**The University of Texas at Arlington**

**College of Nursing**

**N5430 Family Nursing I**

**Spring 2014**

**Instructors:**

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**Phyllis L. Wood, DNP, RN, FNP-BC**

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Office Hours**:** By Appointment

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**Section Information:** NURS 5430, Section 001-09

**Time and Place of Class Meetings:** Thursday, 4pm-10pm Room #104

**Description of Course Content**: Focus on advanced knowledge of individuals with acute, chronic and complex health problems in the primary care management of individuals across the lifespan.

Other Requirements: Prerequisites: NURS 5305 and 5306; 5313 or concurrent enrollment or Certificate Program Standing. Other: Out-of-Class Assignments; Multiple Choice Examinations; Out-of-Class Clinical Assignments; Clinical Practicum(s); Blackboard; In-Class Assignments, Other as Applicable

**Student Learning Outcomes:** Upon completion of the course, the student will be able to:

1. Apply theoretical and empirical knowledge of acute, chronic and complex health problems in primary care practice for individuals, groups, and families of all ages.
2. Assess diagnose, and manage the health care needs of individuals across the lifespan with acute, chronic and complex illnesses using evidenced-based data.
3. Implement health promotion, health protection, and disease prevention in the care of the individual across the lifespan with acute, chronic and complex health problems.
4. Function in an NP interdisciplinary role within the health care team in providing care to individuals, groups, and families of all ages with acute, chronic and complex health problems.
5. Integrate legal and ethical decision-making in implementing the advanced practice nurse (APN) role.
6. Provide ethnicity, age, gender, and sensitive care to individuals across the lifespan and their families.
7. Apply knowledge from family theory in the delivery of primary care management.

**Required Textbooks and Other Course Materials:**

1. Butarro, T. Trybulski, J., Bailey, P. el al., (2012). *Primary Care: A Collaborative Practice*. (4th ed.). Mosby. **ISBN: 9780323075015**
2. Wright, L. M. and Leahey, M. (2012) *Nurses and Families: A Guide to Family Assessment and Intervention*. (6th ed.). Philadelphia, PA: F. A. Davis Company. **ISBN: 9780803627390.**
3. Burns, C., Dunn, A., Brady, M., et al. (2012). *Pediatric Primary Care*. (5th ed.). Saunders **ISBN:** **9780323080248**
4. Collins-Bride, G., Saxe, J., (2011). *Clinical Guidelines For Advanced Practice Nursing*. (2nd ed.). **ISBN: 9780763774141**
5. Fischbach, F., Dunning, M., (2008). *A Manual of Laboratory and Diagnostic Tests*. (8th ed.). Lippincott Williams & Wilkins. **ISBN: 9780781771948**
6. Gilbert, D., (2013). *The Sanford Guide to Antimicrobial Therapy.* (43nd ed.). Antimicrobial Therapy. **ISBN: 9781930808744**
7. Uphold, C., Graham, M., (2003). *Clinical Guidelines in Family Practice*. (4th ed.). Barmarrae Books. **ISBN: 9780964615168**
8. Uphold, C., Graham, M., (2004). *Clinical Guidelines in Child Health*. (3rd ed.). Barmarrae Books. **ISBN: 9780964615175**
9. American Medical Association. (2004). *International Classification of Diseases Clinical Modification (ICD 9CM).* (9th ed.). American Medical Association. **ISBN**: **9781579474669**
10. Habif, T., Chapman, S., (2012). Campbell, J., et al., *Dermatology DDX Deck.* (2nd ed.). Saunders. **ISBN: 9780323080798**
11. [Http://www.med-u.org/](http://www.med-u.org/) Virtual Patient Cases: Order online for $100.00. Purchase the Family Medicine Cases.
12. Previously required textbooks from Advanced Health Assessment – N5418, Adult Management I - N5305, Psychiatric Management – N5303, and Pediatric Management - N5306 (as applicable).

**Supplementary Reading:**

1. Barker, L.R., Fiebach, N.H., (2007). *Principles of Ambulatory Medicine.* (7th ed.). Lippincott Williams & Wilkins **ISBN: 9780781762274**

***NOTE:*** When purchasing textbooks, ensue you are purchasing the **MOST** **CURRENT** edition available.

**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

Students are responsible for uploading, downloading and submitting the correct document in the assignment drop box. The document submitted will be graded and no substitution of the document will be accepted. All assignments should be accompanied by the **grading criteria/guideline to all assignments as provided in the course syllabus. If an assignment is late, 10 points will be deducted per day (this includes Saturday and Sunday) until assignment is submitted. This can result in a failing grade of a zero (0) on an assignment. An assignment is considered “late” if it is received after the scheduled due date and time.**  Examinations will be taken on the assigned date or will receive a grade of zero.

Students entering the room more than 10 minutes after the start of the examination will not be allowed to take the examination at that time. Any make-up examinations given may include questions that are **other** than multiple choice. Make-up examinations may be given at the convenience of the faculty and availability of staff proctors.

Students are responsible for assigned readings, web-based assignments, classroom and/or participatory assignments as given by faculty and a grade may be assigned on any of the above.

It is the student’s responsibility to contact University of Texas at Arlington Computing Help Desk (817-272-2208) for computer issues that distract from the completion of assignments. It is the student’s responsibility to ensure maintenance of Internet/software needed to complete all assignments.

Problems, concerns or issues students may have will be discussed in front of the Family Nurse Practitioner faculty team.

**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>

**Descriptions of Major Assignments and Examinations with Due Dates:**

**DIDACTIC:**

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| **Assignment** | **Due Date** | **Weight** |
| Multiple Choice Exam I | **2/13/14** | 15% |
| Multiple Choice Exam II | **3/27/14** | 15% |
| Multiple Choice Exam III | **5/1/14** | 20% |
| Family Theory Paper | **4/3/14** | 5% |
| In/Out of Class Assignments | **2/6 &3/20/14** | 5% |
| Simulation Assignments |  | Credit as assigned |

**CLINICAL:**

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| **Assignment** | **Due Date** | **Weight** |
| Decision Making Assignments -*DMA #1* *-DMA #2* | **4/17/14****4/24/14** | 15% |
| SOAP Notes -*SOAP Note #1* *-SOAP Note #2* *-SOAP Note #3* | **2/27/14****3/27/14****4/24/14** | 10% |
| Clinical SOAP Notes | as assigned | P/F |
| Clinical Practicum: -*Mid-Term - Final* | **3/6/14****5/1/14** | P/F15% |
| Preceptor Evaluation of student  -*(per preceptor)* | **5/1/14** | P/F |
| Clinical Portfolio: -*Mid-Term -Final* | **3/6/14****5/1/14** | P/F |
| Self-Evaluation | **5/1/14** | P/F |
| Student evaluation of preceptor  -*(one per preceptor)* | **5/1/14** | P/F |
| Completed Clinical E- logs *-\*Note: Entries expected weekly* | **5/1/14** | P/F |
|  **TOTAL** | **100%** |

**Make-up Exams**: Please contact your faculty for approval. Upon approval from your faculty, you need to schedule an appointment with Sonya Darr at sdarr@uta.edu. Please allow a 24 hour advance notice when scheduling.

**Test Reviews**: Test reviews may be scheduled up to two weeks after grades have been posted to blackboard for the current exam. Due to time constraints, you will only be allowed 30 minutes to review your test. Unfortunately, we will not be able to allow multiple test reviews. Contact Sonya Darr for availability at sdarr@uta.edu. Please allow a 24 hour advance notice when scheduling.

**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 9-12 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, January 13- January 17, 2014.
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: January 29, 2014**

**Last day to drop or withdraw March 28, 2014**

**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.

**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.*

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, at least two to three times per week.***

**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****STEM LIbrarian**CENTRAL LIBRARY702 Planetarium PlaceOffice #216, Arlington, TX 76019Office # 817-272-6208[http://www.uta.edu/library/](http://www.uta.edu/library/sel/) | peace@uta.eduResearch Information on 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/)

**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 Schira, 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.**

**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.

**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/>

**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 English Writing Center, Room 411 in the Central Library, provides support to UT-Arlington undergraduate and graduate students and instructors. Undergraduate and graduate student consultants in the Writing Center are trained to help student writers at any stage in their writing processes. Consultants are trained to attend to rhetorical and organizational issues that instructors value in student writing. Although consultants will assist students in identifying and correcting patterns of grammatical or syntactical errors, they are taught to resist student entreaties to become editors or proofreaders of student papers.

The Writing Center offers tutoring for any assigned writing during enrollment at UT-Arlington. Individuals may schedule appointments online by following directions available at [www.uta.edu/owl](http://www.uta.edu/owl), or by visiting the Writing Center.

