



State University of New York

Upstate Medical University

College of Nursing

NURS 641 Clinical Management in Primary Health Care: Family Nurse Practitioner I
NURS 686 Clinical Management in Primary Health Care: Pediatric Nurse Practitioner I

Semester: Spring, 2009

Credit Hours: 3 credits 3:1:0:2

Time: Monday, 4:30 PM-7:50 PM

Location: CON: RM 116 Library (first floor)

Course Faculty:

Patty Powers, MPA,MS, FNP-C,PMHNP

Clinical Assistant Professor

Phone: 315-464-4276

Email: Powersp@upstate.edu

Office Hours:

Thursday 1-3PM or by appointment

Location: CON, Room 314B

Joyce Scarpinato, MS,APRN, BC.PNP

Clinical Assistant Professor

Phone 464-3903 (w)

E-mail: scarpinj@upstate.edu

Office Hours: Monday 1-2PM

Thursday 2-3:00PM or by appointment

Margaret Wade, DNP, FNP-C

Clinical Assistant Professor

Phone: 315-464-4276

Email: Wadem@upstate.edu

Office Hours: Thursday 1-3PM or by appointment

Jody Coppola, MS, FNP-C

Adjunct Clinical Faculty

Phone: 464-4276

Email: coppolaj@upstate.edu

Office Hours: By appointment

Course Description:

Child Health Track:

This is an entry level clinical course in which the students integrate basic knowledge of human anatomy and physiology and build on advanced health assessment knowledge. The student develops an understanding of the pathologic changes and clinical manifestations that characterize common acute disorders. Students apply new understanding of pathophysiology, evolving clinical decision making skills to the interpretation of assessment data, the diagnosis of illness and the treatment of primary care in *infants, children, adolescents and young adult populations*. Students perform complete health assessments and provide client care with supervision. Collaborative strategy guide the student in the implementation and evaluation of accepted medical and nursing interventions and integrate research, teaching and consultation skills as a beginning basis for clinical practice.

Family Track:

This is an entry level clinical course in which the students integrate basic knowledge of human anatomy and physiology and build on advanced health assessment knowledge. The student develops an understanding of the pathologic changes and clinical manifestations that characterize common acute disorders. Students apply new understanding of pathophysiology, evolving clinical decision making skills to the interpretation of assessment data, the diagnosis of illness and the treatment of primary care across *the lifespan*. Students perform complete health assessments and provide client care with supervision. Collaborative strategy guide the student in the implementation and evaluation of accepted medical and nursing interventions and integrate research, teaching and consultation skills as a beginning basis for clinical practice.

Course Objectives:

At the completion of this course, the student will be able to:

1. Perform comprehensive and developmentally appropriate health assessments and focused exams on patients in the clinical setting.
2. Apply evidence-based management guidelines to individuals and their families with common acute and chronic health care problems.
3. Formulate the beginnings of an evidence-based management plan using pharmacologic and non-pharmacologic interventions
4. Assimilate the novice role of clinician and educator while interacting with health care consumers and collaborating with other healthcare professionals.
5. Demonstrate professional responsibility and accountability in all interactions with peers, faculty, clients and clinical agency personnel.

Required Textbooks:

Burns, C., Dunn, A., Brady, M., Barber-Starr, N., & Blosser, C. (2009). *Pediatric primary care: A handbook for nurse practitioners* (4th). St Louis: Saunders (Pediatric & Family Students)

Dunphy,L., Winland-Brown,J., Porter, B., Thomas, D. (2007). *Primary Care: The Art and Science of Advanced Practice Nursing (2nd)*. Philadelphia: FA Davis Company.
(Family Students)

Graham, M.V. & Uphold C. (2003). *Clinical guidelines in child health. (3rd)*
Gainesville: Barmarre Books. (Pediatric Students)

Graham, M.V. & Uphold C. (2003). *Clinical guidelines in family practice. 4th)*
Gainesville: Barmarre Books. (Family Students)

Hoppenfeld, Stanley, (1976) *Physical Examination of the Spine and Extremities*,
Appleton-Century-Crofts.

Melnyk, B., Fineout-Overholt, E. (2005). *Evidence-Based Practice in Nursing and Healthcare*. Philadelphia: Lippincott. (Pediatric & Family Students)

American Psychological Association (2001). *Publication Manual of the American Psychological Association (5th ed.)*. Washington, DC: Author (Pediatric & Family Students)

Suggested Textbooks:

American Academy of Orthopedic Surgeons. (2005). *Essentials of Musculoskeletal Care (3rd ed.)*, American Academy of Orthopaedic Surgeons

Bickley, L. (2003). *Bates' guide to physical examination and history taking (8th ed.)*
Philadelphia: Lippincott-Raven.

