**The University of Texas at Arlington**

**College of Nursing**

**N5331-N5631 Adult Geri**

**Fall 2011**

**Instructor(s):** Patti Parker, Kellie Kahveci, Kathy Daniel

**Office Number:** 626 Pickard Hall

**Office Telephone Number:** (817) 272-2776

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**Office Hours:** By Appointment

**Section Information: N5331-N5631**

**Time and Place of Class Meetings:** TBA

**Description of Course Content:** Clinical preceptor ship in selected health practice sites with opportunities to apply knowledge, skills, and concepts in a guided, progressive context of advanced nursing practice. Materials Covering: Protocol/Resume Development, Preparing for Practice, Problem Solving Difficult Cases, Pearls for Practice, Ethical Issues in the Care of Adolescents, Adults and Elders, Culturally Competent Care, Patient Teaching Tools, Licensure, Certification Issues,

Special Topics in Adult and Gerontological Care:

* Genetics
* Analysis of the medically complex adult patient
* Analysis of abnormal liver function tests in the asymptomatic patient
* Managing the patient on anticoagulant therapy
* Selection of complex diagnostic tests for musculoskeletal and cardiac issues
* Ethically Sensitive Care
* Culturally Sensitive Care
* Occupational and environmental health
* The implications of cosmetic intervention
* Bioterrorism
* International travel and health issues
* Dermatosis throughout the lifespan
* Heat and cold regulation and its relation to

illness

* Current immunization guidelines for the lifespan
* Disability and workplace issues
* Sleep disorders
* Exercise, driving and sexuality in the older adult
* Alcohol and substance use in the older adult
* Disorders of the feet and nails
* Disorders from physical agents—burns, altitude illness, shock, immersion syndromes, frostbite

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

1. Use evidenced-based knowledge to manage the health care in selected populations.

2. Provide comprehensive health care (e.g. age, gender, cultural, ethnic sensitive) to patients, families, and/or groups within the ethical and legal scope of advanced nursing practice.

3. Evaluate patient and family outcomes for the purpose of monitoring and modifying care.

1. Collaborate with other health care professionals to provide comprehensive culturally appropriate care.
2. Implement the nurse practitioner role in selected settings.

**Required Textbooks and Other Course Materials:**

All books from previous courses.

Methods/Strategies: Case Discussions, In class presentations, Poster presentations, Slide and Lecture Presentation, Use of Blackboard, Interactive online cases, DVDs and/or audio files

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

1. Attendance at Seminars

2. Class Participation

3. Protocol Development

4. Continuing Education Projects as Assigned

5. Passing clinical practicum (Refer to evaluation form)

6. Documentation of patient encounters by E-Log Record

7. Evaluation of Clinical Objectives

8. Passing clinical evaluation by all preceptors

Based on student needs, faculty may request that the student submit SOAP notes or other written work to demonstrate completion of the course objectives

#### Course Evaluation

# Faculty Site Visit(s)

Practicum Evaluation(s) – Passing with specified grade of B (83% or better).

Completion of e-log, written documentation of patient encounters and seminar requirements.

#####  Grading

This is a PASS/FAIL course. Students that are not practicing in a safe manner with expected degree of competency will not receive a passing grade in the course. The following behaviors constitute clinical failure:

1. Demonstrates unsafe performance and makes questionable decisions.
2. Lacks insight and understanding of own behaviors and behaviors of others.
3. Needs continuous specific and detailed supervision.
4. Has difficulty in adapting to new ideas and roles.
5. Fails to submit required written clinical assignments.
6. Falsifies clinical hours.
7. Fails to submit E-Log and/or written documentation of patient encounters

**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.](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: November 4th, 2011**

**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 any 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.***

**Departmental Office/Support Staff**

**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

Office # 606-Pickard Hall, (817)-272-2776 ext.0829

Email: s.decker@uta.edu

**Rose Olivier**, Administrative Assistant I

Office # 605-Pickard Hall, (817) 272-2776 ext. 4796

Email: Olivier@uta.edu

**Lori Riggins,** Clinical Coordinator

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

Email: riggins@uta.edu

**Roshanda Marks**, Senior Office Assistant

Office # 610-Pickard Hall, (817)-272-2043 ext. 4856

Email: r.marks@uta.edu

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

**Jennifer Gray,** RN, PhD

Associate Dean and Chair, Graduate Advisor

Email: jgray@uta.edu

**Vivian Lail-Davis**, Administrative Assistant II

Office # 512-Pickard Hall, (817)-272-1038

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**Felicia Chamberlain**, Administrative Assistant I

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

Email: chamberl@uta.edu

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

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

Email: sdepres@uta.edu

**Adult/Geriatric Management in Advanced Nursing Practice**

**Nursing 5631/5331/5333**

**Practicum**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_

Class Enrolled In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_

**Didactic:**

Mock Certification Exam [July 31, 2010] 40% \_\_\_\_\_

Practice Protocol [July 10, 2010] 05% \_\_\_\_\_

Personal CV [July 10, 2010] 05% \_\_\_\_\_

Student Presentation [July 31, 2010] 22% \_\_\_\_\_

Poster Presentation [July 31, 2010] 22% \_\_\_\_\_

Class Attendance/Participation 06% \_\_\_\_\_

 Total \_\_\_\_­­\_

**Clinical:**

Clinical Practicum\*\*\* [done by August 10, 2010] Pass/Fail \_\_\_\_\_

Complete Clinical Hours [180 hours or 360 hours] Pass/Fail \_\_\_\_\_

E-Log Completion Pass/Fail \_\_\_\_\_

Written Documentation of Patient Encounters Completed Pass/Fail \_\_\_\_\_

Clinical Objectives Pass/Fail \_\_\_\_\_

Evaluation of Clinical Objectives Pass/Fail \_\_\_\_\_

Self Evaluation Pass/Fail \_\_\_\_\_

Preceptor Evaluation of Student [must be received by 8/6/2010] Pass/Fail \_\_\_\_\_

