### **UNIVERSITY OF MARY WASHINGTON -- NEW COURSE PROPOSAL**

COLLEGE (check one):	e): Arts and Sciences		Business	Education
Proposal Submitted By:		Date Prepared:		
Richard Finkelstein (CAS Dea	n) & Pam McCullough (Nursing)		October 28,	2016
Course Title: Advanced-Practice Family Nursing: Practicum III				
Dept/Discipline and Course No: NURS 770				
Prerequisites: NURS 520, 530, 540, 550, 560, 5			90, 610, 620, 630, 640, 650	), 710, 740, 750
Co-Requisites: NURS 760, 790				

\*Course number must be approved by the Office of the Registrar before the proposal is submitted.

Number of credits: 4 Will this course meet for at least 700 contact minutes for each credit				NO	
	hour proposed? If no, provide a credit hour justification.				
Will this be a <i>new</i> , <i>repeatable</i> "special topics" course?			X	YES	
(Do you want students to be able to take this new course more than once if the topic changes?					

Date of first offering of this <i>new</i> course:	<b>Spring</b>	2021		
Proposed frequency of offering of the course:	Annual	ly		
List the faculty who will likely teach the course:	Nursing	<mark>g Adju</mark> n	nct	
Are ANY new resources required?	NO	X	YES	Document in attached impact statement

This new course will be (check all that	apply):		
Required in the major X	Required in the minor	General Elective	
Elective in the major	Elective in the minor	**General Education	
**A ETEP the new course is approved a separate proposal must be sent to the General Education Committee			

\*AFTER the new course is approved, a separate proposal <u>must be</u> sent to the General Education Committee.

#### Catalog Description (50 words or less, if possible):

This final practicum course provides the opportunity to practice clinical decision-making and primary care assessment skills within a primary care setting. Collaborative strategies will be emphasized in the position of health promotion/maintenance strategies and the management of common health problems. The course provides 240 hours of patient contact. In the MSN program, only one of the three clinical practicum courses may be repeated.

COU	IRSE HISTORY:	Was this course taught previously as a topics or experimental course? YES NO				
Cou	irse Number and	Title of Previous Course	Semester Offered	Enrollment		
	<b>CHECK HERE</b> if the proposed course is to be <b>equated</b> with the earlier topics or experimental offerings. If equated, students					
	who took the earlier "topics" course will only be able to take the new course as a repeat (C- grade or lower).					
<b>NOTE:</b> If the proposed course has not been previously offered as a topics or experimental course, <b>explain in the attached rationale</b>						
statement why the course should be adopted even though it has not been tried out.						

#### **REQUIRED ATTACHMENTS:**

- 1. Rationale Statement: Explain what purposes it will serve.
- 2. Credit Hour Justification (if required): Explain how this course will comply with the UMW Credit Hours Policy (D.5.1)
- 3. Impact Statement: Provide details about the library, space, staffing, budget and technology impacts created by adding this new course. Include supporting statements from the Library, IT Department, etc. Any change that impacts another department must have a written statement (such as a copy of an email) from the Chair(s) agreeing to the change.
- 4. Sample Syllabus

Department Chair Approval: D. Januer Sone Caller	Date:	10/28/16
CCC Chair Approval:	Date:	11/19/16
UCC Chair Approval: Patricia Reynolds	Date:	12/12/2016

#### **REQUIRED ATTACHMENTS**

### **Rationale**

With changes in healthcare payments to hospitals and other providers generated by passage of the Affordable Care Act (ACA), and with recognized best practices in mind, there is a strong need for educational opportunities that will help nurses gain a Master's of Science in Nursing (Family Nurse Practitioner track) to improve access to healthcare. Reimbursements of hospitals and clinics for patient care now provide significant incentives and penalties that promote decreased admissions and readmissions. To conform to this new environment, hospitals recognize that they need to increase primary care services, to include health promotion and disease prevention in the community. These goals require an increase in the presence of primary care providers locally, state-wide and nationwide. However, there is currently a recognized shortage of primary care providers because primary care practices receive lower reimbursement rates than specialty practices. Within the Fredericksburg area alone, Mary Washington Healthcare (MWHC) estimates that at least 90 additional family practice providers are needed to manage care in the community.

