NUR 807: Clinical Decision Making

Spring 2003

Course Faculty
Brigid Warren R.N., M.S.N., C.S., Associate Professor (Course Chairperson)
Celia Wills, Ph.D., R.N., Associate Professor

Clinical Faculty
Pam Nethery, M.S.N., A.P.R.N., B.L., F.N.P  Instructor (Grand Rapids)
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Click here to access the NUR 807 Blackboard System

Class Times/Locations:
Theory: 1:10 – 3 p.m.  Room 1220 Engineering Building (Codec room)
Clinical Conference: Time and room to be announced

Catalog Course Description
Clinical decision making in advance practice nursing. Decision theory and related concepts. Application of critical thinking and clinical judgment to differential diagnoses of common primary care conditions.

Welcome
Welcome to Clinical Decision Making (NUR 807). This course was developed to reflect the need for advanced practice nurses to have a sound theoretical basis in making clinical decisions. The theoretical content of this course may also be useful for nursing students in programs of study addressing roles other than advanced clinical practice; e.g., research, education, health care management, and so forth. The course will focus on the theory and application of decision-making as it applies to clinical situations that are frequently encountered by APNs in primary care. The focus of NUR 807 is on the decision making process of the advanced practice nurse. However, in the subsequent courses many of you will take in clinical management, the decision making process of the patient and family will also be addressed.

This course builds on prior course work you have taken/are taking in the MSN program and elsewhere. For example, Pathophysiology for Advanced Practice Nursing (NUR 805) provides a fundamental foundation for the development of differential diagnoses,
and Concepts of Research and Evaluation for APNs (NUR 815) provides an important basis in how to evaluate the quality of evidence for clinical practice. You may find that “revisiting” the content of these and other courses will be helpful to your learning as the course progresses.

We think you will find the content in this course to be invaluable in your future practice and other roles in which you are engaged following the completion of your graduate studies. For students who plan to be APNs after graduation, NUR 807 is viewed as a “bridge” course between the theoretical core courses and clinical management courses included in the MSN program. For students who plan to be involved in other roles, the concepts and critical thinking skills taught in the course are broadly applicable to a variety of roles in which nurses are involved; e.g., research, teaching, health care management, and so forth.

Course Objectives

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

1. *Apply decision theory to formulate differential diagnoses.* We will analyze the significance of key concepts relative to clinical judgment and decision making theory(ies) in formulating differential diagnoses.

2. *Analyze the concept of clinical diagnoses in primary care.* We will also critique the clinical significance of using evidence-based practice and clinical care guidelines in primary care.

3. *Analyze relevant clinical subjective and objective cues to explain clinical diagnoses.* We will discuss the key concepts of decision analysis and its relevant to clinical decision-making. In addition, we will analyze clinical decision-making in relation to limitations of human capacity, heuristics, and biases.

4. *Develop appropriate differential diagnoses for the common primary care conditions.* We will analyze relevant subjective/objective data to develop differential diagnoses for common primary care conditions, via discussion of many “real life” primary care clinical case scenarios.

5. *Analyze the implications of diagnostic decisions relative to cost and efficacy within the contemporary health care delivery system.* We will also discuss ethical issues and their impact on clinical decision-making.

6. *Document a HPI by using the problem-oriented record (POR).*

Course Structure
NUR 807 is a 3-credit course, comprised of a weekly 2-credit classroom seminar (Thursdays, 1:10 – 3 pm) and a 1-credit laboratory component. Specific elements of the course include the following:

1. **Seminar** - Weekly 2-hour classroom seminar sessions (Thursdays, 1:10 – 3 pm) will feature discussion of the key theoretical concepts in clinical decision making, diagnostic reasoning, and differential diagnoses. The seminar is co-taught by Brigid and Celia, and also includes guest speakers for some topics. The goal of this content is to provide a sound theoretical base of decision-making knowledge and skills. We will interweave decision-making concepts throughout the course and apply them weekly via discussion of case studies provided by the faculty. Students are also encouraged to bring clinical examples from their work for discussion. The case study application will also emphasize differential diagnosis development. The Grand Rapids and East Lansing classes will be combined via Codec (interactive TV), with faculty present at each site.

