

The University of Texas at Arlington
College of Nursing
N5631/5632/5331/5332 Family Nursing Advanced Practicum
Fall 2014

Instructors

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Office Fax: (817) 272-5006

Office Hours: By Appointment

Section Information:

NURS 5631 001-009; NURS 5632 001, 006; NURS 5331 001-003, 009, 010; NURS 5332-001

Time and Place of Class Meetings:

Pickard Hall, Room # 104

Saturday, 8:00 am-6:00 pm

Description of Course Content: Clinical preceptorships in selected health practice sites with opportunities to apply knowledge, skills and concepts in a guided, progressive context of advanced nursing practice. **The ratio of credit to clinical hours is 1:4. (listed in catalog)**

Other Requirements: Prerequisite: NURS 5431. Good academic standing. (See Graduate Catalog.) Out-of-Class Assignments; In-Class Assignments; Multiple Choice Examination; Out-of-Class Clinical Assignments; Clinical Practicum; Meeting with Clinical Advisor; Blackboard Assignments; Student Presentations; Simulation (as applicable); Other (as applicable)

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

1. Use evidenced-based knowledge to manage the health care of selected populations.
2. Provide comprehensive health care (eg. 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.
4. Collaborate with other health care professionals to provide comprehensive care.
5. Implement the nurse practitioner role in selected settings.

Required Textbooks and Other Course Materials:

1. Buppert, C., (2007). *Nurse Practitioner's Business Practice and Legal Guide*. Sudbury: Jones & Bartlett. **ISBN: 0763733415**
2. Burns, C.E., Barker, N., Brady, M.A., and Dunn, A.M. (2009). *Pediatric Primary Care (for Nurse Practitioners)* Philadelphia: W. B. Saunders Company,. **ISBN 9781416040873**
3. Buttaro, T.M., Trybulski, J., Bailey, P.P. & Sanberg-Cook, J. (2013). *Primary Care: A Collaborative Practice*. St. Louis: Elsevier Mosby. **ISBN: 9780323075015.**
4. Collins-Bride, G. M. and Saxe, JoAnne M. (2013). *Clinical Guidelines for Advanced Practice Nursing: An Interdisciplinary Approach*. 2nd ed. Burlington: Jones & Barlett Publishing. **ISBN: 978-0-7637-7414-1**
5. Fishbach, F. *A Manual of Laboratory & Diagnostic Tests*. 8th Edition. Philadelphia: Lippincott Williams & Wilkins, 2008. **ISBN 9780781771948**
6. Geissler, E. *Pocket Guide to Cultural Assessment*. 4th ed. St. Louis: Mosby Publishers, 2007. **ISBN 9780323048347**
7. Gilbert, D.N., Moellering, R.C., Eliopoulos, G.M., Sande, M.A. (2012). *The Sanford Guide to Antimicrobial Therapy*. Hyde Park: Antimicrobial Therapy, Inc., **ISBN 9781930808652**
8. McCaffery, M. and Pasero, C. *Pain Clinical Manual*. St. Louis: Mosby, 1999. **ISBN 9780815156093**
9. Reuben, D., Herr, K., Pacala, J., Pollock, B., Potter, F., Semla, T. (2012). *Geriatrics at Your Fingertips* (14th ed.). New York: American Geriatrics Society. **ISBN: 9781886775572**
10. Uphold, C. R. and Graham, M. V. *Clinical Guidelines in Family Practice*, 4th ed. Gainesville, Florida: Barmarrae Books, 2003. **ISBN 9780964615168**
11. Uphold, C. R. and Graham, M. V. *Clinical Guidelines in Child Health*, 4th Edition. Gainesville, Florida: Barmarrae Books, 2003. **ISBN 9780964615175**

12. Wright, L. M. and Leahey, M. (2009) *Nurses and Families: A guide to Family Assessment and Intervention*. Philadelphia: F. A. Davis Company. **ISBN: 9780803621305**
13. Youngkin, E.Q., Davis, M.S., Schadewald, D., and Juve, C. (2013) *Women's Health: A Primary Care Clinical Guide*. 4 th Ed. Boston: Pearson. **ISBN 9780132576734**
14. <http://www.med-u.org/> Virtual Patient Cases: Purchase in January 2013. Order online for \$100.00. Purchase the Family Medicine Cases.
15. Previously required textbooks from Advanced Health Assessment – N5418, Adult Management I - N5305, Psychiatric Management – N5303, and Pediatric Management - N5306, Family – N5430 (as applicable).

Recommend Textbooks:

1. Berek, J.S., Adaski, E.Y., & Hillard, P.A. *Novak's Gynecology*. Baltimore: Lippincott Williams & Wilkins, 2012. **ISBN 9781451114331**
2. Color-Coded. ICD-9-CM. 6th Edition. *The International Classification of Diseases*. 9th Revision Clinical Modification. Vol. I Diseases: Tabular List. Vol.2 Diseases Alphabetic Index ADP/Content. **ISBN# 1563298171** *Download and review, for class, the ICD-9 Internet data: www.HCFA.GOV/audience/planprov.htm (53 pages) OR one of your choice
3. Hatcher, R.A., et al. *A Pocket Guide to Managing Contraception*. Tiger, G.A. The Bridging The Gap Foundation, 2010-2012. **ISBN 9780979439520 (free download)** www.managingcontraception.com
4. Hillard, P. J. A. (2008). *The 5-Minute Obstetrics and Gynecology Consult*. Philadelphia: Lippincott Williams & Wilkins. **ISBN: 9780781769426**
5. Besdine, R.W., Rubenstein, L.Z., and Snyder, L. *Medical Care of the Nursing Home Resident*. American College of Physicians: Philadelphia, PA, 1996. **ISBN 9780943126487**
6. Ham, R.J. and Sloan, P.D. (2006) *Primary Care Geriatrics: A Case-Based Approach*. St. Louis: Mosby Company, **ISBN 9780323039307**
7. Duthie, E., Katz, P., Malon, M. (2007). *Practice of Geriatrics* (4th ed.). Philadelphia: Saunders Elsevier **ISBN: 9781416022619**
8. White, B., Truax, D., (2007). *The Nurse Practitioner in Long-Term Care Guidelines for Clinical Practice* Sudbury, MA: Jones and Bartlett. **ISBN: 9780763734299**
9. Schuiling, K. D. & Likis, F. (2013). *Women's Gynecologic Health*. (2nd.) Burlington, MA.: Jones & Bartlett Learning. **ISBN: 978-0-7637-5637-6**

Supplementary Reading:

1. Barker, LR, Burton, JR & Zieve, PD. *Principles of Ambulatory Medicine*, (7th ed.). Lippincott Williams & Wilkins, 2007. **ISBN 978-0781762274**

Please purchase the most current addition for the textbooks referenced above.

Supplemental Materials:

1. <http://eValvels.elsevier.com/section/default.asp> (EKG) ???
2. <http://www.fammed.wisc.edu/medstudent/pcc/ecg/ecg.html> (EKG) ???

Recommended Certification Review Books (NP Certification):

1. Millonig, Virginia. (2013). *Adult Nurse Practitioner Certification Review Guide*. Potomac, Maryland: Health Leadership Associates, Inc. **ISBN: 9781449670467**.
2. Millonig, Virginia. (2011). *Pediatric Nurse Practitioner Certification Review Guide*. Potomac, Maryland: Health Leadership Associates. **ISBN: 0763775983**
3. Moskosky, Susan. (2011). *Women's Health Care Nurse Practitioner Certification Review Guide*. Potomac, Maryland: Health Leadership Associates. **ISBN: 9781449615000**

The above textbooks are available to purchase individually from:

Majors Scientific Book Store
2137 Butler
Dallas, TX 75235
(214) 631-4478

Descriptions of major assignments and examinations with due dates:

SEMINAR:

Description	Grading	Due
1. Business Plan/Practice Framework	5%	9-6-14
2. Family Theory Paper	30%	10-18-14
3. Multiple Choice Exam (Pre-Mock)	Credit	9-20-14
4. Multiple Choice Exam (Mock)	35%	12-6-14
5. Case Presentation/ Certification Review	30%	8-24-14; 9-20-14; 10-18-14; 11-1-14
6. Ethics Assignment	Credit	11-1-14
7. Generalized Care of Hospitalized Patient	Credit	11-1-14
8. In- Class Activities	Credit	9-20-14; 11-1-14
9. Out-of- Class Activities	Credit	8-24-14; 9-20-14; 10-18-14; 11-1-2014
10. Simulation (as applicable)	Credit	8-24-14; 9-20-14; 10-18-14; 11-1-2014
TOTAL:	100%	