In the spring of 2016 MWHC approached UMW seeking collaboration in building an MSN program for Advanced-Practice Family Nurse Practitioners. UMW and MWHC created a planning group which has met regularly for five months. The planning committee developed a request for funding from the Mary Washington Hospital Foundation, which included startup costs and guaranteed tuition costs for MWHC's qualified, BSN-prepared registered nurses (RNs). In total, the UMW MSN-FNP Program will be supported with \$1.4 million of funds from the MWH Foundation.

CCNE, the accreditation body of the UMW BSN Completion Program, requires the educational component of the MSN-FNP track be developed by a nationally-certified Family Nurse Practitioner. The MWH Foundation provided funding for the consultation services of Dr. Micah Alderman Scott to develop this course proposal. She is a PhD, FNP-BC, Assistant Professor, and Interim FNP Program Coordinator at the University of North Carolina's School of Nursing. Dr. Scott's previous position was the FNP Program Coordinator at Old Dominion University.

This course has been created at the request of the Dean of the Colleges of Arts and Sciences and the Provost as part of the proposed MSN-FNP program. The MSN-FNP curriculum will include 18 courses (one existing course and 17 new courses). The seven-semester curriculum will consist of 46 credits. This course is **#16** of 17 newly proposed courses for the program. Combined, the 18 MSN-FNP courses meet the requirements of:

- The Essentials of Master's Education in Nursing (American Association of Colleges of Nursing [AACN], 2011);
- Criteria for Evaluation of Nurse Practitioner Programs, 5<sup>th</sup> Ed.(National Task Force on Quality NP Education (2016); and
- Family/Across the Lifespan Population-Focused Nurse Practitioner Competencies (AACN, Population–Focused Competencies Task Force, 2013).

### **Credit Hour Justification**

This course will be offered during the **spring** semester and has a minimum of **240 patient contact** hours over 14 weeks. Students are expected to have a minimum of two hours of outside-of-class responsibility (homework, assigned projects, class preparation, writing assignments, etc.) for each credit hour (60 patient contact hours).

#### **Impact Statement**

The proposed MSN program will enroll 15 students each January. The students will progress in a cohort manner, through a 46-credit curriculum over 27 months. The program will generate significant additional tuition revenue, which will cover the cost of an adjunct nursing faculty member. The President and the Provost have stated a commitment to cover costs necessary to bring the new degree program to UMW. Additional space is not needed for this online course. Additional library resources are estimated to be \$40,000 for the MSN-FNP program as a whole. This specific course does not add to that cost. The Executive Director of the Division of Teaching and Learning Technologies (Jesse Stommel) has met with the BSN-C Program Director and proposed additional online learning resources for faculty and students. At the date of this proposal, both Rosemary Arneson and Jesse Stommel are completing an impact assessment to determine the additional funding required by their departments.

Sample Syllabus (See Attached)



## **COURSE SYLLABUS**

Course Nº:	NURS 770*
Course Title:	Advanced-Practice Family Nursing: Practicum III*
Dates:	ТВА
Semester:	Spring 2021
Course Format:	Online
Total Credits:	4
Clinical Hours	240*
Prerequisites:	NURS 520, 530, 540, 550, 560, 580, 590, 610, 620, 630, 640, 650, 710, 740, 750
Co-Requisites:	NURS 760, 790
Instructor:	ТВА
Preferred Communication:	ТВА
Virtual Office Hours:	ТВА

\*In the MSN-FNP Program, a student may repeat only one of the three clinical practicum courses, and may do so only once.

### **TABLE OF CONTENTS**

<b>Topic</b> Table of contents will be filled out by instructor.	Page

### STUDENT LEARNING OBJECTIVES

This course is the final clinical practicum. Students will complete 240 hours in the clinical arena and are required to complete the following:

Program Curricular Conce	epts. Definitions. NP Outcomes.	<b>Course Objectives and Activities</b>