2. **Blackboard Discussion** - The classroom setting provides a limited number of hours on content that is important to clinical decision-making. Therefore, we also use Blackboard Discussion and other web-based resources (see course outline below) as an adjunct to traditional learning, as a means of keeping up with rapidly-changing clinical practice information, and to increase the amount of interaction/discussion between faculty and students outside the classroom. We expect students/faculty will actively participate in use of Blackboard and web-based resources, to share clinical cases, new information, and to ask questions that cannot be answered otherwise at Thursday class times. *Please be sure to check “Breaking News” announcements and assignments in Blackboard Discussion regularly*—throughout most weeks of the course, the faculty will be posting important announcements, assignments, clinical cases for discussion at class time, and discussing/raising additional questions about class content.

3. **Laboratory Component (Clinical Activities)** – This course has 1 credit (3 hours/week) designated as required clinical/lab time. The clinical faculty are responsible for this portion of the course, in collaboration with Brigid and Celia. The clinical component of the course is not graded, but attendance and timely participation in the clinical activities is a requirement for passing the course.

   a. **Group Clinical Conference/Seminar (1 hour)** - There will be a required weekly 1-hour group clinical conference with the clinical faculty at each program site (Grand Rapids, East Lansing). Specific meeting times will be arranged with the clinical faculty at each site. There will be a variety of practice assignments each week, to be arranged with the clinical faculty member at your program site. Lab exercises will include solving clinical puzzles, completing case studies, practicing collection of HPI and other relevant data, for which clinical faculty feedback will be provided. Students/faculty will discuss clinical implications of assigned case studies; i.e., HPI/POR documentation, differential diagnoses, and so forth.
b. **Other Clinical Activities (2 hours to be arranged)** - It is expected that the remaining two hours per week will be spent carrying out clinical activities, some independently. Other clinical hours will be more formally structured. Here are three required clinical activities that will be incorporated in the course. Other experiences may be incorporated during the semester as arranged with the course/clinical faculty:

1) **Data Collection/Peer Review** - During the initial weeks of the course you will be asked to pair up with another student to practice organized data collection. You will also participate in peer review of documentation.

2) **Simulation Exercises (16 hours)** - When collecting HPIs and focused aspects of the physical exam relevant to a chief complaint, you will be paired with other students. One student will be the simulation patient, the second student will be the interviewer, and the third student will be the evaluator. These roles will change each week so all students will have the opportunity to participate in each role. The clinical faculty will provide you with the simulations and will discuss the specific instructions for completing the simulations.

3) **Clinical Experience in a Primary Care Setting (20 hours)** – This “shadowing” experience that involves observing/working with an APN in a clinical practice setting will be arranged for the second half of the semester. This experience is required for students who are planning to be in clinical practice roles following graduation from the MSN program, and is optional for students who are enrolled in other programs of study (see information below for Nursing Students Enrolled in Non-Clinically Focused Programs of Study). The overall objective of this experience is to provide the student with the opportunity to observe APN clinical data gathering skills, diagnostic reasoning, and clinical problem solving. As part of this experience, hopefully you may be able to collect an HPI. This experience is also meant to serve as a “bridging” experience, moving the student from a classroom-based learning role to an advanced clinical practice role. The College will arrange placements for students after the course is underway. We will be asking you to submit a one-page resume about yourself (addressing your background, clinical experience, and clinical interests), in preparation for this experience.

**Nursing Students Enrolled in Non-Clinically Focused Programs of Study**

Nursing students who are enrolled in either non-clinical courses/tracks of the MSN program or the Fast Track PhD program may elect to participate in a **Special Topics**
Seminar in place of the 20 hours of clinical shadowing experience in a primary care setting. Students who are considering the Special Topics Seminar in place of the clinical shadowing experience are strongly encouraged to consult with the course faculty in advance, and should also notify the course faculty of a decision to participate in the Special Topics Seminar by no later than a week prior to midterm (by Thursday, February 20th). Assignments will include selected readings and discussion of topics that will extend the classroom seminar content, as relevant to the students’ interests and programs of study. For example, for Fast Track PhD students, assignments might focus on learning more about theoretical models of research utilization, examination of the quality of empirical evidence underpinning clinical practice guidelines, specific applications of decision-making concepts in clinical nursing research, and so forth. Assignments for the seminar will be posted in a designated link in Blackboard, and there will be required weekly discussion of the assignments in Blackboard with the course faculty.