Student Evaluation of Preceptor Pass/Fail \_\_\_\_\_

 Total \_\_\_\_\_

Seminar Completion [must have 83% on both sections] **Pass Fail**

\*\*\*83% is lowest passing score on final practicum

**Faculty Signature/Date:**

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

**Adult/Geriatric Nursing Practicum Seminars**

**Summer 2011**

**Subject to change at Faculty discretion**

**Please bring your favorite reference books to first class meeting**

**Date Time Topic Speaker/Proctor**

**06-26-2011** 9-1000 Practicum Overview and Course Patti Parker

 Requirements

 10-1130 Collaborative Practice Agreement and Patti Parker

 CV Development

 1130-1200 Discussion of Out of Class Assignments Patti Parker

* Culturally Sensitive Care
	+ A Family Physicians Guide

to Culturally Competent Care <http://nnlm.gov/mcr/resources/community/competency.html#A1>

* + Interactive Cultural Cases

 on Medscape

* Ethically Sensitive Care
	+ Module on Web CT
	+ Personal CDs
* Bioterrorism
	+ Module on Web CT
* Immunizations Across the Lifespan
	+ Module on Web CT
* Implications of International Travel
	+ Module on Web CT
* Thermoregulation
	+ Module on Web CT

 1200-100 Lunch\*\*

 100-500 Test Your Knowledge—Case Kellie Kahveci

 Presentions and E/M Coding

* Analysis of the Unknown Case
* Managing Coumadin Kellie Kahveci
* Use of Diagnostic Tesing Kellie Kahveci

**07-10-2011 Practice Agreement & CV Due**

 900-1015 Review of Dermatoses across Patti Parker

 The Lifespan

 **Readings and references:**

 Rosenthal: Chapter 36

 Duthie & Katz: Chapter 38

 White & Truax: Chapter 7

 Barker: Chapters 117 [pp. 1914-1921]

& 118 [pp.1929-1930]

 1015-1130 Genetic Issues Patti Parker

 **Readings and references:**

 Barker: Chapter 17

 1130-1230 Abnormal LFTs in an Patti Parker

 Asymptomatic Patient

 1230-130 Lunch

 130-500 Sleep Disorders in the Adult Patient Kellie Kahveci

 **Readings and references:**

 Barker: Chapter 7

 Special Issues in Geriatric Care Kellie Kahveci

* Exercise
* Driving
* Alcohol
* Substance Abuse
* Sexuality
* Sleeping

**Readings and references:**

Duthie & Katz: Chapters 14, 3 & 22

Barker: Chapters 16, 28, 29, 6 [pp. 96-99]

Rosenthal: Chapters: 8, 16 & 20

Robnett & Chop: Chapter 8

**TBA 2011** TBA NP Paperwork for BNE Dr. Schira

 Location/time to be determined

**07-31-2011 Evidence of Completion of Cultural Competence Exercises Due**

 **90**0-1100 Mock Certification Exam Kellie Kahveci

 1130-1200 Test Review and Program Evaluations All

 1200-100 Lunch [provided] All

 100-315 Student Presentations All

 Each student will have a **maximum** of

 twenty minutes

* Occupational & Environmental

Disease

* Trying to Escape the Effects of Time
* Disorders of the Feet and Nails
* Disorders of Physical Agents—Part One
	+ Cold Urticaria and Frostbite
	+ Immersion Syndromes
	+ Burns
* Disorders of Physical Agents—Part Two
	+ Electric Shock
	+ Decompression Sickness
	+ Altitude Illness
* Disability and Occupational Health

Issues [review of disability plus →

* + Work Restrictions
	+ Release to Work
	+ Family and Medical Leave

Acts [FMLA]

 **Readings and References:**

 Barker: Chapters 8, 41, 18 & 9

 Duthie & Katz: Chapter 21

315-415 Poster Session All

 415-430 Critique of materials All

**08-06-2010 E-Logs, Objectives and Evaluations Due**

 **Practicum must be Complete by August 5th**

**Please Note: there will be many audio files that will be sent your way—An Internal Medicine Potpourri**

**I will send one to two files to you per week beginning on Monday, June 7th , so please have your mailbox cleaned out every Saturday and Sunday evening in order to receive these files**

Depression—A Review of the 4 D Study [Parts I & II]

Nephrology Update

Update in Allergy and Immunology

What to do about Elevated Creatinine

Blockbuster Drugs that Don’t Do Much

Ambulatory Medicine—the Year in Review [Parts I & II]

**The Ethics Module will have at least two audio files to accompany it; there are audio files to accompany the thermoregulation and immunization modules. With regard to class seminar topics—genetics, dermatology and sexual issues have audio accompaniants.**

**Case One**

A 27 year old man presents to your office complaining of pain in his right hand. He was well until the previous day, when he sustained a deep scratch at the base of his R thumb while playing with his cat. He washed the wound and bandaged it tightly to stop the bleeding. Overnight, however, his palm began to swell, turn red and become increasingly painful.

On exam, his VS are: 98.5-90-12-120/70. You see a laceration on the right thenar eminence that is 2 cm long and 0.5 cm deep. The wound is partially crusted over with blood and a small amount of serosanguineous discharge. The surrounding tissue is erythematous, hot and tender. There are two red streaks ascending the lower half of his anterior forearm. He has a tender, mobile, 1 cm lymph node in the R axilla. There is full range of motion without discomfort in any of the digits or the wrist of his right upper extremity. Neurological exam of the hand is WNL.

The following lab data are found: WBC 15,000/mm3, with a differential of 75% polys, 5% bands, 17% lymphs, 2% monos and 1% eosinophils. CMP is normal. XR of the hand reveals no foreign body or SQ emphysema. Gram stain of the discharge reveals large numbers of small gram negative rods and a few gram positive cocci in chains. Samples of the fluid are sent for c/s.

