**The University of Texas at Arlington**

**College of Nursing**

**N5546 Adult Gerontological Nursing**

**Spring 2012**

# Instructor(s): Patti Parker, PhD[c], APRN, CNS, ANP, GNP, BC

# *Clinical Instructor*

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# Kellie Kahveci, MSN, APRN, ANP, GNP, BC

# *Clinical Instructor*

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**Section Information: N5546 Section 001-004**

**Time and Place of Class Meetings: Thursday 4:00pm -10:00pm Pickard Hall, Room 205**

**Description of Course Content**: Focus on advanced knowledge in the management of adults (age 12 and older), their families, and their communities with emphasis on special problems of the adolescent, women, and elders in a variety of settings.

Adult Health Promotion, Syndromes in Geriatrics, Problems of: Incontinence, Renal, electrolyte management, GI, GU, Dementia, weakness and falls, preoperative preparation, valvular disease, nutrition and eating disorders, wounds and wound management. Pain Management, End of Life Issues, Long Term Care, Rehabilitation & Restorative Care, Management of Community Based and Institutionalized Elders, Ethical and Legal Issue of ANP Practice Resource Utilization Continuity of Care, Interdisciplinary Collaboration Referral, Cultural Sensitivity

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

1. Practice theory and evidence-based comprehensive primary care management for adolescents & adults experiencing common acute and chronic health problems and multi-system health problems in multiple settings (home, clinic, & LTC).
2. Apply principles of gerontology (e.g. physiologic and psychosocial changes of aging) in care of the young-old, frail, and old-old adult.
3. Provide appropriate anticipatory guidance, health counseling, health promotion, and disease prevention services as it relates to relevant individual patient characteristics (e.g. age, culture, gender, risk, & health status)
4. Collaborate with health professionals to coordinate services, allocate resources, and negotiate the health care delivery system and improve/optimize health outcomes along the continuum of care.
5. Provide health education and counseling to adults, their family, and/or caregivers as appropriate.
6. Implement cultural/spiritual sensitive care of adolescents, adults, and elders.
7. Examine practice outcomes using research methodology.
8. Integrate legal and ethical decision making implementing the advanced practice nurse (APN) role.

**Required Textbooks and Other Course Materials:**

1. Barker, L.R.., Feibach, N.H., Kern, D.E., Thomas, P.A. & Zeiglestein, R.C. [2006]. Principles *of Ambulatory Medicine.* Philadelphia: Lippincott, Williams & Wilkins. **ISBN: 0-7817-6227-8.**
2. Bryant, R.A. & Nix, D.P. [2011]. Acute *and Chronic Wounds.* 3rd Edition. St. Louis, MO. Mosby Elsevier. **ISBN: 978-0-323-06943-4**.
3. Buckley, C. [2007]. *Boomsday.* Twelve Publications. **ISBN-10: 0446579815.**
4. Duthie, E.H., Katz, P.R. & Malone, M.L. [2007]. *The Practice of Geriatrics.* 4th Edition.

Philadelphia: W.B. Saunders. **ISBN: 978-1-4160-2261-9.**

1. Fenstenemacher, P & Winn, P. *Long Term Care Medicine—A Pocket Guide.* New York, NY: Humana Press/Springer Science + Business Media, LLC. **ISBN: 978-1-60761-141-7; e-ISBN: 978-1-60761-142-4.**
2. Gilbert, D.N., Moellering, R.C., Eliopoulos, G.M.,Chambers, HF & Saag, MS. [2011]. *The Sanford Guide to Antimicrobial Therapy*. Hyde Park: Antimicrobial Therapy, Inc. **ISBN:** 978-1-930808-65-2.
3. Lacy, C.F., Armstrong, L.L., Goldman, M.P. & Lance, L.L. (2011). Lexi-Comp's Drug Information Handbook with International Trade Names Index 2011-2012. Hudson, OH: Lexi-Comp. **ISBN-10:** **1591952921; ISBN-13: 978-159195292**. [Another drug handbook by Lexi-Comp is acceptable, as long as it was published in 2009 or later]
4. Livingston, M & Wolves, T. [2009]. *Scottsdale Wound Management Guide.* Malvern, PA. HMP Communications LLC. **ISBN: 978-0-615-28872-7.**
5. Robnet, RH & Chop, WC. [2010]. *Gerontology for Health Care Professionals.* 2nd Edition. Jones & Bartlett. **ISBN: 978-0-7637-5605-5**
6. Rosenthal, T., Naughton, B. & Williams, M. [2006]. Office *Care Geriatrics.* Philadelphia: Lippincott, Williams and Wilkins. **ISBN: 0-7817-6196-4.**
7. Story, L. [2012]. *Pathophysiology—A Practical Approach.*Sudbury, MA: Jones & Bartlett Publications. **ISBN: 978-1-4496-2408-8**
8. White, B. & Truax, D. [2007]. *The Nurse Practitioner in Long Term Care.* Sudbury, MA: Jones and Bartlett. **ISBN: 978-0-7637-3429-9.**
9. **AND** previous Required Texts from advance Health Assessment [NURS 5408], Adult Management I [NURS 5305]; Psychiatric Management [NURS 5303] and Adult Management II [NURS 5420]

**Highly Suggested Textbooks and Other Course Materials:**

1. Buttaro, T.M., Aznavorian, S. & Dick, K. [2006]. *Clinical Management of Patients in Subacute and Long Term Care Settings.* St. Louis, MO: Mosby-Elsevier. **ISBN: 978-0-323-01862-3.**
2. Ham, RJ, Sloane, PD, Warshaw, GA, Bernard, MA & Flaherty, E. [2007]. *Primary Care Geriatrics: A Case Based Approach.* 5th Edition**. ISBN: 0-3230-3930-8.**
3. Melillo, KD & Houde, SC. [2011]. *Geropsychiatric and Mental Health Nursing.* Sudbury, MA: Jones and Bartlett Learning. **ISBN: 978-0-7637-7359-5**
4. Paget, S.A., Gibofsky, A. & Beary, J. (2005). Handbook of Rheumatology and Outpatient Orthopedic Disorders. Philadelphia: Lippincott, Williams & Wilkins. **ISBN: 0-7817-6300-2.**
5. Tuggy, M & Garcia, J. [2011]. Atlas of Essential Procedures. Philadelphia, PA: Elsevier/Saunders. **ISBN: 978-1-4377-1499-9** OR Pfenninger, JL & Fowler, GC. [2011]. Pfenninger and Fowler’s Procedures for Primary Care. Philadelphia, PA: Elsevier/Mosby. **ISBN: 978-0-323-05267-2**
6. Wachtel, T.J. & Fretwell, M.D. [2007]. *Practical Guide to the Care of the Geriatric Patient.* 3rd Edition. Mosby-Elsevier. ISBN: 0-323-03671-9

**Suggested Textbooks and Other Course Materials:**

1. ANA. (2004). Scope *and Standards of Gerontological Nursing Practice.* Washington, DC: American Nurses Publishing. **ISBN: 1-55810-159-4.**
2. Kennedy-Malone, L, Fletcher, KR & Plank, LM. [2003]. *Management Guidelines for Nurse Practitioners Working with Older Adults.* Philadelphia, PA: FA Davis Co. **ISBN-10: 080361120X; ISBN-13: 978-0803611207.**
3. Morrison, RS & Meier, DE. [2003]. *Geriatric Palliative Care.* Oxford University Press. **ISBN: 0-19-514191-1.**

**Requirements:**

1. Multiple Choice Examinations/Quizzes
2. Out-of-Class/Clinical Assignments
3. Papers/Presentations
4. Clinical e-logs and Clinical Journals
5. Clinical Practicums

**Methods/Strategies:**

1. Lecture-discussion
2. Seminar, group discussion
3. Reading/Media Assignments/Modules
4. Clinical Decision-Making Assignments
5. Student Presentations
6. On-Line chat sessions in Blackboard
7. Faculty Site Visits

**Descriptions of major assignments and examinations with due dates:** [Required as of fall 2010] [Insert a description of major course requirements, examinations, projects, and due dates. Be careful not to omit this section, even if you are not accustomed to scheduling these major assignments. **Providing dates for major assignments – as defined by you, the instructor – is now required by state legislation.** Attempt to give approximate dates. ]

###### Grading Policy:

1. Multiple Choice Exam I 20%
2. Multiple Choice Exam II 20%
3. Multiple Choice Exam III 20%

(final comprehensive)

1. Assignments:
	1. Expanded SOAP Notes (3) 12%
	2. Unknown Case Study 10%
	3. Class Activities\* 18%

 **Total:** 100%

\*Includes class attendance and participation, class

presentations, critical thinking exercises,

Blackboard modules, chats, exercises and participation.