Green,M.(2002). *Bright futures guidelines for health supervision of infants, children and adolescents* Arlington, VA: National Center for Education in Maternal and Child Health.

Website: www.brightfutures.org/

Fitzpatrick, T (2005). *Color atlas & synopsis of clinical dermatology*, McGraw-Hill

Wong, D. (2007). *Whaley and Wong's nursing care of infants and children (8th ed)*
Philadelphia: Mosby

Pathophysiology Text & Pharmacology Text

Evaluation Criteria	
Exam (1)	30 %
Health Promotion Paper	20 %
OSCE (1)	25%

SOAP notes	10%
Complete History & Physical	10%
GYN Clinical Experience	5%
Portfolio	Pass/ Fail
Clinical Logs	Pass/Fail
Clinical Performance	Pass/Fail
Professional Behavior	Pass/Fail

Exam	30%
-------------	------------

There will be one comprehensive exam containing multiple choice, matching, and/or fill in the blank questions at the end of the didactic component of the course (week eight). Exam questions will be based on textbook and/ or journal article readings and lecture content. The exam questions will assess your understanding of underlying pathophysiology, history taking, differential diagnosis, laboratory ordering and evaluation, pharmacologic and non-pharmacologic management, nursing interventions, risk screening/health promotion and maintenance. A student with a legitimate reason for missing the exam should contact the course faculty in advance to schedule a make-up exam.

Health Promotion Paper	20%
-------------------------------	------------

Due Date: 3-9-09

After 3-9-09 the highest grade on a late Health Promotion Paper will be 80%.

Purpose: This assignment is to assess the student's ability to differentiate the levels of prevention (primary, secondary & tertiary), identify a Healthy People 2010 indicator and goal, and access and retrieve current research on the identified goal & interventions. Meeting the recommendations of *Healthy People 2010* requires that patients make behavior changes and the student must be able to identify and implement appropriate evidenced based interventions within their patient population.

Criteria:

- Choose **One (1)** of the ten *Healthy People 2010* leading health **indicators** listed below:

Physical activity	Overweight and obesity
Tobacco use	Substance abuse
Responsible sexual behavior	Mental health
Injury and violence	Environmental quality
Immunization	Access to health care

- Choose **one (1) generalized goal with a stated focused objective** from *Healthy People 2010* that is applicable to your patient population.
- Perform a literature search on the chosen goal / objective topic and identify evidence-based interventions that would facilitate meeting the patient objective.
- Identify **one (1) of each** of the following:
- primary, secondary and tertiary preventive intervention for the goal you have chosen.

- Discuss the current literature findings and how you would apply it to practice.
- References must be cited within the body of the paper and also on the reference page.

Directions:

- APA format will be expected and up to five points may be deducted for incorrect format.
- Paper length Five (5) pages. (not including the title and reference page.)

Objective Structured Clinical Evaluation (OSCE)	25%
--	------------

OSCE Guidelines:

There will be one OSCEs in this course. The OSCE is worth 25%, of the total grade.

Purpose:

To evaluate the student's:

- Complete history and physical skills within the student's designated track.
- History and physical exam taking skills on a patient with an acute illness.
- Clinical decision-making.
- Ability to plan and manage a patient with a specific complaint.
- Ability to collect and document information in a logical and concise manner.

Objectives:

The student will:

- Demonstrate appropriate physical exam skills on the patient.
- Obtain an appropriate history on a patient with an acute illness.
- Perform a problem-focused physical on a patient with a specific chief complaint.
- Demonstrate clinical decision-making by verbalizing the diagnosis / differential diagnosis and the management plan on the patient with a chief complaint.
- Document collected data and a management plan in a logical concise manner.

Procedure:

- The student will sign up for a 45 minute time slot. The student NP has 30 minutes to complete the patient encounter (history, physical, review of your assessment and plan with the patient).
- At the completion of the OSCE the faculty evaluator will briefly provide feedback on your performance however no grade is given at this time. The OSCE grade is determined by the patient encounter evaluation by faculty and the SOAP write up.
- The simulated patient will have received the necessary training to respond to your questions and examination.
- The student will write up the patient encounter in a SOAP note format including: CC,HPI, physical exam findings, assessment (differential diagnosis & diagnosis), and plan(diagnostics, medications with a prescriptions, patient education, follow-up, and /or referral).). **The write up is due the following day of the OSCE NO LATER THAN 8 AM.** A resource text may be used for the write up of the plan only and cite resources used.