Concept	Definition	Role	<b>Course Objectives &amp; Activities</b>
Critical Thinking	Critical thinking is a purposeful, reflective and goal directed active process that maximizes human potential based on the principles of science.	Synthesizes theoretical, scientific and contemporary clinical knowledge grounded in evidence-based practice for the assessment and clinical management of families in primary care.	<ul> <li>Utilize primary care interventions based on the history and physical exam findings women's health, pediatric, acutely ill, and chronically ill patients.</li> <li>Utilize collaborative and consultative strategies appropriate for advanced nursing practice.</li> <li>Identify normal and abnormal developmental issues for patients and their families in the primary care setting.</li> <li>SOAP Notes, EVMS scenarios, Practicum hours, Preceptor Evals, Site Visit, Case Study</li> </ul>
Nursing Practice	Nursing practice is the critical and creative independent and interdependent application of theory, research, and standards to promote, maintain, restore and/or support health	Employs evidence-based clinical practice guidelines to identify health promotion needs, provide anticipatory guidance, and guide health care practice in the care of families.	<ul> <li>Coordinate health promotion and maintenance strategies for patients and families.</li> <li>Utilize primary care interventions based on the history and physical exam findings women's health, pediatric, acutely ill and chronically ill patients.</li> <li>Utilize collaborative and consultative strategies appropriate for advanced nursing practice.</li> <li>Identify normal and abnormal developmental issues for patients and their families in the primary care setting.</li> <li>Perform comprehensive and focused physical examinations.</li> <li>Perform and assist in medical procedures as indicated.</li> <li>SOAP Notes, EVMS scenarios, Practicum hours, Preceptor Evals, Site Visit, Case Study</li> </ul>
Communication	Communication is a dynamic process involving active listening, dialogue, and/or verbal, non-verbal, and written expressions.	Communicate in a manner that conveys ideas in a variety of contexts related to health promotion and acute and chronic health care.	<ul> <li>Utilize collaborative and consultative strategies appropriate for advanced nursing practice.</li> <li>SOAP Notes, EVMS scenarios, Practicum hours, Preceptor Evals, Site Visit, Case Study</li> </ul>

Concept	Definition	Role	<b>Course Objectives &amp; Activities</b>
Teaching	Teaching is a process that emphasizes learning within a dynamic relationship where diverse learning styles and perspectives are respected, experiences are shared and the co- creation of knowledge is facilitated through independent, critical and reflective thought.	Incorporates psycho-social teaching strategies based on anticipatory guidance needs, care management, and patient understanding and motivation for learning.	<ul> <li>Coordinate health promotion and maintenance strategies for patients and families.</li> <li>Demonstrate effective teaching and change strategies to promote and maintain family health.</li> <li>SOAP Notes, EVMS scenarios, Practicum hours, Preceptor Evals, Site Visit, Case Study</li> </ul>
Research	Research is the foundation for evidence- based practice through a prescribed, systematic, rigorous, and creative process of inquiry used to generate new knowledge or to refine existing knowledge.	Integrate research findings for application in the development of policies, procedures, and guidelines for patient care.	<ul> <li>Utilize primary care interventions based on the history and physical exam findings women's health, pediatric, acutely ill and chronically ill patients.</li> <li>Utilize collaborative and consultative strategies appropriate for advanced nursing practice.</li> <li>Identify normal and abnormal developmental issues for patients and their families in the primary care setting.</li> <li>SOAP Notes, EVMS scenarios, Practicum hours, Preceptor Evals, Site Visit, Case Study</li> </ul>
Leadership	Leadership is a goal- oriented, creative and mutually respectful process through which one articulates a shared vision, models the way, inspires and enables others to act, and promotes strategic development.	Use effective leadership strategies within multidisciplinary teams to assess organizational effectiveness, strategically plan for change, implement improvements, and evaluate programs in the health care delivery system.	<ul> <li>Utilize collaborative and consultative strategies appropriate for advanced nursing practice.</li> <li>SOAP Notes, EVMS scenarios, Practicum hours, Preceptor Evals, Site Visit, Case Study</li> </ul>
Professionalism	Professionalism is hallmarked by accountability, advocacy, self-direction, life-long learning, personal and moral development, and application of political and policy dynamics to improve healthcare quality.	Use knowledge of professional, legal, political, and ethical issues and trends in health care delivery to guide organizational changes, promote nursing scholarship, and to demonstrate a commitment to the implementation, preservation and evolution of the Family Nurse Practitioner role.	<ul> <li>Utilize collaborative and consultative strategies appropriate for advanced nursing practice.</li> <li>Practicum hours, Preceptor Evals, Site Visit, Case Study</li> </ul>

