**The University of Texas at Arlington**

**College of Nursing**

**N5444 Complex Chronicity in Pediatrics**

**Spring 2015**

**Instructors:**

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| **Lindy Moake, RN, MSN, PCCNP, CPNP-AC*****Clinical Instructor***Office Number: Pickard Hall # 626Office Hours: By AppointmentOffice Telephone Number: (817) 272-2776Email Address: moake@uta.edu Faculty Profile: <https://www.uta.edu/mentis/profile/?1672> |
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| **Sara Moore, RN, MSN, APRN-BC, CPNP-AC*****Clinical Instructor***Office Number: Pickard Hall # 626Office Hours: By AppointmentOffice Telephone Number: (817) 272-2776Email Address: Moores@uta.edu Faculty Profile: <https://www.uta.edu/mentis/profile/?4858>  |

**Section Information:**

N5444, Sections 001-007

**Time and Place of Class Meetings:**

Pickard Hall, Rm. 223, Friday 9am-4pm

**Description of Course Content:**

Clinical management of complex health problems of pediatric patients, birth to 21 years within the family system.

**Other Requirements:**

NURS 5328, NURS 5441 or NURS 5442; or NURS 5539 and NURS 5303 or concurrent enrollment; or Certificate Program standing

**Student Learning Outcome:**

Upon completion of the course, the student will be able to:

1. Assess, diagnose and manage pediatric patients birth to 21 years with stable, chronic, multi-system health problems within the family system.
2. Assess, diagnose and manage pediatric patients birth to 21 years with exacerbation of chronic, multi-system health problems within the family system.
3. Assess, diagnose, and manage pediatric patients birth to 21 years with urgent needs within the family system.
4. Provide appropriate health promotion and disease prevention healthcare for pediatric patients based on age, culture, gender, risk, and health status.
5. Collaborate with health professionals to coordinate services and allocate resources to improve health outcomes along the continuum of care.
6. Provide health education and counseling with special emphasis on pediatric patients with special needs and their families.
7. Implement the Nurse Practitioner role in the implementation of cultural/spiritual sensitive care of pediatric patients with complex chronic conditions.
8. Examine NP practice outcomes using existing data bases and current empirical knowledge.

**Required Textbooks and Other Course Materials:**

1. Reuter-Rice, K. and Bolick, B. (2011). *Pediatric Acute Care: A Guide to Interprofessional Practice.* Jones and Bartlett  **ISBN: 9780763779719**
2. American Heart Association and the American Academy of Pediatrics. (2012)
3. *Pediatric Advanced Life Support Provider Manual.* Dallas, TX:American Heart Association  **ISBN:  9781616691127**
4. *Pediatric Acute Care: (Core Handbooks in Pediatrics)* (2nd ed.).Philadelphia, PA: Lippincott Williams and Wilkins  **ISBN:**  **9780781728522**

**Recommended Textbooks:**

1. Kliegman, R. Stanton, B., Geme, J., Schor, N., Behrman, R. (2011). *Nelson Textbook of Pediatrics,* (19th ed.). St. Louis, MO:  Saunders  **ISBN: 9781437707557**
2. Allen, P., Vessey, J., Schapiro, N. (2009). *Primary Care of the Child with a Chronic Condition* (5th ed.).St. Louis, MO: Mosby Elsevier  **ISBN:  9780323058773**
3. Gilbert-Barness, E., Barness, L. (2009).*Clinical Use of Pediatric Diagnostic Tests.* (2nd ed.). IOS Press  **ISBN:  9781586039936**
4. Park, M., Guntheroth, W., (2006). *How to Read Pediatric ECG’s.* (4th ed.). **ISBN:  9780323035705**
5. American Academy of Pediatrics (2013). *Caring for the Hospitalized Child: A Handbook of Inpatient Pediatrics***.** **ISBN:  9781281107548**

**Descriptions of major assignments and examinations with due dates:**

|  |  |  |
| --- | --- | --- |
| **Assignment** | **Weight** | **Due Date** |
| CDM #1 | 20% |  |
| CDM #2 | 20% |  |
| Ethics presentation (verbal only) | 10% |  |
| Exam #1 | 20% |  |
| Final Exam | 20% |  |
|  ***Total Classroom*** | **90%** |  |
|  ***Clinical Practicum*** | **10%** |  |
|  |  |  |
| **Classroom Total + Clinical Practicum:** | **100%** |  |
|  |  |  |
| **E- Logs** | **P/F** |  |

**Grading Policy:** Students are expected to keep track of their performance throughout the semester and seek guidance from available sources (including the instructor) if their performance drops below satisfactory levels.

Course Grading Scale

A = 92 to 100

B = 83 to 91

C = 74 to 82

D = 68 to 73 – cannot progress

F = below 68 – cannot progress

**Grade Grievances:** Any appeal of a grade in this course must follow the procedures and deadlines for grade-related grievances as published in the current graduate catalog. <http://grad.pci.uta.edu/about/catalog/current/general/regulations/#gradegrievances>

**Make-up Exams:**

Please contact your faculty for make-up exam scheduling.

**Test Reviews:**

Are scheduled on an individual basis, contact your faculty.

**Expectations of Out-of-Class Study:**

Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional 12 hours per week on their own time in course-related activities, including reading required materials, completing assignments, preparing for exams, etc.

**Attendance Policy:**

Regular class attendance and participation is expected of all students. Students are responsible for all missed course information.

**Drop Policy:** Graduate students who wish to change a schedule by either dropping or adding a course must first consult with their Graduate Advisor. Regulations pertaining to adding or dropping courses are described below. Adds and drops may be made through late registration either on the Web at MyMav or in person through the student’s academic department. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance**. Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. Contact the Office of Financial Aid and Scholarships at <http://wweb.uta.edu/aao/fao/> . The last day to drop a course is listed in the Academic Calendar available at <http://www.uta.edu/uta/acadcal.php?session=20141>

1. A student may not add a course after the end of late registration.
2. A student dropping a graduate course after the Census Date but on or before the end of the 10th week of class may with the agreement of the instructor, receive a grade of W but only if passing the course with a C or better average. A grade of W will not be given if the student does not have at least a C average. In such instances, the student will receive a grade of F if he or she withdraws from the class. Students dropping a course must:

(1) Contact course faculty to obtain permission to drop the course with a grade of “W”.

