NUR 822
PRACTICUM I:
PRIMARY CARE FOR THE FAMILY

COURSE SYLLABUS
FALL 2004

Course Chair:
Pamela S. Nethery, MSN, APRN, BC, FNP
Instructor/ Clinical Coordinator
Family Nurse Practitioner

Clinical Instructors:
Katherine Dontje, MSN, APRN, BC, FNP
Assistant Professor
Family Nurse Practitioner

Brigid Warren, RN, MSN
Associate Professor
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Credits: 6

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**Clinical Conference Group**

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Krisha Horger  
Kara Schrader  
Stacy Mahoney  
Julie Fagerlie  
Brenda Poland  
Sandra DeJong

**Brigid Warren Group:**  
Julia Coenen  
Merina Hakvongsa  
Dawn Lybarger  
Monica Mackenzie  
Rachel Schutter

**Pam Nethery Group:**  
Pam Miller  
Ian Steward  
Ross Tisron  
Dana Brackett  
Cheryl Mitchell  
Marlo Mako  
Deb Vliet
COURSE DESCRIPTION

NUR 822 focuses on the integration of assessment, the nursing process and applied theory in primary care management of clients across the lifespan. This course will assist the APN student with integration and application of assessment and management skills utilizing a collaborative model of primary care practice. Relevant conceptual and theoretical frameworks in the primary care management of families and individuals within the family are threaded throughout all class discussions.

Emphasis is on developing skills in health promotion, health maintenance and management, risk reduction strategies, management of common single acute conditions and understanding the basic health care needs across the lifespan. The student will become increasingly independent in his/her clinical decision-making skills and ability to manage client health concerns in a practice setting. Documentation will be completed in the problem oriented format to facilitate organization of the client data.

REQUIRED TEXTS

Textbooks from previous graduate nursing courses will serve as reference resources.

COURSE OBJECTIVES

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

1. Conduct assessments, apply therapeutic reasoning and determine diagnoses when providing primary care to clients in the context of families related to health promotion, disease prevention and/or single acute frequently encountered primary health conditions.

2. Apply appropriate diagnostic and therapeutic intervention regimens which reflect issues related to safety, cost, simplicity, acceptability and efficacy.

3. Utilize advanced independent nursing interventions when managing client’s health/illness states.

4. Initiate strategies to facilitate interdisciplinary team functioning.

5. Integrate applicable conceptual and theoretical frameworks in the development of a comprehensive management plan.

6. Critically evaluate client outcomes and effectiveness of care of the APN.

7. Assume leadership in implementing educational strategies appropriate to the clients across the lifespan.
8. Utilize the clinical therapeutic reasoning process in the management of clients across the lifespan including documentation of individual and family assessment data, the medical and nursing diagnoses, the management plan and the individual and/or family outcomes.

9. Provide health promotion and disease prevention services based on age, gender, health risk, ethnicity and cultural background.

10. Analyze client case log data to determine patterns of practice in primary care.

11. Communicate data in an appropriate data format.

12. Demonstrate progression in level of decision making from preceptor made decision making to student made with preceptor validation.


**INSTRUCTIONAL METHODS**

As adult learners, it is expected that students will do relevant reading and study prior to clinic and class on topic areas identified. Faculty directed readings and web links will be provided for specific content areas. It is expected that students will search the literature and suggest/share relevant findings with faculty and classmates. Case presentations, peer review, specific topic presentation and other methods determined by the faculty will be the basis for this guided cooperative discussion. Guidelines for class interactions and specific methodology are located on ANGEL, Course Information.

**Clinical Experience**

- All students participate in **16 hours of clinical per week for 14 weeks** at designated agencies, for a **minimum** total of 224 clinical hours by the end of the semester. The agency experience is guided by the clinical preceptor at that agency. Clinical faculty in the college are available for consultation, assistance and evaluation. If at any time a student is deemed clinically or ethically unsafe by preceptor or faculty, the student will be reported to the appropriate college administrator and action will be taken.

- Students must spend at least one day prior to the beginning of the semester, orienting to each clinical facility. It is expected that this experience will help the student to start the semester positively and prepared.

- Students are not to start clinical rotations until the 1\textsuperscript{st} full week of September. September 6 thru September 10, 2004.
• The last week for clinical experiences will be the week of December 13 thru December 17, 2004.

• Students will provide direct services to clients and their families concerning well care, health maintenance and promotion, level of function and management of single acute illness.

• Students are responsible for increasing independence in collecting and determining:
  - Management plan including nursing and medical interventions
  - Client history and physical examination
  - Nursing and medical diagnoses
  - Recording on the patient record using the SOAP-POR method

• Documentation will be completed on every client encounter. The student will begin to generate outcome criteria for each management plan and form a master problem list and up to date medication list. All documentation will include:
  - Subjective data
  - Objective data
  - Assessment data
  - Medical diagnoses
  - Nursing diagnoses (only those appropriate and that truly represent non-medical)
  - Management Plan
    - Diagnostic studies (lab, special studies, radiographic, etc)
    - Non-pharmacologic interventions (education, counseling)
    - Pharmacologic interventions
    - Patient teaching
    - Expected outcomes
    - Referral
    - Follow-up

• HIPAA Guidelines: since you have been educated about these federal regulations, you know the following is expected at all times:
  - All patient identifying information must be blocked out in black prior to copying or distributing to faculty or classmates.
  - All information copied from the clinical site must be shredded by the student after use and prior to spring semester.
  - Instead of copying patient information from the chart, it is expected that you will transcribe pertinent information from the medical records and include in your SOAP documentation.
Clinical Activity Log

- This log will be utilized beginning in NUR 822 and carried through to NUR 824. The log helps all interested participants in the clinic experience understand what skill, technique or experience has been accomplished or needs to be accomplished.