Late assignments will not be accepted and will receive a grade of zero unless an exception is negotiated with the faculty in advance.

Students are required to turn in **two copies** of all **written assignments** with an **attached guiding criteria and clinical guideline**

**CLINICAL: Pass/Fail**

1. Clinical Objectives (specific) credit
2. Clinical Schedule (specific) credit
3. Clinical Documentation sheet credit
4. Clinical Journal (Notebook) credit
5. Mid-clinical site visit credit
6. Preceptor(s) evaluation of Student **Pass/Fail**
7. Student evaluation of objectives credit
8. Student evaluation of preceptor(s) credit
9. Faculty Evaluation of Student Practicum **Pass/Fail**

**GRADING:**

Course Grading Scale

A = 92 to 100

B = 83 to 91

C = 74 to 82

Failure = below 74

In order to pass a course containing **both** didactic and clinical requirements, the student **must pass both the didactic and clinical components of the course**.

A grade of **“B” (83% or greater)** is required as a passing score in all clinical experiences **including the preceptor evaluations of the student and the final Clinical Practicum of the course.** In the event of a failing evaluation from the clinical preceptor, remediation will be based on evaluation by the clinical instructor [s] and program director. The final practicum may be conducted in the student’s clinical site or a site chosen by the faculty. A failing practicum performance will have a one-time repeat privilege. The repeat performance will be conducted by 2 faculty at a time and at a site chosen by the faculty.

**Clinical Overview:**

Ninety (90) hours are required for N. 5546. The clinical hours will be completed at non-campus clinical practice sites arranged by the UTA School of Nursing faculty and/or Graduate Clinical Director. Clinical hours are for medical management of the patient. Clinical hours may be given for some of the didactic class hours. Therefore, clinical hours are not to include travel to and from sites, preparation for clinical, recording of clinical experience, grand rounds or rounds in the hospital with preceptor. These activities will not be acceptable.

The MSN Clinical Facilities Coordinator is:

Lori Riggins

Office: Pickard Hall 609

Office Phone: (817) 272- 2776 Ext. 0788

Email: riggins@uta.edu

**Suggested Clinical Hours:** for N. 5546 Adult and Gerontological Nursing

Total of 90 hours. Approximately 24 hours in LTC or rehabilitation or subacute setting and the remainder of the hours with complex adult patients.

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

**Drop Policy:** Students may drop or swap (adding and dropping a class concurrently) classes through self-service in MyMav from the beginning of the registration period through the late registration period. After the late registration period, students must see their academic advisor to drop a class or withdraw. Undeclared students must see an advisor in the University Advising Center. 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 Financial Aid Office for more information.

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 Financial Aid Office for more information. The last day to drop a course is listed in the Academic Calendar available at <http://www.uta.edu/uta/acadcal.>

1. A student may not add a course after the end of late registration.
2. A student dropping a graduate course after the Census Date but on or before the end of the 10th week of class may with the agreement of the instructor, receive a grade of W but only if passing the course with a C or better average. A grade of W will not be given if the student does not have at least a C average. In such instances, the student will receive a grade of F if he or she withdraws from the class. Students dropping a course must: (1) complete a Course Drop Form (available online <http://www.uta.edu/nursing/MSN/drop_resign_request.pdf> or Graduate Nursing office rooms 512 or 606); (2) obtain faculty signature and current course grade; and (3) submit the form to Graduate Nursing office rooms 512 or 606.
3. A student desiring to drop all courses in which he or she is enrolled is reminded that such action constitutes withdrawal (resignation) from the University. The student must indicate intention to withdraw and drop all courses by completing a resignation form in the Office of the Registrar or by: (1) Completing a resignation form (available online <http://www.uta.edu/nursing/MSN/drop_resign_request.pdf> or Graduate Nursing office rooms 512 or 606; (2) obtaining faculty signature for each course enrolled and current course grade; (3) Submitting the resignation form in the College of Nursing office room 512 or 606; and (4) The department office will send resignation form to the office of the Registrar.
4. 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://www.grad.uta.edu/handbook>

**Last Day to Drop or Withdraw: March 30th, 2012**

**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:**  It is the philosophy of The University of Texas at Arlington that academic dishonesty is a completely unacceptable mode of conduct and will not be tolerated in any form. All persons involved in academic dishonesty will be disciplined in accordance with University regulations and procedures. Discipline may include suspension or expulsion from the University. According to the UT System Regents’ Rule 50101, §2.2, "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."

**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/tutorials/Plagiarism>

**Student Support Services Available**: The University of Texas at 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. These resources include tutoring, major-based learning centers, developmental education, advising and mentoring, personal counseling, and federally funded programs. For individualized referrals to resources for any reason, students may contact the Maverick Resource Hotline at 817-272-6107 or visit [www.uta.edu/resources](http://www.uta.edu/resources) for more information.

**Electronic Communication Policy:** The University of Texas at Arlington has adopted the University “MavMail” address as the sole official means of communication with students. MavMail is used to remind students of important deadlines, advertise events and activities, and permit the University to conduct official transactions exclusively by electronic means. For example, important information concerning registration, financial aid, payment of bills, and graduation are now sent to students through the MavMail system. All students are assigned a MavMail account. ***Students are responsible for checking their MavMail regularly.*** Information about activating and using MavMail is available at <http://www.uta.edu/oit/email/>. There is no additional charge to students for using this account, and it remains active even after they graduate from UT Arlington.

To obtain your NetID or for logon assistance, visit <https://webapps.uta.edu/oit/selfservice/>. If you are unable to resolve your issue from the Self-Service website, contact the Helpdesk at helpdesk@uta.edu.

**Librarian to Contact:**

 **Helen Hough**, *Nursing Librarian*

Phone: (817) 272-7429

E-mail: hough@uta.edu

<http://libguides.uta.edu/nursing>

**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.

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

1. All Preceptor Agreements must be signed by the first day the student attends clinical (may be signed on that day).
2. **Student** is responsible to ensure that all of his/her preceptor agreements are signed before beginning clinical experience and those agreements are given to Lori Riggins by the third week of the semester. (This means that even if a student doesn’t start working with a particular preceptor until late in the semester, s(h)e would contact that preceptor during the first 3 weeks of the semester.
3. Lori Riggins or designated support staff will enter the agreement date into *Partners* database. The Agreement Date” field in *Partners* is the data that the Preceptor signed the Agreement. (This date must be on or before the student’s first clinical day in order for the student to access *E-logs).* 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 and submit it with his/her Curriculum Vitae.
4. The signed preceptor agreement is part of the clinical clearance process. Failure to submit it in a timely fashion will result in the inability to access the E-log system.

**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).

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 their Associate Dean for the MSN Program, Department of Advanced Practicum Dr. Gray/Dr. Schira. 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: Policy:** 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:** [www.uta.edu/nursing](http://www.uta.edu/nursing)**.**

**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/handbook/toc.php>

**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/handbook/toc.php>

**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: <http://www.uta.edu/nursing/scholarship_list.php> 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.