The Writing Center Director, Assistant Director, or tutors are available to make classroom presentations describing Writing Center services. The Writing Center also offers workshops on topics such as documentation and will design specialized workshops at the request of instructors. To schedule a classroom visit or inquire about a workshop, please e-mail or call Tracey-Lynn Clough, Writing Center director, at clought@uta.edu or (817) 272-2517.

***Department of Advanced Practice Nursing Office/Support Staff***

**Mary Schira,** PhD, RN, ACNP-BC

Associate Dean and Chair; Graduate Advisor

Email: schira@uta.edu

**Sheri Decker**, Assistant Graduate Advisor

Office # 606-Pickard Hall, (817) 272-0829

Email: sdecker@uta.edu

**Rose Olivier**, Administrative Assistant I

Office # 605-Pickard Hall, (817) 272-9517

Email: olivier@uta.edu

**Janyth Arbeau,** Clinical Coordinator

Office # 610- Pickard Hall, (817) 272-0788

Email: Arbeau@uta.edu or npclinicalclearance@uta.edu

**Sonya Darr**, Senior Office Assistant

Office # 609-Pickard Hall, (817)-272-2043

Email: sdarr@uta.edu

**Kimberly Hodges,** Senior Office Assistant

Office #610 Pickard Hall, (817) 272-9373

E-mail: khodges@uta.edu or npclinicalclearance@uta.edu

**Timara Spivey**, Admissions Assistant

Office # 602, Pickard Hall (817) 272-4796

Email: tnspivey@uta.edu

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| **MISCELLANEOUS INFORMATION:** | Inclement Weather (College Closing) Inquiries:*Metro (866) 258-4913*Fax Number - UTA College of Nursing: (817) 272-5006Attn: Graduate Nursing Programs OfficeUTA Police (Emergency Only): (817) 272-3003**Mailing Address for Packages:**University of Texas at Arlington College of Nursing**c/o Dr. Phyllis Adams**411 S. Nedderman Drive, Pickard Hall Box 19407Arlington, Texas 76019-0407 |
| **CLINICAL OVERVIEW:** | Ninety (90) hours are required for N5430. The clinical hours will be completed at non-campus clinical practice sites arranged by the University of Texas at Arlington College of Nursing MSN faculty, Director and/or Graduate Clinical Coordinator. Clinical hours are for medical management of the patient. There will be clinical hours given for some of the didactic class hours. Therefore, clinical hours are not to include grand rounds or rounds in the hospital with preceptor (for this experience contact the clinical advisor). These activities will not be acceptable. |
| ASSIGNMENTS: | Submit via email to the Clinical Advisor the following data on the preceptor clinical arrangements for the semester no later than the **third week** of the semester. * Preceptor name and title
* Name of Practice
* Complete address including zip code
* Telephone number of clinic
* Fax number of clinic
* Dates of the arranged clinical experiences
* Time of the arranged clinical experience
* Student contact telephone number(**s)**
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prevention of academic dishonesty guidelines

**Special Instructions Regarding Assignments**

**N5430 Family Nursing I**

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 University of Texas at Arlington Academic Dishonesty Policy. The penalties can range from failure on the assignment, course failure and/or expulsion from the program.
4. A graded copy of each assignment will be maintained in the clinical portfolio by the student.
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.

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Course: N5430 \_\_\_\_\_ N5431 \_\_\_\_\_ N5631/5331 \_\_\_\_\_

**Nursing N5430 - Family Nursing I**

**CLASS SCHEDULE**

**Spring 2014**

| **Date** | **Time/ Place** | **Topic** | **Reading Assignment** | **Faculty** |
| --- | --- | --- | --- | --- |
| **January 16, 2014** | **On Campus** |  |  |  |
|  | 4:00 – 5:00pm | Course Overview |  | All |
|  | 5:00 -6:30pm | Family Roles | Wright, Ch. 1,2,3,4,5 | Susan Carlson |
|  | 6:30- 9:00pm | Musculoskeletal | Butarro, Ch. 172, 173, 174, 175, 176, 178, 198, 218, 219, 220, 221 & 222 | Guest SpeakerVickie Patrick |
|  | 9:00- 10:00pm | Meet with Clinical Advisors |  | All |
| **January 23, 2014** | **Online** |  |  |  |
|  |  | Oral, Feet, NailsOnline Module\* (1 hr.) | Butarro, Ch. 60, 69, 170, 95, 96, 98 | Beth McCleanAll |
| **January 30, 2014** | **Online** |  |  |  |
|  |  | Pediatric SeizuresOnline Module\* (1 hr.) |  | Beth McCleanAll |
|  |  | Adult SeizuresOnline Module\* (1 hr.) | Butarro, Ch. 200 | Susan CarlsonAll |
| **February 6, 2014** | **Online** |  |  |  |
|  |  | GIOnline Module\* (2 hr.)MedU- Cases #11 & 15 | Butarro, Ch. 127, 130, 131, 132, 134, 136, 137, 145, 147, 234 | FNP FacultyAll |
| **February 13, 2014** | **On Campus** |  |  |  |
|  | 4:00– 5:15pm | **EXAM I** |  | All |
|  | 5:30- 7:00pm | Vascular | Butarro, Ch. 116, 124, 126, 190; 1008-1012 | Beverly EwingAll |
|  | 7:00 -9:00pm | Ophthalmology  | Butarro, Ch. 70, 71, 72, 73, 74, 75, 76, 77, 78, 79 | Susan Carlson  |
|  | 9:00-10:00pm | Meet with Clinical Advisor |  |  |
| **February 20, 2014** | **Online** |  |  |  |
|  |  | HepatitisOnline Module \* (1 hr.) | Butarro Ch. 135 (pp. 668-676) | Beverly Ewing |
| **February 27, 2014** | **Online** |  |  |  |
|  |  | Pediatric Infectious DiseaseOnline Module (1 hr.) |  | Guest SpeakerSharolyn DihigoAll |
| **March 6, 2014** | **On Campus**Room 220 |  |  |  |
|  | 8:00-5:00pm | Clinical Practicum |  | All |
| **March 10-14, 2014** | **SPRING BREAK** |
| **March 20, 2014** | **Online** | Infectious Disease (Adult)Online Module (1 hr.) | Butarro, Ch. 122,146, 184, 215, 226, 228, 235,236, 237, 238 | Students |
|  |  | Student Presentations posted on BB |  | Online per clinical group |
|  |  | TB Module(TB- Website- Due)MedU case # 21 |  | All |
| **March 27, 2014** | **On Campus** |  |  |  |
|  | 4:00-5:00pm | **EXAM II** |  |  |
|  | 5:00-7:00pm | Hematology  | Butarro, Ch. 213, 214 | Sara DuvallBeverly Ewing |
|  | 7:00-9:00pm | HIV | Butarro Ch. 232 | Guest SpeakerJohn Gonzales |
|  | 9:00-10:00pm | Meet with Clinical Advisors |  | All |
| **April 3, 2014** | **Online** | Pediatric CardiologyOnline Module\* (1 hr.) |  | Beth McCleanAll |
| **April 10, 2014** | **On Campus** |  |  |  |
|  | 4:00-7:00pm | Cardiology | Butarro, Ch. 117, 119, 120 | Laura LeuckeGuest Speaker |
|  | 7:00-9:00pm | Renal  | Butarro, Ch. 144, 148 | Guest SpeakerMary Schira |
|  | 9:00-10:00pm | Meet with Clinical Advisors |  | All |
| **April 17, 2014** | **Online** | Lung CancerOnline Module (1 hr.) | Butarro, Ch. 109 | Phyllis AdamsAll |
|  |  | NeurologyOnline Module (2 hrs.) | Butarro Ch. 14, 37, 170, 176, 189, 193, 194, 205 | Guest SpeakerReni Courtney |
| **April 24, 2014** | **TBA** |  |  | All |
| **May 1, 2014** | **On Campus** |  |  | All |
|  | 4:00-6:00pm | **Exam III (Comprehensive)** |  | All |
|  |  | Clinical Portfolio Checks |  | All |
|  |  | Meet with Clinical Advisors |  | All |
|  | 6:30-8:00pm | Orientation for N5431 Family Nursing II |  | All |
|  | 8:00-9:00pm | Meet with Clinical Advisor |  | All |

**\*NOTE: Schedule may change based on speaker availability.**

**\*NOTE:** Meeting with Clinical Faculty will occur as needed.

\***NOTE:** Online Modules are to be completed as assigned. The student is responsible for all readings, activities and assignments, as applicable for each class listing.

