**The University of Texas at Arlington**

**College of Nursing**

**N5305 Adult Management I**

**Summer 2013**

**Instructor(s):**

**Lead Teacher: Reni Courtney PhD, RN, FNP-BC**

*Associate Professor*

Office: #627-A Pickard Hall

Office Hours: **By Appointment**

Office Phone: (817) 272-2776

Office Fax: (817) 272-5006

Campus Mailbox: 19407

E-mail: [maureen@uta.edu](mailto:maureen@uta.edu)

Website: <http://www.uta.edu/nursing/p-courtney>

**Course faculty: Phyllis Adams**, **EdD, RN, FNP-BC**

*Clinical Associate Professor*

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**Beverly Ewing**, **DNP, RN, FNP-BC**

*Clinical Assistant Professor*

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*Clinical Instructor*

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**Patti Parker PhD, RN, CNS, ANP-BC, GNP-BC**

# *Clinical Instructor*

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

*Clinical Assistant Professor*

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**Section Information: N5305-001-008**

**Time and Place of Class Meetings:** Thursday, 4 PM – 10 PM Room # 204, 223, 227 **(NOTE:** *Diabetes DMA quiz needs to to be taken live online EITHER July 3 or July 5 from 6-6:20.*

**Description of Course Content:** Foundations of clinical management for commonly

occurring conditions of adults in primary care.

**Other Requirements:** Prerequisites: 5418, 5334

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

1. Apply theoretical and empirical knowledge of adolescent and adult acute and chronic commonly occurring health problems in primary care practice.
2. Assess, diagnose, and manage the health care needs of the adolescent and adult patient with acute and chronic commonly occurring health problems using evidence-based data.
3. Integrate health promotion, health protection, and disease prevention in the care of the adolescent and adult patient with acute and chronic commonly occurring health problems.
4. Implement health education and counseling strategies for the adolescent and adult with acute and chronic commonly occurring health problems.
5. Function in a beginning NP role within the health care system.
6. Integrate legal and ethical decision-making in the provision of patient care for the advanced practice nurse (APN) role.
7. Provide culturally, spiritually, ethnicity, age, gender, and sexual orientation sensitive care to the adolescent patient, adult patient, and their families.

**Required Textbooks and Other Course Materials:**

1. Butarro, Terry et al. *Primary Care: A collaborative practice*. 4th ed. Elsevier/Mosby. 2013. **ISBN 978-0-323-07501-5.**  This is the required main text for the course. You may purchase at Amazon or other vendors.
2. Any refererence guide for quick look up of clinical conditions and treatment in primary care (either electronic or paper) such as Epocrates, PEPID, Lexi-Comp, Ferri’s, 5 minute clinical consult, etc. You can google these and try free version for those that are electronic OR go to a medical book store like Majors in Dallas to browse paper clinical guides for priamry care. I think any of the above will be helpful in clinical. Epocrates is one of the most popular and come in several versions depending on how comprehensive you wish to purchase. Be sure to purchase the latest versions. Uphold & Graham does NOT have a current version, so do not purchase.
3. *The Sanford Guide to Antimicrobial Therapy*\*
4. *Current Practice Guidelines in Primary Care: Lange Series \**
5. **AND Previous Required Texts From Advanced Health Assessment - N5418**

**\*Please purchase the most current addition for any of the textbooks listed above\***

**You need a home computer with Microsoft Office 2010 (purchase for $35 at Bookstore) and high speed internet connection fort his course. You must verify access capability to Blackboard.**

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

**CLINICAL CONTENT EVALUATION (50% of total grade**) Must pass at 74 (see comment

Preceptor & Site Evaluation by Student (1) P/F regarding practicum).

Clinical Experiences Journal & E-Log P/F

Preceptor Evaluation of Student P/F

Conference with Faculty (As Needed) P/F

Self-Evaluations (1) Credit

End of Course Clinical Practicum-must pass 35% by August 9

SOAP Notes (2) 30% July11 & August 5

Out-of-Class Case Study (Prevention) 20% July 11

Participation in Clinical Group activities 5% weekly/biweekly

Will convert 90% to 100% scale for final grade.

**DIDACTIC CONTENT EVALUATION (50% of total grade)** Must pass at 74

Multiple Choice Exam I 22.5% June 20

Multiple Choice Exam II 22.5% July 18

Multiple Choice Exam (Comprehensive Final) 25% August 12

Decision-Making Assignment (DMA)—(2) 15% July 3, August 1

Topic Quizzes 12.5% multiple as assigned in syllabus

Earned participation points 2.5% Must be present in class to earn points

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

**Attendance Policy:** Regular class attendance and participation is expected of all students. Students, not faculty, are responsible for all missed course information. Students can earn participation points only if present in class. See course information for full explanation.