CLINICAL:

Description	Grading	Due
1. Preceptor evaluation of student (one per student)	10%	12-6-14
2. Clinical Practicum	55%	12-6-14
3. Mid-term Clinical Portfolio	10%	10-18-14
4. Final Clinical Portfolio	15%	12-6-14
5. Self-Evaluation (one)	P/F	12-6-14
6. Student evaluation of preceptor (one per preceptor)	5%	12-6-14
7. Clinical E Logs (midterm)	5%	10-18-14
Clinical E Logs (Final)		12-6-14
8. Pearls of Practice	Credit	12-6-14
Note: Bring 2 copies of the clinical required paperwork - #'s 1, 2, 5, 6, 7 above; Provide Electronic Copy per Clinical Advisor	Credit	12-6-14
TOTAL:	100%	

As the instructors for this course, we reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course. – FNP Faculty

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

At The University of Texas at Arlington, taking attendance is not required. Rather, each faculty member is free to develop his or her own methods of evaluating students' academic performance, which includes establishing course-specific policies on attendance. As the instructor of this section, attendance to the scheduled seminars is a requirement. Failure, for any reason, in attending the scheduled seminars, the missed seminar hours must be added to the family clinical hours. The student is still held responsible to meet seminar outcome objectives for the course.

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

Course Grading Scale

A = 92 to 100

B = 83 to 91

C = 74 to 82

D = 68 to 73

F = below 74 – cannot progress

In order to pass a course containing seminar and clinical requirements, the student must pass both the theoretical (seminar) and clinical components of the course. A passing grade is considered **74% or greater for the theoretical (seminar) and 83% or greater for the clinical components. This course is a PASS/FAIL Course.** Students deemed unsafe or incompetent will fail the course and receive a course grade of "F."

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

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

Students are responsible for assigned readings, web-based assignments, classroom and/or participatory assignments as given by faculty and a grade may be assigned on any of the above. It is the student's responsibility to contact University of Texas at Arlington Computing Help Desk (817-272-2208) for computer issues that distract from the completion of assignments. It is the student's responsibility to ensure maintenance of Internet/software needed to complete all assignments.

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

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

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

Grade Grievances: Any appeal of a grade in this course must follow the procedures and deadlines for grade-related grievances as published in the current graduate catalog.
<http://catalog.uta.edu/academicregulations/grades/#graduatetext>.

Drop Policy: Graduate students who wish to change a schedule by either dropping or adding a course must first consult with their Graduate Advisor. Regulations pertaining to adding or dropping courses are described below. Adds and drops may be made through late registration either on the Web at MyMav or in person through the student's academic department. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance.** Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. Contact the Office of Financial Aid and Scholarships at <http://web.uta.edu/ao/fao/>. The last day to drop a course is listed in the Academic Calendar available at <http://www.uta.edu/uta/acadcal.php?session=20146>

1. A student may not add a course after the end of late registration.
2. A student dropping a graduate course after the Census Date but on or before the end of the 10th week of class may with the agreement of the instructor, receive a grade of W but only if passing the course with a C or better average. A grade of W will not be given if the student does not have at least a C average. In such instances, the student will receive a grade of F if he or she withdraws from the class. Students dropping a course must:
 - (1) Contact course faculty to obtain permission to drop the course with a grade of "W".
 - (2) Contact your graduate advisor to obtain the form and further instructions.

<p style="text-align: center;">Census Day: September 8, 2014 Last day to drop or withdraw October 29, 2014</p>
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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 or by calling the Office for Students with Disabilities at (817) 272-3364.

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

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

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

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

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

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

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

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

Plagiarism: Copying another student’s paper or any portion of it is plagiarism. Copying a portion of published material (e.g., books or journals) without adequately documenting the source is plagiarism. Consistent with APA format, if five or more words in sequence are taken from a source, those words must be placed in quotes and the source referenced with author’s

name, date of publication, and page number of publication. If the author's ideas are rephrased, by transposing words or expressing the same idea using different words, the idea must be attributed to the author by proper referencing giving the author's name and date of publication. If a single author's ideas are discussed in more than one paragraph, the author must be referenced, according to APA format. Authors whose words or ideas have been used in the preparation of a paper must be listed in the references cited at the end of the paper. Students are expected to review the plagiarism module from the UT Arlington Central Library via <http://library.uta.edu/plagiarism/index.html>

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

Electronic Communication: UT 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.

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

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

addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts as appropriate.

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

Librarian to Contact:

Peace Williamson, Nursing Librarian

Phone: (817) 272-7433

E-mail: peace@uta.edu

Research Information on Nursing:

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

Library Home Page	http://www.uta.edu/library
Subject Guides	http://libguides.uta.edu
Subject Librarians	http://www.uta.edu/library/help/subject-librarians.php
Database List	http://www.uta.edu/library/databases/index.php
Course Reserves.....	http://pulse.uta.edu/vwebv/enterCourseReserve.do
Library Catalog	http://discover.uta.edu/
E-Journals	http://liblink.uta.edu/UTALink/az
Library Tutorials	http://www.uta.edu/library/help/tutorials.php
Connecting from Off- Campus	http://libguides.uta.edu/offcampus
Ask A Librarian	http://ask.uta.edu

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

UTA College of Nursing additional information:

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

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

Student Requirement For Preceptor Agreements/Packets:

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

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

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

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

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

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

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)
2. Unable to accept and/or act on constructive feedback.
3. Needs continuous, specific, and detailed supervision for the expected course performance.
4. Unable to implement advanced clinical behaviors required by the course.
5. Fails to complete required clinical assignments.
6. Falsifies clinical hours.
7. Violates student confidentiality agreement.

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

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

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

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

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

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

Online Conduct: The discussion board should be viewed as a public and professional forum for course-related discussions. Students are free to discuss academic matters and consult one another regarding academic resources. The tone of postings should be professional in nature. It is not appropriate to post statements of a personal or political nature, or statements criticizing classmates or faculty. Inappropriate statements/language will be deleted by the course faculty and may result in denied access to the Discussion boards. Refer to UTACON Student Handbook for more information.

For this course Blackboard communication tools, discussion boards, and UTA MAV email will be used extensively and should be checked often, at least 3-4 times per week.

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

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

Departmental Office/Support Staff

Department of Advanced Practice Nursing

Mary Schira, PhD, RN, ACNP-BC Associate Dean and Chair; Graduate Advisor Email: schira@uta.edu	Rose Olivier, Administrative Assistant I Office # 605-Pickard Hall, (817) 272-9517 Email: olivier@uta.edu
Sheri Decker, Assistant Graduate Advisor Students: A-J Office # 611-Pickard Hall, (817) 272-0829 Email: s.decker@uta.edu	Janyth Arbeau, Clinical Coordinator Office # 610- Pickard Hall, (817) 272-0788 Email: Arbeau@uta.edu or npclinicalclearance@uta.edu
Luena Wilson, Graduate Advisor I Students: K-Z Office # 613-Pickard Hall, (817) 272- 4798 Email: lvwilson@uta.edu	Kimberly Hodges, Support Specialist II Office #612 Pickard Hall, (817) 272-9373 E-mail: khodges@uta.edu or npclinicalclearance@uta.edu
Sonya Darr, Support Specialist I Office # 609-Pickard Hall, (817) 272-2043 Email: sdarr@uta.edu	Timara Spivey, Degree Plan Evaluator Office # 606, Pickard Hall (817) 272-4796 Email: tspivey@uta.edu or npadmasst@exchange.uta.edu

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

MISCELLANEOUS INFORMATION:

Inclement Weather (College Closing) Inquiries:
Metro (866) 258-4913
Fax Number - UTA College of Nursing: (817) 272-5006
Attn: Graduate Nursing Programs Office
UTA Police (Emergency Only): (817) 272-3003

Mailing Address for Packages:

University of Texas at Arlington College of Nursing
c/o Dr. Phyllis Adams
411 S. Nedderman Drive, Pickard Hall Box 19407
Arlington, Texas 76019-0407

Clinical Overview: Three hundred sixty (360) hours are required for N5631/5632/5331/5332. The clinical hours will be completed at non-campus clinical practice sites approved by the UTA College of Nursing faculty and/or Graduate Clinical Director or the student with Clinical Faculty approval. Clinical hours are for medical management and health promotion/health maintenance of the patient and families throughout the life span. Clinical hours must be accomplished according to the specifications set for the various areas as identified for the total family program. Clinical hours are not to include grand rounds or rounds in the hospital unless with the Hospitalist preceptor. These activities will not be acceptable.