**\*NOTE:** Students are responsible for observance of the above scheduled dates and deadlines and respective locations.

**\*NOTE:** E-Reserves in the Central Library may be a source of Handouts. Announcements will be made, as applicable.

**\*Note:** Supplemental Handouts may be required throughout the semester.

*As the instructors for this course, we reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course.- Dr. Phyllis Adams and FNP faculty.*

###### **THE UNIVERSITY OF TEXAS AT ARLINGTON COLLEGE OF NURSING**

**N5430 Family Nursing I**

**Spring 2014**

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

Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSIGNMENTS /GRADE SUMMARY**

**Section A.**

|  |  |  |  |
| --- | --- | --- | --- |
| **DIDACTIC ASSIGNMENTS** | **DUE DATE** | **SCORE** |  |
| Examinations1. Multiple Choice Exam I2. Multiple Choice Exam II3. Multiple Choice Exam IIIAssignments1. Family Theory Paper
2. In/Outside Class Assignments:
* TB Web Site
* Simulations
* MedU cases: #11—Knee pain

 #15—RUQ pain #21—12 year of with fever <http://www.med-u.org/> - this is the website | 2/13/143/27/145/1/144/3/142/6 & 3/20/14As assigned3/20/14As Assigned2-6-142-6-143-20-14 | 15%15%20%5%5%CreditCredit  **TOTAL:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section B**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLINICAL ASSIGNMENTS** | **DUE DATE** | **SCORE** |  |
| 1. **Major Assignments**a. DMA: Cardiacb. DMA: Anemia2. SOAP Notes (3)#1: 6 – 20 years of age#2: 21 years of age and/or older#3: 65 years of age and/or older –must be chronic disease-HTN, Cardiac, DM, etc.**-midterm** (1)*Or within 7 days of the* *first clinical experiences* -**post midterm** (1)**-final** (1)3. Clinical soap notes\*\*refer to handout distributed in class 4. Clinical Practicum-**midterm**-**final**5. Preceptor Evaluations (one per preceptor)6. Final Clinical ExperiencesPortfolio (90 hrs. completed) **-midterm****-final**7. Self-Evaluation (1)8. Student evaluation of preceptor (one per preceptor)9. Completed Electronic Clinical Log \*Note: Entries are expected weekly\* **(Student is to bring a printed Clinical Elog for N5430 to each class)** NOTE: MUST MAKE 83% ON FINAL PRACTICUM TO PASS THE COURSE. | 4/17/144/24/142/27/143/27/144/24/14as assigned3/6/145/1/145/1/143/6/145/1/145/1/145/1/14Each On Campus Class Meeting &Final 5/1/14 \_\_\_\_\_\_ | 15%10%P/FP/FP/F15%P/FP/FP/FP/FP/FP/FP/F**Total**FINAL COURSE GRADE: | **\_\_\_\_\_****\_\_\_\_\_****\_\_\_\_\_****\_\_\_\_\_****\_\_\_\_\_****\_\_\_\_****\_\_\_\_****\_\_\_\_****\_\_\_\_****\_\_\_\_****\_\_\_\_****\_\_\_\_\_****\_\_\_\_\_****\_\_\_\_\_****\_\_\_\_****\_\_\_\_****\_\_\_\_\_****\_\_\_\_\_\_** |

Decision making assignment

Guidelines

Guidelines for DECISION MAKING ASSIGNMENT

1. Use the sheet provided to record your answers.
2. Assignments are to be submitted to Blackboard in the appropriate drop box.
3. Remember that it is acceptable to use a “symptom” as a medical diagnosis if more information is needed to confirm the actual medical diagnosis.
4. List as many applicable rule-outs as requested for the given scenario.
5. Aim your treatment at the most likely medical diagnosis.
6. Ensure that your nursing diagnosis or health maintenance or social issue nursing diagnoses are appropriate to the given scenario.

**Differential Diagnoses Assignment Answer Sheet**

**Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessment**

**\_\_\_\_\_\_\_40%** List your assessments based on the data given in the scenario.

Medical Diagnosis and ICD-9 Code(s):

Rule out #1

Rule out #2

Rule out #3

Rule out #4

Nursing Diagnosis or health maintenance or social issue:

**Treatment Plan**

**\_\_\_\_\_\_\_\_20%** Diagnostics/Laboratories

**\_\_\_\_\_\_\_\_20%** Rxs

**\_\_\_\_\_\_\_\_20%** Nursing Interventions / Education

**\_\_\_\_\_\_\_ TOTAL (100%)**

**Differential Diagnoses Assignment Answer Sheet**

**Topic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessment**

**\_\_\_\_\_\_\_40%** List your assessments based on the data given in the scenario.

Medical Diagnosis and ICD-9 Code(s):

Rule out #1

Rule out #2

Rule out #3

Rule out #4

Nursing Diagnosis or health maintenance or social issue:

**Treatment Plan**

**\_\_\_\_\_\_\_\_20%** Diagnostics/Laboratories

**\_\_\_\_\_\_\_\_20%** Rxs

**\_\_\_\_\_\_\_\_20%** Nursing Interventions / Education

\_\_\_\_\_\_TOTAL (100%)

**CLINICAL REQUIREMENTS**

**N5430 Family Nursing I
Suggested Clinical Hours Spring 2014**

I. Family Majors

A. Internal Medicine 45 hours

B. Family Medicine 45 hours

**TOTAL:** **90 hours**

**OR**

C. Family Medicine **90 hours**

**NOTE: Clinical Hours has to meet the objectives of the course and requires the approval of Lead Teacher or Clinical Advisor.**

**The University of Texas at Arlington**

**College of Nursing**

**N5430 Family Nursing I**

**TIPS FOR SOAPing:**

1. If you have a positive complaint, it must be addressed in the physical exam, assessment, and plan. Remember the concept of balance.

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., Topral x L 50 mg/qd for HTN, 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 Uphold and Graham as your reference for the pathophysiology. You may cite it as rationale for your plan. All sources must be referenced according to APA format.

1. When you are doing your review of systems, the “general” category includes symptoms 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.

**SOAP Notes:**

1. Three (3) SOAP notes are required for this course. The note should accurately reflect the patient encounter, the diagnoses made, and the recommended nursing/medical management. **Standardized chart forms, checklists, etc., utilized in the clinic setting will not be accepted.** (See Sample Format on next page)
2. All SOAP notes should be on a different problem or need. All SOAP notes should reflect the content/medical plan of care being taught in this course.
3. All SOAP notes must include rationale with the subsequent pathophysiology and references regarding the selected management plan. This portion of the SOAP note justifies your critical decision-making (i.e., why a calcium channel blocker was chosen instead of an A.C.E. inhibitor or explanation as to why an asymptomatic urinary tract infection was not treated.) Do not simply cite protocol resources but briefly describe the steps behind your management decisions. Reference rationale and pathophysiology according to APA format.
4. Do not address a pathophysiology disorder you have already addressed in a Major CDM, SOAP, or DMA note. Select another patient to do a SOAP note on or address a different major health problem/disease.
5. Nursing diagnoses can be health maintenance or social issue as well as a problem or need.

***Sample SOAP Note Format:***

Patient Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Gender, Race, Age, Marital Status, DOB, Occupation, and Source – Reliability?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor/Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S - Patient’s subjective data base as pertinent to the encounter.

O - Patient’s objective data base as pertinent to the encounter i.e., physical

examination, laboratory or diagnostic tests (if results are available at the time of visit)

A - Pertinent Positives; Pertinent Negatives

 Medical diagnosis(es) – ICD-9 Codes

Any rule-outs (R/O) – ICD-9 Codes

Any differentials

Nursing diagnosis(es)

P - \* Diagnostic studies and/or laboratory tests

\* Medical Therapeutics/Nursing Therapeutics, prescriptions

\* Patient Education

\* Counseling

\* Health Promotion/Health Maintenance/Health Plan (Refer to Adult Management Format)

\* Referral

\* Consults

\* Follow-up appointments

\* Growth and Development, age appropriate

\* Family Theory Application

\* Nursing Theoretical Framework

\* Rationale to follow each treatment in the management plan with appropriate references

\* Pathophysiology for major diagnosis(es) with references – 2 (TWO); relate to patient

\* References - APA format, including cover sheet, a minimum of 3-4 references, i.e. primary course textbook, a pathophysiology book, a pharmacology book, etc. of which one must be an evidenced-based research article from peer-reviewed medical or APN journals.

\* Note: Appropriately label each portion.

\* Note: Provide appropriate identifying information on patient – refer to AHA outline.

\* Note: Indicate what you should/would have done PLUS what actually happened and what you would now recommend.

\* Note: SOAP notes will be for the following age groups:

 1) 6 – 20 years

 2) 21 years of age and/or older

 3) 65 years old and older – must be chronic disease-HTN, Cardiac, DM, etc.

**The University of Texas at Arlington**

**College of Nursing**

###### **N5430 Family Nursing I**

**SOAP NOTE**

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty/Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester: Spring\_\_\_\_\_\_ Midterm:\_\_\_\_\_\_\_\_ Final:\_\_\_\_\_\_\_\_\_**

**Possible Actual**

**Points** **Points**

15 \_\_\_\_\_ A. Subjective data appropriately and succinctly documented. Growth and

 Development stages to be included, age appropriate.