**Requirements: COURSE OVERVIEW-** Documentation and Decision Making in Primary Care Client Encounters: Acute, Chronic, Health Promotion, Assessment and Management of Common Problems in Ambulatory Primary Care to Include: HEENT, Musculoskeletal, Respiratory, Dermatological, STDs, Contraception, Menopause, Vaginitis, Cardiac, Gastrointestinal, Endocrine, Obesity, tobacco cessation, exercise & nutrition. **CLINICAL OVERVIEW-** Forty-five (45) hours are required for this course. The clinical hours will be completed in clinical sites approved by UTACON.

Clinical hours are for direct patient care in the clinical site seeing adult patients (i.e., lunch hours do not count). Hospital hours (for rounds or patient visits with your preceptor will NOT count as clinical hours for this course. You may see teenagers (>14 years old) but adults are strongly preferred. Your clinical schedule must be approved by your advisor prior to beginning your hours or your hours may not be counted!! Arrange your clinical hours over the course of the semester to enhance your learning experiences. You may not complete the majority of your hours prior to the mid-term date in most cases or within a brief period such as one week.

**Grading Policy:** In order to pass a course containing both didactic and clinical requirements, the student must pass both the theoretical (didactic) and the clinical components of the course.

Students are responsible for uploading & submitting the correct document in the Blackboard assignment drop box. The document submitted will be graded and no substitution of the document will be accepted. Please verify you have submitted the correct document. Faculty must be able to open the document or it will receive a grade of zero.

**Late written assignments will not be accepted and may receive a grade of zero unless specific permission is obtained from the lead faculty ahead of time.**

**Please do NOT request altered exam dates or times; you are expected to adhere to the course schedule.** An exception will be granted ONLY for an emergency and documentation must be provided.

Students entering the room more than 10 minutes after the start of the examination will not be allowed to take the examination at that time. If faculty are able to assist to proctor a late start, that may be an option. Otherwise, any make-up examinations given may include questions that are **other** than multiple choice. Make-up examinations may be given at the convenience of the faculty and availability of staff proctors.

Students may have the opportunity to participate in a small group examination immediately following the independent exam. The procedure will be explained first day of class.

Students are responsible for assigned readings, web-based assignments, classroom and/or participatory assignments as given by faculty and a grade may be assigned on any of the above. Most in-seat topics will require students to review voiced slides PRIOR to attending class. This is required so students can be informed to participate in in-class activities. Students are expected to remain in class for the entire session.

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

Course Grading Scale

A = 92 to 100

B = 83 to 91

C = 74 to 82

D = 68 to 73

**Expectations for Out-of-Class Study:** Beyond the time required to attend each class meeting or electronic sessions, students enrolled in this course should expect to spend at least an additional 6 to 9 hours per week on their own time in course-related activities, including reading required materials, completing assignments, preparing for exams, etc. Plan for this in your life schedule!

**Drop Policy:** Graduate students who wish to change a schedule by either dropping or adding a course must first consult with their Graduate Advisor. Regulations pertaining to adding or dropping courses are described below. Adds and drops may be made through late registration either on the Web at MyMav or in person through the student’s academic department. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance**. Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. Contact the 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/files/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/files/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://grad.pci.uta.edu/about/catalog/current>

**Census Day: Thursday, June 20, 2013 (11-wk)**

**Last day to drop or withdraw Thursday, July 18, 2013 (11-wk)**

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

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

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

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

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

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

Please be aware that previous students in THIS course have received a failing course grade.

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

**Plagiarism:** Copying another student’s paper or any portion of it is plagiarism. Copying a portion of published material (e.g., books or journals) without adequately documenting the source is plagiarism. Consistent with APA format, if five or more words in sequence are taken from a source, those words must be placed in quotes and the source referenced with author’s name, date of publication, and page number of publication. If the author’s ideas are rephrased, by transposing words or expressing the same idea using different words, the idea must be attributed to the author by proper referencing giving the author’s name and date of publication. If a single author’s ideas are discussed in more than one paragraph, the author must be referenced, according to APA format. Authors whose words or ideas have been used in the preparation of a paper must be listed in the references cited at the end of the paper. Students are expected to review the plagiarism module from the UT Arlington Central Library via <http://library.uta.edu/plagiarism/index.html> and are accountable in this class for knowing what constitutes plagiarism. Ignorance will not be accepted as an excuse for the act of plagiarism. You will be reported to Office of Student Conduct for an investigation.