Assignments: Submit via email to the Clinical Advisor the following data on the preceptor clinical arrangements for the semester no later than the **third week** of the semester.

- Preceptor name and title
- Name of Practice
- Complete address including zip code
- Telephone number of clinic
- Fax number of clinic
- Dates of the arranged clinical experiences
- Time of the arranged clinical experience
- Student contact telephone numbers

PREVENTION OF ACADEMIC DISHONESTY GUIDELINES

Special Instructions Regarding Assignments

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

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

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

Name: _____

Date: _____

Course: _____N5430_____N5431_____N5631/5632/5331/5332

Course Schedule.

**The University of Texas at Arlington College of Nursing
N5631/5632/5331/N5332 – Family Nursing Advanced Clinical Practicum
Fall 2014**

Date/Time	Class Topic	Reading Assignments	Faculty
August 21-24, 2014	Case Presentation Project	Blackboard (off campus)	All
September 6, 2014	Business Plan	Blackboard (off campus)	Phyllis Adams
September 20, 2014		On Campus	All
8:00AM- 9:00AM	Mock Examination- Pre-Test	On Campus	All
9:00AM-10:00PM	Family Theory	On Campus	Susan Carlson
10:00AM-12:30PM	Interviewing and Negotiating	TBA	Beth McClean Beverly Ewing
12:30PM-1:30PM	Lunch	On your Own	All
1:30PM-3:00PM	Success for Certification A panel discussion with former students	TBA	Guest speakers Susan Carlson
3:00 pm - 4:00 pm	Visit with Clinical Advisor		All
7:00 pm- 8:00 pm	Medical Home Recording	TBA	Guest Speaker Reni Courtney
8:00 pm- 10:00 pm	http://www.aafp.org/practice-management/pcmh/overview/videos.html		AAFP
	Fitzgerald Health Associates Review Course Strongly Recommended Website: http://www.fhea.com 1-800-927-5380 Please coordinate for group rates!		
October 18, 2014 9:00 – 12:00 noon 12:00-1:00 pm 1:00- 2:00 pm 2:00 – 3:00 pm	Case Study Presentations Con't Lunch Case Presentations Con't Meet with Clinical Advisor		All All All All

Date/Time	Class Topic	Reading Assignments	Faculty
November 1, 2014			
9:00AM-11:00 AM	Care of Hospitalized Patients		Guest Lecturer: Kate Parrish Susan Carlson Beth McClean
11:00AM-12:00PM	Case Study Presentations (cont.)		All
12:00PM-1:00PM	Lunch	On Your Own	All
1:00 PM-3:30 PM	Decision Making in Ethics: What is really OK?	TBA	Guest Speaker Dr. McRay
3:30PM-4:30PM	Meet with Advisors		All
December 6, 2014			
9:00AM-11:30AM	Mock Examination		All
11:30 AM-12:00PM	Meet with Clinical Advisor		All
12:00PM-1:00PM	Lunch	On Your Own	All
1:00PM-2:30PM	BON/Certification Date (Paperwork to bring- Nursing License, Social Security Card, Driver's License License)		Associate Dean Mary Schira
2:30PM-3:30PM	Graduation Farewell		All
Note- Antonio, Texas	September 4-7, 2014	TNP State Conference in San	All
Note- Dallas, TX	November 4-6, 2014	Fitzgerald Certification Review	All
Note- Center (7:00PM)	December 11, 2014	Graduation at the College	All
<p>NOTE: <i>The schedule may change based on speaker availability. As the instructor for this course, I reserve the right to adjust this schedule in any way that serves the educational needs of the students enrolled in this course. Dr. Phyllis Adams and FNP Faculty.</i></p> <p>*Note: Meeting with Clinical Faculty will occur as needed.</p> <p>*Note: Online modules/assignments/simulations are to be completed as assigned. The student is responsible for all readings, activities and assignments, as applicable for each class listing.</p> <p>*Note: Students are responsible for observance of the above scheduled dates and deadlines and respective locations.</p> <p>**Note: Any seminar (didactic) class hours missed during the semester (not coming to class, arriving late to class, leaving class early) will need to be added to the non-seminar clinical hours to achieve 360 hours for the semester. The student is still responsible for completing seminar (didactic) assignments.**</p> <p>Note: E-Reserves in the Central Library may be a source of Handouts.</p> <p>Announcements will be made, as applicable</p> <p>(Supplemental Handouts may be required throughout the semester)</p>			

THE UNIVERSITY OF TEXAS AT ARLINGTON COLLEGE OF NURSING
N5631/N5632/N5331/N5332 Family Nursing Advanced Practicum
Grade Summary Sheet
Fall 2014

Student: _____

Major: _____

Faculty Advisor: _____

ASSIGNMENTS /GRADE SUMMARY

ASSIGNMENTS

A. SEMINAR ASSIGNMENTS	<u>DUE DATE</u>	<u>SCORE</u>
1. Business Plan Practice Framework	9/06/2014	5% _____
2. Case Presentation/ Certification Project	a. 8/21-24/2014 b. 10/18/14 c. 11/01/14	30% _____
3. Ethics Assignment	11/01/2014	Credit _____
4. Family Theory Paper	10/18/2014	30% _____
5. Pre-Mock Certification Examination	9/20/2014	Credit _____
6. Mock Certification Examination	12/06/2014	35% _____
7. Gen. Care of Hospitalized Patient	11/01/2014	Credit _____
8. In & out of Class Activities	8/21-24; 9/20; 10/18; 11/1-2014	Credit _____
9. Simulation (as applicable)	8/21-24; 9/20; 10/18; 11/1/2014	Credit _____
Total A.		100% _____

B. Clinical Assignments

1. SOAP Notes:		
a. Gynecology	12/6/14	Credit _____
b. Pediatric	12/6/14	Credit _____
2. Mid-Term Clinical Portfolio (180 Clinical hours)	10/18/2014	10% _____
3. Final Clinical Portfolio (360 clinical hours)	12/06/2014	15% _____
4. Preceptor Evaluations of Student (one per preceptor)	12/06/2014	10% _____
5. Clinical practicum – final due by	12/06/2014	55% _____
6. Clinical E-logs -mid-term	10/18/2014	5% _____
-final	12/06/2014	
7. Student evaluation of preceptor (one per preceptor)	12/06/2014	5% _____

8. Self-Evaluation	12/06/2014	P/F
9. Pearls of Practice from clinical experiences	12/06/2014	Credit_____
	Total B. 100%	_____
COURSE GRADE (A+B) /2	Total	_____
FINAL COURSE GRADE	P/F/R	_____

****Note: Any seminar (didactic) class hours missed during the semester (not coming to class, arriving late to class, leaving class early) will need to be added to the non-seminar clinical hours. The student is still responsible for completing seminar (didactic) assignments.****

CLINICAL REQUIREMENTS

**Suggested Clinical Hours for
N5631/5632/5331/5332 Family Nurse Practitioner
Advanced Clinical Practicum
Fall 2014**

Family Practicum:

I. Clinical/Didactic Topics	24 hours
II. Clinical Hours	336 hours includes
A. Rural/Urban Health Care Management	40 hours
B. General Care of Hospitalized Patient	8 hours
C. Unallocated Clinical Hours (Must be Approved by Faculty)	40 hours
D. Family Medicine	248 hours
% of 248 hours:	Distribution to Meet Requirements Per Individual Student for Age Ranges
	40 hrs. will come from nursing home clinical
Newborn/Infant/ Toddler	0-4 yrs.
Child	5-11 yrs.
Adolescent	12-21 yrs.
Adult	22-55 yrs.
Aging Adult	65 yrs. & >

Total of End of Semester Hours **360 hrs.**

Total of End of Program Hours **863 hrs.**

****Note: Geriatric hours should include nursing home experiences- 40 hours.****

****Changes in Clinical hours in the family medicine sites may occur based on an increase or decrease in seminar hours obtained/completed during the semester.****