15 \_\_\_\_\_\_ B. Objective data appropriately and succinctly documented.

15 \_\_\_\_\_\_ C. Nursing and medical diagnosis(es) formulated and appropriate ICD-9 Codes.

 Pertinent positives and pertinent negatives.

20 \_\_\_\_\_\_ D. Management plan cost-effective, clinically correct and includes blend of nursing

 and medical therapeutics**. Attach** a current clinical guideline for one of the major diagnoses, also submit a summary paragraph of article’s application to pt.

10 \_\_\_\_\_\_ E. Rationale justifies management plan, including the incorporation of evidenced- based research findings from medical or APN journals.

10 \_\_\_\_\_\_ F. Pathophysiology justifies management plan and major diagnoses.

4 \_\_\_\_\_\_ G. Health Promotion / Health Maintenance /Health Plan –refer to Adult management format

4 \_\_\_\_\_\_ H. Family Theory Application

4 \_\_\_\_\_\_ I. Nursing Theoretical Framework

3 \_\_\_\_\_\_ J. Overall neatness, organization, APA format for reference.

**NOTE: The SOAP note is an individual assignment (as are all assignments in the course).**

Total: \_\_\_\_\_\_\_

Comments:

**The University of Texas at Arlington**

**College of Nursing**

###### **N5430 Family Nursing I**

**SOAP NOTE**

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty/Advisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Semester: Spring\_\_\_\_\_\_ Midterm:\_\_\_\_\_\_\_\_ Final:\_\_\_\_\_\_\_\_\_**

**Possible Actual**

**Points** **Points**

15 \_\_\_\_\_ A. Subjective data appropriately and succinctly documented. Growth and

 Development stages to be included, age appropriate.

15 \_\_\_\_\_\_ B. Objective data appropriately and succinctly documented.

15 \_\_\_\_\_\_ C. Nursing and medical diagnosis(es) formulated and appropriate ICD-9 Codes.

 Pertinent positives and pertinent negatives.

20 \_\_\_\_\_\_ D. Management plan cost-effective, clinically correct and includes blend of nursing

 and medical therapeutics. Attach a current clinical guideline for one of the major

 diagnoses, also submit a summary paragraph of article’s application to pt.

10 \_\_\_\_\_\_ E. Rationale justifies management plan, including the incorporation of evidenced- based research findings from medical or APN journals.

10 \_\_\_\_\_\_ F. Pathophysiology justifies management plan and major diagnoses.

4 \_\_\_\_\_\_ G. Health Promotion / Health Maintenance /Health Plan - refer to adult management

 format

4 \_\_\_\_\_\_ H. Family Theory Application

4 \_\_\_\_\_\_ I. Nursing Theoretical Framework

3 \_\_\_\_\_\_ J. Overall neatness, organization, APA format for reference.

**NOTE: The SOAP note is an individual assignment (as are all assignments in the course).**

Total: \_\_\_\_\_\_\_

Comments:

**NURSE PRACTITIONER**

###### **CLINICAL OBJECTIVES**

Provide evidence of clinical skills in performing advanced health assessments to include:

a. Collecting a complete health history

b. Examining all body systems

c. Performing functional assessments to determine ability for self-care and independent living as applicable per age group across the lifespan.

d. 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)

e. Making appropriate decisions regarding priority needs for episodic data collection (subjective and objective)

f. Determining which problems/data collection can be deferred until later

g. Making an appropriate and accurate assessment of patient’s health status (rule outs,

 differential diagnoses, nursing diagnoses, etc.)

h. Presenting pertinent data to preceptor in a succinct manner

i. 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) referral/consultation

(7) follow-up plan

j. Discussing with preceptor personal strengths and needed areas of improvement

k. Selecting patients that reflect the content being taught in this course.

Show increasing evidence of ability to develop, implement and evaluate an appropriate management plan for common episodic, acute, chronic, and rehabilitative health concerns for patients across the lifespan.

Show increasing evidence of ability to develop, implement and evaluate an appropriate plan for health maintenance and health promotion of patients across the life span.

**CLINICAL OBJECTIVES (Continued)**

Show evidence of ability to integrate health promotion/disease prevention activities into each patient encounter.

Provide evidence of advanced nursing activities to promote and maintain health of individuals across the lifespan to promote self-care.

Demonstrate ability to provide quality, culturally sensitive health care for individuals of diverse cultural and ethnic backgrounds.

Assists patients and families to meet their spiritual needs as applicable to their health care needs.

Provide evidence of the ability to formulate and administer advanced nursing care and medical therapeutics in a variety of settings.

Integrate current research findings into the development and implementation of health care for families and individuals.

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 Practice Guidelines:**

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

1. **Documentation of Care:**

The UT Arlington (UTA) College of Nursing Nurse Practitioner Programs 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 patient encounter on the patient’s health record, i.e., SOAP notes, clinical summaries, etc. All entries made by the student in the patient’s health record should be reviewed by the preceptor. Documentation will be co-signed by the preceptor as appropriate for the clinical site.

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 and/or a secondary preceptor is absent, i.e., not physically in the practice setting, the student may not make any decisions requiring medical management. If a secondary preceptor is available in the absence of your primary preceptor, a “Preceptor Agreement” form **must** be completed prior to any medical management activity and faxed to the College of Nursing to your clinical advisor/clinical coordinator.

1. **Clinical Experiences:**

Clinical experiences are to be spread over the semester, preferable one day a week. If there is a change in this requirement consult your clinical advisor. It is **not acceptable** to complete all clinical hours before mid-term of the course. Clinical experiences should not occur at the student’s place of employment. Clinical experiences are strictly voluntary and are not to be reimbursed by any forms of payment (salary of any type), **a BON rule**. Clinical experiences (sites/preceptors) are to meet course/clinical requirements.

1. **Telephone Site Visits:**

The NP Faculty will be available for telephone consultation and/or on-site visits to the student and preceptor as needed throughout the semester. Depending on faculty/student preference, clinical practicums may be performed at the student’s clinical site or other site selected by the faculty. In the event that the practicum is performed at the student’s clinical site, the student should be prepared to conduct an episodic visit with a patient and have selected several “potential” patients before the faculty arrives at the facility. The student will be evaluated according to the criteria on the “Clinical Practicum Form”. **A score of 83% or greater is required as a passing score for all clinical practicums. Failing performances may be re-evaluated one time. Passing efforts on repeat clinical practicums will receive a score of NO more 83%.**

1.
2. **Preceptor Evaluations:**

Preceptor evaluations are required each semester and indicate the student’s clinical performance **over time** as opposed to the practicum evaluation which evaluates clinical performance on one or two patients. In order for a preceptor to evaluate the student’s performance, there **must** be a preceptor agreement on file at UTA. 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 them before mailing it to the student’s clinical advisor. **Provide a stamped self-addressed envelope for the preceptor to mail the student evaluation with clinical advisor’s name, etc. It is the student’s responsibility to be sure the preceptor evaluation has been submitted.**

1. **Clinical Portfolio:**

A portfolio will be kept of all the student’s clinical experiences throughout the NP Program. (See “Clinical Portfolio Guidelines” on next page)

1. **Professional Attire:**

Students should dress professionally and appropriately according to the clinical practice setting. A lab coat and name pin identifying the student as a nurse practitioner student should be worn in patient encounters as appropriate. Follow OSHA standards – wear closed toed shoes. (Refer to the above statement on MSN Graduate Student Dress Code and in the Student Handbook)

1. **Clinical Conferences with Faculty:**

At regular intervals throughout the semester, faculty Clinical Advisors will communicate with students regarding progress towards obtaining clinical objectives, overall student performance, in the program and other areas of concern. Students are expected to share information with the Clinical Advisor that will help the Advisor evaluate the quality and scope of the clinical experiences. This communication may be conducted via telephone, email, or other method at the convenience of the student and faculty Clinical Advisor.

1. **Clinical E-logs:**

Students are responsible for maintaining accurate clinical E-log documentation. These must be up-to-date. Students are to have 90 patients (plus) documented by the end of the semester. Students are to make patient entries **per week**  of the clinical experiences – **DO NOT** make all entries at Mid-Term or at the end of the course. Students are expected to submit a hard copy **each on campus class meeting** to their clinical advisor.

1. **Prescriptions:**

Students are able to scribe on a prescription but are **not** to co-sign any (type) of prescription. Only the preceptor is to sign any (type) of prescriptions. Applies to the EMR – Do Not sign any orders – specifically medications.

1. **Clinical Practicum:**

During clinical practicum visits, faculty encourage students to have in the clinical setting and to utilize as appropriate and applicable, resources/references such as clinical guidelines, PDA’s, prescription references, etc.