The patient was born and raised in the U.S. He has been in good health prior to this illness and no history of hospitalization. He had a tetanus booster 7 years ago. He has no history of allergies to medications. His 7 year old cat was also born and raised in the U.S., has received all appropriate vaccinations and is apparently healthy.

1. What infectious agents should be considered as possible causes of this patient’s cellulitis?
2. What would be the most appropriate antibiotic treatment for this patient?
3. In addition to antibiotics, what other measures should be taken to treat this cellulitis?

**Case Two**

A 64 year old woman from Topeka, Kansas presents with an 8 hour history of fever, rigors, and a cough productive of blood-tinged sputum. She has been in good health all of her life except for abdominal trauma that necessitated a splenectomy 30 years ago. As you exam her, she experiences rigors and her fever is found to be 100.1. She also complains of pleuritic pain over the right posterior chest. Exam reveals an ill-appearing woman with a persistent cough with purulent sputum. There is dullness to percussion, egophony and moist rales in the right posterior chest. Her WBC is 15,000/mm3 and a CXR shows a dense consolidation in the RLL. Gram’s stain of the sputum reveals numerous neutrophils and abundant intracellular gram positive diplococci.

1. What is the most likely diagnosis in this patient?
2. What does the differential diagnosis consist of in this patient?
3. Based on the sputum findings, what is the most likely cause of this patient’s condition?
4. What would be the most appropriate treatment for this patient?

**Case Three**

A 26 y/o woman presents to your clinic complaining of worsening cough with yellow-green sputum, shortness of breath and wheezing of 5 days duration. Her symptoms began after an URI that was manifested as a low-grade fever, rhinorrhea with post nasal drip and nasal congestion. She reports poor sleep quality for the prior 2 days because of the cough and has used OTC nasal sprays and cough suppressants, but without relief. She is 18 weeks pregnant, but has no significant PMH. Her PE reveals that she is diaphoretic and unable to speak without some increased work of breathing. Her VS are: 98-120-30. Spirometry is attempted but proves poorly reproducible, with best effort FEV1 of 40% of predicted. The rest of her exam is noteworthy for the presence of diffusely diminished breath sounds with scattered high pitched inspiratory and expiratory wheezing. She is anxious, but alert and cooperative.

1. What additional studies may be important for the proper management of this patient?
2. What are the initial management considerations in this patient?
3. What are the treatment considerations for ongoing management in this patient?

**Summary Guidelines for Class Presentation**

Each of you has been given a choice of topic [s] to discuss with your fellow class mates and faculty. The discussion will involve a short presentation [using power point] and a poster presentation. These presentations will be held on the last day of class.

As you approach this assignment, you should remember that you are the teacher in this scenario. It is up to you to provide content on your chosen area and disseminate the important concepts in the way that you feel would be most effective. There will be no other exposure to this material [for you and your colleagues] outside of what you present on your assigned day. I did include corresponding chapter in the textbooks that you all have used during the last 3 semesters.

You will need to present a 15-20 minute discussion of your topic and a poster that is related to your chosen topic. Again it is up to you to provide content that you feel is important on the area, including such things as pathophysiology, diagnostic criteria, current treatment modalities, etc.

You should have topical objectives, readings that you feel are important, and a handout that you feel is relevant. You must use a minimum of five references. Your five references need to be in addition to what is covered in the textbooks.

Minimum requirements for a passing effort on the presentation:

* Power point presentation [**no more than 15 slides**; excluding title and reference slides]
* Handout that includes topical objectives, pertinent readings that you would suggest and important information that the class should take home from your presentation
* Presentation that is relevant, and demonstrates that speaker has knowledge of the content area, and stays within the allotted time frame
* Handout and power point demonstrate effort, creativity and forethought

You will only have 15-20 minutes to present information on your topic; please post your power point to the Blackboard discussion board **48 hours prior to the presentation [July 29rd at noon].** If possible, present at least one case study relevant to your subject area during your class presentation.

**You should bring 2 CDs with a copy of your power point to the faculty on the day of the presentation.**

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

**Grading Criteria**

Your presentation should be 15-20 minutes in length **[no more]**; time should be allowed for questions from class and faculty.

Things to consider for the power point presentation and/or handout:

 1] Introduction of topic

 2] Nature of the disease [if applicable]

 3] Description of pathophysiology [if applicable]

 4] Subjective data that is seen [or accompanies] the disease state

 5] Diagnostic criteria

 6] Differential diagnoses [if applicable]

 7] Physical exam findings that substantiate diagnosis

 8] Current treatment modalities [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 provide copy of guideline to both faculty members]

 10] Case Study [if you think time will permit]

 11] References [minimum of five should be used; if practice guideline available you must provide reference and web site]

You should provide your classmates with objectives, a handout, and the power point [posted to Blackboard discussion board]. Your references should be included. You are expected to use your creativity and judgment.

**Faculty should receive the clinical practice guideline[s] if applicable, a hard copy of the objectives, class handout and power point presentation. Again, two copies of your presentation saved to a CD should be provided for each faculty.**

**Presentation Grade Sheet**

###### **Possible Pts. Description**

**06 Topical Objectives**

**42 Presentation on Power Point**

 [1] Introduction

 [1] Nature/Epidemiology

 [4] Pathophysiology

 [3] Subjective Data

 [5] Diagnostic Criteria

 [2] Differential Diagnoses

 [3] Physical Exam Findings

 [8] Treatments

 [4] Case Study

 [2] Clinical Practice Guideline

 [9] Thoroughness of the Presentation

 [xx] Other

**19 Creativity and Presentation of Material** [use pictures

 **w**here appropriate]

**10 Speaker’s knowledge of content area**

**09 Handout and References** [include web sites/links for faculty/classmate’s reference]

**4 Faculty Handout, Clinical Guidelines and CD**

 **to Faculty**

**10 Within Time Limits** [did not exceed 20 minutes]

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

**Faculty comments:**

**Poster Presentation**

The second component of the class presentation is a poster session, which will take place in the last part of class on the 3rd seminar day. The purpose of this assignment is two-fold:

* Allow you the opportunity to develop the skill of poster presentations [which is a usual modality at scientific meetings]
* Allow you the ability to creatively highlight information from your presentation [and handouts] to help us remember important concepts about your topic.