**Course Evaluation:**  Course evaluation is a continuous process and is the responsibility of both the faculty and the students. Ongoing feedback (formative evaluation) is the only way to improve the course and to assure that it meets your needs and those of the discipline of nursing. It is your responsibility to give immediate, constructive feedback regarding class structure and process.

Formal evaluation of the course and the instructor occurs at the end of the course. You will receive instructions at your University of Texas at Arlington e-mail address about how to complete the course evaluations online. Your ratings and comments are sent to a computer not connected to the College of Nursing, and faculty members do not receive the results until after they have turned in course grades.

**Bomb Threats:** If anyone is tempted to call in a bomb threat, be aware that UTA will attempt to trace the phone call and prosecute all responsible parties. Every effort will be made to avoid cancellation of presentations/tests caused by bomb threats. Unannounced alternate sites will be available for these classes. Your instructor will make you aware of alternate class sites in the event that your classroom is not available.

**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.***

**Department of Advanced Nurse Practice**

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

Associate Dean and Chair; Graduate Advisor

Email: Schira@uta.edu

**Sheri Decker**, Assistant Graduate Advisor

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**TBA**, Senior Office Assistant

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**Lori Riggins**, MSN Clinical Coordinator

Office # 609-Pickard Hall, (817)-272-2776 ext. 0788

Email: riggins@uta.edu

**Department of MSN Administration, Education, and PhD Programs**

**Jennifer Gray,** RN, PhD

Associate Dean and Chair, Graduate Advisor

Email: jgray@uta.edu

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**Felicia Chamberlain**, Administrative Assistant I

Office # 515- Pickard Hall (817)-272-0659

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**Suzanne Despres**, AP Program, Assistant Graduate Advisor

Office # 512A- Pickard Hall (817)-272-1039

Email: sdepres@uta.edu

**Nursing 5546: Spring 2012**

**Tentative Class Schedule**

| **Date/Time** | **Topic Covered** | **Speaker** |
| --- | --- | --- |
|  | **Please see subobjectives for each topic for complete list of required readings for each topic** |  |
|  |  |  |
| **01/21/2012** |  |  |
| 4:00-5:00 | Course Overview | Parker |
|  |  |  |
| 5:00-6:00 | Diseases of the Biliary TractBarker: Chapter 47 [pp. 726-729] & 96Rosenthal: pp. 565-568 | Parker |
| 6:15-9:45 | General Issues in the Care of Adults and SeniorsBarker: Chapter 12Rosenthal: Chapters 1, 2, 3Duthie & Katz: Chapters 1, 4, 8 & 11Robnett & Chop: Chapters 3, 5, 10 & 11  | Kahveci |
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| **02/11/2012** |  |  |
| 4:00-7:00 | Infectious Disease in Primary and Long Term CareBarker: Chapters 31, 34, 38-40 & 58Bryant & Nix: Chapter 9Rosenthal : Chapter 40 Duthie & Katz: Chapter 35White and Truax: Chapter 12 | Parker |
| 7:15-8:30 | Urinary IncontinenceBarker: Chapter 54Rosenthal: Chapter 15Truax & White pp. 214-229Duthie & Katz: Chapter 16 | Parker |
| 8:30-10:00 | Osteoporosis and OsteomalaciaBarker: Chapters 84, 103Rosenthal: Chapter 23Duthie & Katz: Chapter 19 | Parker |
|  |  |  |
| **02/18/2012** | Review Paced Module: GYN/GU Issues in Geriatric CareBarker: Chapters 85, 104-106Duthie & Katz: Chapters 42 & 43Rosenthal: Chapter 32White & Truax : pp. 203-213 | Parker |
|  |  |  |
| **02/25/2012** | **Chat on Blackboard from 8:00-9:00 to discuss information in GYN/GU Module and Test Review** | **Parker** |
| **02/18/2012** | **SOAP #1 Due This is a not a class day; please e-mail assignment to Patti Parker by 5:00 p.m. on this date** |  |
| **03/04/2012** |  |  |
| 4:00-5:00 | **Exam One** | Kahveci |
|  |  |  |
| 5:00-10:00 | Long Term Care | Parker |
|  | E & M Coding in LTC and Ambulatory CareWhite & Truax: Chapters: 1, 2, 4, 5Robnett & Chop: Chapters 9Dutie & Katz: Chapter 9 |  |
|  |  |  |
| **03/08/2012** | **Review Self Paced Module [that accompanies LTC Class Disscussion] Current Issues in Aging and the Historical Development of Gerontological Nursing** Robnett & Chop: Chapters: 1, 2 & 12 | Parker |
|  |  |  |
|  |  |  |
| **03/09-03/24****2012** | **Self Paced Modules will be Posted on the Following Topics:** |  |
|  | **\*Geriatric Syndromes—Failure to Thrive, Instability and Falls, “Weak and Dizzy” Patients**Rosenthal: Chapter 10, 13Duthie & Katz: Chapters 17, 18 | Kahveci |
|  | **\*Obesity and Eating Disorders**Barker: Chapters 15 & 83Rosenthal: Chapters 4 &10 | Parker |
|  | **\*Nutritional/Pharmacological Issues in the Care of Adults and Seniors**Barker: Chapters 15, 83Rosenthal: Chapter 4, 10Duthie & Katz: Chapter 2, Robnett & Chop: Chapter 6 & 7Bryant & Nix: Chapter 24White & Truax: Chapter 19 | Parker |
|  | **\*Oncological Issues in the Care of Adults and Seniors**Barker: Chapters 10, 61, 105Duthie & Katz: Chapters 33 & 34Bryant & Nix: Chapter 22Rosenthal : Chapters 38, 39White & Truax: Chapter 11 | Parker |
|  | \*Functional Issues/Rehabilitation**Ordering and Use of Assistive Devices and Personnel**Duthie & Katz: Chapters 10, 13 & 15White & Truax: Chapter 20 | Kahveci |
|  |  |  |
| **03/25/2012** |  |  |
| 4:00-7:00 | The Big Three: Dementia, Depression and DeliriumBarker: Chapter 26Rosenthal: Chapters 17-19 & 21Duthie & Katz: Chapters 25-28Robnett & Chop: Chapter 4 | Parker |
|  |  |  |
| 7:00-9:30 | Student Presentations | All |
|  |  |  |
| **03/28/2012** | **SOAP #2 Due** |  |
|  | This is a not a class day; please e-mail assignment to Kellie Kahveci by 5:00 p.m. on this date |  |
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| **04/01/2012** | Chat on Blackboard from 8:00-10:00 to discuss information in Modules covered on Exam Two and Test Review | **Parker & Kahveci** |
| **04/08/2012** |  |  |
| 4:00-5:00 | Exam Two | Kahveci |
|  |  |  |
| 5:00-7:30 | End of Life IssuesPain ManagementBarker: Chapter 13Bryant & Nix: Chapters 23 & 25Duthie & Katz: Chapters: 5, 6, 12, Rosenthal : Chapters 5, 6White & Tuax: Chapters 22 & 23 | Parker |
|  |  |  |
| 7:45-9:45 | Cardiac Issues in Geriatric CareDuthie & Katz: Chapter 31Rosenthal: Chapter 26 &27White & Truax: Chapter 6 | Kahveci |
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| **04/12/2012** | Self Paced Modules with Audio files on the following topics will be posted on [or before this date] |  |
|  | \*Medical Risk Assessment Prior to SurgeryBarker: Chapter 93Rosenthal: Chapter 7 | Kahveci |
|  | \*Neurological IssuesRosenthal: Chapter 14Duthie & Katz: Chapter 37 [pp.525-527]White & Truax: Chapter 14 [pp. 301-312; 329-332] | Kahveci |
|  | \*Renal and Electrolyte DisordersDuthie & Katz: Chapter 44 | Kahveci |
|  | \*Sensory Issues in Primary CareBarker: Chapters 107-109, 112Rosenthal: Chapters 11, 12, 35Duthie & Katz: Chapters 23 24, & 39Robnett & Chop: pp. 155-160 | Kahveci |
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| **04/29/2012** | Unknown Case Study is due by 5:00 p.m. to Kellie Kahveci |  |
|  |  |  |
|  | SOAP #3 Due by 5:00 p.m. to Patti Parker  |  |
|  |   |  |
|  | We do not have class on this date, so please submit electronically make sure that your assignment is turned in [hard copy or electronically] by 5:00 p.m. as noted above |  |
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| **05/07/2012** | **Chat on Blackboard from 8:00-9:30 to cover the Self Paced Modules that will be on Exam Three and Test Review** | **Kahveci** |
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| **5/13/2012** |  |  |
| 4:00-7:00 | **Exam Three** | On-Line  |
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**Blue Prints for the Exams will be posted to Blackboard.**