Required Texts

1. Dains, Joyce et al. (1998). *Advanced Health Assessment and Clinical Diagnosis in Primary Care*. St. Louis: Mosby. Dains will be used primarily for the clinical/lab component of the course. You will find it very helpful both this semester and in future clinical courses.


3. Sox, Harold et al (1988) *Medical Decision Making*. Boston: Butterworth-Heinemann. This is a classic text with excellent application to health care. You may find it particularly helpful with some of the more complex theoretical decision-making concepts. Chapters will be interwoven throughout the course, to provide a basis for understanding the logic and rationale for clinical decision-making.

Optional Texts

Several other texts may be helpful to you. They may be purchased via the MSU Bookstore or from another source.

1. Rosser, Walter and Shafir, M. Sharon (1998) *Evidence-Based Family Medicine*. Hamilton: BC Decker Inc. Rosser will be used also in subsequent courses. NUR 807 content is addressed in Part I of the text.


5. Check out the list of **Other Recommended Readings and Web Sites** at the end of this syllabus.

**Evaluation**

Student course grades will be based on the following:

1. Midterm exam – 100 points
2. Final exam -- 120 points
3. Analysis paper on a selected screening test – 80 points (see next section of syllabus on Analysis Paper)

**TOTAL POINTS = 300**

4. The clinical/laboratory portion of the course is not formally graded, but attendance and timely participation is required as a condition for passing the course.

5. Students are expected to be active discussants in both the classroom and in the Blackboard discussion chat room. Use of Blackboard, via the web-based classroom, is an expectation of all students. This includes the discussion room. Several times throughout the semester, I will be reviewing the Blackboard web-based activities. The quality of your participation in both Blackboard and classroom discussion will be considered in determining your final score if the final points accrued are very close to the next grade.

**Point Determination for Grading:**

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**Analysis Paper**

For the analysis paper, you will select a screening test to analyze, which is commonly used for screening purposes in primary care populations. Pick a screening test, and
contact Brigid and Celia to discuss, to be sure it will be appropriate for the purposes of your paper. This should be done by no later than mid-semester (February 27th). *By February 27th, turn in a piece of paper to Brigid, which includes your name and the screening test you have selected for your paper.*

Here are the key elements to include in your paper, including the percentage assigned to each section for grading purposes:

**Part 1: Description of the Screening Test (35%)**

1. Identify and describe the screening test.
2. What guidelines were used to support that the test is appropriate for primary care? Include a copy of the guideline with your final paper.
3. Describe the population for which the test is appropriate, in terms of age, gender, and other characteristics that are relevant.
4. Differentiate between the use of this test for screening versus diagnostic purposes, providing clinical examples as appropriate.
5. Discuss any controversies that exist surrounding the use of the test.

**Part 2: Assessing the Screening Test (30%)**

Evaluate the test in terms of its quality and feasibility. Include reference to sensitivity, specificity, PPV, and NPV in your assessment, referring also to the implications of the population prevalence of the disease, for the population in which the screening test may be used. The cost evaluation should include how much the test would cost in your geographic area, as well as cost factors to the system and to the patient. Provide support from the literature, and remember that costs can include not only financial but other types of expenses; e.g., pain, suffering, inconvenience, and so forth.

**Part 3. Clinical Significance and Implications for Practice (25%)**

Evaluate how appropriate this test is for the primary care population. Given the pros and cons of testing that you have identified, provide rationale for why you either would or would not advocate using this test in your practice. Support your position by reference to the literature.

**Part 4. Format Considerations (10%)**

This includes use of APA format (5th ed.), organization of ideas, clarity of writing, and ability to articulate your rationale.