(2) Complete the form, sign electronically, (available at <http://www.uta.edu/nursing/msn/msn-forms/> ) email to the course faculty for their electronic signature using the envelope located in the toolbar at the top of your screen and copy your graduate program advisor using the appropriate email: MSN-NP – sdecker@uta.edu

(3) Contact the graduate program advisor to verify the approved form was received from the faculty, the course drop was processed and schedule an appointment to revise student degree plan.

1. Students who drop all coursework at UTA must check the RESIGN box. Students staying in a least one course and dropping other coursework will check the DROP COURSE(S) box.
2. In most cases, a student may not drop a graduate course or withdraw (resign) from the University after the 10th week of class. Under extreme circumstances, the Dean of Graduate Studies may consider a petition to withdraw (resign) from the University after the 10th week of class, but in no case may a graduate student selectively drop a course after the 10th week and remain enrolled in any other course. Students should use the special Petition to Withdraw for this purpose. See the section titled Withdrawal (Resignation) From the University for additional information concerning withdrawal. <http://grad.pci.uta.edu/faculty/resources/advisors/current/>

**Census Day: February 4, 2015**

**Last day to drop or withdraw April 3, 2015**

**Americans with Disabilities Act:**  The University of Texas at Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including the *Americans with Disabilities Act (ADA)*. All instructors at UT Arlington are required by law to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of that disability. Any student requiring an accommodation for this course must provide the instructor with official documentation in the form of a letter certified by the staff in the Office for Students with Disabilities, University Hall 102. Only those students who have officially documented a need for an accommodation will have their request honored. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability) or by calling the Office for Students with Disabilities at (817) 272-3364.

**Title IX:** The University of Texas at Arlington is committed to upholding U.S. Federal Law “Title IX” such that no member of the UT Arlington community shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity. For more information, visit [www.uta.edu/titleIX](http://www.uta.edu/titleIX).

**Academic Integrity:**  All students enrolled in this course are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.*

*I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.*

UT Arlington faculty members may employ the Honor Code as they see fit in their courses, including (but not limited to) having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted.

Per UT System Regents’ Rule 50101, §2.2, suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with the University policy, which may result in the student’s suspension or expulsion from the University.

"Scholastic dishonesty includes but is not limited to cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts."

As a licensed registered nurse, graduate students are expected to demonstrate professional conduct as set forth in the Texas Board of Nursing rule **§215.8. in the event that a graduate student holding an RN license is found to have engaged in academic dishonesty, the college may report the nurse to the Texas BON using rule §215.8 as a guide.**

**Plagiarism:** Copying another student’s paper or any portion of it is plagiarism. Copying a portion of published material (e.g., books or journals) without adequately documenting the source is plagiarism. Consistent with APA format, if five or more words in sequence are taken from a source, those words must be placed in quotes and the source referenced with author’s name, date of publication, and page number of publication. If the author’s ideas are rephrased, by transposing words or expressing the same idea using different words, the idea must be attributed to the author by proper referencing giving the author’s name and date of publication. If a single author’s ideas are discussed in more than one paragraph, the author must be referenced, according to APA format. Authors whose words or ideas have been used in the preparation of a paper must be listed in the references cited at the end of the paper. Students are expected to review the plagiarism module from the UT Arlington Central Library via <http://library.uta.edu/plagiarism/index.html>

**Student Support Services**:UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include tutoring, major-based learning centers, developmental education, advising and mentoring, personal counseling, and federally funded programs. For individualized referrals, students may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to resources@uta.edu, or view the information at [www.uta.edu/resources](http://www.uta.edu/resources).

**Electronic Communication:** The University of Texas at Arlington has adopted “MavMail” as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. All students are assigned a MavMail account and are responsible for checking the inbox regularly. There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at <http://www.uta.edu/oit/cs/email/mavmail.php>. If you are unable to resolve your issue contact the Helpdesk at helpdesk@uta.edu. ***Students are responsible for checking their MavMail regularly.***

**Student Feedback Survey:** At the end of each term, students enrolled in classes categorized as lecture, seminar, or laboratory shall be directed to complete a Student Feedback Survey (SFS). Instructions on how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student’s feedback enters the SFS database anonymously and is aggregated with that of other students enrolled in the course. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law; students are strongly urged to participate. For more information, visit <http://www.uta.edu/sfs>.

**Final Review Week:** A period of five class days prior to the first day of final examinations in the long sessions shall be designated as Final Review Week. The purpose of this week is to allow students sufficient time to prepare for final examinations. During this week, there shall be no scheduled activities such as required field trips or performances; and no instructor shall assign any themes, research problems or exercises of similar scope that have a completion date during or following this week *unless specified in the class syllabus*. During Final Review Week, an instructor shall not give any examinations constituting 10% or more of the final grade, except makeup tests and laboratory examinations. In addition, no instructor shall give any portion of the final examination during Final Review Week. During this week, classes are held as scheduled. In addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts as appropriate.

**Emergency Exit Procedures:** Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest stairwell. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist handicapped individuals.