**Handouts will be distributed electronically [Blackboard or via URLs] prior to class. Please check your Blackboard account every day, without fail.**

Nursing 5546

Spring 2012

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| --- | --- | --- | --- |
| Exam One  | 03/04/2012 | **20%** |  |
| Exam Two  | 04/15/2012 | **20%** |  |
| Exam Three | 05/13/2012 | **20%** |  |
|  [Exam is comprehensive] |  |  |
| **Class Assignments:** |  |  |
| SOAP #1 | 02/18/2012 | **4%** |  |
| SOAP #2 | 03/28/2012 | **4%** |  |
| SOAP #3 | 04/29/2012 | **4%** |  |
| Unknown Case | 04/29/2012 | **10%** |  |
|  |  |  |  |
| **Class Activities** | **18%** |  |
|  Student Presentation  |  |  |
|  Participation in Blackboard Chats |  |  |
|  Modules/Cases in Class or Blackboard |  |  |
|  Class Participation & Attendance |  |  |
|  |  |  |
| **Clinical** | **Pass/Fail** |  |
| Clinical Objectives |  |  |
| Clinical Documentation Sheet |  |  |
| Clinical Journal |  |  |
| Preceptor Evaluation of Student |  |  |
| Student Evaluation of Preceptor |  |  |
| Student Evaluation of Objectives |  |  |
| Mid Semester Site Visit [if necessary] |  |  |
| Faculty Evaluation of Student Practicum |  |  |
| **Final Grade** |  |  |

**Adult/Geri N5546**

**Clinical Objectives**

**These objectives for the basis for your specific clinical objectives which will enable you to enhance your strengths and improve your weaknesses.**

1. Provide evidence of clinical skills in performing advanced health assessments to include:
2. collecting a complete health history
3. examining all body systems, with a focus on pathology
4. performing functional assessments to determine ability for self-care and independent living
5. collect additional data as needed (ECG, laboratory, radiologic)
6. making appropriate decisions regarding priority needs for episodic data collection (subjective and objective)
7. determining which problems/data collection can be deferred until later
8. making an appropriate and accurate assessment of client's health status (rule outs, differential diagnoses, nursing diagnoses, etc.)
9. presenting pertinent data to preceptor in a succinct manner
10. presenting a cost-effective, clinically sound (evidence based) plan of care which may include:

 1) advanced nursing management

 2) medical intervention

 3) pharmacotherapeutics

 4) diagnostic testing

 5) teaching/counseling

 6) follow-up plan

1. discussing with preceptor personal strengths and needed areas of improvement
2. Demonstrate increasing evidence of ability to develop, implement and evaluate an appropriate management plan for common episodic, acute, chronic, complex, and rehabilitative health concerns for clients.
3. Demonstrate increasing evidence of ability to develop, implement ad evaluate an appropriate plan for health maintenance and health promotion of clients.
4. Demonstrate evidence of ability to integrate health promotion/disease prevention activities into client encounter.
5. Provide evidence of advanced nursing activities to promote and maintain health of adults and families to promote self-care.
6. Demonstrate ability to provide quality, culturally sensitive health care for individuals of diverse cultural and ethnic backgrounds.
7. Provide evidence of the ability to formulate and administer advanced nursing care and medical therapeutics in a variety of setting.
8. Integrate current research findings into the development and implementation of health care for families and individuals.
9. Continue personal development of the various roles of the nurse practitioner as evidenced by didactic and clinical work.

**You are expected to develop your own specific clinical objectives derived from these course objectives, the next page gives you some examples**

**N5546 Adult and Geri Nursing Management**

**Sample of How You Might Make Your Specific Learning Objectives**

**Related to the Course Objectives**

**You are required to write specific learning objectives** for your clinical experiences. This will help you focus on what you should be learning and help your preceptor direct your toward these learning experiences.

You need to be realistic about the objectives and you should be able to accomplish them in the particular clinical setting. Not all of your objectives may be tied to the specific setting as you may set goals that require you to obtain additional knowledge or practice skills in a non clinical environment.

**If you are in several settings you will need to develop objectives for each setting.**

It is expected at the **end of the clinical you will evaluate** how you met the objectives with **specific examples** - **a “goal met” statement will not be accepted**. If a goal was NOT met you need to give rationale why it was not met.

These samples are not specific to this course but give you an idea of the thought you need to put into identifying your learning needs.

**You should have a goal and specific objectives for each of the course objectives.**

**The Clinical Objectives handout and the Course Objectives in the syllabus should be your guide to develop your specific learning objectives for this course.**

**Sample Course Objectives**

1. Apply relevant theoretical and empirical knowledge
2. Demonstrate competence in clinical judgment and management in the delivery of health care.
3. Evaluate patient and family outcomes for the purpose of monitoring and modifying care.
4. Use research in the provision of health care.
5. Establish a collaborative practice that demonstrates comprehensive health care.
6. Implement the advance nursing practice role in practice settings.

**Sample Student Goals/Objectives that go with course objectives:**

1. Increase experience with adolescents/young adults: Goal: Work with at least 20 patients (under age 25) and apply theoretical and empirical knowledge in formulating diagnosis and treatment plan.
	1. notify preceptor of need to work with this age group.
	2. review Barker chapters on dealing with adolescents and young adults.
	3. identify evidence based practice guidelines which apply to this group.
	4. review top diagnoses and treatment options for this age group.
	5. in the clinical setting see as many adolescents as possible, identify alternate source of patients if necessary.
2. Increase experience with the single complaint or episodic visit. Goal: 40 encounters with competence in clinical judgment and management.
	1. do more hours in family practice areas, or walk in clinics (type) settings, so there will be more exposure to this type of patient.
	2. review Uphold/Graham on specific episodic visits (headache, sinus, gastritis, joint pain)
	3. identify specific drug therapies for common episodic visits - note those which are FDA approved.
	4. create files for quick self reference - use evidence based treatments
3. Improve orthopedic assessment/management: Goal 20 encounters or opportunities to perform orthopedic assessments.
	1. review musculoskeletal anatomy in Barker for spine, knee, shoulder, hip
	2. review assessment techniques and practice performing exams
	3. identify criteria for referrals and referral sources in this clinical area.
4. Improve dermatology assessment and management: Goal 20 encounters
	1. notify preceptor of desire for derm patients or seek additional clinical opportunity.
	2. review Color Atlas and Synopsis of Clinical Dermatology by T: Fitzpatrick
	3. review descriptive terminology
	4. use Medscape CE or other appropriate reference to be aware of most current research and treatment of common dermatological problems.
5. Increase use of research in formulating treatment and management of patient care.
	1. read at least 2-3 journal articles per week from advanced practice or medical journals (paper or on-line) that report current research and treatment on relevant topics.
	2. seek out resources for best practice models and evidence based practice guidelines and incorporate into practice.
	3. identify and use Web based educational offerings to gain current knowledge.
	4. attend advanced practice or medical CME programs if possible.
6. Identify and initiate relationships for creating a network of collaboration in the health care community.
	1. identify referral sources, labs, pharmacies, PT, DME providers, providers based on practice, utilization standards of car
	2. know who/what is available in community and access methods of referral.
7. Grow into Advance Practice role
	1. examine how personal view of patient care has been altered
	2. identify expansion of role in clinical settings
	3. attend professional meetings - select at least one to join as student
	4. identify local sources of leadership in NP roles.