Concept	Definition	Role	<b>Course Objectives &amp; Activities</b>
Culture	Culture is the learned, shared, and transmitted values, beliefs, norms and specific lifeways of clients, families, groups and communities that guides thinking, decisions and actions in patterned ways. Culture embodies dimensions of religious, spiritual, philosophical, ethnic, racial, kinship, and societal, economic, legal, ethical, technical and educational factors.	Individualize culturally competent health care that involves awareness and sensitivity to cultural practices and beliefs of each patient.	<ul> <li>Utilize collaborative and consultative strategies appropriate for advanced nursing practice.</li> <li>Identify normal and abnormal developmental issues for patients and their families in the primary care setting.</li> <li>SOAP Notes, EVMS scenarios, Practicum hours, Site Visit, Case Study</li> </ul>

### WELCOME TO THE COURSE

### **Course Description**

This final practicum course provides the opportunity to practice clinical decision-making and primary care assessment skills within a primary care setting. Collaborative strategies will be emphasized in the position of health promotion/maintenance strategies and the management of common health problems. The course provides 240 hours of patient contact hours and is not repeatable.

### **Required Textbooks**

Although there is no required text for this course, there are numerous resources available to students. You may want to review assorted websites for these resources or ask your preceptor. We will also discuss this information in class.

### **Recommended Textbook**

• Publication Manual of the American Psychological Association (Sixth Edition) by the American Psychological Association

### **Teaching/Learning Methods**

Attendance and participation in patient care for 20 hours each week with an advanced practitioner in is the primary learning method for this practicum. Clinical practicum will be done in primary care, women's health, pediatrics or an approved specialty practice. Clinical hours in an approved specialty practice are limited to 56 hours. Students will also attend a standardized patient scenario and teaching session for patient simulation interaction. Additional learning methods include four SOAP notes, verbal case presentation, and faculty site visit to evaluate the student's progress in the primary care setting.

### **Attendance and Participation**

This is a practicum course. There are no broadcast classes for this course. You are required to provide your clinical schedule for the semester to your mentor at the beginning of the semester. If a student must miss clinical due to illness or emergency, each clinical hour missed must be made up over the course of the semester. **PLEASE NOTIFY PRACTICUM FACULTY AND PRECEPTOR IF ABSENCES ARE NECESSARY.** 

Attendance to any practicum group meetings arranged by the practicum faculty is mandatory. Meetings will be announced with advanced notice. It is expected that students will carefully review the course syllabus to be familiar with all requirements and expectations for your participation and successful completion of the course.

### <u>Equipment</u>

You will need a stethoscope with a reversible bell and diaphragm. If you will be purchasing a new one at this time, be sure and check to see that the earpieces are **comfortable** for your individual ear shape. Prices range from approximately \$30.00 to as much as \$150.00 for a good quality model. You may want to purchase an oto-ophthalmoscope or addition equipment at your discretion. Please check with your preceptor regarding the use of clinical equipment in your assigned site.

### **Professional Appearance and Behavior**

Students should wear a white lab coat with a name tag unless otherwise advised by their preceptor. Please review the Student Handbook for specifics on student professional appearance. Students will maintain a neat, clean appearance and may be sent from the clinical site for failure to do so. Students are expected to demonstrate a professional behavior in the clinical setting.

### Name Tags

Each student should purchase a nametag with the following information:

Jane Doe, RN, BSN University of Mary Washington Graduate Student

#### Laboratory Experience

Students in consultation with the faculty coordinator/mentor and clinical preceptor will be placed in a clinical experience of approximately 20 hours per week for 14 weeks - a total of 280 hours. The focus of this experience will be to further enhance the use of the nursing process in incorporating newly acquired health assessment skills into advanced nursing practice.

#### <u>CPR</u>

All students must be currently certified in Basic Life Support. In the fall of each year students are responsible for submitting CPR cards. If a CPR card is renewed during the course of the year, it is the student's responsibility to provide a copy of the new certification to the FNP faculty.

#### <u>Licensure</u>

All graduate students are required to have a current, valid Virginia nursing license. You must immediately notify Micah Scott of any change in your licensure status.