##

###### **N5430 Family Nursing I**

## Clinical Portfolio

## Guidelines

The Clinical Portfolio should be organized with appropriate tabbed sections:

A. Tally Sheets

Current Family Nursing I

-Midterm

-Final (90 hours)

Other Courses, i.e. AHA, Pedi, Psych, Skills, Adult I, as applicable

The accumulative Tally sheet should be included.

B. Personal Clinical Objectives

How and Why; Met, partially met, not met - give brief description

C. Patient Encounter Record(s)

Must have preceptor sign each day of clinical experience

in the appropriate space

Clinical E logs (a hard copy) for each class session

D. Self-Evaluations

E. Student Evaluations of Preceptor

F. Preceptor Evaluations

G. Practicum

Midterm, as applicable

Final

H. SOAP Notes

I. In/Out of Class Assignments

J. Major Assignments (CDMs, DMA’s, Case Studies, etc.)

K. Graded Assignments from **Previous** Courses, i.e., SOAP Notes,

CDM’s, DMA’s, separated by course with a tab and type of assignment.

**The University of Texas**

**College of Nursing**

**N5430 Family Nursing I**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pass/Fail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Semester: Spring \_\_\_\_\_\_\_\_\_\_**

## CLINICAL PORTFOLIO CHECKLIST

**Pass/Fail**

**\_\_\_\_\_ I. Number / type of patients seen:**

**Comments:**

**Pass/Fail**

**\_\_\_\_II. Students Level of functioning and clinical progress to date:**

**Comments:**

**Pass/Fail**

**\_\_\_\_III. Clinical Objectives / Evaluation - Tally Sheets, Completed Clinical E-Log , Completed Encounter Records, Preceptor of Student , Student Evaluation of Preceptor, Clinical Practicum, and other documentation.**

**Comments:**

**Pass/Fail**

**\_\_\_\_IV. Overall neatness, organization:**

**Comments:**

The University of Texas

**College of Nursing**

###### **N5430 Family Nursing I**

**Student Name: \_\_\_\_ Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Pass/Fail: \_\_\_\_\_\_\_\_\_\_\_ Semester: Spring\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

###### **CLINICAL PORTFOLIO CHECKLIST**

**Pass/Fail**

**\_\_\_\_\_ I. Number / type of patients seen:**

**Comments:**

**Pass/Fail**

**\_\_\_\_II. Students Level of functioning and clinical progress to date:**

**Comments:**

**Pass/Fail**

**\_\_\_\_III. Clinical Objectives / Evaluation - Tally Sheets, Completed Clinical E-Log , Completed Encounter Records, Preceptor of Student , Student Evaluation of Preceptor, Clinical Practicum, and other documentation.**

**Comments:**

**Pass/Fail**

**\_\_\_\_IV. Overall neatness, organization:**

**Comments:**

**The University of Texas at Arlington College of Nursing**

###### **N5430 Family Nursing I**

**PATIENT ENCOUNTERS RECORD**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Newborn: Birth to 30 days\_\_\_\_\_\_\_\_\_**

**Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Infant: Less than 1 year\_\_\_\_\_\_\_\_\_**

 **Age Group Toddler/ Pre-School: 1 – 4 yrs\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preceptor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Aged: 5 – 11 yrs\_\_\_\_\_\_\_\_\_**

 **Adolescent: 12 – 21 yrs\_\_\_\_\_\_\_\_\_**

 **Adult: 22 – 55 yrs\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Adult: 56 – 65 yrs\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Elderly: 65 and over\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **# Of Patients Seen** | **Hours Spent At Clinic** | **Preceptor Signature** |
| **Date:** |  | **Time In** | **Lunch** | **Time Out** | **Total Hours** |  |
| **Date:** |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |
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| **Date:** |  |  |  |  |  |  |
|  | Total: \_\_\_\_\_\_\_\_\_\_\_  |  |  |  | Total: \_\_\_\_\_\_\_\_\_\_\_  |  |

**Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The University of Texas at Arlington College of Nursing**

###### **N5430 Family Nursing I**

**PATIENT ENCOUNTERS RECORD**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Newborn: Birth to 30 days\_\_\_\_\_\_\_\_\_**

**Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per Infant: Less than 1 year\_\_\_\_\_\_\_\_\_**

 **Age Group Toddler/ PreSchool: 1 – 4 yrs\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preceptor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Aged: 5 – 11 yrs\_\_\_\_\_\_\_\_\_**

 **Adolescent: 12 – 21 yrs\_\_\_\_\_\_\_\_\_**

 **Adult: 22 – 55 yrs\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Adult: 56 – 65 yrs\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Elderly: 65 and over\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **# Of Patients Seen** | **Hours Spent At Clinic** | **Preceptor Signature** |
| **Date:** |  | **Time In** | **Lunch** | **Time Out** | **Total Hours** |  |
| **Date:** |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |
| **Date:** |  |  |  |  |  |  |
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| **Date:** |  |  |  |  |  |  |
|  | Total: \_\_\_\_\_\_\_\_\_\_\_  |  |  |  | Total: \_\_\_\_\_\_\_\_\_\_\_  |  |

**Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **The University of Texas at Arlington College of Nursing - N5430 Family Nursing I**

**STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Weekly) Clinical Hour Tally Sheet CLIENT ENCOUNTERS TALLY SHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF HOURS (Required)** | **Jan 13-****Jan 17** | **Jan 20-****Jan 24** | **Jan 27-****Jan 31** | **Feb 4-****Feb 8** | **Feb 10-****Feb 14** | **Feb 17-****Feb 21** | **Feb 24-****Feb 28** | **Mar 3-****Mar 7** | **Mar 10-****Mar 14** | **Mar 17-****Mar 21** | **Mar 24-****Mar 28** | **Mar 31****Apr 4** | **Apr 7-****Apr 11** | **Apr 14-****Apr 18** | **Apr 21-****Apr 25** | **Apr 28-****May 2** |  **Totals** **Brought****Forward** |  **Spring****2014****Total Hours** |
| (ADV. ASSES.)90 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| COMM. HEALTH, ROLE (Adv Role) 45 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| URBAN, RURALHLTH CARE MGMT 40 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADV. SKILLS24 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| COUNSELINGPSYCH45 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HEALTH PROMOTION/MAINTENANCE/ TEACHING70 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PRENATAL MGT40 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GYNECOLOGY (Gyn inadd. to gen. practiceexperiences)24 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GEN. HOSP. 8 hours Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PEDI (140 hrs Required) Newborns/ Infants/ToddlersBirth to 4 yrs.30 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SCHOOL AGE5-11 yrs.60 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADOLESCENT 12-21 yrs***.***50 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADULT MGT22-64 YRS.196 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GERI MGMT. 65+120 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Total: 834 hrs TOTAL HOURS:**

 **The University of Texas at Arlington College of Nursing - N5430 Family Nursing I**

**STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Weekly) Clinical Hour Tally Sheet CLIENT ENCOUNTERS TALLY SHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF HOURS (Required)** | **Jan 13-****Jan 17** | **Jan 20-****Jan 24** | **Jan 27-****Jan 31** | **Feb 4-****Feb 8** | **Feb 10-****Feb 14** | **Feb 17-****Feb 21** | **Feb 24-****Feb 28** | **Mar 3-****Mar 7** | **Mar 10-****Mar 14** | **Mar 17-****Mar 21** | **Mar 24-****Mar 28** | **Mar 31****Apr 4** | **Apr 7-****Apr 11** | **Apr 14-****Apr 18** | **Apr 21-****Apr 25** | **Apr 28-****May 2** | **Totals BroughtForward** | **Spring2014Total Hours** |
| (ADV. ASSES.)90 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| COMM. HEALTH, ROLE (Adv Role) 45 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| URBAN, RURAL HLTH CARE MGMT 40 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADV. SKILLS24 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| COUNSELINGPSYCH45 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HEALTH PROMOTION/MAINTENANCE/ TEACHING70 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PRENATAL MGT40 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GYNECOLOGY (Gyn inadd. to gen. practiceexperiences)24 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GEN. HOSP. 8 hours Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PEDI (140 hrs Required) Newborns/ Infants/ToddlersBirth to 4 yrs.30 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SCHOOL AGE5-11 yrs.60 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADOLESCENT 12-21 yrs***.***50 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADULT MGT22-64 YRS.196 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GERI MGMT. 65+120 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Total: 834 hrs TOTAL HOURS:**