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

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

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

**Librarian to Contact:**

**Helen Hough**, *Nursing Librarian*

Phone: (817) 272-7429

E-mail: [hough@uta.edu](mailto:hough@uta.edu)

Research Information on Nursing:

[**http://libguides.uta.edu/nursing**](http://libguides.uta.edu/nursing)

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**UTA College of Nursing additional information:**

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

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

1. Preceptor Agreements must be **signed and dated** by the student and the preceptor the first day the student attends clinical (may be signed on that day), scanned and emailed to [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu).
2. **Student** is responsible to ensure that all of his/her preceptor agreements are signed and complete including their student 1000 number and course number before beginning clinical experience and those agreements are scanned and emailed to Kim Hodges @ [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu) or Janyth Arbeau at [arbeau@uta.edu](mailto:arbeau@uta.edu) by the third week of the semester. (For instance, if a student starts working with a particular preceptor late in the semester, he/she would contact that preceptor during the first 3 weeks of the semester.
3. If this is the first time a preceptor is precepting a graduate nursing student for The University of Texas at Arlington, please have him/her complete the Preceptor Biographical Data Sheet. If he/she is a returning preceptor have them fill out the phone number and email address section of the preceptor agreement.
4. The signed/completed preceptor agreement is part of the clinical clearance process. Failure to submit in a timely fashion will result in the inability to access the E-log system.
5. All communications to the NP Clinical Coordinator should be made to the following email address: [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu). This includes scanned copies of preceptor agreements, preceptor evaluations of the student, and student evaluations of the preceptor.
6. All required clinical forms are located in Blackboard, Organization ID, org\_nursing hospitals1

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

**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 Dr. Mary Schira, Associate Dean, Department of Advanced Practice Nursing. The complete policy about encumbered licenses is available online at: [www.bon.state.tx.us](http://www.bon.state.tx.us)

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

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

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

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

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

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

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

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

5. Fails to complete required clinical assignments.

6. Falsifies clinical hours.

7. Violates student confidentiality agreement.

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

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

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

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

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

**No Gift Policy:** In accordance with Regent Rules and Regulations and the UTA Standards of Conduct, the College of Nursing has a “no gift” policy. A donation to one of the UTA College of Nursing Scholarship Funds, found at the following link: <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.

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

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

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

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

The Writing Center offers tutoring for any assigned writing during enrollment at UT-Arlington. During Fall 2012, Writing Center hours are 9 a.m. to 7 p.m., Monday through Thursday; 9 a.m. to 2 p.m., Friday; and 2 p.m. to 6 p.m. Sunday. Individuals may schedule appointments online by following directions available at [www.uta.edu/owl](http://www.uta.edu/owl), or by visiting the Writing Center.

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

**Department of Advanced Practice Nursing**

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

Associate Dean and Chair; Graduate Advisor

Email: [schira@uta.edu](mailto:schira@uta.edu)

**Sheri Decker**, Assistant Graduate Advisor

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**Rose Olivier**, Administrative Assistant I

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**Janyth Arbeau,** Clinical Coordinator

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**Sonya Darr**, Senior Office Assistant

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**Kimberly Hodges,** Senior Office Assistant

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E-mail: [khodges@uta.edu](mailto:khodges@uta.edu) or [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu)

**Leah McCauley**, Admissions Assistant

Office #602-Pickard Hall, (817) 272-2329

Email: [mccauley@uta.edu](mailto:mccauley@uta.edu)

**Students:**

**Be sure to review this schedule carefully as it is your road map for the course. Pay particular attention to the due dates for all course assignments. You are expected to upload these assignments to the assignment box by 5 PM the day they are due OR complete the quiz as assigned. As stated in the syllabus elsewhere, you are responsible for uploading the correct document and version so be sure you verify this prior to uploading. The document that is uploaded is the one that will be graded. Also, you MUST use Microsoft word for your assignments. If you upload an assignment created in another application (Pages, etc) or using a device so that a faculty cannot open the paper, your paper can be considered late and/or grade may be a zero. Please adhere to this.**

**Quizzes: Please note that many of the BB posted topics have associated QUIZZES and the assigned quizzes will be taken immediately following the CHAT. These due dates are listed in the far right column of the table—do not overlook these.**

**DMAs: The two course DMAs will be available as case studies for you to review in advance and be prepared to respond to approximately 10 questions/items in a BB quiz format at the announced times .**

**Participation Points: You can earn up to 33.3 points per in-seat class attended as follows: 11.1 points each for attendance, exercise 1 & exercise 2. This requires remaining for the entire session.**

**Group Exam: there may be an option to take a group exam immediately following individual exam 1 & 2. Here is how it would work. You will have one hour for the regular individual exam. Then, without leaving the classroom, you will be assigned to small groups. The group will “retake” the exam using a bubble sheet for agreed upon group answers. Both individual and group exams will be graded. Certain score designations on the group exam may result in additional points added to the individual exam of the students in that group. We may not be able to offer this option in all semesters due to the time required.**

**Conduct of Chat Sessions: Chats will be conducted as scheduled. Review questions that have been provided to you ahead of time will be discussed by the faculty expert. Students may then ask questions as needed. Immediately following the chat, the topic quizzes will be taken online in BB.**

**Please note that there are some sessions planned outside of announced class dates. This is necessary due to the faculty expert schedule and the July 4th holiday. If you are unable to attend a chat session, it will be recorded for you and you can submit questions via a topic folder. The Diabetes DMA quiz must be taken on one of two dates provided. Please advise the lead teacher if we need to discuss the schedule in more detail.**

**Finally, as the instructor for this course, I reserve the right to adjust this schedule in any way that in my judgment serves the educational needs of the students enrolled in this course. R. Courtney**