**Librarian to Contact:**

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| **Peace Williamson**, *Nursing Librarian*Phone: (817) 272-7433E-mail: peace@uta.edu Research Information on Nursing: [**http://libguides.uta.edu/nursing**](http://libguides.uta.edu/nursing) |

Library Home Page <http://www.uta.edu/library>

Subject Guides <http://libguides.uta.edu>

Subject Librarians <http://www.uta.edu/library/help/subject-librarians.php>

Database List <http://www.uta.edu/library/databases/index.php>

Course Reserves <http://pulse.uta.edu/vwebv/enterCourseReserve.do>

Library Catalog <http://discover.uta.edu/>

E-Journals <http://liblink.uta.edu/UTAlink/az>

Library Tutorials <http://www.uta.edu/library/help/tutorials.php>

Connecting from Off- Campus <http://libguides.uta.edu/offcampus>

Ask A Librarian [http://ask.uta.edu](http://ask.uta.edu/)

The following URL houses a page where we have gathered many commonly used resources needed by students in online courses: <http://www.uta.edu/library/services/distance.php>

**Course Schedule.**

**See page 31 & 32**

**UTA College of Nursing Additional Information:**

**Clinical Evaluations:** Students must pass both the didactic and clinical portions of a clinical course in order to pass the course. In order to pass the clinical portion, the student must receive a passing grade (minimum of 83%) on the faculty evaluation of the student’s clinical performance (Nurse Practitioner Clinical Evaluation). Students who fail a faculty evaluation have a one-time option to retake the practicum. A second faculty member will be present during the clinical performance retake. If the student passes the clinical performance retake (minimum of 83%), the **maximum** grade the student can receive for the exam for purposes of grade calculation is 83%. If the student fails the retake, the student will receive a grade of “F” for the course.

**Clinical Clearance:** All students must have current clinical clearance to legally perform clinical hours each semester. If your clinical clearance is not current, you will be unable to do clinical hours that are required for this course and this would result in course failure.

**Student Requirement For Preceptor Agreements/Packets:**

1. Preceptor Agreements must be **signed and dated** by the student and the preceptor the first day the student attends clinical (may be signed on that day), scanned and emailed to npclinicalclearance@uta.edu.
2. **Student** is responsible to ensure that all of his/her preceptor agreements are signed and complete including their student 1000 number and course number before beginning clinical experience and those agreements are scanned and emailed to Kim Hodges @ npclinicalclearance@uta.edu or Janyth Arbeau at arbeau@uta.edu by the third week of the semester. (For instance, if a student starts working with a particular preceptor late in the semester, he/she would contact that preceptor during the first 3 weeks of the semester.
3. If this is the first time a preceptor is precepting a graduate nursing student for The University of Texas at Arlington, please have him/her complete the Preceptor Biographical Data Sheet. If he/she is a returning preceptor have them fill out the phone number and email address section of the preceptor agreement.
4. The signed/completed preceptor agreement is part of the clinical clearance process. Failure to submit in a timely fashion will result in the inability to access the E-log system.
5. All communications to the NP Clinical Coordinator should be made to the following email address: npclinicalclearance@uta.edu. This includes scanned copies of preceptor agreements, preceptor evaluations of the student, and student evaluations of the preceptor.

**Clinical E-Logs: Students** are required to enter all patient encounters into the E-Log system.  E-Log is both a student learning opportunity and an evaluation method for clinical courses.  Patient encounters include patients the student assesses, diagnoses, and manages as part of their clinical coursework.  Individual clinical courses may have additional guidelines/requirements related to their specific course and will be noted in the course syllabus (e.g. types of encounter required, number of patients required during course).

Students can access their Elogs by entering their own unique Elogs username and password which will be accessible their first clinical semester. <http://totaldot.com/> The username consists of the student’s first, middle, and last initials (in CAPS) with the last four digits of their 1000#. Example: Abigail B. Cooper, 1000991234 is ABC1234. If the student does not have a middle initial, then only two initials will be used. The student’s password is simply their last name. Example: Cooper (note first letter is a capital letter).

The student’s E-Log data provides a description of the patients managed during the student’s clinical experience, including the number of patients, diagnoses of patients, and the type of interventions initiated.  As a result, E-Log data are an essential requirement of the student’s clinical experience and are used to evaluate student clinical performance.  The data are used to meet course requirements and to evaluate student clinical performance.  Upon completion of the Program, students will receive an executive summary of their E-Log entries for their professional portfolio.

**Students are expected to enter information accurately so that (if needed) faculty may verify/validate the information provided.  Falsifying and/or misrepresenting patient encounter data is considered academic dishonesty.**

**Status of RN Licensure:** All graduate nursing students must have an unencumbered license as designated by the Texas Board of Nursing (BON) to participate in graduate clinical nursing courses. It is also imperative that any student whose license becomes encumbered by the BON must immediately notify Dr. Mary SCollege of Nursingra, Associate Dean- Department of Advanced Practice Nursing. The complete policy about encumbered licenses is available online at: [www.bon.state.tx.us](http://www.bon.state.tx.us)

**MSN Graduate Student Dress Code:** The University of Texas at Arlington College of Nursing expects students to reflect professionalism and maintain high standards of appearance and grooming in the clinical setting. **Clinical faculty has final judgment on the appropriateness of student attire and corrective action for dress code infractions. Students not complying with this policy will not be allowed to participate in clinical.**

Please View the College of Nursing Student Dress Code on the nursing website:  <http://www.uta.edu/nursing/msn/msn-students> .

**UTA Student Identification: MSN Students MUST be clearly identified as UTA Graduate Students and wear a UTA College of Nursing ID in the clinical environment.**

**Blood and Body Fluids Exposure:** A Health Verification form was signed by all MSN students at start of the program documenting personal health insurance coverage. All MSN students have mandatory health insurance and will need to manage exposure to blood and fluids. Current CDC guidelines can be found at:<http://www.cdc.gov/>

**Unsafe Clinical Behaviors:** Students deemed unsafe or incompetent will fail the course and receive a course grade of “F”. **Any of the following behaviors constitute a clinical failure**:

1. Fails to follow standards of professional practice as detailed by the Texas Nursing Practice Act \* (available at [www.bon.state.tx.us](http://www.bon.state.tx.us))

2. Unable to accept and/or act on constructive feedback.

3. Needs continuous, specific, and detailed supervision for the expected course performance.

4. Unable to implement advanced clinical behaviors required by the course.

5. Fails to complete required clinical assignments.

6. Falsifies clinical hours.

7. Violates student confidentiality agreement.

\*Students should also be aware that violation of the Nursing Practice Act is a “reportable offense” to the Texas Board of Nurse Examiners.