The poster must be the size that will fit on a tri-fold poster board [at least 36” x 48”]. The university [via information services will produce this for you for $4]. You will have to contact IS services [basement of library] to see how much lead time is needed for your poster [in order to be completed by July 31st ]. You can send to them electronically or take to them on CD when you are here on campus. **You will have to pay for this with MAV money as they do not accept cash.** Please look at the one that I have brought to class for some ideas about font sizes, etc. Creating a poster is done through power point, and it is not difficult. I will post a handout to web CT for you to print out that will walk you through each step of creating a poster.

You are to use your creativity on this project, you will be graded on appearance and choice of information that you put on the poster. Things that will be considered will be—colors schemes, size of fonts, amount of material presented and the like.

**Poster Grade Sheet**

###### **Possible Pts. Description**

**08 Color Scheme**

**14 Appropriate use of Fonts [**ease of ability to read]

**05 Within the size specifications**

**43 Information on the Poster**

 [1] Nature/Epidemiology

 [4] Pathophysiology

 [2] Subjective Data

 [5] Diagnostic Criteria

 [2] Differential Diagnoses

 [3] Physical Exam Findings

 [8] Treatments

 [05] Other

 [13] Thoroughness of the Poster

**30 Creativity and Presentation of Material** [use pictures

 **w**here appropriate]

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

**Faculty comments:**

**Topics for Presentation**

 You should use your judgment, clinical expertise and current state of the literature [related to the topic] to help you decide what to include. It should be obvious that your handout will be more inclusive than what you present in class [via the power point], as it should be a current evaluation of your assigned topic.

Your power point presentation should be complete and posted to WEB CT for the faculty and your classmates to print out and review prior to hearing your presentation [a minimum of 48 hours prior to class on the 29th].

The class presentation should be somewhat of an overview and if possible, incorporate a one case study to disseminate the information related to your topic. You are free to do an entire case based presentation if you so desire; again, be creative and have fun with your topic. We have chosen the following subject areas, as they are covered areas on the certification exams, and they have had minimum content devoted to them heretofore.

* Occupational and Environmental Disease
* Occupational Health and Disability Issues [must include—work restriction and release; FMLA at a minimum]
* Disorders of Feet and Nails
* Trying to Escape the Effects of Time
* Disorders of Physical Agents—Part One
	+ Cold Urticaria and Frostbite
	+ Immersion Syndromes
	+ Burns
* Disorders of Physical Agents—Part Two
	+ Electric Shock
	+ Decompression Sickness
	+ Altitude Illness

**Legal and Ethical Issues Pretest**

1. Which of the following are included in the new standards for pain management?
	1. recognize the rights of the patient to appropriate assessment and management of pain
	2. assess the existence and intensity of pain in all patients
	3. record the results of pain assessment in a way that facilitates reassessment and follow up
	4. determine and ensure staff competency in pain assessment and management
	5. ensure that pain does not interfere with participation in rehabilitation

[1] a, c, d [2] b, d, e [3] a, b, c, d [4] all of the above

1. Medical providers have been accused of defrauding the federal government when patient care, including pain management, did not meet acceptable standards of care.
	1. True
	2. False
2. Identify the *incorrect* statement about pain management.
	1. an ethical duty to treat pain does not equal a moral or legal duty
	2. lack of knowledge or experience is the biggest obstacle to good pain management
	3. the specialty of anesthesiology should have the most expertise in pain management
	4. avoidance of euphoric opioids may increase the psychologic craving in a drug-addicted patient
3. Possible ways to deal with Summeribility in health care practice include:
	1. confession
	2. restitution
	3. absolution
	4. all of the above
4. All of the following statements are true of humility, *except*:
	1. encourages health care providers to be betters learners
	2. enables health care providers to be more compassionate to others
	3. makes health care providers more paternalistic
	4. is gained through experience

**Example of a Collaborative Practice Agreement**

 **[AKA Nurse Practitioner Protocol]**

Are attached

# Collaborative Practice Agreement / Practice Protocol for a Nurse Practitioner or other Advanced Practice Nurse in Texas

## *EXAMPLE/SAMPLE - 2011*

## Original by Judith C.D. Longworth, PhD, RN, FNP / Revisions specific to Texas law & explanatory notes by Lynda Woolbert, MSN, RN, CPNP

## Director of Public Policy, Coalition for Nurses in Advanced Practice

*NOTE: This document meets basic legal requirements for practice protocols for advanced practice nurses (APN) in Texas to whom a physician has delegated prescriptive authority. Additions can be made, based upon requirements for specific practices and preferences of the parties involved*. *For many practices, this document may be much more detailed and lengthy than required. The legal references are for your information and are not required to be included in the protocols. All of the bracketed information in this font contains advice, explanations or instructions, and would not be included in the text of the completed protocols.* *The explanatory notes and references at the end of the document are also for your information and are not to be included in an actual protocol for your practice.*

**Purpose**

This document authorizes the nurse practitioner/s (NP) [specify other type/s of advanced practice nurses, e.g. CNM or CNS as appropriate] to perform medical acts in accordance with the Nurse Practice Act, §301.152, Texas Occupations Code and the Medical Practice Act, §157.051 – 157.060, Texas Occupations Code. This document delegates certain medical acts, as required by Texas law, and sets forth guidelines for collaboration between the delegating physician(s) and the nurse practitioner(s).