**N5305 Adult Management I**

# Assignments/Grade Summary – Summer 2013

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

**ASSIGNMENTS** **DUE DATE** **SCORE**

**Clinical 100%**

Final Clinical Notebook Review August 12 P/F \_\_\_\_\_

Preceptor & Site Evaluations August 9 P/F \_\_\_\_\_

**By** student

Self Evaluation **By** student August 12 Credit \_\_\_\_\_

Student Evaluation **By** Preceptor August 9 (received) P/F \_\_\_\_\_

End of Semester/Clinical Hours completed August 9 Credit \_\_\_\_\_

Final Practicum **By** faculty August 9 35% \_\_\_\_\_

Case Study Prevention Due: July 11- Prevention 20% \_\_\_\_\_\_

SOAP notes (2) 1 Due: July 11 (no later than) 30% \_\_\_\_\_

1 Due: August 5 (no later than)

* Your first SOAP is due no later than 1 week after your first day of clinical—arrange with your advisor

Completed Clinical E-Log Printouts to class in Clinical Notebook P/F \_\_\_\_\_

Participation in Clinical Group attend and discuss topics in class & online 5% \_\_\_\_\_

*Clinical Grade for Course*

**Didactic 100%**

Multiple Choice Examinations I June 20 22.5% \_\_\_\_\_

Multiple Choice Examinations II July 18 22.5% \_\_\_\_\_

Comprehensive Final Augst 12 25% \_\_\_\_\_

DMAs Due: July 3- Diabetes DMA 15% \_\_\_\_\_

Due: August 1- Lipid/HTN DMA

Topic Quizzes as assigned 12.5% *\_\_\_\_\_\_*

Participation earned points per class 2.5% \_\_\_\_\_\_

*Didactic Grade for Course* \_\_\_\_\_

### Final Course Grade = Clinical + Didactic/2

**Student must make a passing grade on clinical AND didactic overall grades to pass course**

**N5305 ADULT TALLY**

**Hours Documentation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Clinical** | **Hours Completed** | Preceptor Signature | **Number of Patients Seen** |
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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. **The DMAs, SOAPs, Topic Quizzes and Out-of-Class Case Studies are to be independently completed.**
2. It is your ability and clinical decision-making that we are assessing through the assignments – not that of your colleagues.
3. Any violation of these instructions will result in academic dishonesty, which is 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. **Students have been identified and held accountable in this course for academic dishonesty—do not ruin your professional career!**
4. The student will turn in and/or upload a copy of each written assignment. The electronic copy will be maintained in a permanent file and used to compare to future & past class assignments. We maintain an extensive file of papers.
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

**You are asked to verify your understanding and agreement**

**to this guideline in BB**

**CLINICAL GUIDELINES**

**&**

**EVALUATION FORMS**

##### NURSE PRACTITIONER CLINICAL OBJECTIVES

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

##### GUIDELINES FOR CLINICAL EXPERIENCES

1. **Use of Protocol Manuals:**

Occasionally, students encounter preceptor sites that do not use formal protocols. It is recommended that students select a published protocol book to use in these circumstances. The selected reference should be discussed with and reviewed by the clinical preceptor. If agreeable, the protocols will be the basis for your care with appropriate modifications as necessary in that clinical site. Also you are expected to purchase and use a PDA in this course with applications such as Griffins 5 minute Clinical Consult, PEPID, First Consult, and/or Epocrates. A PDA allows you to provide point-of-care referencing.

1. **Documentation of Care:**

The UTA College of Nursing Nurse Practitioner Program requires a wide variety of clinical hours that 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 (paper or electronic) , i.e., SOAP notes, clinical summaries, etc. All entries made by the student in the client’s health record should be reviewed by the preceptor. Documentation will be co-signed by the preceptor as appropriate for the clinical site. You may prepare a prescription (we encourage to take this opportunity to learn to write prescriptions) but it must be signed by the preceptor—your name should not be on the prescription. If you are in a site using an Electronic Medical Record, you must do SOAP notes on paper in the clinical setting to document your care.

1. **Clinical Preceptors:**

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

1. **Site Visits/Practicum:**

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. 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.” Students may be required by faculty to have a practicum conducted in a site other than their major site.

1. **Preceptor Evaluations:**

Preceptor evaluations are required each semester and indicate the student’s clinical performance **over time** as opposed to the site visit and/or practicum evaluation which evaluates clinical performance on one client. Evaluations can be obtained from those preceptors who 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 or faxing it to the Graduate Department’s Office. Students can be assigned a grade of incomplete if the preceptor evaluation is not received by the final exam date.

1. **Clinical Experiences Journal:**

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

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 theses 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 students living out of the Metroplex area.