**Confidentiality Agreement:** You signed a Confidentiality Form in orientation and were provided a copy of the form. Please take your copy of this Confidentiality Form with you to your clinical sites. Please do not sign other agency confidentiality forms. Contact your faculty if the agency requires you to sign their confidentiality form.

**Graduate Student Handbook:** Students are responsible for knowing and complying with all policies and information contained in the Graduate Student handbook online at: <http://www.uta.edu/nursing/msn/msn-students>

**Student Code of Ethics:** The University of Texas at Arlington College of Nursing supports the Student Code of Ethics Policy. Students are responsible for knowing and complying with the Code. The Code can be found in the student handbook online: <http://www.uta.edu/nursing/msn/msn-students>

**No Gift Policy:** In accordance with Regent Rules and Regulations and the UTA Standards of Conduct, the College of Nursing has a “no gift” policy. A donation to one of the UTA College of Nursing Scholarship Funds, found at the following link: is <http://www.uta.edu/nursing/student-resources/scholarship> would be an appropriate way to recognize a faculty member’s contribution to your learning.  For information regarding Scholarship Funds, please contact the Dean’s office.

**Online Conduct:** The discussion board should be viewed as a public and professional forum for course-related discussions. Students are free to discuss academic matters and consult one another regarding academic resources. The tone of postings should be professional in nature.

It is not appropriate to post statements of a personal or political nature, or statements criticizing classmates or faculty. Inappropriate statements/language will be deleted by the course faculty and may result in denied access to the Discussion boards. Refer to UTACON Student Handbook for more information.

***For this course Blackboard communication tools, discussion boards, and UTA MAV email will be used extensively and should be checked often.***

**Writing Center:** The Writing Center provides the workshops below to help guide graduate students through the demands of writing at the graduate level. In order to sign up for workshops, students must register with the Writing Center at http://uta.mywconline.com/. Workshops are listed on the regular appointment schedule. If you experience any difficulty signing up for any of these, please call (817)272-2601 and one of our staff will be happy to assist.

All Workshops hosted by the Writing Center are held in 411 Central Library and are offered at 6 p.m. on Mondays, Tuesdays, Wednesdays or Thursdays. These are not recorded and are not available online.

**Department of Advanced Practice Nursing**

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| **Mary Schira,** PhD, RN, ACNP-BCAssociate Dean and Chair; Graduate AdvisorEmail: schira@uta.edu  | **Rose Olivier**, Administrative Assistant IOffice # 605-Pickard Hall, (817) 272-9517Email: olivier@uta.edu  |
| **Sheri Decker**, Assistant Graduate AdvisorStudents: A-JOffice # 611-Pickard Hall, (817) 272-0829Email: s.decker@uta.edu  | **Janyth Arbeau,** Clinical CoordinatorOffice # 610- Pickard Hall, (817) 272-0788Email: Arbeau@uta.edu or npclinicalclearance@uta.edu  |
| **Luena Wilson**, Graduate Advisor IStudents: K-ZOffice # 613-Pickard Hall, (817) 272- 4798Email: lvwilson@uta.edu  | **Kimberly Hodges,** Support Specialist IIOffice #612 Pickard Hall, (817) 272-9373E-mail: khodges@uta.edu or npclinicalclearance@uta.edu |
| **Sonya Darr**, Support Specialist IOffice # 609-Pickard Hall, (817) 272-2043 Email: sdarr@uta.edu  | **Timara Spivey**, Admissions AssistantOffice # 606, Pickard Hall (817) 272-4796Email: tnspivey@uta.edu or npadmasst@exchange.uta.edu |

**Emergency Phone Numbers:**] In case of an on-campus emergency, call the UT Arlington Police Department at 817-272-3003 (non-campus phone), 2-3003 (campus phone). You may also dial 911.

**PREVENTION OF ACADEMIC DISHONESTY GUIDELINES**

**Special Instructions Regarding Assignments**

Unless otherwise instructed, all course (class & clinical) assignments are to follow the following guidelines:

1. Each student is expected to do each assignment independently. This means no consultation, discussion, sharing of information, or problem-solving to complete any component of the assignment. This includes your preceptor – do not ask the preceptor to advise you on an assignment.
2. It is your ability and clinical decision-making that we are assessing through the assignments – not your colleagues.
3. Any violation of these instructions will result in academic dishonesty a violation of UTA’s Academic Dishonesty Policy. The penalties can range from failure on the assignment, course failure and/or expulsion from the program.
4. The student will turn in the original and 1 copy of each written assignment. One copy will be maintained in a permanent file after a faculty assesses all class papers. The graded copy will be returned to the student and will be maintained in the clinical notebook.
5. If at any time a student is aware of academic dishonesty committed by a classmate, the student is expected to inform the faculty.
6. Academic dishonesty is cheating and will not be tolerated in this program. RNs are expected to conform to professional ethics whether in the classroom or in the clinical setting.