[Except if specifically stated in this document,] This agreement is not intended to limit the health care services the nurse practitioner/s shall provide under his or her scope of practice, based on the advanced practice role and specialty authorized by the Texas Board of Nurse Examiners. These services include, but are not limited to, performing physical examinations and medical histories, ordering laboratory and radiologic exams, providing health promotion and safety instructions, management of acute episodic illness and stable chronic diseases (not involving prescription drugs), and referrals to other health care providers, as needed.

**Development, Revision, Review and Approval** [This is an optional section that may be deleted from the protocols, but contains important information on legal requirements for reviewing, revising and signing the protocols.]

The protocols are developed collaboratively by the nurse practitioner/s and delegating physician. [If more than one type of advanced practice nurse is being delegated authority to diagnose and prescribe, then the term “advanced practice nurses” or “APNs” can be substituted for naming the specific type of APN throughout the remainder of the document.] Protocols will be reviewed annually, dated, and signed by the above parties and any alternate physicians. The agreement and/or associated treatment guidelines will be revised more frequently as necessary.

The “Statement of Approval” will be signed by all parties recognizing the collegial relationship between the parties and their intention to follow these protocols. Signature on the “Statement of Approval” implies approval of all the policies, protocols and procedures in, or referenced in, this document. Nurse practitioners and physicians who join the staff after approval or renewal also review and sign the protocols.

**Setting**

The nurse practitioners will practice under these protocols at the [specify clinic, office or type of institution] listed below. [If prescriptive authority is delegated at more than one type of practice site, it may be helpful to identify the type of site designation under which the physician is delegating prescriptive authority in this section, i.e. primary practice site, alternate site, facility-based practice or medically underserved site. By law, a copy of the protocols must be kept at each site. If there are any associated practice guidelines, those guidelines should also be kept with the protocols]

Clinic, Hospital, Long-term care facility 1: (name and address) Type of site

Clinic, Hospital, Long-term care facility 2: (name and address) Type of site

**Delegation of Prescriptive Authority & Other Medical Acts**

The nurse practitioner/s [or name individual/s] may establish medical diagnoses for patients that are within his/ [her/their] scope/s of practice, and order or prescribe legend drugs and medical devices as authorized by the Texas Board of Nurse Examiners (BNE) under Rules 221 and 222, and the Texas Board of Medical Examiners (TSBME) under Rules 193.2 and 193.6.

[This paragraph may be deleted from the protocols, but the delegating physician must submit the required form to the TSBME. As of December 31, 2004, the TSBME Rules no longer require that alternate physicians’ be listed or be required to sign the delegation form. The form may be accessed at [www.tsbme.state.tx.us/professionals/np/nps.htm](file:///C%3A%5CDocuments%20and%20Settings%5Cchamberl%5CLocal%20Settings%5CPatti%5CDocuments%5CDownloads%5Cwww.tsbme.state.tx.us%5Cprofessionals%5Cnp%5Cnps.htm).] The delegating physician [may name the individual or specify the position of the physician who will delegate prescriptive authority, e.g. medical director] shall submit the “Delegation of Prescriptive Authority Form for an APN” to the Texas State Board of Medical Examiners. The site/s in which the nurse practitioner is authorized to prescribe drugs and medical devices is designated as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [Specify physician’s primary practice site, alternate site, facility-based practice, or a site serving a medically underserved population. If that information is noted above, just fill in the blank with “as noted above.”]

The nurse practitioner may order or prescribe:

1. Dangerous drugs

[Specify that all categories of dangerous drugs (defined as all drugs that can only be dispensed with a prescription from a licensed practitioner, excluding controlled substances.) are included, or if there are any limitations on the authority to prescribe dangerous drugs, also specify those limitations. Also identify any limitations, such as drugs that may or may not be generically substituted and the number of refills that the APN may prescribe. No limitations are required by law.]

1. Controlled Substances, Schedules III – V
	1. Limited to a 30-day supply or less.
	2. No refills without prior consultation with the physician.
	3. No prescription for children under 2 years of age without prior consultation with the physician.
	4. Prior consultation must be noted in the chart.

[The above limitations are required by law. Specify any other limitations the delegating physician places upon the authority to prescribe]

3. Specify the number of refills the APN may authorize. Also include any limitation on the number of dosage units, any specific instructions that must be given to patients, or any follow-up monitoring required for a specific drug or classification of drugs. [Based on definition of protocol in TSBME Rule §193.2(10)]

The NP may direct the hospital pharmacy to dispense Controlled Substances, Schedule II for administration to in-patients or for patients being treated in the emergency room within the parameters specified below. [**Identify patient signs or symptoms that require treatment with a Schedule II drug and designate specific drugs that the NP may select, and dosage and frequency parameters for each drug.** The physician is not authorized to delegate ordering Schedule II drugs, but this protocol is interpreted to be the physician’s medication order (similar to a standing medical order). Therefore, instructions in the protocol should be rather specific and orders written for Schedule II drugs by NPs or CNSs should be co-signed by the physician within the period of time specified by the hospital medical staff. APNs may ***NOT*** sign a prescription for a Schedule II drug to be filled at an outpatient pharmacy or order a Schedule II drug for a patient in a long-term care facility.]

[The **previous paragraph does not apply to CRNAs or CNMs**. The authorization of certified registered nurse anesthetists to order all drugs and devices necessary to administer anesthesia is delineated in law, Texas Occupations Code §157.058, and by TSBME Rule §193.6 (k). The authority for CNMs to provide controlled substances for their patients is in the Texas Occupations Code §157.059 and in TSBME Rule §193.6 (l). If CNMs need to provide Schedule II drugs for hospitalized patients outside of the intrapartal and immediate postpartum periods (48 hr.) physicians can use the protocols to permit CNMs to write a directive to the pharmacy to dispense a Schedule II drug by the same mechanism outlined above.]