1. **E-LOG**

Students are responsible for maintaining accurate clinical documentation in the e-log. These must be up-to-date and current for review at each class session. DO NOT wait until the end of semester to enter this data. **You are expected in this course to have e-log documentation for a minimum of 45 patients seen by you during the semester.**

1. **Preceptor Confirmation**

You are responsible for obtaining a signed Preceptor Agreement for the current semester and getting this on file in NP office **BEFORE** you see patients. Any clinical hours done **PRIOR** to the above may need to be **REDONE**.

**The University of Texas at Arlington**

**College of Nursing**

**N5305 Adult Management in Advanced Nursing Practice**

**TIPS FOR SOAP-ing:**

1. If you have a positive complaint, it must be addressed in the physical exam, assessment, and plan. Remember the concept of balance.
2. It is not necessary to do a complete review of systems for an interval visit. You should do a focused ROS for the presenting problem, current medications, and status of concurrent health problems only. Pertinent past medical history, family history, and social history should be addressed. Your history should be focused.
3. “Rule out” diagnoses are those diagnoses that are most probable, and must be addressed in the plan (Ex: What do I need to do to rule this out?) A differential diagnosis is merely one that you consider as you are taking the history and doing the physical exam. It is not addressed in the plan as it is not one of your “most likely.”
4. **You may not cite a protocol text as your reference for the pathophysiology**. You may cite it as rationale for your plan. Use a patho text for your SOAP note. All sources must be referenced according to APA format.
5. When you are doing your review of systems, the “general” category includes symptoms such as fever, malaise, fatigue, night sweats, weight change. It does not include any objective information such as “alert,” “oriented,” “good historian.”
6. When you are giving the rationale for medication usage, please explain the drug’s category and mechanism of action (i.e., third generation cephalosporin antibiotic and is used primarily for gram positive organisms) and its expected effect in the specific clinical situation.

**SOAP Notes:**

1. Two SOAP Notes are required in this course. The note should accurately reflect the client encounter, the diagnoses made, and the recommended nursing/medical management.
2. All SOAP Notes must include rationale with the subsequent pathophysiology and documentation regarding the selected management plan. This portion of the SOAP Note justifies your critical decision making (i.e., why a calcium channel blocker was chosen instead of an A.C.E. inhibitor or explanation as to why an asymptomatic urinary tract infection was not treated.) Do not simply cite protocol resources but briefly describe the steps that support your management decisions.
3. **Do not repeat a pathophysiology section you have already addressed** in a prior SOAP note. Either select another patient to do a SOAP note on or address a different health problem/disease. **You should do SOAP notes on clinical topics examined in this course!**
4. Use the provided SOAP note template. If an element does not apply to a clinical situation, indicate “deferred” or “N/A”. (e.g., in a ROS for a patient presenting c/o URI symptoms, a neuro ROS would be deferred.) Points will be **deducted** if you do not demonstrate clinical discrimination in your data collection & documentation – i.e., collection of extensive, inappropriate data because you do not prioritize.

**Tips for Seeing A Patient in Clinic**

* You are responsible for assessing the overall health status of each patient you see in the clinic. The extent to which you review the status of existing health problems and address prevention priorities may vary from patient to patient, but you are always accountable for overall health.
* At a minimum, this means you will review: (it will best to do this review prior to entering the room)
  + All diagnoses listed in the problem list
  + All medications currently used, including OTC
  + The date and reason for the last visit and those visits pertinent to the chief complaint today
  + Brief evaluation of the plan for the last visit (oftentimes a follow-up plan will be listed)
  + The date and major abnormalities in the most recent lab and/or x-rays/special tests (regardless of chief complaint today)
  + Include patient education
* Address the patient’s Reason for Visit/Chief Complaint
* Identify major risk factors (age & gender, personal) and develop a prevention plan -- discuss with patient as appropriate during the visit. Use the prevention guidelines with respect to age. Appropriate recommendations are to be included such as pap or mammogram guidelines.
* Don’t hesitate the ask the patient about the self-treatment they are doing for their illness.
* Most office visits are not “just a sore throat.” They are an opportunity for health promotion such as smoking cessation counseling or scheduling for a lipid screen.
* At a minimum, your physical exam will include:
  + Exam of all and any systems related to chief complaint and diagnosis/es
  + Exam of CV and Respiratory system
* All prescriptions should include the complete Rx info.
* Always consider, provide, and document the education/counseling the patient needs to manage his/her problem and/or to prevent diseases or progression.
* Always develop and document your plan for follow-up (e.g., 24 hours, 2 weeks, 3 months, etc.) This is an important aspect of the care you provide.

**Clinical Experiences Journal**

**Guidelines**

The Clinical Experiences Journal (3 ring notebook) should be organized with appropriate tabbed sections:

A. Tally Sheets

Current Adult

For Family students, the accumulative tally sheet should be included.

B. Personal Clinical Objectives

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

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

C. Client Encounter Record(s)

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

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

D. Self Evaluation - form provided

E. Student Evaluation of Preceptor - form provided on WEB

F. Preceptor Evaluation - form provided on WEB

G. Practicum - form provided on WEB

Midterm if applicable

Final

H. Course SOAP Notes (keep the graded copy in the notebook)

I. Course DMAs (keep the graded copy in the notebook)

K. Graded Assignments from Previous Courses, i.e., SOAP Notes, CDM’s, separated by course with a tab and type of assignment.