The addendum is an important part of the written OSCE, which addresses areas omitted in the student's assessment and management plan during the OSCE. There will be no additional

credit given to the OSCE grade for information included in the addendum, however points will be deducted if an addendum is not included in the write-up.

- To pass the OSCE, a student must achieve a grade of 80% or better. A grade below 80% constitutes a failure or “0” grade. If it appears that the student is unprepared, unable to complete the OSCE exam, or receives a grade less than 80%, remediation for the OSCE will be scheduled with the faculty evaluator. The student must pass the OSCE retake with a maximum score of 80% in the presence of two faculty evaluators. The highest score a student can achieve on an OSCE retake is 80%. Failure to pass the second OSCE indicates failure to progress. Students will be counseled appropriately.
- During a standardized patient encounter, should a student’s actions/ plan of care have serious adverse consequences for the patient, an automatic failure with remediation will occur

The day of your OSCE:

- Arrive 15 minutes prior to scheduled time.
- Be prepared with a lab coat, name tag and stethoscope
- There is no class scheduled the day of the OSCE.

GYN Clinical Exam Experience	5%
-------------------------------------	-----------

Purpose: To provide a clinical pelvic exam experience for the student with an actual professional patient. The student will earn two (2) hours of clinical time toward the clinical total.

Objectives:

At the end of the experience the student will:

- Demonstrate appropriate pelvic exam skills on the female patient.
- Write a SOAP note reflecting a healthy female.
- Increase student’s comfort level performing a pelvic exam.

The student is expected to have acquired the skill to perform a thorough women’s health exam including a history, breast exam and pelvic exam.

Procedure:

- The Student will sign-up for a date and time slot with six students per session. There are no make-ups if the experience is missed.
- During the two hour teaching session the student will have an opportunity to practice a gyn exam.
- The patient educator and the NP clinician will provide feedback to the student to enhance the student’s gyn exam skills.
- The students will write-up the experience in a SOAP format omitting the subjective component and email it to the faculty within 24 hours of the experience. The SOAP note should reflect objective data, an assessment and a management plan for the woman in a logical concise format.

History and Physical: Child/Family	10%
---	------------

Due Date: 2-23-09

After 2-23-09 the highest grade on a late H & P's will be 80%.

Purpose: This assignment is to assess the student's ability to effectively collect patient data from the clinical site. A history intake & physical exam will be completed at the student's clinical site and then the findings concisely document.

Criteria:

- Child Track: Students will perform and write a complete history and physical on one age group: infant, child, adolescent, or young adult. The write-up will be submitted via email to the student's designated faculty.
- Family Track: Students will perform and write a complete history and physical on one population: infant, child, adolescent, adult young, middle-age or older. The write-up will be submitted via email to the student's designated faculty.

SOAP Notes/ Prescription	10%
---------------------------------	------------

Due Date: 2-23-09

After 2-23-09 the highest grade on a late SOAP note will be 80%.

One **SOAP note** will be turned in every week for the first five weeks and **with each note a prescription(s)**. The note should be from different patient populations (Pediatric, Adult, or Geriatric) with different diagnosis.

SOAP Format

- Demographic Data:
 - Patient Initial
 - Age
 - Gender
- Chief Complaint (CC) / Reason for Visit (RFV)
- Subjective
 - History of Present Illness (HPI)
 - **OLDCARTA:** Onset, Location, Duration, Characteristics, Aggravating Factors, Relieving Factors, Treatment, Associated Symptoms
- Review of Systems (ROS)
- Objective
 - Physical Findings
- Assessment
 - Three (3) Differential diagnosis
 - Final diagnosis with rationale.
- Plan:
 - **DMERF:** Diagnostics, Medication, Patient Education, Referral, Follow-up
 -

☺ : Logical flow of note will be assessed as part of the grade.

Note: If a student needs more practice with the SOAP format the designated faculty will assist the student in refining their SOAP note writing skills. The student will make an appointment to meet with the designated faculty to provide the remediation.

Prescription Format

- Patients initials
- Inscription: drug dose strength & method
- Subscription: quantity
- Transcription: prescriber's instructions, amount or dose, frequency, route, duration, indication
- Dispense as Written (DAW)
- Prescriber's full name and title

Professional Portfolio	Pass/Fail
-------------------------------	------------------

Due Date: 4-20-09

Purpose: Organization of professional career-related information.