**The University of Texas at Arlington College of Nursing - N5430 Family Nursing I**

**STUDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Weekly) Clinical Hour Tally Sheet**

**WEEKLY CLINICAL HOUR TALLY SHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF HOURS (Required)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Totals** **Brought****Forward** | **Spring****2014****Total Hours** |
| (ADV. ASSES.)90 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| COMM. HEALTH, ROLE (Adv Role) 45 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| URBAN, RURAL HLTH CARE MGMT 40 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADV. SKILLS24 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| COUNSELINGPSYCH45 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HEALTH PROMOTION/MAINTENANCE/ TEACHING70 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PRENATAL MGT40 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GYNECOLOGY (Gyn inadd. to gen. practiceexperiences)24 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ADOLESCENT 12-21 yrs***.***50 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADULT MGT22-64 YRS.196 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| GERI MGMT. 65+120 Required |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Total: 834 hr TOTAL HOURS:**

**THE UNIVERSITY OF TEXAS AT ARLINGTON**

# COLLEGE OF NURSING

###### **N5430 Family Nursing I**

### Student Self – Evaluation

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

**DIRECTIONS: Indicate on a scale of 0 to 5, your progress in accomplishments of the Family Nursing educational objectives.**

###  SCALE

**OBJECTIVE Low Value High Value**

 0 1 2 3 4 5

|  |  |
| --- | --- |
| 1. Apply knowledge from the sciences, in the delivery of primary care |  0 1 2 3 4 5 |
| 2. Evidence competency in data collection resulting in an appropriate data base |  0 1 2 3 4 5 |
| 3. Demonstrate beginning skills and knowledge in decision making management for primary care |  0 1 2 3 4 5 |
| 4. Apply knowledge of nursing to refine a personal framework for primary care practice. |  0 1 2 3 4 5 |
| 5. Analyze research findings relative to the delivery of primary care to families. |  0 1 2 3 4 5 |
| 6. Develop beginning collaborative approaches to facilitate comprehensive adult health care. |  0 1 2 3 4 5 |
| 7. Demonstrate knowledge of national, state and local health care policy affecting the practitioner role in the clinical setting. |  0 1 2 3 4 5 |
| 8. Demonstrate knowledge of role components of the nurse practitioner. |  0 1 2 3 4 5 |
| 9. Apply concepts of diverse culture in the delivery of primary health care to families. |  0 1 2 3 4 5 |

**telephone or on-site faculty visit with preceptor**

**for evaluation of student**

(As Applicable)

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

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Descriptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF CLIENT ENCOUNTER:

LOW HIGH

1 2 3 4 5 A. Skills in Communication: Assess appropriate use of verbal

 and nonverbal communication, interviewing skills, and

 ability to establish rapport and interpersonal relationships.

 Comments:

1 2 3 4 5 B. Skills in Physical Assessment: Assess proficiency

 Appropriateness in technical skills and use of

 equipment/diagnostics.

 Comments:

1 2 3 4 5 C. Skills in Decision Making: Assess proficiency in

 prioritizing data, zeroing-in, picking up cues and ability to

 arrive at decisions.

 Comments:

1 2 3 4 5 D. Skills in Clinical Management: Assess proficiency of

 management skills-current, logical, appropriate and

 supported with rationale.

 Comments:

LOW HIGH

1 2 3 4 5 E. Health Maintenance/ Promotion/Teaching Counseling:

 Assess ability to integrate health promotion and teaching

 into client encounter.

 Comments:

1 2 3 4 5 F. Follow-up/Referral: Appropriate resources utilized.

 Comments:

1 2 3 4 5 G. Documentation/SOAPS.

 Comments:

ADDITIONAL COMMENTS:

STUDENT/FACULTY CONFERENCE

(As Applicable)

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

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Discussion of student clinical goals i.e., included in log, individualized for each clinical site, evaluated upon completion of clinical.

Comments:

1. Discussion of clinical experiences: i.e., obtaining quality experiences, and appropriate clients, evidence of progression of clinical skills, preceptors identified for required hours.

 Comments:

1. Discussion of clinical experiences journal: i.e., format appropriated, inclusion of objective, narratives and SOAPS.

Comments:

 4. Other

**COURSE SUB-OBJECTIVES**

**AND**

**READING ASSIGNMENTS**

**FAMILY THEORY**

**Family Theory**

**N5430 Family Nursing I**

**Readings:**

Doane, G.H. & Varoce, C. (2005). Family Nursing Relational Inquiry. Philadelphia: Lippincott.

Friedman, M.M. (1992). Family Nursing Theory and Practice. Norwalk: Appleton & Lang.

Wright, L. M. and Leahey, M. (2012) *Nurses and Families: A Guide to Family Assessment and Intervention*. (6th ed.). Philadelphia, PA: F. A. Davis Company. **ISBN: 9780803627390.** Chapters 1,2,3,4,5,6.

**Objectives:**

Upon completion of the assigned readings and attendance of the lecture, the student will be able to:

* + - 1. Utilize models, mid-range theories, and concepts from nursing and other fields to formulate a framework for the advanced nursing practice with the individual and family in the primary care setting
			2. Analyze and apply family theory to the management of patients in the primary care setting.
			3. Identify age specific interventions that are appropriate for the client and their families, that are based on concepts from a learning/change theory.
1. Determine and assess the influence of the family and other environmental factors on the management and outcomes of illness.
2. Demonstrate advanced knowledge of family as the unit of care.
3. Critically analyze strengths and weaknesses of various family theories.
4. Discuss the uniqueness of the Family Nurse Practitioner role with the applications of Family Theory and working with the family unit.

**RENAL**

# Renal Problems in Primary Care

**N5430 Family Nursing I**

**Readings:** Buttaro **(**4th edition)

Chapter 144 (pp. 723-727)

 Chapter 148 (pp. 758-764)

 Chapter 149 (pp. 765-771)

 Additional readings, as applicable.

**Objectives:**

1. Discuss the etiologies, evaluation and management of proteinuria, hematuria, hypokalemia and hyperkalemia.
2. Discuss the presentation, history and physical and diagnostic testing for patients with chronic renal insufficiency.
3. Describe therapy and treatment of reversible causes of renal insufficiency.
4. Explain implications of drug utilization in patients with chronic renal insufficiency.
5. K/DOQI Clinical Practice Guidelines for Chronic Kidney Disease:  Evaluation, Classification, and Stratification.  (2002).  National Kidney Foundation.  [www.kdoqi.org](http://www.kdoqi.org).

**\*\*read before the lecture”**

**CARDIAC**

**Cardiac Problems in Primary Care**

**N5430 Family Nursing I**

**Readings:**

Buttaro, (4th Edition).

Chapter 117 (pp. 499-510);

Chapter 119 (pp. 518-536) ;

 Chapter 120 (pp. 537-554)

Additional readings, as applicable

**Objectives:**

Upon completion of the assigned readings, the nurse practitioner student should be able to:

1. Discuss the following aspects of coronary artery disease:

 a. Pathophysiology

 b. Risk factors

 c. Diagnosis

 e. Prognosis

 f. Treatment

1. Differentiate between stable, unstable, and variant angina.
2. Describe rehabilitation and management of patients of post MI.
3. Explain treatment of the following arrhythmias:

 a. SVT

 b. MAT

 c. Atria fib

 d. Sick sinus syndrome

1. Outline the diagnosis and management of congestive heart failure.
2. Differentiate between systolic and diastolic heart failure.
3. Discuss examination findings, diagnosis and management of hypertrophic cardiomyopathy, aortic stenosis and mitral regurgitation.

**PEDIATRIC CARDIOLOGY**

**Pediatric Cardiology**

**N5430 Family Nursing I**

**Readings:** Burns: Chapter 30

 Heart Murmurs in Pediatric Patients: When Do You Refer? – August 1999 – American of Family Physicians

 Caring for Infants with Congenital Heart Disease and Their Families – April 1, 1999 – American Academy of Family Physicians

 Additional readings, as applicable.

**Objectives:**

Upon completion of the reading assignments and learning activities, the FNP student will:

1. Recognize the common murmurs of childhood.
2. Identify the significance of each common murmur.
3. Describe the evaluation and management of the child with a murmur, SOB, chest pain, or syncope.
4. Identify the role of the primary care provider in the management of the child with heart disease.