##### The University of Texas at Arlington

**College of Nursing**

## Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

##### CLINICAL NOTEBOOK CHECKLIST

## Pass/Fail

**\_\_\_\_\_I. Name / type of clients seen:**

**Comments:**

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

**Comments:**

## Pass/Fail

**\_\_\_\_\_III. Clinical Objectives / Evaluations – Tally Sheets, and other documentation.**

**Comments:**

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

**Comments:**

##### SOAP NOTE GRADING FORM

##### N5305 Adult Management

## Possible Actual

## Points Points

**15 \_\_\_\_\_\_\_\_\_\_\_** A. Subjective Data appropriate to the context of the patient visit and overall

health status. Succinctly documented. For each medication patient takes:

action, typical dose, special S/E or education needed documented on attached

page

**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. Include health maintenance diagnosis per guidelines. You MUST provide at least 3 likely differential diagnoses and list R/Os if appropriate.

Include pertinent positives & negatives for the major diagnosis only.

**20 \_\_\_\_\_\_\_\_\_\_\_** D. Mgt plan cost-effective, clinically correct & includes sections for medical &

nursing therapeutics. Patient education should be identified as such.

Organize categories in your plan: Diagnostic, Therapeutic, Pt Education, Referral, & Follow-Up. **Attach a current clinical guideline with clear reference for one of the major diagnoses**.

**10 \_\_\_\_\_\_\_\_\_\_\_** E. Rationale justifies EACH ASPECT of mgt plan with appropriate references.

**10 \_\_\_\_\_\_\_\_\_\_\_** F. Pathophysiology discussion justifies major diagnoses addressed at visit and

mgt plan. 1) You must personalize to your patient’s health status by

discussing how it applies specifically to your patient. 2) No more than 2 diagnoses need to be addressed if multiple dx exist. 3) Use a primary patho reference (no protocol book). 4) Do not duplicate pathophysiology from prior SOAPs

**10 \_\_\_\_\_\_\_\_\_\_\_** G. Health Promotion/Prevention. Include age/gender/risk specific

Recommendations as your guidelines require.

**Credit \_\_\_\_\_\_\_\_\_\_\_** H. Overall neatness, organization, APA format for reference.

*ATTACH A COPY OF ACTUAL NOTE done in the clinic WITH IDENTIFYING PT INFORMATION DELETED*

Special Note:

* Do your SOAP note on a clinical topic/focus appropriate to course content. Do not duplicate a prior SOAP topic or major CDM topic. (i.e., the major health problem)
* 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.
* References cited must include a page number and should be documented properly if a direct quote. 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

##### N5305 Adult Management

## Possible Actual

## Points Points

**15 \_\_\_\_\_\_\_\_\_\_\_** A. Subjective Data appropriate to the context of the patient visit and overall

health status. Succinctly documented. For each medication patient takes:

action, typical dose, special S/E or education needed documented on attached

page

**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. Include health maintenance diagnosis per guidelines. You MUST provide at least 3 likely differential diagnoses and list R/Os if appropriate.

Include pertinent positives & negatives for the major diagnosis only.

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Organize categories in your plan: Diagnostic, Therapeutic, Pt Education, Referral, & Follow-Up. **Attach a current clinical guideline with clear reference for one of the major diagnoses**.

**10 \_\_\_\_\_\_\_\_\_\_\_** E. Rationale justifies EACH ASPECT mgt plan with appropriate references.

**10 \_\_\_\_\_\_\_\_\_\_\_** F. Pathophysiology discussion justifies major diagnoses addressed at visit and

mgt plan. 1) You must personalize to your patient’s health status by

discussing how it applies specifically to your patient. 2) No more than 2 diagnoses need to be addressed if multiple dx exist. 3) Use a primary patho reference (no protocol book). 4) Do not duplicate pathophysiology from prior SOAPs

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Recommendations as your guidelines require.

**Credit \_\_\_\_\_\_\_\_\_\_\_** H. Overall neatness, organization, APA format for reference.

*ATTACH A COPY OF ACTUAL NOTE done in the clinic WITH IDENTIFYING PT INFORMATION DELETED*

Special Note:

* Do your SOAP note on a clinical topic/focus appropriate to course content. Do not duplicate a prior SOAP topic or major CDM topic. (i.e., the major health problem)
* 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.
* References cited must include a page number and should be documented properly if a direct quote. 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.