#### **Physical Examination**

All students must have an annual physical examination (see graduate handbook for additional requirements). All students must submit evidence of an annual PE, current CPR and a copy of your RN license. **If you did not complete these requirements in the fall, you cannot participate in clinical until these requirements are met.** 

### **Risks Inherent in Clinical Practice**

All students should read the risk material provided in the MSN Graduate Student Handbook (to include, but not limited to, Appendix l - Infectious Disease Policy). Each student must sign the Acknowledgement of Risks Associated with Clinical Practice in the Laboratory/Clinical Setting (Appendix D). **If you have not signed this risk form, it is your responsibility to provide the FNP Faculty with the signed form prior to the first clinical day.** 

#### **Preceptor Agreements**

Preceptor Agreements are due on or before September 9th. As students move to other sites, they must submit the preceptor evaluation form to Micah Scott within the first week of the clinical site. If a student spends more than 8 hours with a preceptor, an agreement must be signed.

#### **Practicum Expectations**

The student is to devote 20 hours on site in an assigned; faculty-approved primary care or specialties care setting. It is expected that each student capable of eliciting a complete health history and performing a physical examination prior to entering this clinical nursing course. Students are responsible for charting in the office on each person they see.

Maintaining communication with the clinical faculty or mentor will be of the utmost importance. In addition, the students should assume that the clinical preceptor may not clearly understand the student's role and should discuss their role and expectations with their clinical preceptor before starting clinicals (see attached <u>Preceptor Questions</u> <u>and Answers</u>). If a student is experiencing difficulty in meeting his/her clinical goals, please advise the clinical preceptor and the faculty coordinator/mentor as soon as possible.

You are required to provide your clinical schedule for the semester to your mentor at the beginning of the semester. If a student must miss clinical due to illness or emergency, each clinical hour missed must be made up over the course of the semester. **PLEASE NOTIFY CLINICAL FACULTY OR MENTOR AND PRECEPTOR IF ABSENCES ARE NECESSARY.** 

Home visits may be made if considered necessary to the planned care of a patient and/or family, or to some other clinical objective. Patient and family approval should be obtained prior to home visits. The clinical faculty or mentor will be notified prior to home visits if any are planned.

### **Preceptor Evaluations**

Preceptor Evaluations will be completed if a student spends 56 or more hours with a preceptor. Preceptor Evaluations will be completed at the midterm and at the end of the semester. Preceptor Evaluations must be submitted prior to or on the due date as designated. No preceptor evaluations will be accepted after the due date. The average of preceptor evaluations will determine the score at both the mid-term and end of semester evaluation.

Students are responsible for sending the preceptor agreement to Micah Scott. It is not the responsibility of the preceptor to mail the evaluation. Preceptor evaluations must be submitted via US Postal service, campus/distance mail, or email. <u>Preceptor evaluations cannot be faxed. Preceptor evaluations will not to be accepted after the due date. The evaluation must have a post mark or distance learning site date stamp on or before the due date to be accepted for a grade.</u>

### **Communication with the Faculty**

It is your responsibility to keep the course coordinator up-to-date on progress, problems, and concerns you may have. Some of the issues that are important are computer/email problems, questions about assignments guidelines, or late submission of assignments. You may contact me by e-mail or by office phone (voice mail, leave a reliable phone number and time that is good for me to contact you. If you have left a message and I have not returned your call or email within 72 hours, then contact the MSN Program (Sue Parker, graduate administrative assistant, #757-683-4298).

### **Submission of Assignments**

**You are expected to turn in assignments on time. An assignment that is received late will be graded as a zero.** Should you have difficulty or questions when completing an assignment contact the course coordinator *before* the assignment is due date.

Each assignment should be typed in a font no smaller than 12 point. The assignments should be formatted in APA style, and presented professionally with an appropriate cover page, reference list, and appendixes as needed. Errors in spelling, grammar, sentence structure, punctuation, and format will result in a significant point deduction from the total point score for the assignment.

Proofread your papers before turning them in. If you have difficulty proofreading, then have someone else proof your paper. It is expected that all assignments will meet the standard for graduate level work. The course coordinator reserves the right to refuse to grade any assignment that does not meet the expected standard for professional preparation and appearance. This may result in a zero for the assignment and a failure for the course.

Guidelines for grading are provided in this syllabus for course assignments. Use them to ensure that you have addressed all required components for an assignment. A grading summary will be returned with each assignment that will show you how your work was judged. If you have questions or comments about a grade please contact the course coordinator.

# Students are expected to do their own, original work on each assignment. A plagiarized assignment will result in a zero (0) for the assignment. The student will be referred to the Honor Counsel.