UNIVERSITY OF TEXAS AT ARLINGTON
COLLEGE OF NURSING
N5631/5632/5331/5332 FAMILY NURSE PRACTITIONER PROGRAM

Total Clinical Hours

Summary

Advanced Assessment	90 hours
Advanced Role	45 hours
Rural/Urban Health Care Management	40 hours
Psych Mental Health/Counseling	45 hours
Advanced Clinical Skills	24 hours
Health Promotion/Maintenance/Teaching	70 hours
Prenatal Management	40 hours
General Care of Hospitalized Patient	8 hours
Gynecology (Gyn in addition to general Practice experiences)	24 hours
Pediatric Management	140 hours
-Newborn/Infants/Toddlers 0-4 years	(30 hours)
-School age 5-11 yrs.	(60 hours)
-Adolescent 12-21 yrs.	(50 hours)
Adult Management (21-64 yrs.)	196 hours
Gerontology Management (>65 yrs)	120 hours
<hr/>	
Total:	842 hours

NURSE PRACTITIONER CLINICAL OBJECTIVES

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

- a. Collecting a complete health history
- b. Examining all body systems
- c. Performing functional assessments to determine ability for self-care and independent living
- d. Collect additional data as needed (ECG, vision and hearing screening, urinalysis, blood sugar determination, hematocrit, pap-smear, wet-mount, hanging drop smear, nose and throat culture, and others)
- e. Making appropriate decisions regarding priority needs for episodic data collection (subjective and objective)
- f. Determining which problems/data collection can be deferred until later
- g. Making an appropriate and accurate assessment of client's health status (rule outs, differential diagnoses, nursing diagnoses, etc.)
- h. Presenting pertinent data to preceptor in a succinct manner
- i. Presenting a cost-effective, clinically sound plan of care which may include:
 - (1) advanced nursing management
 - (2) medical intervention
 - (3) pharmacotherapeutics
 - (4) diagnostic testing
 - (5) teaching/counseling
 - (6) follow-up plan
- j. Discussing with preceptor personal strengths and needed areas of improvement

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.

Show increasing evidence of ability to develop, implement and evaluate an appropriate plan for health maintenance and health promotion of clients.

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

Provide evidence of advanced nursing activities to promote and maintain health of adults to promote self-care.

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

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

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

Continue personal development of the various roles of the nurse practitioner as evidenced by didactic and clinical work.

GUIDELINES FOR CLINICAL EXPERIENCES

1. Use of Practice Guidelines:

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

2. Documentation of Care:

The UTA College of Nursing Nurse Practitioner Programs requires a wide variety of clinical hours which necessitates the student to obtain experiences in numerous settings. The student is expected to appropriately, thoroughly, and accurately document each client encounter on the client's health record, i.e., SOAP notes, clinical summaries, etc. All entries made by the student in the client's health record should be reviewed by the preceptor. Documentation will be co-signed by the preceptor as appropriate for the clinical site.

3. Clinical Preceptors:

Students are encouraged to utilize several preceptors throughout their nurse practitioner coursework. Guidelines for the selection of preceptors are included in the "Preceptor Agreement Packet." Please note that the "Letter of Agreement" in the packet **MUST** be signed and on file at UTA **BEFORE** clinical experiences commence at the site. Students are expected to negotiate their clinical objectives and number of hours with each preceptor. If for any reason, the primary preceptor and/or a secondary preceptor is absent, i.e., not physically in the practice setting, the student may not make any decisions requiring medical management. If a secondary preceptor is available in the absence of your primary preceptor, a preceptor agreement form must be completed prior to any medical management activity and faxed to the College of Nursing to your clinical advisor.

4. Clinical Experiences:

Clinical experiences are to be spread over the semester, preferable, 4-5 days per week for N5631 or 2-3 days per week for N5331/5332. If there is a change in this requirement consult your clinical advisor. It is **not acceptable** to complete all clinical hours before mid-term of the course. Clinical should not occur at the student's place of employment. Clinical experiences are strictly voluntary and are not to be reimbursed by any forms of payment (salary of any type). This is a **BON** rule. Clinical experiences (sites/preceptors) are to meet course/class requirements.

5. Telephone Site Visits:

The NP Faculty will be available for telephone consultation and/or on-site visits to the student and preceptor as needed throughout the semester. Depending on faculty/student preference, clinical practicums may be performed at the student's clinical site or other site selected by the faculty. In the event that the practicum is performed at the student's clinical site, the student should be prepared to conduct an episodic visit with a client and have selected several "potential" clients before the faculty arrives at the facility. The student will be evaluated according to the criteria on the "Clinical Practicum Form." **A score of 83% or greater is required as a passing score for all clinical practicums. Failing performances may be re-evaluated one time. Passing efforts on a repeat clinical practicum will receive a maximum grade of 83%. If the student fails the retake, the student will receive a grade of "F" for the course.**

6. Preceptor Evaluations:

Preceptor evaluations are required each semester and indicate the student's clinical performance **over time** as opposed to the practicum evaluation which evaluates clinical performance on one client. In order for a preceptor to evaluate the student's performance, there **must** be a preceptor agreement on file at UTA. Evaluations can be obtained from those preceptors that spend 16 hours or more in clinical with the student. The student is encouraged to ask the preceptor to discuss the evaluation with them before mailing it to the student's clinical advisor. **Provide a stamped self-addressed envelope for the preceptor to mail the student evaluation with clinical advisor's name, etc. It is the student's responsibility to be sure the preceptor evaluation has been submitted.**

7. Clinical Portfolio:

A clinical portfolio will be kept of all the student's clinical experiences throughout the NP Program. See "Clinical Portfolio Guidelines."

8. Professional Attire:

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

9. Clinical Conferences with Faculty:

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

10. Clinical E-logs:

Students are responsible for maintaining clinical E-log documentation. These must be up-to-date. Students are to have 360 patients (plus) documented by the end of the semester. Students are to make patient entries per week of the clinical experiences – **DO NOT** make all entries at Mid-Term or at the end of the course. Students are expected to submit a hard copy each class meeting to their clinical advisor.

11. Prescriptions:

Students are able to scribe on a prescription but are not to co-sign any (type) of prescription. Only the preceptor is to sign any (type) of prescriptions.

12. Clinical Practicum:

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

**N5631/5632/5331/5332 Family Nursing Practicum
Clinical Portfolio Guidelines
Electronic Template**

The Clinical Portfolio should be organized with appropriate tabbed sections:

A. N5631/5632/5331/5332 Family Nursing Practicum (Label Folder)

1. Personal Clinical Objectives (Label Folder)
 - First three (3) weeks – what are your personal objectives you wish to accomplish for the semester
 - Final - How and Why; Met, partially met, not met - give brief description
2. Encounter Record(s) (Label Folder)
 - Final - Must have preceptor signature for each day of clinical experience in the appropriate space with the appropriate data
3. Tally Sheet (Label Folder)
 - Midterm
 - Final (90 hours) – an accumulative Tally sheet should be included
4. Clinical Elog for the Course (Label Folder)
 - A copy of the course summary submitted at each course meeting throughout the semester
 - Final Summary sheet for the course (minimum 90 hours)
5. Student Evaluation of Preceptor (one for each preceptor) (Label Folder)
 - Final
6. Preceptor Evaluation of Student (one from each preceptor) (Label Folder)
 - Final
7. Self-Evaluation (Label Folder)
 - Final.
8. Clinical Practicum (Label Folder)
 - Midterm, as applicable
 - Final
9. Soap Notes (Label Folder)
 - Handwritten soap notes submitted throughout the semester
 - Final – graded (if you do not have graded soap notes, submit a copy of SOAP note submitted)
10. Major Assignments (Label Folder)
 - DMAs
 - Family Theory
 - Other, as applicable

11. Preceptor Agreement(s) (Label Folder)

- One per preceptor
- Biographical data, as applicable

12. Other (Label Folder)

- In/Out Assignments
- Other –(label as appropriate)

B. N5431 Family Nursing II (Label Folder)

1. Personal Clinical Objectives (Label Folder)

- First three (3) weeks – what are your personal objectives you wish to accomplish for the semester
- Final - How and Why; Met, partially met, not met - give brief description

2. Encounter Record(s) (Label Folder)

- Final - Must have preceptor signature for each day of clinical experience in the appropriate space with the appropriate data

3. Tally Sheet (Label Folder)

- Midterm
- Final (90 hours) – an accumulative Tally sheet should be included

4. Clinical Elog for the Course (Label Folder)

- A copy of the course summary submitted at each course meeting throughout the semester
- Final Summary sheet for the course (minimum 90 hours)

5. Student Evaluation of Preceptor (one for each preceptor) (Label Folder)

- Final

6. Preceptor Evaluation of Student (one from each preceptor) (Label Folder)

- Final

7. Self-Evaluation (Label Folder)

- Final.