**Special Guidelines for SOAP Notes**

**The faculty are interested in having you develop a skilled approach to documenting your care using a SOAP approach. Therefore, we are trying a different strategy to achieve this.**

**You will be required to use a formatted progress/visit note for all SOAPs in this course, except the SOAP trial template which is a credit only assignment.**

**Guidelines:**

1. **Unless your faculty requires otherwise, you must write all your subjective & objective data on one page form.**
2. **Attached pages will contain the following:**

**Page 2/3:**

**-Assessment to include Medical Diagnoses with ICD-9 codes, Differential Diagnoses, Rule Outs if they apply, Nursing diagnosis, and Health Maintenance Diagnosis**

**-Plan to include the interventions organized by diagnostics, therapeutics, patient education, referrals, and follow-up**

**-Attach a guideline to the SOAP note that you have found in the literature.**

**-Rationale for each intervention in the plan**

**Page 3/4:**

**-Pathophysiology for 1 major diagnosis. Do not use a protocol book as reference. Personalize the patho to your patient. Do not repeat patho discussions in other SOAP notes.**

1. **Discuss how you would do things differently after the fact (e.g., obtain additional data, use a different treatment, make a different diagnosis, etc). You will not lose points for these changes. We all learn every day.**

**4. What was an important thing you learned with this patient?**

**Prevention Case Study**

**The guidelines and grading criteria will be provided to you the first night of class. This is a paper that you will write and upload to assignments by the due date and time.**

**Participation/Clinical Group Activities Postings**

A blended course (BB with limited in class sessions) can make it more difficult to create relationships between you, your peers, and your faculty. We want to assist and support you in your journey to becoming a nurse pratitioner.

In an effort to create an opportunity for rich clinicaldialog and to better understand your clinical experiences, we are asking you to participate in online discussions within your clinical group with your advisor. This is in addition to the in-class clinical group meetings.

We are making this a mandatory experience so that everyone participates equally. Your advisor may pose questions for the group to consider and/or you may be asked to post regarding an interesting patient situation you experienced.

Here are the guidelines:

* 1. Each student is required to make **two posts every two weeks**:
     + One post will be original and will answer an advisor’s question or present a patient situation or issue and will be at least 150-200 words with a reference as appropriate.
     + Second post will be in reply to a peer’s post and will be at least 100 words. Agreeing with each other or being supportive is not sufficient—the goal is to advance and challenge thought. For example, you can pose your own similar situation or provide a reference for best practice.
  2. The original post is expected in week one of each cycle no later than Wednesday midnight.
  3. The response post is expected no later than Thursday noon of the second week in the cycle.
  4. You will receive a grade for each cycle that will count toward your overall participation grade.

Cycle 1: starts June 6

Cycle 2: starts June 20

Cycle 3: starts July 4

Cycle 4: starts July 18

Cycle 5: starts August 1 and ends August 9

1. Your faculty will be reading the posts and may reply or comment if indicated. You have a great deal to learn from each other!
2. We hope that these required postings will be a positive, useful experience for you!