**GI**

**Gastrointestinal Disorders in Primary Care**

**N5430 Family Nursing I**

**Readings:**

Buttaro, (4th Ed.) Chapter 127 (pp. 620-625) Chapter 130 (pp. 634-637); Chapter 131 (pp. 637-647); Chapter 132 (pp. 647-654); Chapter 134 (pp. 661-667); Chapter 136 (pp. 676-684); Chapter 137 (pp. 684-690); Chapter 146 (pp. 732-750), Chapter 147 (pp. 753-756), Chapter 234 (pp. 1263-1271); additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings, the nurse practitioner student should be able to:

1. Identify the common tests to detect blood in the stool.
2. Discuss upper and lower gastrointestinal bleeding including the common GI bleeding lesions – colon polyps, cancers of colon, arteriovenous malformations of the colon via:

 a. Clinical Presentation

 -pertinent subjective

 -pertinent objective

 b. Diagnosis

 c. Management Plan

1. Review the pathophysiology of diarrhea.
2. The assessment and management of diarrhea – acute and chronic with consideration to malaborption, lactose intolerance, fecal impaction, infectious, Ulcerative colitis and Crohn’s disease.
3. State the assessment, epidemiology, evaluation and management plan of patients with: cholelithiasis, cholecystitis, choledocholithiasis, and symptomatic patients without a gallbladder.
4. Review the common biliary tract operations and patient education and outcomes of post operative recovery.
5. Review inguinal and femoral, incision, umbilical and epigastric hernias - the assessment, diagnosis and management plan.
6. Discuss common conditions of the anus and rectum – pruritis ani, anal fissure, hemorrhoids, anorectal abscesses, fistulas, protalgia fugax, rectal prolapse, STDs of the anus and rectum. Include the common causes and management plan for each.
7. Review and be able to discuss briefly, celiac disease.

**HEPATITIS**

**Hepatitis**

**N5430 Family Nursing I**

**Readings**:

Buttaro (4th Edition): Chapter 135 (pp. 668-676); additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings and attendance of the lecture, the student will be able to:

1. Discuss the etiology of acute hepatitis.
2. List the different forms of acute infectious hepatitis.
3. Cite the modes of transmission of acute infectious hepatitis.
4. Describe common signs and symptoms found in the patient with hepatitis.
5. Explain the diagnostic work-up of the patient suspected to have hepatitis, including the significance of laboratory findings.
6. List the differential diagnoses of acute hepatitis.
7. Discuss the management and prognosis of acute hepatitis.
8. Discuss the etiology of chronic hepatitis.
9. Explain common signs and symptoms found in the patient with chronic hepatitis.
10. Discuss the prognosis of the patient with chronic hepatitis.

**ORAL CAVITY**

**NAILS**

**FEET**

**Common Problems with the Feet, Nails, and Oral Cavity**

**N5430 Family Nursing I**

**Readings:** Buttaro (4th Edition.): Chapter 60 (pp. 280-281); Chapter 69 (p. 303; 306-307; 309-311) Chapter170 (pp. 891-895); Chapter 95 (pp. 385-386); Chapter 96 (pp. 386-389); Chapter 98 (pp.392-395);

 Common Dental Emergencies – February 1, 2003 – American Family Physician

 Burns: Chapter 33

 Blackboard Learning Module

 Additional readings, as applicable.

**Objectives:**

Upon completion of all reading assignments and learning activities, the student will be able to:

1. Identify appropriate assessment techniques for the feet, nails, and oral cavity.
2. Discuss common problems of the feet, nails, and oral cavity in the adult, pregnant female, and pediatric patient.
3. Discuss appropriate management of the common problems of the feet, nails, and oral cavity.

**HEMATOLOGY**

**Hematology Disorders in Primary Care**

**N5430 Family Nursing I**

**Readings:**

Buttaro, (4th Ed). Chapter 213 (pp. 1139-1157); Chapter 214 (pp.1158-1167); additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings, the nurse practitioner student should be able to:

1. Discuss the following for Iron deficiency anemia, Megagloblastic anemia, Thallassemia, Glucose 6 Phosphate Dehydrogenase Deficiency, Sickle Cell Disease and Sickle Cell Trait, Anemia of Chronic Disease, Thrombocytopenia, Thrombocytosis, Von Willebrand’s Disease, Leukemia, Lyphoma:

 a. Clinical Presentation

 -pertinent subjective

 -pertinent objective

 b. Diagnosis

 c. Management Plan

1. Briefly discuss and describe the pathophysiology of the disorders listed in Number One Objective.
2. Review, in very basic terms, anemic states that are associated with hemolysis and bleeding.
3. Discuss anemias with a low MCV, high MCV, and those with a normal MCV.

**NEUROLOGY**

**Neurology Problems in Primary Care**

**N5430 Family Nursing I**

**Readings:**

Buttaro, (4th Ed). Chapter 14 (pp. 89-96); Chapter 37 (pp. 220-223); Chapter 170 (pp. 892-893); Chapter 176 (pp. 921-924); Chapter 189 (pp. 992-994); Chapter 193 (pp 1008-1012); Chapter 194 (pp. 1013-1015); Chapter 205 (pp. 1078-1079); additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings, the nurse practitioner student should be able to:

1. Describe the processes of the evaluation of the patient with neurologic symptoms

2. Discuss the following for dizziness, vertigo, motion sickness, syncope and near syncope and disequilibrium

* 1. Pathophysiology
	2. Epidemiology
	3. Risk factors
	4. Diagnosis
	5. Prognosis
	6. Treatment

3. Review the following for dizziness, vertigo, motion sickness, syncope and near syncope and disequilibrium

* 1. Clinical presentation
	2. Diagnostic evaluation
	3. Treatment Plan

4. Differentiate between dizziness, vertigo, motion sickness, syncope and near syncope and disequilibrium – sign and symptoms and treatment plan.

5. Discuss the following for various sleep disorders

* 1. Pathophysiology
	2. Epidemiology
	3. Risk factors
	4. Diagnosis
	5. Prognosis
	6. Treatment

6. Discuss the following for various seizure types across the life span

* 1. Pathophysiology
	2. Epidemiology
	3. Risk factors
	4. Diagnosis
	5. Prognosis
	6. Treatment

**Adult Neurology:**

**Seizures**

**Adult Neurology: Seizures**

**N5430 Family Nursing I**

**Readings:**

Buttaro, (4th Ed) Chapter 200 (pp. 1039-1048); additional readings, as applicable.

**Objectives:**

Upon completion of the reading assignments, the nurse practitioner student will:

1. Identify the evaluation process of the adult with a first seizure.

2. Describe the use of imaging and laboratory testing in seizure disorders.

3. Describe the pharmacokinetics and pharmacodynamics of anti-epileptic drugs.

4. Identify the side effects and evaluation of patients on anti-epileptic drugs .

5. Describe the social issues and patient education needs of patients with seizures

**PEDIATRIC NEUROLOGY:**

**Seizure**

**Pediatric Neurology: Seizures**

**N5430 Family Nursing I**

**Readings:** Burns: Chapter 27

 Learning Module: Blackboard

 Optional Learning Activity: Requires registration to participate. (Free)

 Pediatric Epilepsy: Identifying & Treating Different Seizure Types

 Additional readings, as applicable.

**Objectives:**

Upon completion of the reading assignments and the learning module, the FNP student will:

Identify the evaluation process of the child with a first seizure.

Describe the use of imaging and laboratory testing in the child with a seizure disorder.

Describe the pharmacokinetics and pharmacodynamics of anti-epileptic drugs.

Identify the side effects and evaluation of the pediatric patient on AEDs.

**OPHTHALMOLOGY**

**Ophthalmology Problems in Primary Care**

**N5430 Family Nursing I**

**Readings:**

Buttaro, (4th Ed). Chapter 70 (pp.313-321); Chapter 71(pp. 322-323); Chapter 72 (pp. 324-326); Chapter 73 (pp. 327-330); Chapter 74 (pp 330-332); Chapter 75 (pp. 333-335); Chapter 76 (pp. 335-337); Chapter 77 (pp.337-339); Chapter 78 (pp. 339-341); Chapter 79 (pp. 341-344); additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings, the nurse practitioner student should be able to:

1. Describe the processes of the evaluation of the patient with ophthalmology symptoms

2. Discuss the following for refractive errors, cataracts, age-related macular degeneration, glaucoma, and disorders of the eyelid, conjunctiva anterior segment of the eye

 a. Pathophysiology

 b. Epidemiology

 c. Risk factors

 d. Diagnosis

 e. Prognosis

 f. Treatment

3. Review the following for refractive errors, cataracts, age-related macular degeneration, glaucoma, and disorders of the eyelid, conjunctiva anterior segment of the eye

 a. Clinical presentation

 b. Diagnostic evaluation

 c. Treatment Plan

**VASCULAR**

**Vascular Problems in Primary Care**

**N5430 Family Nursing I**

**Readings:**

Buttaro, (4th Ed). Chapter 57 (pp 845-860); Chapter 116 (pp. 493-498); Chapter 124 (pp. 589-599); Chapter 126 (pp. 618-619); Chapter 190 (pp. 994-999); additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings, the nurse practitioner student should be able to:

1. Discuss the following for cerebral vascular disease, TIA vs Acute Stroke, asymptomatic carotid stenosis:

 a. Pathophysiology

 b. Epidemiology

 c. Risk factors

 d. Diagnosis

 e. Prognosis

 f. Treatment

1. Discuss the main causes of vertigo that are relates to vertebrobasilar arterial disease.
2. Review the following for all of the peripheral vascular diseases: acute peripheral arterial occlusion, chronic arterial occlusive disease, abdominal aortic aneurysms, peripheral arterial aneurysms

 a. Clinical presentation

 b. Diagnostic evaluation

 c. Treatment Plan

1. Describe varicose veins by

 a. Causes

 b. Signs and Symptoms

 c. Physical findings

 d. Clinical testing

 e. Treatment Plan

1. Outline the clinical presentation, assessment, diagnosis and management plan, to include basic therapies, for lower extremity ulcers.
2. Differentiate between venous and arterial thromboembolism and include the following: risk factors, clinical presentation, evaluation and current treatments.