You are asked to sign below to indicate that you understand the above guidelines.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Student Name Date**

**ASSIGNMENTS/GRADE SUMMARY**

***Clinical Assignments Due Date Score***

1. Preceptor Evaluations May 1, 2015 Credit \_\_\_\_\_\_
2. Student Evaluation of Preceptor May 1, 2015 Credit \_\_\_\_\_\_
3. Clinical Practicum May 1, 2015 **10**% \_\_\_\_\_\_
4. E-Logs May 1, 2015 Credit \_\_\_\_\_\_

***Didactic Assignments Due Date Score %***

1. CDM #1 February 27, 2015 **20**% \_\_\_\_\_\_
2. CDM #2 April 10, 2015**20**% \_\_\_\_\_\_
3. Exam #1 March 27, 2015 (weekend) **20**% \_\_\_\_\_\_
4. Ethics Presentation (if didn’t participate in IPE in Fall 2014) vs IPE Participation

 May 1, 2015 vs March 27/28 **10**% \_\_\_\_\_\_

1. Final Exam May 1, 2015 (weekend) **20%** \_\_\_\_\_\_

**TOTAL: 100% \_\_\_\_\_\_** **FINAL GRADE:\_\_\_\_\_\_**

**CLINICAL GUIDELINES**

**&**

**EVALUATION FORMS**

***NURSE PRACTITIONER CLINICAL OBJECTIVES***

1. Provide evidence of clinical skills in performing advanced health assessments to include:
	1. collecting a complete health history
	2. examining all body systems
	3. performing functional assessments to determine ability for self-care and independent living
	4. collect additional data as needed (ECG, vision and hearing screening, urinalysis, blood sugar determination, hematocrit, pap-smear, wet-mount, hanging drop smear, nose and throat culture, and others)
	5. making appropriate decisions regarding priority needs for episodic data collection (subjective and objective)
	6. determining which problems/data collection can be deferred until later
	7. making an appropriate and accurate assessment of client’s health status (rule outs, differential diagnoses, nursing diagnoses, etc.)
	8. presenting pertinent data to preceptor in a succinct manner
	9. presenting a cost-effective, clinically sound plan of care which may include:
		1. advanced nursing management
		2. medical intervention
		3. pharmacotherapeutics
		4. diagnostic testing
		5. teaching/counseling
		6. follow-up plan
	10. discussing with preceptor personal strengths and needed areas of improvement
2. Show increasing evidence of ability to develop, implement and evaluate an appropriate management plan for common episodic, acute, chronic, and rehabilitative health concerns for clients.
3. Show increasing evidence of ability to develop, implement and evaluate an appropriate plan for health maintenance and health promotion of clients.
4. Show evidence of ability to integrate health promotion/disease prevention activities into each client encounter.
5. Provide evidence of advanced nursing activities to promote and maintain health of children.
6. Demonstrate ability to provide quality, culturally sensitive health care for individuals of diverse cultural and ethnic backgrounds.
7. Provide evidence of the ability to formulate and administer advanced nursing care and medical therapeutics in a variety of setting.
8. Integrate current research findings into the development and implementation of health care for children and their families.
9. Continue personal development of the various roles of the nurse practitioner as evidenced by didactic and clinical work.

***GUIDELINES FOR CLINICAL EXPERIENCES***

1. **Use of Protocol Manuals:**

Occasionally, students encounter preceptor sites that do not use formal protocols. It is recommended that students select a published protocol book to use in these circumstances. The selected reference should be discussed with and reviewed by the clinical preceptor. If agreeable, the protocols will be the basis for your care with appropriate modifications as necessary in that clinical site.

1. **Documentation of Care:**

The UTA College of Nursing Nurse Practitioner Program requires a wide variety of clinical hours which necessitates the student to obtain experiences in numerous settings. The student is expected to appropriately, thoroughly, and accurately document each client encounter on the client’s health record, i.e., SOAP notes, clinical summaries, etc. All entries made by the student in the client’s health record should be reviewed by the preceptor. Documentation will be co-signed by the preceptor as appropriate for the clinical site. If you are in a site using an Electronic Medical Record, you may be required to do SOAP notes in the clinical setting to document your care at the request of your clinical faculty and/or preceptor.

1. **Clinical Preceptors:**

Students are encouraged to utilize several preceptors throughout their nurse practitioner coursework. Guidelines for the selection of preceptors are included in the “Preceptor Agreement Packet.” Please note that the “Letter of Agreement” in the packet MUST be signed and on file at UTA BEFORE clinical experiences commence at the site. {Students are expected to negotiate their clinical objectives and number of hours with each preceptor.} If for any reason, the primary preceptor is absent i.e., not physically in the practice setting, the student may not make any decisions requiring medical management. Your clinical preceptor is responsible to see EVERY patient that you see.

1. **Site Visits:**

The Nurse Practitioner Faculty may evaluate the student’s clinical abilities at his/her clinical site and/or an appointed clinical site at regular intervals and/or for the final clinical practicum. The student will be evaluated according to criteria on the “Faculty Site Visit Form” or “Clinical Practicum Form.”

1. **Preceptor Evaluations:**

Preceptor evaluations are required each semester and indicate the student’s clinical performance **over time** as opposed to the site visit and/or practicum evaluation which evaluates clinical performance on one client. Evaluations can be obtained from those preceptors that spend 16 hours or more in clinical with the student. The student is encouraged to ask the preceptor to discuss the evaluation with him/her before mailing it to the student’s clinical advisor.

1. **Clinical Experiences Journal:**

A journal will be kept of all the student’s clinical experiences throughout the NP Program. (See “Clinical Experiences Journal Guidelines.”)

1. **Professional Attire:**

Students should dress professionally and appropriately according to the clinical practice setting. A name pin must be worn at all clinical sites at all times and a lab coat identifying the student as a nurse practitioner student may be worn in client encounters as appropriate.

1. **Clinical Conferences With Faculty:**

At various intervals throughout the NP Program, the student and faculty advisor may meet to discuss the student’s progress towards obtaining clinical objectives, the student’s overall performance in the program and other areas of concern. During these conferences, it is expected that the student share information with the clinical advisor that will help the advisor evaluate the quality and scope of the clinical experiences. On occasion, these conferences may be conducted via telephone, particularly for student’s living out of the Metroplex area.

1. **E-LOG**

Students are responsible for maintaining accurate clinical documentation in the e-log. These must be up-to-date.