**SPECIAL NOTE: Some classes are held at UTA in-the-seat and these are marked with grey shade in left column. CHAT classes are those conducted via BB Collaborate and can be connected to online from a location of your choice. These chat classes are marked with a shade in a middle column.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Date & Type of Class*** | ***Topic*** | ***Faculty*** | ***Location*** | ***Readings*** | ***Assignments & DUE dates*** |
| ***June 6, 2013***  ***SEAT*** |  |  | *204* | *Use the topic objectives to focus study.*  *You are also responsible for ALL required readings by topic in BB* |  |
| *4-5:00* | *Orientation* | *Courtney/Team* | *In-seat* |  |  |
| *5:00-5:30* | *Clinical Groups* | *Advisors* | *Assigned rooms* |  |  |
| *5:45-9:30* | *Prevention* | *Courtney* | *In-seat* | Butarro: Chapters 5, 17, 18 (pp119-136), 19 | *\*\*You are expected to listen to voiced slides PRIOR to class session for activities in class.*  *Prevention Out-of-Class Case Study posted* |
| *POSTING: June 6, 2013* | *ENT/oral content & Review Questions* | *Posey* | *Posted to BB* | Buttaro: Chapters 72, 73, 78, 80, 83, 85-87, 95, 96, 98, 100, 101 | *ENT QUIZ June 13 immediately after chat* |
|  |  |  |  |  |  |
| *POSTING: June 6, 2013* | *Respiratory content & Review Questions* | *Posey* | *Posted to BB* | Buttaro: Chapters 102, 103, 105-108, 111 | *Resp QUIZ June 13 immediately after chat* |
| ***June 13, 2013***  ***CHAT*** | *ENT/oral* | *Posey* | *Chat*  *BB* |  | *ENT Expert Chat BB Collaborate 4:00-4:45 PM* |
|  | *Respiratory* | *Posey* | *Chat*  *BB* |  | *Resp Expert Chat BB Collaborate s4:45-5:30 PM*  *5:35-5:55 ENT & RESP quiz on BB* |
|  |  |  |  |  |  |
| ***Date*** | ***Topic*** | *Faculty* | *Location* | *Readings* | *Assignments* |
| ***June 20, 2013 SEAT*** |  |  |  |  |  |
| *4-5:00* | ***Exam 1 INDIVIDUAL*** |  | *In-seat* |  | *Exam 1* |
| *5:00-5:45* | ***EXAM 1 GROUP*** |  | *In-seat* |  |  |
| *6:00-7:00* | *Clinical group* | *Advisors* | *Assigned Rooms* | *Brief discussion in class Prevention Case Study & advisor conference topics* |  |
| *Online Class dismissed for online viewing at student convenience* | *Thyroid* | *Parker* |  | Buttaro: Chapters 212 |  |
| *Online* | *Diabetes* | *Parker* |  | Buttaro: Chapters 205, 210 | *Diabetes DMA Case Study posted* |
|  |  |  |  |  |  |
| ***POSTING****: June 20, 2013* | *Headache content & Review Questions* | *Parker* | *Posted to BB* | Buttaro: Chapters 195, 201 | ***MSK & Headache & GU NO Quizzes for these topics.*** |
| ***POSTING****: June 20, 2013* | *MSK content & Review Questions* | *Parker* | *Posted to BB* | Buttaro: Chapters 170, 172, 173, 176, 177, 179, 180, 182, 183, 185, 186 |  |
| ***POSTING****: June 20, 2013* | *Genitourinary & Review Questions* | *Parker* | *Posted to BB* | Buttaro: Chapters 145, 146 (pp 732-740), 147, 148 (pp 762-764), 150, 151 (pp 778-783), 152, 153 |  |
| ***July 1 Monday***  ***6:00-7:00 PM*** |  |  | Chat | *To discuss Diabetes and Thyroid content. Will be recorded for those unable to participate live.* |  |
| ***July 3 OR July 5 6:00-6:20*** |  |  |  |  | *Diabetes DMA quiz*  *either 7/3 OR 7/5 6-6:20 BB* |
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| ***July 6, 2013***  ***CHAT (not live)\*\*\*\*\****  ***NOTE: the chat is recorded for you*** | ***Review of:***  *Diabetes DMA*  *-Headache*  *-MSK*  *-GU* | *Parker*  *Parker*  *Parker* | *Chat Connect Pro* |  | *DMA Review*  *Headache Review*  *MSK Review*  *GU Review*  *NO topic quizzes* |
| ***July 11, 2013 due***  ***July 11 Assignment due*** |  |  |  |  | *SOAP #1 due by 5 PM AND*  *Prevention Case study DUE at 5 PM. Upload to BB* |
| ***July 18, 2013***  ***SEAT*** |  |  |  |  |  |
| *4-5:00*  *5:00-5:45* | ***EXAM 2*** | *Individual*  *Group* | *In-seat* |  | *EXAM 2* |
| *6:00-6:30* | *Clinical groups* | *Assigned rooms* |  |  |  |
| *7:00-8:30* | *Lipids* | *Courtney* | *In-seat* | *Pre-recorded Lipid & HTN basic content (prior to class) PLUS*  Buttaro: Chapters 209 | *Lipid/HTN DMA posted* |
| *8:30-10:00* | *HTN* | *Courtney* | *In-seat* | *See above.*  Buttaro: Chapters 121 |  |
|  |  |  |  |  |  |
| ***POSTINGS****: July 19, 2013* | *GI & Review Questions* | *Parker* | *Posted to BB* | Buttaro: Chapters 126, 130, 132, 133, 134, 137, 139, 140, 143 | *GI, GYN & DERM QUIZZES August 1 immediately after chat* |
|  | *Derm & Review Questions* | *Parker* | *Posted to BB* | Buttaro: Chapters 39-43, 47, 48, 50, 53-55, 58, 60-62, 64, 65, 68 |  |
|  | *GYN & Review Questions* | *Courtney* | *Posted to BB* | Buttaro: Chapters 146 (pp 740-750), 161, 164 (pp 845-850 & 853-857), 165, 166, 169 (pp 879-886) |  |
| ***July 30, 2013***  ***Assignment Due*** |  |  |  |  | *Lipid/HTN DMA DUE 5-5:30 PM online* |
|  |  |  |  |  |  |
| ***August 1, 2013***  ***CHAT*** |  |  |  |  |  |
|  | *Review of Lipid/HTN DMA*  *GI*  *DERM*  *GYN* | *Courtney*  *Parker*  *Parker*  *Courtney* | *Chat Connect Pro* |  | *HTN/Lipid DMA Review 4:30-5:15*  *GI Expert Chat 5:15-6:00*  *DERM Expert Chat 6:00-6:45*  *GYN Expert Chat 6:45-7:30*  *Topic quizzes 7:30-8:00* |
| ***August 5, 2013 - Assignment due*** |  |  |  |  | *SOAP #2 DUE at 5 PM* |
|  |  |  |  |  |  |
| ***August 12, 2013.***  ***CLASS*** |  |  |  |  |  |
| *4-6:00* | *Final Exam* |  | *In Seat* |  | *Deadline for clinical notebook turn in including preceptor evaluation of student (or other arrangements with Advisor)* |