**INFECTIOUS DISEASES**

**Infectious Diseases in Primary Care**

**Family Nursing I**

**Readings:**

Buttaro, (4th Ed.): Chapter 122 (pp. 572-585); Chapter 146 (pp 747-748); Chapter 184 (pp. 966-971); Chapter 215 (pp. 1167-1172); Chapter 226 (p. 1222); Chapter 228 (1230- 1235); Chapter 235 (pp. 1271- 1274); Chapter 236 (pp. 1275-1283); Chapters 237 (pp. 1283-1292); Chapter 238 (pp. 1292-1297); additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings and attendance of this lecture, the nurse practitioner student will be able to:

***Syphilis***

1. Briefly discuss the epidemiology and stages of syphilis.
2. Define the term neurosyphilis.
3. Cite the appropriate serology for diagnosing and following an adult with syphilis.
4. List the drugs of choice for treating primary, secondary and tertiary syphilis.
5. Explain what occurs in a Jarisch-Herxheimer reaction l

***Lyme Disease***

1. Review the epidemiology of Lyme disease in this country.
2. Describe early vs. late manifestations of Lyme disease.
3. Recall how to diagnose Lyme disease from both a clinical and serological aspect.
4. Denote preferred treatments for early and late Lyme disease.
5. Discuss the nurse practitioner’s role in prevention of Lyme disease.

***Osteomyelitis***

1. Review the four categories and clinical presentations of osteomyelitis.
2. Disclose and appropriate, cost-effective laboratory evaluation of a patient suspected to have osteomyelitis.
3. Briefly list common treatment protocols for acute and chronic osteomyelitis.
4. Correctly identify common pathogens that cause osteomyelitis (by major category).

***Lung Abscess***

1. Cite the types of lung abscesses, specifying clinical presentations.
2. Discuss the differential diagnosis of lung abscess.
3. Note the common pathogens involved in lung abscess by population.
4. Review the appropriate work-up of a patient with a suspected lung abscess.
5. Discuss common treatment regimens for anaerobic and aerobic lung abscesses.

***Endocarditis***

1. Define endocarditis.
2. Identify patients who are at risk for developing endocarditis.
3. Note the common pathogens involved in endocarditis.
4. Recall common outpatient treatment plans for patients with endocarditis.
5. List potential complications of endocarditis.
6. Discuss common prophylaxis regimens for the patient who has had endocarditis.

***Infectious Mononucleosis***

1. Explain the epidemiology and pathogenesis of infectious mononucleosis.
2. State the signs and symptoms seen in the patient with mononucleosis.
3. Cite the serological features seen with infectious mononucleosis.
4. Discuss potential complication of infectious mononucleosis.
5. Discuss (briefly) other causes of a mononucleosis-like syndrome that can be seen in primary care.

***Tuberculosis***

1. List the cause of tuberculosis in the United States.
2. Review those populations that are at high risk for developing tuberculosis.
3. Cite the differential diagnosis of tuberculosis.
4. Recall the common signs, symptoms and physical exam findings seen in the patient with tuberculosis.
5. State which patient populations are considered to have a positive PPD skin test, based on millimeters of induration.
6. Define the current four drug protocol used in the United States to treat tuberculosis.
7. Review potential adverse drug affects seen with the anti-tubercular drugs.
8. Define multi-drug resistant tuberculosis.
9. Discuss DOT and its role in the treatment of the patient with tuberculosis.
10. State the current recommendations for INH prophylaxis for those exposed to the tubercular bacillus.

**West Nile Virus**

1. Explain the epidemiology, pathogenesis and differential diagnosis of West Nile Virus.

2. State the signs and symptoms seen in the patient with West Nile Virus.

3. Cite the serological features seen with West Nile Virus.

4. Discuss potential complications of West Nile Virus.

5. Discuss (briefly) other causes of a West Nile Virus that can be seen in primary care

**NOTE:** Discuss the Health Promotion considerations for each of the above.

**PEDIATRIC INFECTIOUS DISEASE**

**Pediatric Infectious Disease Problems in Primary Care**

**N5430 Family Nursing I**

**Readings:**

Burns, Chapter 23; additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings, the nurse practitioner student should be able to:

1. Discuss the following for viral infections, bacterial infections, fever, and helminthic zoonoses

 a. Pathophysiology

 b. Epidemiology

 c. Risk factors

 d. Diagnosis

 e. Prognosis

 f. Treatment

2. Review the following for viral infections, bacterial infections, fever, and helminthic zoonoses a. Clinical presentation

 b. Diagnostic evaluation

 c. Treatment Plan

**MUSCULOSKELETAL**

**Musculoskeletal Problems in Primary Care**

**N5430 Family Nursing I**

**Readings:**

Buttaro, (4th Ed). Chapter 172 (903-908); Chapter 173 ( pp. 909-912); Chapter 174 (pp. 912-915); Chapter 175 (pp. 916-920); Chapter 176 (pp. 921-924); Chapter 178 (pp. 929-934); Chapter 198 (pp. 1029-1034); Chapter 218 (pp. 1182-1189); Chapter 219 (pp. 1189-1193); Chapter 220 (pp. 1194-1196); Chapter 221 (pp. 1196-1200); Chapter 222 (pp. 1201-1206); additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings, the nurse practitioner student should be able to:

1. Discuss the following for Bursitis, Tenosynovitis, Fibromyalgia, Raynaud’s Syndrome, Sacroiliitis, Ankylosing Spondylitis, Reiter’s Syndrome, Systemic Lupus Erythematosis, Rheumatoid Arthritis, Polymyalgia Rheumatica, Multiple Sclerosis, Scleroderma, Dermatomyositis, Common foot problems

 a. Pathophysiology

b. Etiology

 c. Epidemiology

 d. Risk factors

 e. Diagnosis

 f. Prognosis

 g. Treatment

2. Review the following for Bursitis, Tenosynovitis, Fibromyalgia, Raynaud’s Syndrome, Sacroiliitis, Ankylosing Spondylitis, and Reiter’s Syndrome, Systemic Lupus Erythematosis, Rheumatoid Arthritis, Polymyalgia Rheumatica, Multiple Sclerosis, Scleroderma, Dermatomyositis, Common foot problems

 a. Clinical presentation

 b. Diagnostic evaluation

 c. Differential diagnosis

 d. Treatment Plan

3. Differentiate between nonarticular rheumatic disorders, crystal-induced arthritis, rheumatoid arthritis, spondyloarthritis, ankylosing spondylitis, & reactive arthritis include – sign and symptoms and treatment plan.

4. Describe patient education appropriate for the above patients in primary care.

5. Lists resources available in the community to assists patients with chronic Musculosketal conditions.

**HIV**

**Human Immunodeficiency Virus Infection (HIV)**

**N5430 Family Nursing I**

**Readings:**

Buttaro, (4th Ed). Chapter 232 (pp. 1253-1261); additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings, the nurse practitioner student should be able to:

1. Discuss the following aspects of HIV:
	1. Pathogenesis
	2. Risk Factors
	3. Diagnostics and Laboratory tests
	4. Diagnosis
	5. Prognosis
	6. Treatment
2. Differentiate between asymptomatic and symptomatic HIV.
3. Discuss the unique problems specific to this population.
4. Describe the HIV complications and the management of care.
5. Identify HIV wasting syndrome and the management of care.
6. Identify and describe the strategies of antiretroviral therapy including complications and resistance.
7. Outline the health maintenance needs for HIV patients.

**Lung Cancer**

**Lung Cancer**

**N5430 Family Nursing I**

**Readings:**

Buttaro, (4th Ed). Chapter 109 (pp. 461-466); additional readings, as applicable.

**Objectives:**

Upon completion of the assigned readings, the nurse practitioner student should be able to:

1. Discuss the following aspects of lung cancer:
	1. Pathophysiology
	2. Epidemiology
	3. Risk factors
	4. Diagnostics and Laboratory tests
	5. Diagnosis
	6. Treatment
2. Identify the staging of lung cancer and the management of care based on the staging.
3. Identify the various types of lung cancer and the prognosis and management of care based on the type.
4. Discuss the survival rate and the follow-up requirements.
5. Discuss the examination, diagnostics, laboratory tests, diagnosis and management of care solitary pulmonary nodule.