**Keeping in Touch**
We all have busy schedules. Certainly you may contact faculty before, during or after class, but time is sometimes quite short. Please use Blackboard as described under Course Structure. In addition, email is often the quickest way to communicate with us, since we are often not immediately available via phone. Here are our email addresses:

Brigid Warren: warrenb@msu.edu

Celia E. Wills: cwills@msu.edu

Pam Nethery: netheryp@msu.edu

Anne Teitelman: anne.teitelman@ht.msu.edu

Please do not hesitate to contact us if you have questions, concerns, or comments about the course.

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Course Outline

Key concepts covered in seminars will be applied via case examples, which we will discuss during class.

Week #1: January 9, 2003 (Brigid)
Introduction to the course and evidence based practice.

Week #2: January 16, 2003 (Celia)
Theories of decision-making and related key concepts: information processing and role of memory and competing demands; how we make decisions; basics of probability, heuristics and biases.

Week #3: January 23, 2003 (Brigid)
Nursing clinical judgment and its relationship to decision making and differential diagnoses.

Week #4: January 30, 2003 (Celia)
Introduction to epidemiology concepts and relationship to clinical practice.

Week #5: February 6, 2003 (Celia)
Screening/diagnostic test characteristics: sensitivity, specificity, PPV, NPV, SpPin, SnNout.

Week #6: February 13, 2003 (Brigid)
Clinical practice guidelines and examples of case applications.
Week #7: February 20, 2003 (Brigid/Celia)
No CODEC broadcast. On-site discussion of problem-based cases, including application of guidelines and integration of key concepts discussed to date.

Week #8: February 27, 2003 - Midterm Exam

Week #9: March 6, 2003 – Spring Break

Week #10: March 13, 2003 (Celia)
Overview of decision analysis and case applications.

Week #11: March 20, 2003 (Brigid/Celia)
Problem-based cases, with examples of applications of decision analysis/trees.

Week #12: March 27, 2003 (Celia)
Economic concepts and implications for clinical decision making, with examples of applications.

Week #13: April 3, 2003 (Guest Speaker)
We will have a guest lecturer from the Center for Ethics and Humanities. Tom Tomlinson, Ph.D. Focus will be on ethics and decision-making.

Week #14: April 10, 2003 (Brigid/Celia)
Case discussion, with examples of problem-based cases involving ethical aspects/dilemmas.

Week #15: April 17, 2003 (Brigid/Celia)
Pulling it all together: Student presentations of the lab analysis papers with peer review.

Week #16: April 24, 2003 - Final Exam

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**Week #1: January 9, 2003**

**Content:** Introduction to the course and evidence based practice.

**Reading:** Sox, Harold et al (1988) *Medical Decision Making*; read Chapters 1 & 2

Evidence-Based Medicine in Primary Care: An Overview
This article to begin to wet your appetite about future topics in this course. This link gives an overview of one major component of the course. You will need to register to get to Medscape, it is free but worth it since you will need it for this class, future classes and your practice.

In JAMA: Users’ Guides to the Medical Literature: XXV. Evidence-Based Medicine: Principles for Applying the Users’ Guides to Patient Care
Here you will have to follow some steps to get to this article: First go to http://pubsearch.ama-assn.org/search. Then click on the “search” icon (the magnifying glass) and type in Evidence Based Medicine. This will bring you to the title of the article to read. You have the option of selecting full text (which brings it up in a web page) or PDF (which is an Acrobat Reader file format).

The last web article is from the British Medical Journal:
Evidence based medicine: What it is and what it isn't. http://www.bmj.com/all.shtml
From this point, search under “Word(s) in Title or Abstract” for “evidence based medicine.” Scroll down to Editorials and the title. You might have to search 2 or 3 pages.

**Clinical Lab Hour:** Components of the HPI Will be provided for you on January 9th.
Clinical lab components are located in Course Documents in Blackboard.