**GUIDELINES FOR CLINICAL EXPERIENCES**

1. **Use of Protocol Manuals:**

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

1. **Documentation of Care**:

The UTA College of Nursing Nurse Practitioner Program requires a wide variety of clinical hours which necessitates the student to obtain experiences in numerous settings. The student is expected to appropriately, thoroughly, and accurately document each client encounter on the client's health record, i.e., SOAP notes, clinical summaries, etc. All entries made by the student in the client's health record must be reviewed by the preceptor. Documentation will be co-signed by the preceptor as appropriate for the clinical site. **If your clinical site uses an electronic medical record, you are expected to write out the encounter note [a copy of our SOAP template could be used].**

1. **Clinical Sites/Preceptors:**

Students are encouraged to use 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. The Clinical Coordinator makes arrangements for the clinical placement with input from the faculty. Faculty reserve the right to place students in clinicals which they believe will provide the most appropriate learning for the student

1. **Clinical Schedules:**

Students are expected to discuss their clinical objectives and negotiate a clinical schedule which is acceptable to the preceptor. The student must provide a copy of their proposed clinical schedule to their faculty advisor; any changes should be shared with the advisor. If for any reason, the primary preceptor is absent i.e., not physically in the practice setting, the student may not make any decisions requiring medical management. The Clinical Faculty and or the Clinical Coordinator should be notified immediately.

1. **Site Visits:**

The Nurse Practitioner Faculty will evaluate the student's clinical abilities at his/her clinical site and/or an appointed clinical site at regular intervals throughout the NP program. In some cases, the site visit may be conducted by telephone for those students gaining experience outside the metroplex area. The student should be prepared to conduct an episodic visit with a client and have selected several "potential" clients before the faculty arrives at the facility. The student will be evaluated according to criteria on the "Faculty Site Visit Form" or "Clinical Practicum Form."

1. **Preceptor Evaluations:**

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

1. **Clinical Experiences Journal:**

A journal will be kept of all the student's clinical experiences throughout the NP Program. The journal must include a copy of the E-Log Summary for each course taken to date, Clinical hour tally sheet, and sample client documentation. (See "Clinical Experiences Journal Guidelines."). The journal should also include:

* + personal course objectives
	+ evaluation of those objectives at end of semester [as explained in the aforementioned pages]
	+ self evaluation
	+ preceptor evaluation of you
	+ your evaluation of preceptor and site
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 client encounters as appropriate.

1. **Clinical Conferences With Faculty:**

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

be up-to-date.

**N. 5546 Adult/Geri Clinical Hour Documentation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Clinical** | **Hours Completed** | **Preceptor Signature** | **Number of Patients Seen** |
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**CLINICAL EXPERIENCES JOURNAL GUIDELINES**

The Clinical Experiences Journal is a compilation of the student's experiences in all clinical settings and will be maintained throughout Major. Using the provided format, the journal should reflect the following:

* + 1. The ability to apply and integrate didactic/theoretical information into common adult/geri clinical situations.
		2. All client encounters and specific information regarding advanced nursing management and medical therapeutics.
		3. Increasing evidence of the student's critical decision making ability in increasingly complex adult/geri health care settings.
		4. The student's personal clinical objectives for each clinical site and their subsequent evaluation.
		5. Application and integration of the various roles of the nurse practitioner in adult/geri settings.

**The Clinical Experiences Journal must include the following:**

1. **Client Encounters/Log**

For every clinical experience the student will enter the data into the e-log system, will summarize at 40 and 90 hours, and a copy placed in the clinical journal. E-log entries must be kept up to date. Data will be re-reviewed by the faculty at 40 and 90 hours. Students may not continue in clinical experiences unless the e-log encounters and Clinical Experience Patient Encounter Notes have been submitted to their clinical faculty. Faculty may access database to review student progress.

1. **Clinical Hour Tally Sheet**

The Clinical Hour Tally Sheet will be used to validate and summarize the completion of student clinical hours. Preceptor signature(s) must be included.

1. **Client Encounter Documentation**

Documentation samples are kept in the Clinical Experiences Journal and are representative of practice experiences. Notes should accurately reflect client encounters, diagnoses made, and recommended nursing/medical management. Standardized chart forms, checklists, SOAP notes, consult notes, admission history and physical exams, etc., may be used, and/or the student may include examples of documentation from the client's medical record **as long as identifying patient information is removed and permitted by the clinical facility.** The student is expected to include one documentation sample for each clinical day.

PREVENTION OF ACADEMIC DISHONESTY GUIDELINES

Special Instructions Regarding Assignments

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

####  Name Date

##### SOAP NOTE GRADING FORM

##### N. 5546 Adult/Geri Management

|  |  |  |  |
| --- | --- | --- | --- |
| **Possible Points** | **Actual Points** |  |  |
| **15** | \_\_\_\_\_\_\_\_\_\_\_ |  | Subjective Data appropriate to the context of the patient visit and overall health status. *Succinctly documented.*   |
| **15** | \_\_\_\_\_\_\_\_\_\_\_ |  | Objective data appropriate to the context of the patient visit and overall health status. *Succinctly documented* |
| **20** | \_\_\_\_\_\_\_\_\_\_\_ |  | Nursing & Medical diagnosis(es) formulated with correct ICD-9 codes. Includes at least one reference for diagnostic criteria and/or treatment other than Barker. Attach reference. Include health maintenance diagnosis per guidelines. |
| **20** | \_\_\_\_\_\_\_\_\_\_\_ |  | Mgt plan cost-effective, clinically correct & includes sections for medical & nursing therapeutics. Patient education should be identified as such. Consider categories to organize your plan: (Dx, Therapeutic, Pt Education, Referral, Follow-Up.) |
| **10** | \_\_\_\_\_\_\_\_\_\_\_ |  | Rationale justifies EACH ASPECT mgt plan with appropriate references. |
| **10** | \_\_\_\_\_\_\_\_\_\_\_ |  | Pathophysiology discussion justifies major diagnoses addressed at visit and mgt plan. Personalize to patient’s health status. No more than 2 diagnoses need to be addressed if multiple exist. Use a primary reference (no protocol book).  |
| **5** | \_\_\_\_\_\_\_\_\_\_\_ |  | Health Promotion/Health Maintenance Plan. Include age/gender/risk specific recommendations.  |
| **5** | \_\_\_\_\_\_\_\_\_\_\_ |  | Application of Theory appropriate to patient (ie. Aging). |
| **Credit** | \_\_\_\_\_\_\_\_\_\_\_ |  | Overall neatness, organization, APA format for reference. |

Attach a copy of actual note with identifying information deleted

**Special Note:**

1. Do your SOAP note on a clinical topic/focus appropriate to course content. Do not duplicate a prior SOAP topic or major CDM topic in previous courses.
2. You are expected to provide any additional information for the SOAP note that you thought of after seeing the patient. Indicate what you would/should have done PLUS what actually happened. Indicate clearly what happened and what you would now recommend.
3. References cited must include a page number and should be documented properly if a direct quote.
4. The SOAP note is an individual assignment (AS ARE ALL OTHER ASSIGNMENTS IN THIS COURSE) and must be done without consultation with colleagues or fellow students.