8. Clinical Practicum (Label Folder)

- Midterm, as applicable
- Final

9. Soap Notes (Label Folder)

- Handwritten soap notes submitted throughout the semester
- Final – graded (if you do not have graded soap notes, submit a copy of SOAP note submitted)

10. Major Assignments (Label Folder)
 - DMAs
 - Family Theory
 - Other, as applicable
11. Preceptor Agreement(s) (Label Folder)
 - One per preceptor
 - Biographical data, as applicable
12. Other (Label Folder)
 - In/Out Assignments
 - Other –(label as appropriate)

C. N5430 Family Nursing I (Label Folder)

1. Personal Clinical Objectives (Label Folder)
 - First three (3) weeks – what are your personal objectives you wish to accomplish for the semester
 - Final - How and Why; Met, partially met, not met - give brief description
2. Encounter Record(s) (Label Folder)
 - Final - Must have preceptor signature for each day of clinical experience in the appropriate space with the appropriate
3. Tally Sheet (Label Folder)
 - Midterm
 - Final (90 hours) – an accumulative Tally sheet should be included
4. Clinical Elog for the Course (Label Folder)
 - A copy of the course summary submitted at each course meeting throughout the semester
 - Final Summary sheet for the course (minimum 90 hours)
5. Student Evaluation of Preceptor (one for each preceptor) (Label Folder)
 - Final
6. Preceptor Evaluation of Student (one from each preceptor) (Label Folder)
 - Final
7. Self-Evaluation (Label Folder)
 - Final
8. Clinical Practicum (Label Folder)
 - Midterm, as applicable
 - Final
9. Soap Notes (Label Folder)
 - Handwritten soap notes submitted throughout the semester
 - Final – graded (if you do not have graded soap notes, submit a copy of SOAP note submitted)

10. Major Assignments (Label Folder)
 - DMAs
 - Family Theory
 - Other, as applicable
11. Preceptor Agreement(s) (Label Folder)
 - One per preceptor
 - Biographical data, as applicable
12. Other (Label Folder)
 - In/Out Assignments
 - Other –(label as appropriate)

D. N5305 Adult Management (Label Folder)

1. Personal Clinical Objectives (Label Folder)
 - First three (3) weeks – what are your personal objectives you wish to accomplish for the semester
 - Final - How and Why; Met, partially met, not met - give brief description
2. Encounter Record(s) (Label Folder)
 - Final - Must have preceptor signature for each day of clinical experience in the appropriate space with the appropriate
3. Tally Sheet (Label Folder)
 - Midterm
 - Final (90 hours) – an accumulative Tally sheet should be included
4. Clinical Elog for the Course (Label Folder)
 - A copy of the course summary submitted at each course meeting throughout the semester
 - Final Summary sheet for the course (minimum 45 hours)
5. Student Evaluation of Preceptor (one for each preceptor) (Label Folder)
 - Final
6. Preceptor Evaluation of Student (one from each preceptor) (Label Folder)
 - Final
7. Self-Evaluation (Label Folder)
 - Final
8. Clinical Practicum (Label Folder)
 - Midterm, as applicable
 - Final
9. Soap Notes (Label Folder)
 - Final – graded (if you do not have graded soap notes, submit a copy of SOAP note submitted)

10. Major Assignments (Label Folder)
 - DMAs
 - CDMs
 - Other, as applicable (Label)
11. Preceptor Agreement(s) (Label Folder)
 - One per preceptor
 - Biographical data, as applicable
12. Other (Label Folder)
 - In/Out Assignments
 - Other (label as applicable)

E. N5306 Pediatric Management (Label Folder)

1. Personal Clinical Objectives (Label Folder)
 - First three (3) weeks – what are your personal objectives you wish to accomplish for the semester
 - Final - How and Why; Met, partially met, not met - give brief description
2. Encounter Record(s) (Label Folder)
 - Final - Must have preceptor signature for each day of clinical experience in the appropriate space with the appropriate
3. Tally Sheet (Label Folder)
 - Midterm
 - Final (90 hours) – an accumulative Tally sheet should be included
4. Clinical Elog for the Course (Label Folder)
 - A copy of the course summary submitted at each course meeting throughout the semester
 - Final Summary sheet for the course (minimum 45 hours)
5. Student Evaluation of Preceptor (one for each preceptor) (Label Folder)
 - Final
6. Preceptor Evaluation of Student (one from each preceptor) (Label Folder)
 - Final
7. Self-Evaluation (Label Folder)
 - Final
8. Clinical Practicum (Label Folder)
 - Midterm, as applicable
 - Final
9. Soap Notes (Label Folder)
 - Final – graded (if you do not have graded soap notes, submit a copy of SOAP note submitted)

10. Major Assignments (Label Folder)
 - DMAs
 - Other, as applicable (label)
11. Preceptor Agreement(s) (Label Folder)
 - One per preceptor
 - Biographical data, as applicable
12. Other (Label Folder)
 - In/Out Assignments
 - Other (label as applicable)

F. N5303 Psychiatric Mental Health Management (Label Folder)

1. Personal Clinical Objectives (Label Folder)
 - First three (3) weeks – what are your personal objectives you wish to accomplish for the semester
 - Final - How and Why; Met, partially met, not met - give brief description
2. Encounter Record(s) (Label Folder)
 - Final - Must have preceptor signature for each day of clinical experience in the appropriate space with the appropriate
3. Tally Sheet (Label Folder)
 - Midterm
 - Final (90 hours) – an accumulative Tally sheet should be included
4. Clinical Elog for the Course (Label Folder)
 - A copy of the course summary submitted at each course meeting throughout the semester
 - Final Summary sheet for the course (minimum 45 hours)
5. Student Evaluation of Preceptor (one for each preceptor) (Label Folder)
 - Final
6. Preceptor Evaluation of Student (one from each preceptor) (Label Folder)
 - Final
7. Self-Evaluation (Label Folder)
 - Final
8. Clinical Practicum (Label Folder)
 - Midterm, as applicable
 - Final
9. Soap Notes (Label Folder)
 - Final – graded (if you do not have graded soap notes, submit a copy of SOAP note submitted)

10. Major Assignments (Label Folder)

- DMAs
- Other, as applicable (Label)

11. Preceptor Agreement(s) (Label Folder)

- One per preceptor
- Biographical data, as applicable

12. Other (Label Folder)

- In/Out Assignments
- Other (label as appropriate)

G. N5313 Advanced Clinical Skills for Advanced Practice Nurses

1. Skills Check List (Label)

- List the skills completed in the semester

2. Major Assignments (Label Folder)

- All graded written assignments (label)
- Other, as applicable (Label)
- Other assignments, as applicable (Label)

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

N5631/N5632/N5331/5332/ Family Nursing Advanced Clinical Practicum

Student Name: _____ **Faculty Advisor:** _____

Date: _____ **Pass/Fail:** _____

Semester: Fall _____ Spring _____

CLINICAL PORTFOLIO CHECKLIST

Pass/Fail

_____ **I. Number / type of patients seen:**

Comments:

Pass/Fail

_____ **II. Students Level of functioning and clinical progress to date:**

Comments:

Pass/Fail

_____ **III. Personal Clinical Objectives / Evaluation - Tally Sheets, and other documentation.**

Comments:

Pass/Fail

_____ **IV. Overall neatness, organization:**

Comments:

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

N5631/N5632/5331/5332 Family Nursing Advanced Clinical Practicum

Student Name: _____ **Faculty Advisor:** _____

Date: _____ **Pass/Fail:** _____

Semester: Fall _____ Spring _____

CLINICAL PORTFOLIO CHECKLIST

Pass/Fail

_____ **I. Number / type of patients seen:**

Comments:

Pass/Fail

_____ **II. Students Level of functioning and clinical progress to date:**

Comments:

Pass/Fail

_____ **III. Clinical Objectives/Evaluation - Tally Sheets, and other documentation.**

Comments:

Pass/Fail

_____ **IV. Overall neatness, organization:**

Comments:

The University of Texas at Arlington College of Nursing

N5631/5632/5331/5332 Family Practicum Course

PER CLIENT ENCOUNTERS RECORD

Student Name: _____

Hours

Newborn: Birth to 30 days _____

Facility Name: _____

Per

Infant: Less than 1 year _____

Age Group

Toddler/Preschool: 1 - 4 years _____

School Aged: 5 - 11 yrs _____

Adolescent: 12 - 21 yrs _____

Adult: 22 - 55 yrs _____

Elderly: 65 and over _____

Date:	Number of Patients Seen	Hours Spent At Clinic				Preceptor Signature
		Time In	Lunch	Time Out	Total Hours	
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						

Total: _____

Total: _____

The University of Texas at Arlington College of Nursing

N5631/5632/5331/5332 Family Practicum Course

PER CLIENT ENCOUNTERS RECORD

Student Name: _____

Hours

Newborn: Birth to 30 days _____

Facility Name: _____

Per

Infant: Less than 1 year _____

Age Group

Toddler/Preschool: 1 - 4 years _____

School Aged: 5 - 11 yrs _____

Adolescent: 12 - 21 yrs _____

Adult: 22 - 55 yrs _____

Elderly: 65 and over _____

Date:	Number of Patients Seen	Hours Spent At Clinic				Preceptor Signature
		Time In	Lunch	Time Out	Total Hours	
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						

Total:_____

Total:_____

The University of Texas at Arlington College of Nursing

N5631/5632/5331/5332 Family Practicum Course

PER CLIENT ENCOUNTERS RECORD

Student Name: _____

Hours

Newborn: Birth to 30 days _____

Facility Name: _____

Per

Infant: Less than 1 year _____

Age Group

Toddler/Preschool: 1 - 4 years _____

School Aged: 5 - 11 yrs _____

Adolescent: 12 - 21 yrs _____

Adult: 22 - 55 yrs _____

Elderly: 65 and over _____

Date:	Number of Patients Seen	Hours Spent At Clinic				Preceptor Signature
		Time In	Lunch	Time Out	Total Hours	
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						

Total:_____

Total:_____

The University of Texas at Arlington College of Nursing

N5631/5632/5331/5332 Family Practicum Course

PER CLIENT ENCOUNTERS RECORD

Student Name: _____

Hours

Newborn: Birth to 30 days _____

Facility Name: _____

Per

Infant: Less than 1 year _____

Age Group

Toddler/Preschool: 1 - 4 years _____

School Aged: 5 - 11 yrs _____

Adolescent: 12 - 21 yrs _____

Adult: 22 - 55 yrs _____

Elderly: 65 and over _____

Date:	Number of Patients Seen	Hours Spent At Clinic				Preceptor Signature
		Time In	Lunch	Time Out	Total Hours	
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						
Date:						

Total: _____

Total: _____

N5631/5632/5331/5332 HOURLY TALLY SHEET

The University of Texas at Arlington College of Nursing - N5631/5632/5331/5332 Family Nursing Practicum Course
STUDENT NAME: _____(Weekly) Clinical Hour Tally Sheet CLIENT ENCOUNTERS TALLY SHEET

TYPE OF HOURS (Required)	Aug 21- Aug 29	Sept 2- Sept 5	Sept 8 – Sept 12	Sept 15 – Sept 19	Sept 22 – Sept 26	Sept 29 – Oct 3	Oct 6 – Oct 10	Oct 13 – Oct 17	Oct 20- Oct 24	Oct 27– Oct 31	Nov 3 – Nov 7	Nov 10- Nov 14	Nov 17- Nov 21	Nov 24- Nov 28	Dec 1- Dec 5	Totals Brought Forward	Fall 2014 Total Hours
(ADV. ASSES.) 90 Required																	
COMM. HEALTH, ROLE (Adv Role) 45 Required																	
URBAN, RURAL HEALTH CARE MGMT 40 Required																	
ADV. SKILLS 24 Required																	
COUNSELING PSYCH 45 Required																	
HEALTH PROMOTION/ MAINTENANCE/ TEACHING 70 Required																	
PRENATAL MGT 40 Required																	
GYNECOLOGY (Gyn in add. to gen. practice experiences) 24 Required																	
GEN. HOSP. 8 hours Required																	
PEDI (140 hrs Required) Newborns/ Infants/Toddlers Birth to 4 yrs. 30 Required																	
SCHOOL AGE 5-11 yrs. 60 Required																	
ADOLESCENT 12-21 yrs. 50 Required																	
ADULT MGT 22-64 YRS. 196 Required																	
GERI MGT 120 Required (65 yrs. >)																	

Total: 842 hours

TOTAL HOURS: _____

The University of Texas at Arlington College of Nursing - N5631/5632/5331/5332 Family Nursing Practicum Course

STUDENT NAME: _____ **(Weekly) Clinical Hour Tally Sheet**

CLIENT ENCOUNTERS TALLY SHEET

TYPE OF HOURS (Required)	Aug 21- Aug 29	Sept 2- Sept 5	Sept 8 – Sept 12	Sept 15 – Sept 19	Sept 22 – Sept 26	Sept 29 – Oct 3	Oct 6 – Oct 10	Oct 13 – Oct 17	Oct 20- Oct 24	Oct 29– Oct 31	Nov 3 – Nov 7	Nov 10- Nov 14	Nov 17- Nov 21	Nov 24- Nov 28	Dec 1- Dec 5	Totals Brought Forward	Fall 2014 Total Hours
(ADV. ASSES.) 90 Required																	
COMM. HEALTH, ROLE (Adv Role) 45 Required																	
URBAN, RURAL HLTH CARE MGMT 40 Required																	
ADV. SKILLS 24 Required																	
COUNSELING PSYCH 45 Required																	
HEALTH PROMOTION/ MAINTENANCE/ TEACHING 70 Required																	
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GYNECOLOGY (Gyn in add. to gen. practice experiences) 24 Required																	
GEN. HOSP. 8 hours Required																	
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ADOLESCENT 12-21 yrs. 50 Required																	
ADULT MGT 22-64 YRS. 196 Required																	
GERI MNGT 120 Required (65 yrs. >)																	

Total: 842 hours

TOTAL HOURS: _____

The University of Texas at Arlington College of Nursing - N5631/5632/5331/5332 Family Nursing Practicum Course

STUDENT NAME: _____ **(Weekly) Clinical Hour Tally Sheet**

CLIENT ENCOUNTERS TALLY SHEET

TYPE OF HOURS (Required)																Totals Brought Forward	Fall 2014 Total Hours
(ADV. ASSES.) 90 Required																	
COMM. HEALTH, ROLE (Adv Role) 45 Required																	
URBAN, RURAL HLTH CARE MGMT 40 Required																	
ADV SKILLS 24 Required																	
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ADULT MGNT 22-64 YRS. 196 Required																	
GERI MNGT 120 Required (65 yrs. >)																	

Total: 842 hours

TOTAL HOURS: _____

The University of Texas at Arlington College of Nursing - N5631/5632/5331/5332 Family Nursing Practicum Course

STUDENT NAME: _____ **(Weekly) Clinical Hour Tally Sheet**

CLIENT ENCOUNTERS TALLY SHEET

TYPE OF HOURS (Required)																Totals Brought Forward	Fall 2014 Total Hours
(ADV. ASSES.) 90 Required																	
COMM. HEALTH, ROLE (Adv Role) 45 Required																	
URBAN, RURAL HLTH CARE MGMT 40 Required																	
ADV SKILLS 24 Required																	
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HEALTH PROMOTION/ MAINTENANCE/ TEACHING 70 Required																	
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ADULT MGNT 22-64 YRS. 196 Required																	
GERI MNGT 120 Required (65 yrs. >)																	

Total: 842 hours

TOTAL HOURS: _____

The University of Texas at Arlington College of Nursing - N5631/5632/5331/5332 Family Nursing Practicum Course