**Questions to ask as you read:**

1. How do I make decisions? Am I consistent in my approach?

2. What information do I need?

3. What influences me?

4. Why is learning decision making theory going to improve my practice skills?

**Clinical assignments**

Meet with clinical faculty at the designated time to discuss HPI/POR

**HPI puzzles** (to be provided at the first clinical lab hour (Jan. 9th; no partner needed)
**More HPI puzzles**
**Yet one more HPI puzzle**

Identify a partner to respond to your questions. Based on your partner's response, write a complete HPI. Do HPI puzzles before clinical conference next week. Bring written HPIs, using the HPI component for each scenario for Week 2.

**Week #2: January 16, 2003**
**Content:** Theories of decision-making and related key concepts: information processing and role of memory and competing demands; how we make decisions; basics of probability, heuristics and biases.

**Reading:** Sox, Harold et al (1988) *Medical Decision Making:* read Chapter 3.

**Clinical content over the next 2 weeks:**

- One hour of class discussion on POR and review of HPI puzzles from the week previous.
- Bring a written HPI using the components for each scenario.
- Ask a colleague to be a peer reviewer.
- Ask the evaluator to complete a peer review form on your write-ups from Week #1. (Form link under Format above.)
- Interview a colleague who has some sort of illness symptom (i.e., headache, sore throat, runny nose) and develop an HPI write-up. One student should be the interviewer and one the simulated patient.
- In addition, the interviewer should complete what aspects of the physical exam would be appropriate based on the chief complaint and provide the rationale.

**Clinical reading:** Dains (1998). Read chapter 1 (very short). You should begin to use the pertinent chapters in this text as an aid in completing your HPI's.

**Week #3: January 23, 2003**

**Class content:** Nursing clinical judgment and its relationship to decision-making and differential diagnoses.

**Class reading:** Review Benner's *Novice to Expert* Chapter 1 (from NUR 801).


**Differential diagnosis:**

- **Office approach to chronic cough:**
  [http://www.aafp.org/afp/981200ap/lawler.html](http://www.aafp.org/afp/981200ap/lawler.html)

- **Diagnostic Criteria for Parkinson Disease**
Note: In 805 we looked at the pathophysiology of Parkinson's Disease, this link progresses to establish how a clinician rules in/out certain conditions using Parkinson's as the exemplar.

Clinical content:

- Bring HPI write-up of interview from Week #2 for class discussion in clinical conference.
- Continue with discussion from previous weeks.
- Simulated cases will be distributed in preparation for Week #4. At this time identify a simulated patient, an interviewer, and an evaluator. These roles will change from week to week providing the opportunity for each student to carry out all three roles.

Clinical reading: Read Sackett (1991) et al Chapter 1. Do reading in Dains appropriate to your colleagues’ write-ups. Class notes to be provided.

Week #4: January 30, 2003

Class content: Introduction to epidemiology concepts and relationship to clinical practice.

Class and clinical readings: Start to read Sackett, Chapter 4 on interpretation of diagnostic data (up to the “blue belt” level). Don't worry about the computation in this chapter. We will discuss the key points at class time next week.

Note: Additional readings may be posted in Blackboard. There will be homework assigned this week to be due Week 5. The exercise will illustrate the clinical significance of 2 x 2 tables.

Clinical content: Discussion of case simulations with focus on HPI, physical exam and differential diagnoses. Weeks 4-10 for clinical focus will emphasize clinical case simulations. Clinical content will examine the HPI, what physical exam you would choose based on the patient's chief complaint. You will write down what physical exam you would do and the rationale. Make sure to write it IN THE ORDER in which you would if recording in a record (i.e., begin with the general survey and include those systems and body parts you would include). Please be specific (don't just write HEENT, but rather what parts of those you would want to examine and for what reason! Provide your rationale). We will explore differential diagnoses and begin to look at lab tests. Your clinical faculty director will help you through these remaining weeks. There will be no one-hour clinical conference the week of Mid-Term Exam or Spring Break.

Clinical exercises: Additional clinical exercises are provided. Have fun! You can work on these throughout the remaining weeks.
Do case: A Blast From The Past (5 year old girl with breathing difficulties)
http://www.medconnect.com/ipeds/rlichens/ipeds_case.asp You will need to register for this site.