**Clinical Experiences Journal**

**Guidelines**

**The Clinical Experiences Journal should be organized with appropriate tabbed sections:**

1. Tally Sheets:

 Current Pedi Mgmt.

1. Personal Clinical Objectives:

 How and Why- personalize these to you & your learning needs

 Evaluate each one as to Met, partially met, not met- give brief description

1. Client Encounter Record(s):

 Must have preceptor sign each day of clinical experience in the appropriate space

 Attesting to the number of patients you have seen and the hours you were present

1. Self Evaluation—form provided
2. Student Evaluation of Preceptor-- form provided on WEB
3. Preceptor Evaluation-- form provided on WEB
4. Practicum:

 Midterm, as applicable

 Final

1. Course SOAP Notes
2. Course Mini CDMs
3. Course Major CDMs
4. E-Logs Final Printout

**University of Texas at Arlington**

**College of Nursing**

**Complex Chronicity, N5444**

Ethical Dilemma Discussion

Group Presentation

Select from the following list of potential ethical dilemmas issue. Lead a 10 minute discussion concerning the issue in class. You may work in pairs or alone.

**Objectives Points Actual Points**

1.Discuss the issue from 20 \_\_\_\_\_\_

various relevant perspectives.

Discuss the legal perspective

of the pt and parent,

What are the issues here?

2. Analyze the situation, citing 30 \_\_\_\_\_\_

relevant points of practice

regulations including

Nurse Practice Act, Psychiatric

Mental Health Standards of Care, AAP

Standards of Practice,

Texas Mental Health Code,

JCAHO standards, risk management principles,

 and any other relevant standards of care.

3. Discuss the “solution” to the 20 \_\_\_\_\_\_

dilemma within your theoretical framework

and an ethical framework.

4. Lead a discussion with your peers 30 \_\_\_\_\_\_

on the issues using the following:

Beneficence and Nonmaleficence,

Autonomy, justice, equality,

confidentiality, etc.

5. References, can use verbal notes CR \_\_\_\_\_\_

from interviews also.

 100 \_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**University of Texas at Arlington School of Nursing**

**N5444 Complex Chronicity NP Program**

**Ethical Dilemmas**

**Directions:** Sign up as an individual student OR in pairs for one ethical dilemma, and follow instructions on your assignment sheet.

1. Patient Emily, age 18, is in the medical hospital for a suicide attempt (overdose) and is not medically stable. She wants to leave the hospital. The police were asked to file detention papers on her to keep her from leaving, but they say she is in a “safe environment” and can’t do so. She is not cognitively impaired. What will you do as the NP?
2. Patient Jaspar, is your patient and has been diagnosed with thrombocytopenia and anemia associated with their primary diagnosis. The mother refuses to sign a blood consent form for a transfusion even though the HgB is 8 and the platelet count is 20K.
3. Jason, 17 years old, came to the ED with case of cellulitis from shooting up cocaine and heroin. The ED doctors started the patient on methadone and admitted him. Two weeks later he was discharged. You as the primary care NP tried to convince the doctor to detox him before he left but they refused. The patient was approached about going for detox or to methadone clinic and his response was “I can kick this on my own.” What is the hospital’s ethical and moral obligation to this patient; and what would you do?
4. Child Protective Services were called when Jennifer, single parent, who abuses Methamphetamine, was admitted to hospital for dehydration and anemia and was found to have a positive UDS. She is distraught having her children, ages 2 and 4 taken away. What would be your obligation in this situation and what kinds of approaches would you use with her?
5. A full-term baby boy a micropenis was born. A surgeon was consulted because of other surgical anomalies. Apprehensive about the possibility of the child being shamed in the boys' locker room -- psychosocial distress as he matured -- the pediatric surgeon was counseling immediate surgical reassignment as a girl. According to the surgeon's plan, the testes would be removed and the genitalia fashioned into a cosmetic vulva before the baby left the hospital. The parents would be instructed to raise the infant as an unambiguous girl. At about the age of 12, estrogens would be administered to stimulate the development of female secondary sex characteristics. Eventually doctors would create an artificial vagina. Although the resulting woman would be unable to bear children, the surgeon anticipated that prompt surgical attention would allow the infant to enjoy a better and more normal life as a female than would be possible for a male with a very small penis.

The boy's mother was livid with rage and bitterness. Having given birth only days earlier, her dreams of a perfect child had disintegrated into a nightmarish reality. Pronouns were failing her and she did not know what to say to relatives. Communication had broken down with the surgeon and she was unable to discuss reassignment with him much less consent to it. It fell to the ethics consultant to try to resolve the impasse by investigating the issues and making a recommendation.

1. Eight-year-old Freddie, a patient in the bone marrow transplant unit, suffers from severe nausea from his chemotherapy. Freddie does not want to take any more medicines than he already is taking. His mother, who has been reading extensively on the World Wide Web, requests that the acupuncturist from the pain service be consulted about providing acupuncture to help manage Freddie's symptoms.
2. Three-year-old Madison comes to the clinic for a well-child check-up. She has normal growth and development and no known allergies. On exam, her pediatrician notes otitis media in the right ear. Madison is asymptomatic, however, so the pediatrician recommends watchful waiting. Madison's father says he'd like to try homeopathic remedies because he read in a magazine that homeopathy worked better than placebo for children with an ear infection.
3. Fifteen-year-old Sarah is HIV-positive and is on a complex medical regimen that includes protease inhibitors. On your routine interval history, Sarah reveals that she started taking St. John's wort two months ago for mild depression after her boyfriend broke up with her. She says she feels less depressed now.
4. David is a 17-year-old high-school athlete who has moderate, persistent asthma. He has an asthma action plan, has done a good job addressing allergic triggers, and takes good care of himself. David feels great and now wants to try natural remedies such as ephedra. He admits that he has not been using his steroid inhaler consistently since he started taking what he describes as "herbal remedies" last week.