##### SOAP NOTE GRADING FORM

##### N. 5546 Adult/Geri Management

|  |  |  |  |
| --- | --- | --- | --- |
| **Possible Points** | **Actual Points** |  |  |
| **15** | \_\_\_\_\_\_\_\_\_\_\_ | A. | Subjective Data appropriate to the context of the patient visit and overall health status. *Succinctly documented.*   |
| **15** | \_\_\_\_\_\_\_\_\_\_\_ | B. | Objective data appropriate to the context of the patient visit and overall health status. *Succinctly documented* |
| **20** | \_\_\_\_\_\_\_\_\_\_\_ | C. | Nursing & Medical diagnosis(es) formulated with correct ICD-9 codes. Includes at least one reference for diagnostic criteria and/or treatment other than Barker. Attach reference. Include health maintenance diagnosis per guidelines. |
| **20** | \_\_\_\_\_\_\_\_\_\_\_ | D. | Mgt. plan cost-effective, clinically correct & includes sections for medical & nursing therapeutics. Patient education should be identified as such. Consider categories to organize your plan: (Dx, Therapeutic, Pt Education, Referral, Follow-Up.) |
| **10** | \_\_\_\_\_\_\_\_\_\_\_ | E. | Rationale justifies EACH ASPECT mgt plan with appropriate references. |
| **10** | \_\_\_\_\_\_\_\_\_\_\_ | F. | Pathophysiology discussion justifies major diagnoses addressed at visit and mgt plan. Personalize to patient’s health status. No more than 2 diagnoses need to be addressed if multiple exist. Use a primary reference (no protocol book).  |
| **5** | \_\_\_\_\_\_\_\_\_\_\_ | G. | Health Promotion/Health Maintenance Plan. Include age/gender/risk specific recommendations.  |
| **5** | \_\_\_\_\_\_\_\_\_\_\_ | H. | Application of Theory appropriate to patient (ie. Aging). |
| **Credit** | \_\_\_\_\_\_\_\_\_\_\_ |  | Overall neatness, organization, APA format for reference. |

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##### SOAP NOTE GRADING FORM

##### N. 5546 Adult/Geri Management

|  |  |  |  |
| --- | --- | --- | --- |
| **Possible Points** | **Actual Points** |  |  |
| **15** | \_\_\_\_\_\_\_\_\_\_\_ | A. | Subjective Data appropriate to the context of the patient visit and overall health status. *Succinctly documented.*   |
| **15** | \_\_\_\_\_\_\_\_\_\_\_ | B. | Objective data appropriate to the context of the patient visit and overall health status. *Succinctly documented* |
| **20** | \_\_\_\_\_\_\_\_\_\_\_ | C. | Nursing & Medical diagnosis(es) formulated with correct ICD-9 codes. Includes at least one reference for diagnostic criteria and/or treatment other than Barker. Attach reference. Include health maintenance diagnosis per guidelines. |
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| **10** | \_\_\_\_\_\_\_\_\_\_\_ | E. | Rationale justifies EACH ASPECT mgt plan with appropriate references. |
| **10** | \_\_\_\_\_\_\_\_\_\_\_ | F. | Pathophysiology discussion justifies major diagnoses addressed at visit and mgt plan. Personalize to patient’s health status. No more than 2 diagnoses need to be addressed if multiple exist. Use a primary reference (no protocol book).  |
| **5** | \_\_\_\_\_\_\_\_\_\_\_ | G. | Health Promotion/Health Maintenance Plan. Include age/gender/risk specific recommendations.  |
| **5** | \_\_\_\_\_\_\_\_\_\_\_ | H. | Application of Theory appropriate to patient (ie. Aging). |
| **Credit** | \_\_\_\_\_\_\_\_\_\_\_ |  | Overall neatness, organization, APA format for reference. |

Attach a copy of actual note with identifying information deleted

**Special Note:**

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UTA College of Nursing

**Nurse Practitioner Clinical Evaluation**

# Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Course: N5425 N5431 N5434 N5436 N5444 N5546 Major: \_\_\_\_\_\_\_ Mid Semester:\_\_\_\_\_\_\_ Final: \_\_\_\_\_\_\_\_

# Faculty Evaluator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Client Profile (age, chief complaint) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Circle the number that corresponds to the student’s clinical performance a majority of the time. Use the following key:

 N/A no opportunity to perform

 0 omitted required item (omitted a critical element)

 1 required extensive prompting

 2 required much prompting

 3 required moderate prompting

 4 required minimal prompting

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**I. ASSESSMENT**

**A. Subjective Data (History)**

1. Obtains appropriate history for comprehensive, interval, or acute episodic visits. N/A 0 1 2 3 4

2. Focuses on priority areas in data collection.. N/A 0 1 2 3 4

3. Demonstrates skillful interviewing techniques sensitive to individual, family, or

group client needs including sensitivity to socioeconomic groups. N/A 0 1 2 3 4

4. Identifies factors influencing health and/or disease management N/A 0 1 2 3 4

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

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**B. Objective Data – Physical Examination**

1. Performs the indicated exam (comprehensive, interval, or acute episodic)

in an organized manner. N/A 0 1 2 3 4

2. Uses assessment techniques and equipment correctly. N/A 0 1 2 3 4

3. Differentiates normal from abnormal findings (obvious and subtle). N/A 0 1 2 3 4

4. Modifies the exam to reflect chief complaint, presenting symptoms, exam findings,

and differential diagnoses. N/A 0 1 2 3 4

5. Conducts and/or reviews previous physical, developmental, and screening

procedures or labs. N/A 0 1 2 3 4

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

**II. DIAGNOSIS**

1. Formulates appropriate differential diagnoses. . N/A 0 1 2 3 4

2. Formulates appropriate nursing and medical diagnoses and/or rule outs N/A 0 1 2 3 4

3. Prioritizes nursing and medical diagnoses. N/A 0 1 2 3 4

4. Provides rationale (pathophysiology, psychosocial) for diagnoses formulated. N/A 0 1 2 3 4

5. Interprets test, procedure, and/or screening findings correctly. N/A 0 1 2 3 4

6. Identifies risk profile and prevention/counseling/screening needs . N/A 0 1 2 3 4

 appropriate to the situation.

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

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**III. MANAGEMENT**

**A. Therapeutics/Diagnostics**

1. Prescribes appropriate pharmacological therapies (including drug and dose). N/A 0 1 2 3 4

2. Recommends/prescribes non-pharmacological therapies. N/A 0 1 2 3 4

3. Provides appropriate rationale for therapy N/A 0 1 2 3 4

4. Demonstrates sound clinical judgment in determining the treatment plan. N/A 0 1 2 3 4

5. Orders additional diagnostic tests/procedures as appropriate. N/A 0 1 2 3 4

6. Initiates interventions for health promotion, prevention, maintenance, and/or

restoration. N/A 0 1 2 3 4

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

**B. Education/Counseling**

1. Provides appropriate education based on client learning needs. N/A 0 1 2 3 4

2. Provides mental health counseling based on client needs. N/A 0 1 2 3 4

3. Provides anticipatory guidance and counseling for growth and developmental

 needs throughout the life cycle. N/A 0 1 2 3 4

**Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**C. Follow-Up and Referral**

1. Orders consults and referrals as indicated N/A 0 1 2 3 4

2. Designates follow-up as appropriate. N/A 0 1 2 3 4

**Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IV. PRESENTATION/DOCUMENTATION**

1. Oral presentation is succinct, complete, and accurate. N/A 0 1 2 3 4

2. Written documentation is succinct, complete, and accurate N/A 0 1 2 3 4

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

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**V. ROLE IMPLEMENTATION**

1. Knows own limitations. N/A 0 1 2 3 4

2. Seeks and accepts constructive criticism. N/A 0 1 2 3 4

3. Presents a professional demeanor appropriate for clinical setting ie appearance,

 dress, behavior, and language. NA 0 1 2 3 4

4. Completes client encounter within designated time frame. N/A 0 1 2 3 4

5. Develops therapeutic rapport. NA 0 1 2 3 4

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

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## VI. SUMMARY COMMENTS

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 I. Assessment (Subjective & Objective Data) = 30% \_\_\_\_\_\_\_\_\_\_\_