### **Evaluation Of Student Performance And Grading**

Activities that will be used to evaluate student performance in the course include: SOAP notes, Standardized Patient Sessions, NPST Daily/Weekly Spreadsheet, Mid Term and Final Preceptor Evaluation, Faculty Site Visit, and Verbal Case Presentation. Also, completion of 280 required practicum hours, as entered into the NPST system, at the end of the semester.

The final course grade will be comprised of the following components:

SOAP notes (4 total at 10 % each)	40%
EVMS Sessions (2 scenarios with score averaged)	10%
Monthly Preceptor Signed NPST Spreadsheet	10% (2.5 points per submission)
Mid Term Preceptor Evaluation of the Student	Pass/Fail
Site Visit & Case Presentation	15%
Preceptor Evaluation of Student	<u>25%</u>
Total	100%

### **Incomplete Grades**

Under certain circumstances, a student can request a grade of incomplete for the semester. These hours must be completed at the end of the following semester or a failure for the course will be given. Please notify your clinical mentor ASAP of the your need to receive an incomplete for the semester.

### Practicum Performance And Evaluation Requirements

- 1. Submission of all required forms: preceptor agreements updated PE, CPR, and RN license if applicable by the end of the first week of clinical. If these documents are not submitted within the first week, removal from the clinical site will occur.
- 2. Satisfactory NPST content including accurate patient information regarding the patients seen by the student including the date the patient was seen and all accurate diagnosis and pertinent clinical activities.
- 3. NPST data should be current and available for the faculty to review on SOAP note due dates. Faculty will review NPST hours and hours documented on the SOAP grade sheet. These hours should be current and progressive during the semester to meet the practicum hour requirements. See page 39 and 40. SOAP grade sheet for appropriate documentation.
- 4. <u>NPST ORIGINAL "NPST Daily/Weekly Spreadsheet"</u> NPST spreadsheets will be submitted 4 times during the semester. The spreadsheet must have the preceptor's signature on the first page of the spreadsheet. The preceptor only has to sign one page of the spreadsheet. Spreadsheets should be scanned and emailed to OR mailed to their faculty mentor as directed. Please use a reliable source if you mail your assignments to your faculty mentor. Spreadsheets won't be accepted after the due date.

### **Spreadsheet Due Dates:**

Clinical dates from XXX through XXX are due on XXX. Clinical dates from XXX through XXX are due on XXX. Clinical dates from XXX through XXX are due on XXX. Clinical dates from XXX through XXX are due on XXX.

The patients seen on the last day of clinical can be submitted as a hand written log. Have your preceptor sign the log for that day so you won't need to return for a signature. You will still need to enter the patient data into NPST, but you won't need to return to get the preceptor's signature.

Failure to submit the spreadsheets will result in the placement of clinical probation.

5. Satisfactory clinical activity for the level of a third semester clinical NP student. As indicated by SOAPs, EVMS, Preceptor Evals.

6. Each student must provide their clinical mentor and the MSN Program director with a timeframe indicating the time they will be with each preceptor. This information is due to the MSN Program director by XXX. This information will be used to determine when the Mid Semester Preceptor Evaluation is due.

### <u>Example</u>

**FNP Student:** 

Peds site weekly with XXX from XXX to XXX; FP site 2 weekly with XXX from XXX to XXX

This student's Mid Semester Evals are due from the peds preceptor by XXX, the FP preceptor Mid Semester Eval would be due XXX.

Preceptor evals will not be accepted after the due date. A student submitting a mid-semester evaluation after the due date will receive an "F" grade. The student will also be reviewed for placement on clinical probation. Please review the "Clinical Probation" information in the SON handbook available on line.

- 7. Half of the 240 clinical hours must be completed by XXX per hours submitted by the student on NPST. A clinical probation committee will review the student's progression if they have not completed 140 practicum hours by the eighth week. Furthermore, the student will receive a mid-semester grade warning for incomplete hours at the mid semester point. Upon review, the student may be placed on clinical probation.
- 8. Completion of 240 hours of clinical practice at a site approved by the clinical instructor. All clinical hours must be completed by midnight on XXX.
- 9. Satisfactory Mid-Semester/Point and Final Preceptor evaluations and site visit(s).
- 10. Submission of completed site and preceptor (by student) evaluation forms and student evaluation forms (by preceptor) due with the final SOAP 4.
- 11. Satisfactory participation in scheduled practicum meetings as arranged.
- 12. Satisfactory SOAP notes submitted on time and with appropriate content (see grade sheet). A total of 4 SOAP notes are required for the course. Additional SOAP notes may be required if those submitted are unsatisfactory. No SOAP notes will be accepted after the due date. A score of zero will be given to SOAPs that are not submitted on the designated due date.