The nurse practitioner may accept, sign for and distribute prescription drug samples. The NP must maintain a record of distribution that includes the date of distribution, the patient’s name, the name and strength of the drug and directions for use. [See Sample Form #3 at the end of the document.]

The physician designates any licensed vocational nurse or registered nurse working or volunteering in this site as a person who may call a prescription into a pharmacy on behalf of the nurse practitioner/s. [The law also permits the physician to designate persons that have education or experience equivalent to that of an LVN to call prescriptions to the pharmacy for the APN. Any such persons should be designated by name. For more information, see Explanatory Notes.]

[In this section, also identify any medical procedures the NP may perform that would not be within the NP’s normal scope of practice. Documentation should be maintained in the nurse practitioner’s file verifying the education or training that qualifies the NP to perform this procedure. This would include courses or fellowships completed with course descriptions and/or, objectives, check sheets and signed documentation that the procedure was successfully performed a specified number of times under direct supervision. It is also recommended to maintain a record of the procedures completed, complications, patient outcome and a record verifying ongoing competency.]

**Supervision & Documentation of Supervision**

The nurse practitioner/s is/are authorized to diagnose and prescribe under the protocols established in this document without the direct (on-site) supervision or approval of the delegating or alternate physicians. Consultation with the delegating physician/s, or designated alternate physicians, is available at all times on-site, by telephone, or by other electronic means of communication when needed. Supervision shall be consistent with any requirement specified in TSBME Rules, §193.6 for the practice site identified in this agreement. [The protocols can specifically list the supervision activities to be conducted by the physician. If the physician is not on site the majority of the time, TSBME rules require that a log is kept that includes the names or identification numbers of patients discussed during daily status reports, the times when the physician is on site, and a summary of what the physician did while on site. The summary shall include a description of the quality assurance activities conducted and the names of any patients seen or whose case histories were reviewed with the NP. The physician must sign the log at the conclusion of each site visit. Any waiver of site or supervisory requirements, granted by the TSBME under §193.6(i), should noted.]

Whenever the delegating physician is unavailable because of out of town travel or incapacity, an alternate physician must sign a log that specifies the dates during which the alternate physician assumed consultation and supervision responsibilities for the delegating physician. [See sample form #1 included at the end of this document.]

**Consultation**

The Nurse Practitioner/s is/are to immediately report any emergency situations after stabilizing the patient, and give a daily status report on any occurrences that Summer outside the protocols. The NP will seek physician consultation when needed. Whenever a physician is consulted, a notation to that effect, including the physician's name should be recorded in the patient's medical record [and on the log if one is required. To clarify the relationship between the physician and APN and avoid miscommunications, the physician and APN should identify if there are situations in which consultation is expected and/or discussing the case with the physician would be beneficial. Including this information in the protocols is not recommended.]

**Medical Records** [This section is optional]

The nurse practitioner/s is/are responsible for the complete, legibledocumentation of all patient encounters that are consistent with state and federal laws. [Protocols may specify any format required in that site, e.g. electronic format or SOAP. Also note that the Texas BNE requires APNs to recognize themselves as RNs and the advanced practice role and specialty in which they are working when they sign documentation; e.g. a family nurse practitioner would use the professional initials, “RN, FNP” after his or her name.]

**Education, Training, Certification, Licensure & Authorization to Practice** [This section is optional, but these are the legal requirements an APN must meet, and documentation should be maintained in the APN’s file.]

The nurse practitioner/s must possess a valid, unencumbered license as a Registered Nurse from Texas or a compact party state. In addition, the NP must have documentation from the Texas Board of Nurse Examiners authorizing advanced nursing practice in a role and specialty appropriate to the patients for this site. If prescriptive authority is delegated, the NP must also have a valid prescriptive authority number from the BNE. If prescriptive authority for controlled substances is delegated, the NP must also have a Texas Department of Public Safety Controlled Substances Permit and a DEA certificate. Copies of these records must be maintained in the NP’s personnel file.

[In addition evidence of any education, continuing education, training or certifications specifically required for this position should be maintained. As discussed above, evidence of training for specific medical procedures, not included in most advanced practice education for that role and specialty, should also be maintained.]

As of December 31, 2004, APNs must verify that delegating and alternate physicians possess an unrestricted Texas license. [This information may be verified on the TSBME Website, <http://reg.tsbme.state.tx.us/OnLineVerif/Phys_NoticeVerif.asp>? Accept terms, enter the physician’s information, and then click on the physician’s name for complete information.]]

**Evaluation of Clinical Care**

Evaluation of the nurse practitioner/s will be provided in the following ways:

Chart review of prescriptive authority by the supervising physician/s. [This is not required for NPs in a physician’s primary practice site, hospitals, or long term care sites. A minimum of 10% chart review is required once every 10 business days for medically underserved (MU) and weekly for alternate sites. In addition, TSBME rules require that a written quality assurance plan be maintained on site in MU sites. As discussed previously, in any site where the physician is not on site the majority of the time, a log or written summary of physician consultation and supervisory activities must also be maintained in those sites. (See sample form #2 included at the end of this document.)

Although a quality assurance plan is not required by law or rule in most practice sites, establishing and following a QA plan is recommended. Other quality assurance activities might include:

Annual or more frequent periodic evaluation by the delegating physician,

Periodic peer review,

Informal evaluation during consultations and case review, and/or

Periodic chart audits by a Quality Assurance Committee.]