 II. Diagnosis = 20% \_\_\_\_\_\_\_\_\_\_\_

 III. Management = 30% \_\_\_\_\_\_\_\_\_\_\_

 IV. Presentation/Documentation = 10% \_\_\_\_\_\_\_\_\_\_\_

 V. Role = 10% \_\_\_\_\_\_\_\_\_\_\_

 Total Points: \_\_\_\_\_\_\_\_\_\_\_ = Final Grade \_\_\_\_\_\_\_\_\_\_

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**Student Signature Faculty Signature**

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

**Preceptor Signature (as applicable) Faculty Signature (as applicable)**

**WEB SITES USEFUL IN LOCATING STANDARDS, CLINICAL PRACTICE GUIDELINES, BEST PRACTICES, AND BENCHMARKS**

**Academic Center for Evidence-based Nursing**

<http://www.acestar.uthscsa.edu>

**ACP-ASIM**

**American College of Physicians,**

**American Society of Internal Medicine)**

<http://www.acponline.org/sci-policy/guidelines/index.html>

**ACP Journal Club**

**American College of Physicians & American Society of Internal Medicine** <http://www.acpjc.org/Content/INDEX.HTM>

**Agency for Healthcare Research and Quality (AHRQ)**

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

**Annals of Internal Medicine**

<http://www.annals.org>

**Bandolier**

**Oxford University**

**National Health Service**

**Distills information from clinically relevant studies using evidence based techniques**

<http://www.jr2.ox.ac.uk/bandolier>

**Center for Evidence Based Medicine**

**National Health Service of the United Kingdom**

<http://cebm.jr2.ox.ac.uk/>

**Centers for Health Evidence.net**

<http://www.cche.net/>

**The Cochrane Library**

<http://www.cochrane.org>

**CPG InfoBase**

**Canadian Medical Association**

<http://www.cma.ca/cpas/>

**Evidence Based Medicine Links**

**University of Hertfordshire, UX**

<http://www.herts.ac.ukllis/subjects/health/ebm.htm>

**Evidence Based Medicine**

**British Medical Journal**

<http://www.acponline.org/journals/ebm/pastiss.htm>

**Evidence-Based Practice Centers**

**Agency for Health Care Research and Quality**

<http://www.ahra.gov/clinic/epcix.htm>

**Health Services Technology Assessment Texts (HST AT)**

<http://jgm.nlm.nih.gov/>

**Operated by NLM**

**Health Services Technology Assessment Texts (HSTAT)**

**National Library of Medicine**

**Information Technology Branch**

**Lister Hill Center**

**Health Services/Technology Assessment Text**

**is a searchable collection of large, full-text**

**clinical practice guidelines, technology assessments**

**and health information**

<http://text.nlm.nih.gov>

**Health Web: Evidence Based Health Care**

**Select evidence-based health care**

<http://www.healthweb.org>

**HerbMed: Evidence-Based Herbal Database, 1998**

**Alternative Medicine Foundation**

<http://www.herbmed.org>

**"How to Read a Paper" series by Trish Greenhalgh** <http://www.bmj.com/collections/read.shtml>

**McMaster University Health Information Research Unit** <http://hiru.mcmaster.ca/default.htm>

**MD Consult**

<http://www.mdconsult.com/>

**Medline**

**National Library of Medicine (NLM)**

<http://www.nlm.nih.qov/>

**Go to National Library of Medicine and select Medline\PubMed**

**Medscape**

<http://www.medscape.com/>

**National Guideline Clearinghouse**

<http://www.guideline.gov/index.asp>

**National Health Service Centre for Review and Dissemination**

**University of York**

<http://www.york.ac.uk/inst/crd>

**Netting the evidence: A ScHARR introduction to evidence based practice**

**on the Internet, School of Health and Related Research**

**University of Sheffield, England**

<http://www.sheffield.ac.uk/~scharr/ir/netting/>

**PIER: The Physicians' Information and Education Resource.**

**Authoritative, evidence-based guidance to improve clinical care.**

**ACP-ASIM members only.**

<http://pier.acponline.org/index.html>

**POEMS**

**Patient-Oriented-Evidence that Matters**

**Journal of Family Practice**

<http://www.infopoems.com/index.cfm>

**Prevention Guidelines**

**U.S. Centers for Disease Control and Prevention (CDC)**

<http://aepo-xdvwww.epo.cdc.gov/wonder/prevguid/search-prevguid.htm>

**Pub MED**

**National Library of Medicine (NLM)**

<http://www.nlm.nih.gov/>

**Go to National Library of Medicine and select Medline\PubMed**

**SumSearch**

<http://SUMSearch.uthscsa.edu>

**TRIP - Turning Research Into Practice**

<http://www.tripdatabase.com>

**UCSF Primary Care Clinical Practice Guidelines**

**University of California at San Francisco** <http://medicine.ucsf.edu/resources/guidelines/>

**US Preventive Services Task Force**

<http://www.ahrq.gov/clinic/uspstfab.htm>

**Users Guides to the Medical Literature**

**Canadian Centres for Health Evidence**

<http://www.cche.net/principles/content-all.asp>

**Veterans Evidence-Based Research Dissemination Implementation Center** <http://lverdict.uthscsa.edu/verdict/defauIt.htm>

**Web-based Critical Appraisal Worksheets**

**Medical College of Wisconsin ht**

<http://www.intmed.mcw.edu/clincalc.html>

**Centre for Evidence Based Medicine**

**Mount Sinai Hospital-University Health Network**

<http://www.cebm.utoronto.ca/>

**CA Tmaker, a software tool to create "critically appraised topics**

**Center for Evidence Based Medicine at Oxford** <http://www.jr2.ox.ac.uk/cebm/docs/catmaker.html>

**Info Retriever**

**A source of evidence based information for the desktop, laptop, or**

**handheld computer**

**Cochrane Database or Systematic Reviews** <http://www.poems.msu.edu/FrontPage.htm>

**Web-based Evidence Based Health Information**

American College of Physicians Journal Club

 [www.acponline.org](http://www.acponline.org)

Agency for Health Care Research and Quality

 [www.ahrg.gov/clinic/epcix.htm](http://www.ahrg.gov/clinic/epcix.htm)

Centre for Evidence-Based Nursing

 [www.york.ac.uk/healthsciences/centres/evidence/cebn.htm](http://www.york.ac.uk/healthsciences/centres/evidence/cebn.htm)

Centre for Health Evidence

 [www.cche.net/userguides/mail.asp](http://www.cche.net/userguides/mail.asp)

Cochrane Collaboration

 [www.cochrane.org/indexO.htm](http://www.cochrane.org/indexO.htm)

Daily InfoPOEMs

 [www.infopoems.com/](http://www.infopoems.com/)

Evidence-Based Medicine

 <http://bim.bmijournals.com/cgi/collection/quidleines>

Evidence-Based Mental Health

 <http://ebmh.bmijournals.com/>

Evidence-Based Nursing

 <http://ebn.bmijournals.com>

Johns Hopkins Nursing Evidence-Based Practice

 [www.ijhn.jhmi.edu/EvidenceBasedPractice/Genlnfo.htm](http://www.ijhn.jhmi.edu/EvidenceBasedPractice/Genlnfo.htm)

McMaster University Evidence-Based Practice Center

 [www.hiru.mcmaster.ca/epc/](http://www.hiru.mcmaster.ca/epc/)

National Guideline Clearinghouse

 [www.guideline.gov/](http://www.guideline.gov/)

National Institute of Nursing Research

 <http://ninr.nih.qov/ninr/>

Oregon Evidence-Based Practice Center

 [www.ohsu.edu/epc/](http://www.ohsu.edu/epc/)

Oxford Centre for Evidence-Based Medicine

 [www.cebm.net/index.asp](http://www.cebm.net/index.asp)