**Suggested Readings**

**Developmental Assignment**

**Pediatric Management**

Burns, Brady, Dunn, and Starr Ch. 7, 8, 9, 22

Allen & Vessey Chapters that correspond to chronic condition of child

Levine, Crocker Ch. 66, 67, 68, 69

**The University of Texas at Arlington**

**College of Nursing**

**N5444 Pediatric Management in Advanced Nursing Practice**

**TIPS FOR DEVELOPING YOUR CDM:**

1. If you have a positive complaint, it must be addressed in the physical exam, assessment, and plan.
2. It is not necessary to do a complete review of systems for an interval visit. You should do a ROS for the presenting problem, current medications (indicate why patient is taking the medication, i.e., Amoxicillin 250 mg po tid for otitis media, etc.), and status of concurrent health problems only. Pertinent past medical history, family history, and social history should be addressed. Your history shouldbe focused.
3. “Rule out” diagnoses are those diagnoses that are most probable, and must be addressed in the plan (Ex: What do I need to do to rule this out?) A differential diagnosis is merely one that you consider as you are taking the history, and doing the physical exam. It is not addressed in the plan as it is not one of your “most likely”.
4. You may not cite Boynton as your reference for the pathophysiology. You may cite it as rationale for your plan. All sources must be referenced according to APA format. It is recommended that you check web sites (i.e. AAP, CDC, NHLBI, NIH, etc) for the latest guidelines on common diseases.

<http://www.nhlbi.nih.gov/index.htm>

<http://www.aap.org/default.htm>

<http://www.cdc.gov/>

1. When you are doing your review of systems, the “general” category includes symptoms (subjective) such as fever, malaise, fatigue, night sweats, and weight change. It does not include any objective information such as “alert”, “oriented”, “good historian”.
2. When you are giving the rationale for medication usage, please explain the drug’s category and action (i.e., third generation cephalosporin antibiotic and is used primarily for gram positive organisms), and why the patient has been prescribed the particular medication.

PLEASE use the following format when preparing your CDM. If a category is not applicable, simply put NA.

**N5444 Pediatric Management**

**CLINICAL DECISION MAKING GUIDE**

* 1. **SUBJECTIVE DATA**
		+ 1. Chief complaint
			2. History of Present Illness

The present illness should include all positive historical findings, as well as pertinent negatives, regardless of where in the history the information normally would be placed. For example, the immunization history should be mentioned here for a patient suspected of having measles, even though immunizations usually are mentioned in the past history. Similarly, a family history of sickle cell anemia should be mentioned in a patient admitted for evaluation of anemia, even though it usually is discussed in the family history.

Begin the present illness with "the patient was in good health until . ..." or, if the patient has a chronic illness, with "the patient was in his usual state of health until . . ." Then begin the story of the present illness with the earliest relevant facts, and proceed in chronological order.

Remember physical examinations, laboratory evaluations, assessments, and treatments that occurred before this presentation are now part of the history and should be included now, at the appropriate chronological point in the history. Avoid giving your assessment at this point; this belongs later, in the assessment section.

* + - 1. Current health data is obtained
	1. Current medications
	2. Allergies
	3. Last physical examinations
1. Immunization status
2. LMP and type of birth control (if applicable)
	* + 1. Past Medical History
	1. Illnesses / trauma
	2. Hospitalizations
	3. OB History
	4. Sexual History
	5. Emotional/Psychiatric History
		* 1. Family History
			2. Personal/Social History
			3. Review of Systems (appropriate to clinical scenario)
	6. **OBJECTIVE DATA**
	7. Examination of appropriate systems, laboratory or diagnostic test (if results are available.)
3. **ASSESSMENT**
	1. Primary Diagnosis(es) – ICD 9 Codes with pathophysiology that correlates with the patient data for major diagnosis. Include references. This is not to be an “excerpt” from a medical text, rather a rationale for choosing this diagnosis that is related back to your patient. You may want to list “**pertinent positives” and “pertinent negatives**” (why you think what you think).
4. Rule-Out Diagnosis- ICD-9 Codes with **explanation of why** (“**pertinent positives” and “pertinent negatives**”) you think this is a possible diagnosis based on subjective and/or objective data provided. This is not to be a “laundry” list of ALL diagnosis, only those that fit the data you are given. (differential diagnosis only if applicable)
5. Nursing diagnosis(es)
6. **PLAN**
	1. Write a plan of care for the patient described in the case**. Include a detailed, scientific and when possible, an evidence based rationale for each intervention you plan**. If you plan a new, controversial, or not widely used intervention, provide specific references and a discussion of the literature supporting the use of the intervention. If you noted something during the Subjective or Objective part of the H&P, you have to mention it in your plan.
7. Diagnostic studies and/or laboratory tests with rationale for each treatment in the management plan and appropriate references**. The plan should include how you will “rule-out” or “rule-in” your primary diagnosis and each of the differential diagnosis listed.**
8. Medical therapeutics/Nursing therapeutics, prescriptions with rational for each treatment and appropriate references
9. Patient education with references
10. Counseling (when appropriate)
11. Health promotion/health maintenance (when appropriate)
12. Referral (when appropriate)
13. Consults (when appropriate)
14. Follow-up appointments
15. Admission orders
16. **DOCUMENTATION**
	1. Should reflect pertinent normal and abnormal findings
	2. Use appropriate terminology
	3. Write-up should be organized and complete

**PLEASE ATTACH AN EVALUATION FORM WITH ANY WORK YOU TURN IN FOR A GRADE.**

**THANK YOU!**

**FORMAL CLINICAL DECISION MAKING (CDM) ASSIGNMENT**

**EVALUATION GUIDE/GRADE SHEET**

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

Faculty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Possible Actual**

**Points Points**

20 \_\_\_\_\_\_ A. Completed subjective and objective database, as appropriate to scenario.