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

TYPE OF HOURS (Required)																Totals Brought Forward	Spring 2015 Total Hours
(ADV. ASSES.) 90 Required																	
COMM. HEALTH, ROLE (Adv Role) 45 Required																	
URBAN, RURAL HLTH CARE MGMT 40 Required																	
ADV SKILLS 24 Required																	
COUNSELING PSYCH 45 Required																	
HEALTH PROMOTION/ MAINTENANCE/ TEACHING 70 Required																	
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ADOLESCENT 12-21 yrs. 50 Required																	
ADULT MGNT 22-64 YRS. 196 Required																	
GERI MNGT 120 Required (65 yrs. >)																	

Total: 842 hours

TOTAL HOURS: _____

THE UNIVERSITY OF TEXAS AT ARLINGTON
COLLEGE OF NURSING
N5631/5632/5331/5332 Family Nursing Practicum

Student Self – Evaluation

Student: _____

Date: _____

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

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

TELEPHONE OR ON-SITE FACULTY VISIT WITH PRECEPTOR

**FOR EVALUATION OF STUDENT
(As Applicable)**

Student: _____ **Date:** _____

Faculty: _____ **Course:** _____

Agency/Preceptor: _____

Site Descriptor: _____

DESCRIPTION OF CLIENT ENCOUNTER:

LOW HIGH

1 2 3 4 5 A. Skills in Communication: Assess appropriate use of verbal and nonverbal communication, interviewing skills, and ability to establish rapport and interpersonal relationships.

Comments:

1 2 3 4 5 B. Skills in Physical Assessment: Assess proficiency appropriateness in technical skills and use of equipment/diagnostics.

Comments:

1 2 3 4 5 C. Skills in Decision Making: Assess proficiency in prioritizing data, zeroing-in, picking up cues and ability to arrive at decisions.

Comments:

1 2 3 4 5 D. Skills in Clinical Management: Assess proficiency of management skills-current, logical, appropriate and supported with rationale.

Comments:

LOW

HIGH

1 2 3 4 5

**E. Health Maintenance /Promotion /Teaching Counseling:
Assess ability to integrate health promotion and teaching
into client encounter.**

Comments:

1 2 3 4 5

F. Follow-up/Referral: Appropriate resources utilized.

Comments:

1 2 3 4 5

G. Documentation/SOAPS.

Comments:

ADDITIONAL COMMENTS:

STUDENT/FACULTY CONFERENCE

(As Applicable)

Student: _____ Date: _____

Faculty: _____ Course: _____

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

Comments:

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

Comments:

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

Comments:

4. Other

HANDOUTS

BUSINESS PLAN

The University of Texas at Arlington
College of Nursing
N5631/5632/5331/5332 Family Nursing Advanced Practicum

GRADING CRITERIA: BUSINESS PLAN		Possible	Actual	
		Points		Received
I.	Updated Resume (refer to template)			
	A. Cover Letter	10 points		_____
	B. Biographical data	2 points		_____
	C. Licensure/Certification	1 point		_____
	D. Job Experience	4 points		_____
	1. Titles			
	2. Employee's names/ Dates of employment Roles/responsibilities (brief)			
	E. Educational Experience	1 point		_____
	F. Professional Nursing Practice/ NP program experiences	5 points		_____
	G. Professional/ Community Service	1 point		_____
	H. References	1 point		_____
II.	Updated CV (refer to template)	15 points		_____
III.	Job Description (Provide brief specifics)	15 points		_____
	A. Advanced Role (NP)			
	-Describe the role of an APN, of an FNP.			
	-Compare/Contrast the differences between the NP & PA.			
	B. Personal Practice Framework	10 points		_____
	-Identify your personal practice framework that you will base your FNP practice.			
	C. Protocol Template	25 points		_____
	-Refer to template.			
	-Complete the protocol, as applicable, to FNP Board of Nursing and Texas Medical Board Rules.			
	D. Criteria for:	5 points		_____
	- appointment – identify expectations for being hired for your first job			
	- promotion- identify the expectations for			

changes you would like or expect after 6 months
and one year of working such as benefits, salaries, etc.
-evaluation- identify/describe your plan for your
FNP employment, at 6 months, at 1 year.

IV.	Format/Documentation	5 points	_____
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	Final Points	100 points	_____
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Student

Name:_____Faculty/Advisor:_____

BUSINESS PLAN
(Resume Template)
(Curriculum Vitae)
(Protocol Template)

Updated Resume

- A. Biographical Data
- B. Licensure/Certification
 - Include pending MSN FNP Graduation (month/year)
 - Include pending ANCC Certification (month/year)
- C. Job Experience
 - 1. Titles
 - 2. Employee's names/
Dates of Employment/
Roles/Responsibilities (brief)

(Note: No abbreviations for job names. Refer to Curriculum Vitae template for examples of labeling)
- D. Educational Experience
 - only secondary education – no abbreviations
- E. Professional Nursing Practice/
NP Program clinical experiences
- F. Publications
- G. Research/Grants
- H. Professional Memberships
- I. Professional Honors
- J. Professional/Community Service
- K. References

Notes:

- Refer to example posted on Blackboard
- Include above titles on resume even if you do not have data to include: put Not Applicable for the purposed of this assignment.
- no** abbreviations unless classified as “universal”.

Curriculum Vitae

Name:

Current Position:

(Example)

The University of Texas at Arlington
College of Nursing
Box 19407
Arlington, Texas 76019-0407
(817) 272-2776

Licenses/Certifications: (Note: Most Current First)

Date	Type	Agency	Expiration
------	------	--------	------------

Education: (Note: Most Current First)

Year Awarded	Degree	Institution, City, State	Major
-----------------	--------	--------------------------	-------

Employment/Professional Experience: (Note: Most Current First)

Dates	Title	Institution	City, State
-------	-------	-------------	-------------

Scholarships/Honors and Awards:

Year, Institution/Agency/Organization

Funded Research

Title, PI, role if not PI, source, amount of funding

Publications: Refereed Journal Articles and Research Monographs (*denotes data-based)

APA Style – most recent first

Publications: Refereed Abstracts/Proceedings (*denotes data-based)

Publications: Books and book chapters

APA Style – most recent first

Publications: Media/Software and Other Publications

APA Style – most recent first

Presentations: Papers and Posters (Refereed) (*denotes data-based)

APA Style – most recent first

Presentations: Invited

APA Style – most recent first

Professional Services: Professional Organizations

Name of organization, role, dates, and service

Professional Services: Consultation

Agency/ Organization, type of service, for fee? Dates

Professional Service: Community Activities

Agency/Organization, type of service, for fee: Dates

Continuing Education

Title Sponsor. Date(s). (Month, date(s) year). Location. Number of contact hours. Approval Body for contact hours as such ANCC, ANA, AANP, CME, etc.

Example

Texas Nurse Practitioners Conference – 20th Annual. Austin, Texas. September 25 -28, 2008. 21.0 contact hours and 8.9 pharmacology contact hours with ANCC.

Notes:

Refer to example posted on Blackboard

-Include above titles on resume even if you do not have data to include: put Not Applicable for the purposed of this assignment.

Collaborative Practice Agreement/ Practice Protocol for a Nurse Practitioner or other Advanced Practice Nurse in Texas--**SAMPLE** - 2006

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 Nursing (BON). 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 Nursing (BON) under Rules 221 and 222, and the Texas Board of Medicine (TMB) 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 TMB As of December 31, 2004, the TMB ~~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.] 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 Medical Board. 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."] ****NOTE: There is a Prescriptive Authority Agreement to be completed as of November 1, 2014 – refer to your Advanced Role course and/or to the Texas BON and Texas Medical Board for further information.****

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.]

2. Controlled Substances, Schedules III – V

- a. Limited to a 30-day supply or less.
- b. No refills without prior consultation with the physician.
- c. No prescription for children under 2 years of age without prior consultation with the physician.
- d. 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 TMB 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.] ****NOTE: There is a Prescriptive Authority Agreement to be completed as of November 1, 2014 – refer to your Advanced Role course and/or to the Texas BON and Texas Medical Board for further information. ****

[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 intrapartum and immediate postpartum periods (48 hrs.) 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 TMB 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, TMB 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 TMB 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 fall 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, legible documentation 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 BON 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 BON. 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 TMB ~~TSBME~~ Website, http://reg.tsbme.state.tx.us/OnLineVerif/Phys_NoticeVerif.asp? Accept terms, enter the physician's information, then click on the physician's name for complete information.]]