Directions:

You may use an accordion-type folder, box, or notebook in which to set up a file system with the following:

- Registered Professional Nurse License
- Certifications (include items like ANCC, CPR, ACLS, child abuse, and infection control certification info)
- Current Resume/Curriculum Vitae
- Immunizations / Titers
- Professional Organization / membership
- Continuing education programs / hours
- Journal publications/ scholarly papers (if available)

Please note: you may add more items...this is a minimum.

Clinical: Discussion Board	P/F
-----------------------------------	------------

Purpose: Weekly entry into the discussion board enables the student to be reflective about the knowledge assimilated from their clinical practice site.

Students will identify in their entry the following:

- Clinical site & number of clinical hours completed that week.
- An experience or "Pearl" learned in the clinical setting each week.

Discussion board entries **start 3-16-09** until the student's 150 hours of clinical are completed.

Clinical Log Pass/Fail	Date: every week
-------------------------------	-------------------------

Due Date: 4-20-09 All clinical hours must be complete by the last class.

Each student will be required to maintain a clinical log of all patients seen during the clinical experience and must reflect age / diagnosis diversity within your track population. Log templates are designed to protect patient confidentiality according to HIPPA regulations. **The log will be turned in to faculty every week in order to maintain the privilege to attend clinical practice. If a student gets behind in handing in their logs they will be notified by faculty to stop clinical. Once the logs have been brought up to date they may resume clinical practice.** At the end of the semester, all Logs become the property of the CON.

Clinical Summary Forms should be maintained weekly and totaled at the end of the semester. The student is responsible for completing the appropriated clinical hours for their track, calculating the hours and reviewing the summary form with their faculty designee. The Clinical Summary Forms will be signed by student and faculty when clinical hours are completed. Five (5) hours of clinical time are allotted toward your 150 hours total. (145 hours)

Clinical Performance Evaluation	Pass/Fail
--	------------------

- Clinical evaluations are to be completed by the **preceptor and reviewed with the student at the end of the semester**. Faculty will discuss student's performance with their clinical preceptors at least once each semester. Students whose clinical performance is evaluated as unsatisfactory cannot proceed to NP II.
- A professional resume should be provided to your preceptor prior to starting your clinical. The resume should be one page and include your education and clinical experience.

Professional Behavior & Integrity	Pass/Fail
--	------------------

Students must demonstrate fulfillment of professional responsibilities:

- To patients, health care providers, peers, academic and clinical faculty.
- By working with health team members in a collegial and civil manner.
- By relaying accurate and truthful information (clinical logs, patient records, course work)
- Students must adequately demonstrate objectivity and sensitivity to the needs of others. Students must demonstrate flexibility with role change and continuous adaptations for learning.

Please refer to the following policies in your student handbook: Unprofessional behavior, class and clinical attendance, graduate grading system, the judicial process, and technical standards.

Academic Dishonesty/ Plagiarism/Student Code of Conduct:

The Council of the Upstate Medical University is authorized to make regulations governing the conduct and behavior of students. Students are expected to adhere to the highest professional and academic behaviors set forth by the Council cited in the document, *The State University of New York Medical University Student Code of Conduct and Related Policies*. The document can be found in the current *Student Handbook* and includes explicit components of the student code of conduct, student rights, violations and other related policies.

As a condition of taking this course, designated course written assignments will be submitted to the faculty by both paper copy (hard copy of written work) and electronically in e-mail to the course faculty via an attachment formatted as a word document. Electronic copies of student work will be retained at the College of Nursing. Plagiarism detection software programs are available to all faculty

and student work may be routinely screened. The range of disciplinary sanctions for cases of academic dishonesty may be found in the current Student Handbook.

Course Expectations:

- It is expected that you know how to use the CON computer system & Blackboard to access information. If you do not know how to access the system, please contact the system administrator Sanju Johri at 464-3906. Course information/ changes, clinical evaluation forms and current announcements can be retrieved from Blackboard. Check this site frequently for new course information.
- It is expected that you complete the required reading assignments.
- **Missed Classes**: It is expected that students attend every NP I class. Students should notify faculty members in advance if unable to attend class. For any class missed, a case study reflective of understanding of the lecture material missed is to be submitted for a Pass/Fail grade within one week of absence.
- **Late Assignments**: It is expected that you complete all assignments by the date they are due. If extraordinary circumstances prevent you from meeting the date, prior notification of faculty is mandatory. Grading modifications will be at the discretion of each individual faculty member. Failure to obtain approval will result in an automatic zero.