Explore differential diagnoses for presenting symptoms in gyn.
http://www.wdxcyber.com/what.htm

Have fun with: A clinical approach to arthritis cases:
http://www.medconnect.com/cme/breviews/br1097.asp

For your Reading Pleasure:

Check out the Archives of Internal Medicine for April 12, 1999.
http://archinte.ama-assn.org/issues/v159n7/toc.html

There are two articles of interest. The first is on choosing antithrombotic therapy and uses a Markov decision analytic model to identify which therapy is best! The second article is on use of the CAGE screening tool for alcoholism. This study looks at the sensitivity and specificity of the tool!!

We thought you might enjoy seeing that what we have been doing all semester is truly practice-oriented!!!!!

**Week #5: February 6, 2003**

**Class content:** Screening/diagnostic test characteristics: sensitivity, specificity, PPV, NPV, SpPin, SnNout.

**Class reading:** Read: Legal and Political Considerations of Clinical Practice Guidelines: http://www.bmj.com/cgi/content/full/318/7184/661. Finish reading Sackett, Chapter 4, up to the “blue belt” level only.

**Clinical guidelines:**

- **Attributes that influence use of guidelines:**
  http://www.bmj.com/cgi/content/full/317/7162/858

- **The New Zealand Guidelines Group-A summary of Different Guidelines:**
  http://www.nzgg.org.nz/tools.cfm

- **Why Don't Physicians Follow Clinical Practice Guidelines? A Framework for Improvement**
  http://jama.ama-assn.org/issues/v282n15/rfull/jrv90041.html
• Are Guidelines Following Guidelines? The Methodological Quality of Clinical Practice Guidelines in the Peer-Reviewed Medical Literature
  http://jama.ama-assn.org/issues/v281n20/rfull/joc81162.html

• The Trials and Tribulations of Clinical Practice Guidelines
  http://jama.ama-assn.org/issues/v281n20/ffull/jed90034.html

Choosing Guidelines with Confidence  (If you have purchased Rosser, you can read Chapter 8)

Clinical reading: You will find that Dains will become more and more valuable as you try to decide on what PE to do. Read the appropriate chapters.

Clinical assignment: Continuation of clinical emphasis discussed in Week #4. Additional case study exercises will be provided as available.

We also would like you to try out another web site this week. It is called the Interactive Patient. This case developed by Marshall University is one in which you will be actually ask the questions of the patient (i.e., type them in), identify the PE you would do and then (if you like) identify lab you would do and the diagnosis you would make. It is really a lot of fun. It is available at: http://medicus.marshall.edu/medicus.htm. Do not get real frustrated if you cannot get on the first time. It is obviously a very popular spot and often is "full" so the URL will come up as not available. Try again later.

Analysis paper: It is time to begin thinking about what screening lab you would like to write about for your paper. Here’s a great compilation of primary care clinical guidelines. You may want to look at some of them to get an idea of what lab tests are being used for screening (i.e., cholesterol, etc.). We thought it might stimulate some thought! It is at: http://medicine.ucsf.edu/resources/guidelines/.

Week #6: February 13, 2003

Class Content:  Clinical practice guidelines and examples of case applications.

Clinical Assignment:  Continue with clinical activities as directed per clinical faculty member and interactive case studies.

Clinical reading:  The Dizzy Patient
(http://www.postgradmed.com/issues/1999/02_99/baloh.htm)

Week #7: February 20, 2003
**Class content:** No CODEC broadcast. On-site discussion of problem-based cases, including application of guidelines and integration of key concepts discussed to date.

**Class Reading:** Cases will be made available to you on Web Talk. You will use your Dains to work through the case studies.

**Week #8: February 27, 2003 – Midterm Exam**

**Week #9: March 6, 2003 - No Class - Spring Break!!**

**Week #10: March 13, 2003**

**Class content:** Overview of decision analysis and case applications.

**Class reading:** Read Sox, Chapter 6 and review Sackett, Chapter 4. You will find that a great deal of the same concepts will be covered in class. If there are additional readings, we will provide a couple of copies in the classroom if unavailable on the web.