Evaluation of Clinical Care

****NOTE: There is a Prescriptive Authority Agreement to be completed as of November 1, 2014 – refer to your Advanced Role course and/or to the Texas BON and Texas Medical Board (TMB) for further information. ****

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

Chart review of prescriptive authority by the supervising physician/s is via the Prescriptive Authority Agreement. ~~.[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, TMB 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): ****NOTE: Be sure to include your current reference sources.****

- Barker, LR, Burton, JR & Zieve, PD. (2007). Principles of Ambulatory Medicine 7th Ed., Williams & Wilkins or comparable current edition of medical references available on-site at the respective clinics,
- OSHA guidelines,
- CDC guidelines for immunizations, and
- Uphold, CR & Graham, MV (2003). Clinical Guidelines in Family Practice, 3rd 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. ****NOTE: There is a Prescriptive Authority Agreement to be completed as of November 1, 2014 – refer to your Advanced Role course and/or to the Texas BON and Texas Medical Board (TMB) for further information. ****

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 TMB ~~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) ****NOTE: Electronic Medical Records are used in over 95% of the clinical sites but there are times when a handwritten prescription is still applicable.****

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. ****NOTES: This process is handled via Electronic Medical Records and must be implemented if hand written prescriptions are used.****

Signing the Prescription

The APN must sign his or her name in accordance with BON 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 BON 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. ****NOTE: Important****

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. ****NOTE: Important to remember****

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.~~

****NOTE: There is a Prescriptive Authority Agreement to be completed as of November 1, 2014 – refer to your Advanced Role course and/or to the Texas BON and Texas Medical Board (TMB) for further information. ****

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, there is no longer delegation based on type of practice site as listed below. However, the definitions of the practice types is still relevant to know.~~ 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, see §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.

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

Position Statements by the Board of Nursing ~~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

<u>Begin</u>	<u>End</u>	<u>Signature and License # of Alternate Physician</u>
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____
___/___/___	___/___/___	_____

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 Medical Board ~~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 Review	Patient Seen Onsite	Patient Name / Chart Number	Consult	Status Report	Chart
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
___/___/___	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician Signature _____ Date of Onsite Visit: _____
 ___/___/___ Beginning Time: _____ End Time: _____

Form #3: Distribution Record for Drug Samples

Date	Patient's Name	Drug	Strength	Directions for Use
Distributed				

FAMILY

Family Objectives

1. Identify family stages and how they affect family function.
2. Identify the role of the NP as it relates to family practice.
3. Utilize a family assessment tool with one family.
4. Identify three stages that can be utilized to help families under stress.

GETTING READY TO

GRADUATE

***Interviewing**

***Negotiating**

***Resumè**

N5631/5632/5331/5332 FAMILY NURSING ADVANCED PRACTICUM

INTERVIEWING/ NEGOTIATIONS: GETTING READY FOR EMPLOYMENT

Pre-Class Activities:

1. Review negotiations, legal aspects, change theory, and marketing strategies from Advanced Role Course N5350

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

1. Discuss and apply basic negotiation skills.
2. Discuss and apply basic interviewing skills.
3. Develop a resume for an advanced practice nurse position.
4. Discuss and recognize the application of change theory, i.e., Lewin's theory of change.
5. Identify the process of applying for a nurse practitioner program.

**CASE STUDY
PRESENTATION/
CERTIFICATION
REVIEW ASSIGNMENT
PROJECT**

University of Texas at Arlington College of Nursing
N5631/5632/5331/5332 Family Nursing Practicum

Case Study Presentation/Certification Review Assignment/Project

1. Write a case study based on the common primary disease disorder you have been assigned (chosen). The case study should consist of 2 paragraphs based on guidelines researched in the literature (one partner will develop the subjective, one partner will develop objective). Develop a pre-test with 4 objective questions, 2 per partner. The dates for posting the 2 paragraphs for the case study and the pre-test questions per partner on Blackboard: are starting at 8:00 am and ending by 8:00 pm on August 21-24, 2014, respectively. Be sure to label the subjective in Blackboard with your topic title, respectively, when posting.
2. Further develop the above case study presentation that includes: The etiology epidemiology as applicable, clinical presentation to include subjective, objective, assessment (include rule outs, ICD 9 codes, and differentials) and plan of care (Diagnostic and Laboratory, Pharmacology and Non-pharmacology treatment, Patient Education, Referrals, Consultation and Follow-up) options. Develop an algorithm (brief) for the management of the condition(s)/disease(s)/disorder(s) as a handout to be distributed in class to classmates on October 18, 2014, and November 1, 2014 and to be used for discussion of the case study developed. The pre-test questions should be answered by each person prior to class on October 18, 2014. Answers to the pre-test will be covered during each case study presentation.
3. Content for the case presentations should be posted on Blackboard one week prior to the presentation under the Case Study Discussion.
4. Presence for each case study presented is requested. If you are not present for the presentations, then the missed time will be added to your non-clinical hours to complete.
5. Submit a copy of your assignment to each faculty.

Class Presentation will be **5 minutes** per person. Be very specific, succinct and complete with the pertinent negatives and positives. Method of Presentation will be decided by the presenter(s), power point is recommended.

ROLE OF THE FAMILY NURSE PRACTITIONER: ETHICAL ISSUES

**University of Texas at Arlington College of Nursing
N5631/5632/5331/5332 Family Nursing Practicum**

Ethical Dilemma Discussion

Reading Assignment:

1. Review principles of ethics, ethical decision making
2. Determine the process for resolving/addressing ethical issues in the practicum practice environment.

Instructions: Select a potential ethical dilemma issue from either your clinical practicum practice area and/or from a selected list of potential ethical dilemma issues provided in class. Use the appropriate references. Each clinical group will work on the assignment and all the members must be involved in the development of the assignment; all members receive the same “grade”.

****Please clarify your ethical dilemma/ issue with the faculty to avoid duplication of topics.****
****The topic will be posted on Blackboard****

Objectives:

Comments/ Feedback

1. Discuss the issue from various relevant perspectives. What are the issues?
2. Analyze the situation, citing relevant Points of practice regulations (including but not limited to the Nurse Practice Act, Standards of Care, Texas law, Federal law, JCAHO standards, risk management principles, competencies, etc.
3. Discuss the “solution” to the dilemma within your theoretical framework and within the ethical framework.
4. Lead the discussion with your peers on the issues using the following: beneficence and nonmalficence, autonomy, justice, equality confidentiality, etc.
5. References, can use verbal notes from interviews also.

PEARLS OF PRACTICE

University of Texas at Arlington College of Nursing
N5631/5632/5331/5332 Family Nursing Practicum

Pearls of Practice Assignment

Objectives:

1. Develop a list of the “pearls” of practice identified in your previous clinical management nurse practitioner courses and/or the family nurse practitioner clinical practicum course.
2. Provide related/supportive information of the “pearl” such as historical background, relevant clinical data, description of the pearl, as applicable, evidenced – based support, if available, support to Standards of Care, etc, if available.
3. Post on Blackboard the “pearls” as a handout to be compiled for each student.
4. Categories may be developed to help in the compilation, for example:
 - clinical skills
 - pediatric
 - adult
 - geriatric
 - and/or
 - system/disorder/problem
 - eyes - conjunctivitis
 - cardiovascular- MI
 - cardiovascular
 - pediatric
 - adult
 - geriatric
 - etc.
 - and/or
 - radiology
 - etc.
5. Your Clinical Pearl (more than one can be posted) is to be posted on Blackboard by the due date listed in the syllabus.

General Care of the Hospitalized Patient

University of Texas at Arlington College of Nursing
N5631/5632/5331/5332 Family Nursing Practicum

General Care of the Hospitalized Patient

Sub-objectives:

1. Describe hospital orders – admission, progression, and discharge planning.
2. Identify the nutritional needs for the hospitalized patient – NPO status, diets, intravenous therapy.
3. Identify and prescribe basic drug therapy within the scope of practice with a focus on “limited” intravenous medication pushes.
4. Assess, manage, and evaluate selected common new and recurrent symptoms/complaints, i.e., chest pain, dyspnea, fever, pain, mental status, asthma, pneumonia, changes such as depression, anxiety and insomnia, nausea/vomiting, diarrhea/constipation.
5. Recognize the basic signs and symptoms of a primary care patient requiring further management/observation in a hospital.