*****Students who have a documented disability that may affect their performance in this class are encouraged to speak with the faculty member at the beginning of each course. A letter from the Office of Student Affairs must be presented to the faculty member in order to facilitate appropriate accommodations.**

Grading Scale

89.5-100 constitutes an "A"

80-89.4 constitutes a "B"

A minimum letter grade of "B" is required at the graduate level. Successful completion of this course requires that the student satisfactorily meet the theoretical and clinical objectives.

NP I Family Nurse Practitioner Lecture / Assignment Schedule			
Week /	Topic	Due Dates	Readings

Date 2008		Assignments	
1-12-09	Introduction SOAP/ POMR OLDCARTA		
1-19-09	MLK Holiday		
1-26-09	Musculoskeletal (specialty exam)	SOAP Rx # 1 Clinical Logs	U&G:Chapter 17 (exclude fibro,gout,osteo): Hoppenfeld: Refer
2-2-09	Dermatology	SOAP/ Rx #2 Clinical Logs	Dunphy: Chapter 6 U & G Chapter 7 Burns p 944-1000
2-9-09	Acute Respiratory	SOAP/ Rx # 3 Clinical Logs	U &G: pg 404-449 Dunphy: Chapter 8 (Acute Respiratory only)
2-16-09	OSCE	SOAP/ Rx #4 Clinical Logs	
2-23-09	HEENT	SOAP Rx #5 H & P Clinical Logs	Dunphy: Chapter 7; U&G Chapter 8 & 9; Burns p673-704 (eye); 705-725 (ear)
3-2-09	Spring Break		Self-Study: Infectious Disease Burns: Chapter 23 p 477-551
3-9-09	Exam MS Spec. Exam Dermatology Acute Respir't HEENT Infect Disease	Clinical Logs Discussion Board Health Promotion Paper	
3-16-09		Clinical Logs Discussion Board	
3-23-09		Clinical Logs Discussion Board	
3-30-09		Clinical Logs Discussion Board	
4-6-09		Clinical Logs Discussion Board	
4-13-09		Clinical Logs Discussion	

		Board	
4-20-09	Clinical Wrap-up	Portfolio Review Clinical logs & evaluations	

* subject to change without notice

GYN Experience Date/Time		
Date	Time	Students
3-10-09	8:30-10:30 AM	Six
3-12-09	5:30-7:30 PM	Six
3-17-09	8:30-10:30 AM	Six
3-19-09	5:30-7:30 PM	Six
3-24-09	8:30-10:30 AM	Six
3-31-09	5:30-7:30 PM	Six

*See previous description for details.

NP I Pediatric Nurse Practitioner Lecture / Assignment Schedule			
Week / Date 2008	Topic	Due Dates Assignments	Readings
1-12-09	Introduction SOAP/ POMR OLDCARTA		
1-19-09	MLK Holiday		
1-26-09	Musculoskeletal (specialty exam)	SOAP Rx # 1 Clinical Logs	Burns p 1001-1009 P 1090-1095 (sprains, strains, Fx) Hoppenfeld: Refer
2-2-09	Dermatology	SOAP/ Rx #2 Clinical Logs	Burns p. 941-1000 p. 571-575 (AD) U & G <u>Skim</u> p 231-285
2-9-09	Acute Respiratory	SOAP/ Rx # 3 Clinical Logs	Burns: p.767-790 p. 535-539 (TB) U & G: <u>Skim</u> p.375-399
2-16-09	OSCE	SOAP/ Rx #4 Clinical Logs	
2-23-09	HEENT	SOAP Rx #5 H & P Clinical Logs	Burns p 707-738; 743-766; 603-608; 816-822; 824-825

			U &G: <u>skim</u> p 287-305 307-357
3-2-09	Spring Break		Self-Study: Infectious Disease Burns: Chapter 23 p 477-551
3-9-09	Exam: MS Spec. Exam Dermatology Acute Respir't HEENT Infect Disease	Clinical Logs Discussion Board Health Promotion Paper	
3-16-09		Clinical Logs Discussion Board	
3-23-09		Clinical Logs Discussion Board	
3-30-09		Clinical Logs Discussion Board	
4-6-09		Clinical Logs Discussion Board	
4-13-09		Clinical Logs Discussion Board	
4-20-09	Clinical Wrap-up	Portfolio Review Clinical Logs & evaluations	

* subject to change without notice

GYN Experience Date/Time		
Date	Time	Students
3-10-09	8:30-10:30 AM	Six
3-12-09	5:30-7:30 PM	Six
3-17-09	8:30-10:30 AM	Six
3-19-09	5:30-7:30 PM	Six
3-24-09	8:30-10:30 AM	Six
3-31-09	5:30-7:30 PM	Six

*See previous description for details.