For example: SOAP notes on patients seen in September will not be accepted in November or similar circumstances. The only exception is for the EVMS sessions SOAP.

13. <u>A copy of the office note documenting the SOAP note patient, must signed by your preceptor. The note will then scanned and emailed OR mailed to your preceptor.</u> This signed office note verifies that you saw the patient you present in the SOAP note. Failure to provide the preceptor signed copy of the office note will result in a "0" grade for the SOAP note.

ALL IDENTIFYING PATIENT INFORMATION MUST BE REMOVED FROM COPIES OF OFFICE NOTES.

The following options will be accepted if your practice uses electronic medical records, dictates office notes, or doesn't permit copying of an office note:

- A hand written office note with your signature and the preceptor's signature will be accepted for the SOAPs.
- The "Printable Case Logs (Individual)" NPST form that can be accessed on the NPST Data Entry Section of the Main Menu under "Case Log Reports". Select your patient and print out the form. Your signature and your preceptor's signature must be on the form to be accepted for the SOAPs.

No other forms of documentation will be accepted for the SOAP assignment.

14. Faculty will make at least 1 site visit with the student and preceptor to evaluate the student's progress in the setting. A student receiving an 83 or less on a Site Visit will be evaluated for placement on clinical probation. Please see the "Clinical Probation" information in the SON handbook.

- 15. Final Preceptor Evaluations are required with a due date. These evaluations won't be accepted after the due date. The student will receive a zero score for the evaluation.
- 16. Each student must complete a preceptor evaluation and a clinical site evaluation form. See Course Schedule (below) for due dates.

### **Course Schedule**

The course schedule is established between the preceptor and the FNP student. Practicum hours should occur each week for 20 hours over the 14 week semester for a total of 280 practicum hours.

Date		Assignment(s) Due
	Spring Semester Begins	
		Last day to withdraw without a penalty.
		Last day to add a class.
		All preceptor agreements are due.
		Last day to withdraw and receive 50% or tuition refund.
		Mid Semester Preceptor Evals for the first 7 weeks twice weekly clinical sites are due
		Signed NPSTs from <u>August 31<sup>th</sup> to September 20<sup>th</sup></u> , SOAP 1 and a copy of the office note with your preceptor's signature are due to mentors via email, scan, or mail by midnight. The SOAP is from a patient seen at your practices.
	EVMS Session	There are 2 patient scenarios for this session. SOAPs 3 & 4 will be written from these patient scenarios.
	Fall Break	
	Complete 120 hours of clinical by midterm	Signed NPSTs from XXX, SOAP 2 and a copy of the office note with your preceptor's signature are due to mentors via email, scan, or mail by midnight. The SOAP is from a patient seen at your practices.
	EVMS Session	
	MSN Comprehensive Exam	
11-24		Signed NPSTs from XX and SOAP 3 are due to mentors via email, scan, or mail by midnight. The SOAP is from a patient seen at EVMS. Mid Semester Preceptor Evals for second 7 weeks twice weekly clinical sites are due.
		SOAP 4 is due to mentors via email, scan, or mail by midnight. The SOAP is from a patient seen at EVMS. Final Preceptor Evals, Student Evals of preceptor and site are due.
	Semester Ends	ALL 240 CLINICAL HOURS MUST BE COMPLETED BY MIDNIGHT Signed NPSTs from XX are due to mentors via email, scan, or mail by midnight

### Assignments

### **Guidelines for NPST:**

Each NP student is to maintain a hardcopy of all patient encounters; this can be done with the use of the NPST software. The main purpose of this is to document clinical time to satisfy course and certification board requirements, and to summarize types of patient therapeutic interventions implemented, and summarized to the patients seen with the therapeutic interventions. The student will be responsible for safekeeping a hardcopy of patient encounters in the event evidence of documentation is required. Keep a hard copy and a computer file copy of NPST data. **NPST data are due the same day as the SOAP notes.** 