**Treatment Guidelines [This section is only required for Rural Health Clinics and Federally Qualified Health Centers.** Currently the licensing division of the Texas Department of State Health Services is interpreting federal guidelines to indicate that these sites require more “cookbook” protocols than are required by Texas law. For other practices, practice guidelines or protocols do not have to identify the exact steps an advanced practice nurse must take to treat a patient, and the guidelines should promote the exercise of professional judgment consistent with the education and experience of the APN. Specific protocol books or treatment protocols are **not** recommended by risk managers and they must be updated very frequently. If these sources are identified, options should be included as in the example below. Treatment protocols developed specifically by this practice should be included, or referred to in this agreement, when the APN treats more acutely ill patients or whenever the physician or APN thinks it is indicated. The following is an example of wording when treatment references are required.]

The nurse practitioner/s is/are authorized to diagnose and treat medical conditions under the following current guidelines (including, but not limited to):

* Barker, LR, Burton, JR & Zieve, PD. (2007). Principles of Ambulatory Medicine 6th Ed., Williams & Wilkins or comparable current edition of medical references available on-site at the respective clinics,
* OSHA guidelines,
* Sanford Guide for Antimicrobial Therapies [2008]
* CDC guidelines for immunizations, and
* Uphold, CR & Graham, MV (2007). Clinical Guidelines in Adult Practice, 4th Ed. Gainesville, FL.: Barmarrae Books, Inc.

References for prescriptions will be the current Physician's Desk Reference and/or the Nurse Practitioner/Physician Monthly or Quarterly Prescribing Guide. Additionally, there may be limitations placed on prescriptions to an approved drug list under Medicaid or other health plans or health care networks.

**Collaborating Parties: Statement of Approval** [This portion is often printed as a separate page and could appear in many different formats to suit the needs of the practice. If no revisions are necessary, then a new signature page may be signed and dated annually as required by law. When there is a change in law and/or the authority to be delegated, the protocols must be updated more frequently. All parties involved in executing the protocol must sign the protocol. The signature indicates the parties have read the protocol and agree to fulfill the duties cited in the document.]

We, the undersigned, agree to the terms of this Collaborative Practice Agreement as set forth in this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delegating Physician

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse Practitioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse Practitioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Physician

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Physician

Approval Date \_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: The above Sample Collaborative Practice Agreement is based on a document originally developed by Judith C.D. Longworth and downloaded from the National Organization of Nurse Practitioner Faculties Website, www.nonpf.com. There have been significant changes to that document, based upon specific requirements in Texas, and Texas laws and citations have been added. As laws change, your protocols will need to be updated.*

Explanatory Notes on Prescriptive Authority for APNs

Prescriptive authority for APNs in Texas must be delegated by a physician and is limited to sites that meet certain qualifications. The physician supervisory requirements vary, based on the type of site. The requirements for each site are in the TSBME rules, §193.6 (See references at the end of this section). The laws and rules on prescriptive authority for APNs and PAs in Texas are identical.

**Liability**

Physicians who delegate prescriptive authority accept professional responsibility for general supervision of the prescribing practices of the APN. However, there is an exemption from liability in the Medical Practice Act and in the TSBME Rules, §193.6 (m), of which delegating physician should be aware. It reads as follows:

(m) Liability. A physician shall not be liable for the act or acts of a physician assistant or advanced practice nurse solely on the basis of having signed an order, a standing medical order, a standing delegation order, or other order or protocols authorizing a physician assistant or advanced practice nurse to perform the act or acts of administering, providing, carrying out, or signing a prescription drug order unless the physician has reason to believe the physician assistant or advanced practice nurse lacked the competency to perform the act or acts.

**Prescription Form**

Prescription forms used by APNs must meet the same requirements as those completed by physicians and other prescribing practitioners. In addition, the form must also include the APN’s name, prescriptive authority number and, if the prescription is for a controlled substance, DEA number. The clinic’s name, address and telephone number must also be included. The form must also contain the delegating physician’s name and, if the prescription is for a controlled substance, the physician’s DEA #. If there is more than one physician, the APN must indicate who is delegating the prescriptive authority, and or supervising at the time the prescription is written. [Board of Pharmacy Rule §291.31(7)] The form may also contain a reminder statement, "A generically equivalent drug product may be dispensed unless the practitioner hand writes the words 'Brand Necessary' or 'Brand Medically Necessary' on the face of the prescription." (22 TAC §309.3)

**Generic Substitution**

Under Texas State Board of Pharmacy (TSBP) rules on generic substitution (22 TAC §309.3), the pharmacist may dispense a generically equivalent drug unless the practitioner writes the dispensing directive, “brand necessary” or “brand medically necessary” on the face of the prescription in the practitioner’s handwriting. If the prescription is communicated verbally or electronically, a written version of the prescription that contains the dispensing directive prohibiting generic substitution must be faxed or mailed to the pharmacy within 30 days.

**Signing the Prescription**

The APN must sign his or her name in accordance with BNE rules. The professional initials must include RN and the APNs’ role and specialty under which the APN is prescribing the medication. e.g. If the APN is a family nurse practitioner and a psychiatric-mental health clinical nurse specialist, and the APN prescribes an antibiotic for a child with an ear infection, the APN would sign, Jane Doe, RN, FNP. She may also identify herself as a PHM-CNS, but the BNE does not require her to do so. Advanced practice nurses are not permitted to use APN as a title after their names or to simply sign, Jane Doe, APN or Jane Doe, NP.

**Relationships with Pharmacists**

Occasionally a pharmacist questions a prescription written by an APN. When APNs enter a practice, it is helpful to write a letter to area pharmacies and introduce the fact that the APN will be writing prescriptions. If pharmacists have questions, you can refer them to the Q&A in the Pharmacy Law Book on Filling Prescriptions written by APNs or PAs. You may wish to point out that some of the information in this article, originally published in the Texas State Board of Pharmacy (TSBP) Newsletter in 1995 and republished in 1998, is out of date in that physicians may also now delegate authority to prescribe Controlled Substances, Schedules III-V. The sample prescriptions in this article are also inconsistent with current TSBP rules. You may view the text of this Q&A at <http://www.cnaptexas.org/prescriptive_privileges/faqs.htm>.