US Preventative Services Task Force Recommendations

 [www.ahrq.gov/clinic/uspstfix.htm](http://www.ahrq.gov/clinic/uspstfix.htm)

**Grade Sheet for Unknown Case Study**

**Spring 2012**

|  |  |
| --- | --- |
| 1. Completed subjective and objective database as appropriate

 to scenario. Data prioritized, pertinent negatives and positives established. | 5% |
| 1. Assessments, hypothesis (es), rule-outs and nursing

 diagnosis (es) complete and stated appropriately. This should  be a complete list and include all chronic / at-risk diagnoses. | 20% |
| 1. Physiological and pathological process leading to

 diagnosis (es) are documented and referenced. Select  2 major diagnoses for discussion. | 10% |
| 1. Plan is sound, evidence based, logical, cost-effective

 and includes both medical and nursing management.  All parts referenced. | 30% |
| 1. Rationale and references are provided for each step

 of management plan. Review current outcome and clinical  standards as they pertain in this case. | 20% |
| 1. Description of your chosen Aging Theory as it applies to

 this patient case. | 5% |
| 1. Discussion of the professional, legal and ethical aspects

 of your role as a Geriatric Nurse Practitioner. | 10% |

**Summary Guidelines for Class Presentation**

Each of you has been assigned a topic[s] to discuss with your class members and faculty as part of your course requirements. The topic selection was based largely on review of current expectations for the adult/ geriatric certification exams.

The topic discussion will be held on the 4th class meeting on March 25, 2012. You will need to present a 20 minute discussion [based on topic] on your assigned subject or subjects. This presentation should be based on review of the current literature and include current references [2003 or later].

Your presentation should include the nature of the disease [if applicable], diagnostic criteria/presentation a modalities.

You will need to hand out to your peers and faculty a one page "clinical pearls" for each topic that includes the references that you used. This one page [use of both sides is acceptable] should include pathophysiology [if applicable], diagnostic criteria and current indicated therapies [if applicable].

In summary, we ask that you review current "up to date" information on each topic and present to your peers.

**Please refer to the attached requirements and grading criteria for specifics that we will be looking for in your presentation.**

Presentation Topics

Wounds in Primary and Long Term Care Parts One and Two

Dermatology: Part One

 Scaling papular disease

Pityriasis rosea

Lichen planus

Keratosis pilaris

Cutaneous B cell lymphoma

Dermatology: Part Two

 Folliculitis

Furuncles

Carbuncles

Cutaneous larvae migrans

Burns

Phemphigus

Office Emergencies

 Avulsed tooth

Bite wounds [human and animal]

Corneal abrasion

Mild head trauma

Concussion

Elder Abuse and Neglect

 Abuse and neglect

Self Neglect

Exploitation

**Wounds in Primary and Long Term Care**

**Textbooks readings: Duthie & Katz: Chapter 20; Ham & Sloane: Chapter 28; White & Truax: Chapter 18; Rosenthal: Chapter 37**

**Bryant & Nix: Chapters 3, 4, 6-8, 10, 12-14, 19, Chapter 27 [pp.579-592] and Appendix C**

This topic is a broad one, the material should be divided as the two presenters see fit and each presentation should address criteria on the grade sheet, but other specifics are left to the discretion of the presenters.

**Dermatology: Part One**

**\*Readings to be determined by presenter as text does not cover these topics** Presentation should discuss the pathophysiology, presentation and treatments for each of these entities. This presentation should include pictures of each of these conditions.

**Dermatology: Part Two**

**\*Readings to be determined by presenter as text does not cover these topics** Presentation should discuss the pathophysiology, presentation and treatments for each of these entities. This presentation should include pictures of each of these conditions.

**Office Emergencies**

**\*Readings to be determined by presenter as text does not cover these topics with any detail**

This presentation should discuss the pathophysiology, presentation and treatments for each of these entities. This presentation should include pictures of each of these conditions.

**Elder Abuse and Neglect**

**Textbook readings: Rosenthal: Chapter 9; Duthie and Katz: Chapter 7**

**Ham & Sloane: Chapter 32**

This presentation should present predisposing risk factors and incidence rates for elder abuse, neglect and exploitation. The topic of elder self neglect should also be covered [as a separate topic], as is feasible. The presenter should review the current geriatric literature in the past 36-48 months for the bulk of their presentation. Pictures should be used based on the discretion of the presenter.

**Guidelines for Student Presentations**

**Nursing 5546: Spring 2012**

Your presentation should be 15-20 minutes in length and it should be followed by 3-4 minutesfor questions from your classmates and the faculty member[s]. As you prepare your presentation, be cognizant of the time limitations; your power point should have somewhere between 15 and 40 [at the most] slides. You should prepare for this presentation; know how to pronounce the words on your handouts and slides. Use your creativity. The textbook readings [if applicable] are for the class to prepare for your topic. The required references below are **in addition** to any readings that might appear in the text.

The presentation should include the following:

1. Introduction of topic or topics
2. Incidence/Epidemiology of the disease [problem]
3. Description of pathophysiology [if applicable] or definition of the clinical problem
4. Historical information or subjective data that is seen [or accompanies] the disease state
5. Diagnostic criteria [if applicable]
6. Differential diagnoses [if applicable]
7. Physical exam findings that substantiate diagnosis [if applicable] or clinical problems that accompany the syndrome/situation
8. Treatment Modality/Regimen [should include diagnostic work up [if applicable], education and nursing interventions]
9. Clinical Practice Guideline[s] available for treating? [if so, discuss entity/organization[s] that developed and must provide copy of guideline to each faculty member]
10. Evidence Based Studies done or on-going related to problem/diagnosis? [if so, must briefly discuss one of them]
11. References

A minimum of eight should be used\*

If practice guideline available and [or] if evidence based research is in print you must provide reference [and web site if available] for each of these

\*lf your presentation covers multiple topics, provide **at least one reference for each.**

You should provide your classmates with a **one page** summary document of the above information [items #1-11].

**Both faculty should receive the clinical practice guidelines[s] if applicable, the one page summary document and a copy of the entire presentation [Power Point presentation; it must include notes/annotation section that addresses the entire above criterion, listed as items #1-11, in hard copy and on CD]. Provide enough copies for both faculty members to have a copy of each of these.**

Please post your presentation to Blackboard for you classmates to review, **PRIOR to class on the 16th**.

**Nursing 5546: Student Presentation Gradesheet**

|  |  |  |
| --- | --- | --- |
| **Possible Pts.** | **Description** |  |
|  |  |  |
|  |  |  |
| **60** | **Presentation** |  |
|  | **[2]** | **Introduction** |
|  | **[3]** | **Incidence/Epidemiology** |
|  | **[10]** | **Pathophysiology or Definition of the Clinical Problem/Situation** |
|  | **[4]** | **Historical Information or Subjective Data** |
|  | **[4]** | **Diagnostic Criteria** |
|  | **[3]** | **Differential Diagnosis[es]** |
|  | **[4]** | **Physical Exam Findings or Accompanying Clinical Problems** |
|  | **[20]** | **Treatments** |
|  | **[10]** | **Creativity [pictures should be used where appropriate** |
| **5**  | **Clinical Practice Guideline** | **[presentation and brief discussion]** |
|  |  |
| **5** |  **Evidence Based Studies** **[presentation and brief discussion of one study]** |
| **4** |  **References** **[including websites/links for classmates future reference]** |
| **5** |  **Summary Handout** |
| **6** |  **Within Time Limits** **[did not exceed 15-20 minutes** **for presentation or 5 minutes of Q & A]** |
| **15** |  **Written materials presented to faculty** |

 **/100 possible points Score \_\_\_\_\_\_\_\_\_\_\_%**

**Faculty comments:**

**SOAP Template to be used for Nursing 5546, Spring 2012 will be distributed to you in class, and sent to you electronically as a separate file**