**Note:** Additional readings may be posted on Blackboard.


We also suggest that you visit the Evidenced Based Medicine site in Oxford England [http://minerva.minervation.com/cebm/](http://minerva.minervation.com/cebm/). Play around the site to find some examples of likelihood ratios, numbers needed to treat (NNT), specificities and sensitivities of labs/exams (SpPins and SnNouts), etc.

**Clinical assignment:** We encourage you to SEARCH for new case web sites and share those with your fellow students (post the sites that you find).

**Week #11: March 20, 2003**

**Class content:** Problem-based cases, with examples of applications of decision analysis/trees.

**Clinical content:** Starting Week #11 through #15: Students will spend four hours per week for four weeks in a clinical setting “shadowing” an Advanced Practice Nurse provider. Placement in these clinical sites will be handled through the college (arrangements will be discussed early in the course). We will continue to meet weekly for discussion of your experiences. The concepts of role, differential diagnoses, decision
making, will be interwoven in our clinical conference discussions.

**Week #12: March 27, 2003**

**Class content:** Economic concepts and implications for clinical decision making, with examples of applications. This week and next week, we will also discuss cost-of-care issues. This becomes very important as we begin to make decisions about ordering lab and diagnostic work, deciding the frequency that patients should revisit clinic, lost days of work for illness, and so forth.

**Class reading:** Sox, Chapter 11, on “Cost-effectiveness Analysis and Cost-benefit Analysis,” and Stone, P.W. (2001). Analyzing economic outcomes in advanced practice nursing. In: R.M. Kleinpell (Ed.), Outcome assessment in advanced practice nursing (Chapter 2; pp. 51-71). NY: Springer. The MSU Library has a copy of this book (Call #RT 82.8 .O89 2001), and a copy of the chapter will be placed on reserve at the Clinical Library (ground level of A Wing of Life Sciences Bldg, near the A133 auditorium we meet in each Thursday for class). For the Kalamazoo group, Pam will be provided with a copy of the assigned chapter, and you may use this copy for making personal use copies.

**Assignment:** We have an assignment for you that will require that you to contact a frequently used laboratory in your community so that you can get some idea of costs of common lab work.

Please find the approximate cost for the following:

1. CBC with differential
2. Hematocrit and hemoglobin only
3. Electrolytes
4. Blood chemistry (identify # and type of tests included for the one you cost out)
5. Lipid profile
6. Urine culture and sensitivity
7. Sputum culture and sensitivity

Bring the information you obtain with you to class, and we will discuss it on April 3rd or April 17th.

**WEEK #13: APRIL 3, 2003**
**Class content:** We will have a guest lecturer from the Center for Ethics and Humanities. Tom Tomlinson, Ph.D. Focus will be on ethics and decision-making.

**Class Readings:** None of the readings that the Center recommends are available online. We will have two copies of the readings available in class the previous week so that you may take a look at them and decide if you would like to make an individual copy. We will not be testing from the readings (only the class lecture/discussion). You may also find the journals in the library or in your local hospital.


**Clinical content:** You will continue to work on interactive case studies and carry out your “shadow” experience in the clinical setting.

**Week #14: April 10, 2003**

**Class Content:** Case discussion, with examples of problem-based cases involving ethical aspects/dilemmas.

**Week #15: April 17, 2003**

**Class Content:** Pulling it all together: Student presentations of the lab analysis papers with peer review.

**Week #16: April 24, 2003 - Final Exam**

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Other Recommended Readings and Web Sites
Here are some additional books, articles, and web sites we recommend for your reading pleasure in this course and beyond. A number of the web sites contain information on decision-making from a variety of perspectives. We’ve included a mix of theoretical and clinical references, together with short summaries to describe each item:


Netting the Evidence web site: [http://www.med.unr.edu/medlib/netting.html](http://www.med.unr.edu/medlib/netting.html). Clearinghouse for online resources and web sites related to evidence-based clinical practice.


Society for Medical Decision Making: [http://www.gwu.edu/~smdm/](http://www.gwu.edu/~smdm/). The web site of the main society for health-related decision making in the U.S. Includes theoretical papers regarding clinician and patient decision-making.


End of NUR807 Syllabus. Revised 10/16/2002 (Wills)