* + - * + 7 variables (5 points)

-2 if not put into 7 variables

* + - * + PMH (2 points), FH (2 points), SH (1 point)
				+ ROS (3 points)
				+ Objective (5 points)

Growth percentiles (1 point out of the 5 points for objective)

BMI (1 point out of the 5 points for objective)

* + - * + Additional questions written that would be asked (not provided in scenario) (2 points)

20 \_\_\_\_\_\_ B. Data prioritized, with pertinent positives established. Assessments, rule-out diagnoses, and differential diagnoses stated appropriately with the ICD-9 or ICD-10 Code(s).

* Pertinent positives (2 points)
* Diagnosis/diagnoses – include all diagnoses (10 points)
* Rule-outs (2 points)
* Differentials (3 points)
* ICD-9 or ICD-10 codes (3 points)

20 \_\_\_\_\_\_ C. Physiological and pathological (patho) process leading to diagnosis(es) are documented and referenced. Patho must be completed on EACH main diagnosis.

* Includes judgment and references (10 points)
* Must relate to patient (10 points)

20 \_\_\_\_\_\_ D. Plan is sound, logical, cost-effective and includes both medical and nursing management and is referenced. Should put initial tests that are indicated – order these tests first and if additional tests are required, briefly discuss what might be needed at a later time or visit. Should include a section entitled Health Promotion/Health Maintenance.

* Plan (12 points)
* Cost effectiveness (4 points)
* Health Promotion/Health Maintenance (4 points)

20 \_\_\_\_\_\_ E. Rationale and **references are provided for each** **step in the management plan**. **Reference and Provide** the front page of a **National Guideline** to guide and reference your plan.

* Rationale (5 points)
* References in plan (5 points)
* National Guideline Used (10 points)
	+ -5 points if not provided but referenced

**Total Points**:\_\_\_\_\_\_\_\_\_\_\_

**COMMENTS:**

**THE UNIVERSITY OF TEXAS AT ARLINGTON SCHOOL OF NURSING**

**N5444 COMPLEX CHRONICITY**

**DAILY CLINICAL LOG (90 Clinical hours required)**

**Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Daily) Clinical Hour Tally Sheet**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Hours/Date** |  |  |  |  |  |  |  |  | **Totals** |
| **Acute In-patient (specify type)**Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients  |   |   |   |   |   |   |   |   |  |
| **Office Follow-up (specify type)**Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients |  |  |  |  |  |  |  |  |  |
| **Emergency Room**Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of patients |  |  |  |  |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Hours/Date** |  |  |  |  |  |  |  |  | **Totals** |
| **Acute In-patient (specify type)**Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients  |   |   |   |   |   |   |   |   |  |
| **Office Follow-up (specify type)**Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients |  |  |  |  |  |  |  |  |  |
| **Emergency Room**Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of patients |  |  |  |  |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |  |  |  |  |
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**FACULTY SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE TOTAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preceptor Signature(s) Date(s)**

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**N. 5444 Complex Chronicity Care**

**Class Schedule Spring 2015**

**Class Hours 9AM-5PM, Room 223**

|  |  |  |
| --- | --- | --- |
| **January 30, 2015** |  |  |
| **9:00-10:00**  | **Orientation and review of syllabus**  | **Moake/McKay/Moore** |
| **10:00-11:00** | **Management of a Child with a Tracheotomy** | **Lewis** |
| **11:00-12:30** | **End of Life** | **Paterson**  |
| **12:30-2:00** | **Children’s Medical Center Presentation/Lunch will be provided by Children’s** | **Eichler** |
| **2:00-3:00** | **CRRT** | **Eichler** |
| **3:00-4:00** | **CP** | **Kleposki** |
|  |  |  |
|  | **Ethics-VOD** | **Smith** |
|  | **Chronic Respiratory/Allergic Rhinitis/Anaphylaxis-VOD** | **Christine Wagner** |
|  | **Bone Marrow Transplant-VOD** | **Theresa Kinsella** |
|  | **Enteral Nutrition--VOD** | **Julie Stamper** |
|  | **GI, IBS/Short Gut/Pancreatitis—VOD** | **Channabasappa** |
|  | **Immunology—VOD** | **Huffman**  |
|  | **Management of a Child with a G-button/ostomy—VOD** | **Bookout**  |
|  | **Rheumatology—VOD** | **Benham** |
|  | **Chronic Orthopedic Problems—VOD** | **Thornton**  |
|  |  |  |
| **February 27, 2015** | **CDM #1 Due** | **Online CDM** |
|  | **Potential Class Date** | **Class at UTA** |
|  |  |  |
| **March 27, 2015 &** | **Test I (online)** | **Online** |
| **March 28, 2015** | **IPE Dates Simulation Experience** | **Smart Hospital** |
|  |  |  |
|  | **Transition-VOD** | **Moake** |
|  | **Multi-Generational Work Force/VOD** | **Davis** |
|  | **Endocrinology—VOD** | **Ham**  |
|  | **Professionalism/interviewing--VOD** | **McKay** |
|  | **Genetics—VOD** | **Spahis** |
|  | **Pain-VOD** | **Clark** |
|  | **Nicu Grad—VOD** | **Kuehn** |
|  | **Enteral Nutrition for the Neonate—VOD**  | **Malouf** |
|  | **CLD/BPD--VOD** | **Kuehn** |
|  | **Hemophilia/bleeding disorders management--VOD** | **Jones**  |
|  | **Sickle Cell-VOD** | **Conley**  |
|  | **Adult Patient in a Pediatric World-VOD** | **Moake** |
|  |  |  |
| **April 10, 2015** | **CDM #2 due online** | **Online CDM** |
|  |  |  |
| **May 1, 2015** |  |  |
| **0900-1:00pm** | **Clinical Checkoff/Smart Hospital** | **Mckay/Moake/Moore** |
|  |  |  |
|  | **Final Exam (online)** | **Online** |
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***As the instructor for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course. –Lindy Moake.”***