points)		
1. Addresses S + O findings	0 y n p	
2. Final diagnosis (es) supported by S + O	0 y n p	
3. Final diagnosis(es) correctly state	0 y n p	
P – Plan of Care/Treatment (4 points)		
1. Plan of care	0 y n p	
2. Appropriate diagnostic tests	0 y n p	
3. Medications	0 y n p	
4. 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 (20 points)		

1. Subjective data/differential diagnosis(es)	0	y	n	p	
2. Objective data/differential diagnosis(es)	0	y	n	p	
3. Assessment/final diagnosis	0	y	n	p	
4. Plan of care/treatment plan	0	y	n	p	
5. Patient/family encounter	0	y	n	p	

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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.

**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 III

Student: _____

Clinical Competency * Key attached	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						

* Clinical Competency	Not Applicable	Dependent	Provisional	Assisted	Supervised	Independent
Calculates medication dose based on child's weight correctly						
Suggests referrals as needed						
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

KEY

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.

Class Schedule/List of Topics Covered:

Your clinical experiences will all be varied and in different locations. You will be working in your practice setting and are to follow the directions written earlier in this syllabus under "Assignments."