**Calling Prescriptions to the Pharmacy for APNs**

Current law does not allow APNs to designate persons to call in prescriptions written by the APN. However, law does permit physicians to designate LVNs, RNs or individuals with education or experience equivalent to an LVN, to call in prescriptions for the APN. The statement in the model practice agreement/protocols on page 3 under the section entitled, “Delegation of Prescriptive Authority & Other Medical Acts” will meet this requirement.

People often wonder who might qualify as a person having education or training equivalent to a LVN. There is no definition that more clearly identifies such persons, so it is up to the discretion of the physician and the APN. This might be a person who completed one year of a RN education program successfully, but never completed the program. Also a medical assistant with many years of experience calling prescription to the pharmacy for the physician, or a certified medication aid in a long term care facility might have enough training and experience to meet the requirement.

**The Difference between Ordering and Prescribing**

According the Texas State Board of Pharmacy a "medication order" means an order from a practitioner for administering a drug or medical device. In this case the pharmacist distributes the drug or device from an inpatient/institutional pharmacy (Class C pharmacy) to a different area or department of a licensed hospital for administration to a patient. Technically an APN writing a medication order is not exercising prescriptive authority, and therefore most CRNAs and other APNs working exclusively in licensed hospitals do not need prescriptive authority to order drugs for their patients. They only require prescriptive authority if they write a prescription for a patient that will be filled at an outpatient pharmacy after discharge.

"Prescription drug order" means an order from a practitioner to a pharmacist for a drug or device to be dispensed to the public. This refers to dispensing drugs from an outpatient pharmacy and applies to retail pharmacies (Class A). In the case of long-term care facilities, the medications are dispensed from an outpatient pharmacy, and therefore the orders for medication and medical devices are actually “prescription drug orders” rather than “medication orders.”

**Applying to TSBME to Waive Site and/or Supervisory Requirements**

In 2001, a provision was included in SB 1131 that allows the Texas State Board of Medical Examiners to waive certain site-based or physician supervisory requirements in order for a physician to delegate prescriptive authority. §193.6(i) describes the procedure to request a waiver and the conditions that must be met in order to have a waiver granted. The request must come from the physician, but CNAP is happy to offer assistance in preparing a waiver request that will allow an APN to have prescriptive authority. Send your questions or a draft of your waiver request to Lynda Woolbert at info@cnaptexas.org.

**References**

TSMBE Rules may be accessed at <http://www.tsbme.state.tx.us/rules/rules/193.htm>.

* For the definition of the practice sites and the corresponding physician supervision requirements for each site, see the following references:

 Delegation at medically underserved sites, §193.6(b)

 Delegation at primary practice sites, §193.6(c)

 Delegation at an alternate practice site, §193.6(d)

 Delegation at a facility-based practice, §193.6(e)

* Rules require documentation of physician supervision at any site where the physician is not present with the APN the majority of the time. See §193.6(f)
* For rules on alternate physicians, se §193.6(g)
* For rules and procedure to seek a waiver of a site or supervisory requirement, see §193.6(i).

For information on prescriptive authority and answers to many common questions, see <http://www.cnaptexas.org/prescriptive_privileges/index.htm>.

For information on scope of practice, regulation, answers to many common questions regarding APN practice in Texas, or to ask Lynda Woolbert a question, see [www.cnaptexas.org](http://www.cnaptexas.org).

To verify RN licensure, APN recognition, and whether that APN holds a prescriptive authority number see [www.bne.state.tx.us/olv/rninq.htm](http://www.bne.state.tx.us/olv/rninq.htm). To verify physician licensure, see <http://reg.tsbme.state.tx.us/OnLineVerif/Phys_NoticeVerif.asp>?

Position Statements by the Board of Nurse Examiners, including positions on RNs accepting orders from APNs, PAs, and pharmacists, and on RN and APNs performing delegated acts <http://www.bne.state.tx.us/files.htm#Publications>.

**Sample Forms**

Form #1: Log of Alternate Physician Supervision for Delegated Prescriptive Authority

**APN’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delegating Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of Supervision by an Alternate Physician**

**Begin End Signature and License # of Alternate Physician**

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By signing this log sheet, I affirm that I served as the alternate physician for the purposes of supervising prescriptive authority of this APN for the dates specified. I am familiar with the protocols and/or standing delegation orders in use at this site. I acknowledge my responsibility to consult with and supervise this advanced practice nurse pursuant to those protocols and/or standing delegation orders and fulfill the requirements for adequate supervision under § 193.6 of the Texas State Board of Medical Examiners Rules.

Form #2: Log of physician consultation and supervision activities for sites where the physician is not on site the majority of the time.

 Date Patient Name / Chart Number Consult / Status Report Chart Review Patient Seen OnSite

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Physician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of OnSite Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Beginning Time: \_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_

**Please see attached form that will be posted to Blackboard for a landscape version of this form**

Form #3: Distribution Record for Drug Samples

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Date****Distributed** | **Patient’s Name** | **Drug** | **Strength** | **Directions for Use** |
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Important Miscellaneous Information

Prior to class, please go to [www.nursingworld.org](http://www.nursingworld.org) and print out the test content outlines for the adult and geriatric nurse practitioner exams; this information will be of great use to use as you study for the upcoming exams.

In summary, for completeness sake, you should have the syllabus, a copy of a CV [as an example] and how to create a poster presentation file.

For the first class date, I will be posting some power point presentations to the Blackboard for the topics that we will cover. Please bring a couple of reference books to class on the 26th as Kellie work with you all through some clinical cases, to rejuvenate those critical thinking cells.

Please check the Blackboard frequently as the modules will be posted during the early weeks of the semester.