- The log must be updated and validated on a daily basis to be kept current and accurate.

- The log is an excellent documentation tool that students can use in portfolio development and in seeking future advanced practice nursing employment.

- The actual tool can be found on ANGEL, Course Documents.

Caseload Data

- This section includes the Client Encounter Log and Running Total of Hours for Clinical and Clinical Activity Log. (All can be found on ANGEL, Course Documents.)

- Students are required to collect and record data on every client seen. Data logs will be reviewed weekly, during midterm and finals weeks and at anytime during the course of the semester. Both logs should be brought to class every week so faculty can review the information.

- The Client Encounter Log will be handed in on a weekly basis. Information needs to be neat and accurate. Points will be awarded for appropriate materials being turned in at the beginning of every class.

Web-based Activities

- We are utilizing ANGEL as the basis for this course. ANGEL is a web-based classroom experience that allows material to be up to date with easy access. It is the individual students’ responsibility to learn how to work through the system. You will have an orientation to ANGEL in the beginning of the course if you are unfamiliar with how to use the ANGEL format.

- Weekly readings, course information and forms, course documents, activities, grades and message board are all located on ANGEL. It is strongly suggested that you check into ANGEL on a frequent basis as it is the student’s responsibility to be present and active in the course.
• Access to ANGEL is best made by accessing via http://angel.msu.edu. You can also access thru the College of Nursing web page thru the NUR 822 syllabus. Access requires use of your MSU pilot account.
• Guiding Principles have been developed for the use of the Message Board and email. You will find this document on ANGEL, Course Information. Please be sure that you are very familiar with these principles.

**Topic Presentations**

• Each student will have weekly topic presentations to research and present to the clinical group. Guidelines for presentation can be found under ANGEL, Course Information.

• Weekly attendance is required!

• Peers will provide a constructive evaluation for each case presentation. Further information can be located in ANGEL, Course Information.

**Communication Devices**

All communication devices are to be turned off during the entire course time. If you need to be reached for an emergency, you may give the College of Nursing main office number and emergency messages will be forwarded to you by support staff. 1-800-605-6424.

**Student Responsibilities**

• Weekly attendance at clinical conference is MANDATORY! Additional student responsibilities and expectations can be found on ANGEL, Course Information. It is the student’s responsibility to understand what the expectations are for successful completion of the course.

• **Students are expected to enter NUR 822 with adequate physical assessment and documentation skills for the advanced practice level. Additionally, a comprehensive knowledge base in pharmacology and pathophysiology is expected.** Remediation at this level will be done independently (with faculty approval and guidance) prior to re-enrollment in the clinical course sequence.

• Immunizations, licensure and CPR must be current and up to date or the student will not be able to participate in the clinical experience. If this occurs, the student will have to drop out of the current course sequence and seek re-enrolment the following fall.
Course Evaluation and Grading

- The grading for this course is based on a pass/fail system. You will receive points throughout the system to show your progress through the course, but the overall grade will be based on the pass/fail grading system.
- The following point scale will be used for final grade determination:

<table>
<thead>
<tr>
<th>Points Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 – 150</td>
<td>Passing Grade</td>
</tr>
<tr>
<td>119 and below</td>
<td>Failing Grade</td>
</tr>
</tbody>
</table>

Point Determination will be as follows:

Clinical Evaluation: 100

Professional Participation: 25

Portfolio Presentation: 25

Encounter and Activity Logs: P/F

Total = 150

- A clinical evaluation form will be completed by the student and the course clinical instructor at midterm and at the conclusion of clinical. The rating is expected to be at a low level since it is highly unlikely that a student will be meeting end course objectives at this time. The midterm point totals are utilized to help identify areas that need work. The midterm evaluation is NOT used to calculate the final grade. Only the rating on the final evaluation will be used to determine the course grade.

- The final evaluation will count for a possible of 100 points toward the final grade. The student is expected to provide rationale/evidence for their self rating if it exceeds #8 on evaluation tool. The course instructor’s evaluation will be used to calculate the final grade. If there is a discrepancy, the student must provide documentation. The final grade is determined by the course instructor and course chair.

- The Clinical Evaluation Tool can be found under ANGEL, Course Documents.

- NOTE: If the Clinical Activity Log, Encounter Logs or Course Activities are NOT COMPLETED in an ACCEPTABLE MANNER (spelling, accurate & abbreviations & medical terminology, etc) the student will not pass the course regardless of their performance in the clinical setting. All course forms and
materials must be completed in a timely fashion and be presented in a legible, organized manner.

**Additional Course Information located on ANGEL**

- Course Requirements and Student Responsibilities
- Guiding Principles for Web-based Activity
- Proposed Content Schedule
- Topic Presentation Guidelines
- Peer Review Guidelines
- Case Presentation Tool
- Client Encounter Log
- Clinic Activity Log
- Clinic Evaluation Tool
- Letter of Intent
- Running Log of Hours