Additional guidelines for student to utilize for NPST data:

- 1. First and foremost, you will only account for the patients that you actually see face to face. Taking credit for a patient not seen face to face is considered to be fabrication. Remember, it's **NOT** the number of patient at student sees in the program, but the number of practicum hours that the student completes that counts.
- 2. Dinner Meetings, NP conferences, or CEU conferences don't count towards the clinical hours. If a facility requires a student to attend an in-service on office practices, then a student may count this as consult time in the system.
- 3. That the Shift/On-Call Time must total "Total Logged Time".
- 4. Patient Time is the time the student spends with the patient from the minute the student enters the exam room until the time the student signs the chart.
- 5. Consult Time is the time the student spent discussing any and all patients they have seen with the preceptor. Consult time is time the student spends researching medical topics during the student's time at the practice, but not at home. This may also include the time the student spend with the preceptor discussing labs, clinical topics, treatments, diagnostics, etc.
- 6. Conference Time is a time that NPST has in the system that can't be removed. Don't record anytime in this category.
- 7. Hospital Rounds are just as stated. If a student's preceptor makes rounds, then the student counts this time towards practicum hours. Students must submit data on each patient seen with the preceptor as well.
- 8. Nursing Home Rounds: Same as #7.
- 9. Travel time to the practice, to EVMS sessions or to hospital doesn't count towards practicum hours.
- 10. Disregard Conference Time and #3. Don't use these fields to enter data.
- 11. Keep this information to refer for NPST data entry.
- 12. If you have questions about your data check with faculty.
- 13. Keep data entry current!

Any fabrication of patient information entered into NPST will be considered an UMW Honor Code violation and will be treated as such. Students that fabricate NPST or SOAP content will also be placed on Clinical Probation while the student is awaiting for the completion of the Honor Council proceedings.

#### **SOAP Note and SOAP Note Content:**

The student must discuss charting with their preceptor before or on the first day of clinical. Many practices use electronic medical records or dictate their notes. Some practices allow students to do this type of charting. If the student is unable to dictate or use the electronic medical records per the office policy, then the student will need to keep a hand written log with their SOAP notes. Student may not use the patient's name or initials in their hand written log. Students must also keep their log in a secure location.

SOAP notes are to be submitted on patients seen in clinical practice or at EVMS. Fabrication of patient information is considered a violation of the UMW Honor Code and will be handled as a violation. Furthermore, the student will be place on clinical probation while the student is awaiting for the completion of the Honor Council proceedings.

A student receiving an 83 or less on a SOAP note will be evaluated for placement on clinical probation.

In order to assure variety in clinical documentation, each SOAP note will be unique and without repetition of diagnosis and treatment. For example, only one note can address a patient dx'd and tx'd for a UTI. Please ask your mentor if you have any questions about this content. **The only exception is the EVMS patient scenarios**.

#### **APA Format:**

APA 6<sup>th</sup> Edition Guidelines are to be used correctly for SOAP note content. In particular, all content should be cited and referenced appropriately including direct quotes, paraphrasing, or any other content that requires the use of APA style. Margins for the SOAP note and bullet formatting which is often used in clinical practice is not a requirement for SOAP assignments. However, citations and references must have appropriate formatting. Please refer to your APA 6<sup>th</sup> Edition Manual for direction. If you are still unsure as to appropriate citation, please contact your faculty. A **complete SUBJECTIVE** note to include chief complaint, history of present illness, any other acute illnesses, PMH, FH, SH, Meds, allergies, **LMP** and ROS. All presenting illnesses will be described thoroughly.

### A complete and organized OBJECTIVE portion of the patient visit.

## All relevant dx under ASSESSMENT in addition to any differential dx which might apply. Rationale with sources are required for the assessment and differential dx.

### PLAN:

Prescriptions with dosage, route, duration, amount prescribed and if refills provide Diagnostic testing Problem oriented teaching Health Promotion Follow-up plans

### **Nursing Theory & Application**

Select a Nursing Theory and apply this to your patient's plan and evaluation.

### **Family Life Stage**

The format discussed in NURS XXX should be used. Students should identify the stage and describe evidence that the family is meetings it's developmental goals. Cursory descriptions will be returned for additional information.

### Cultural Diversity Considered for the Patient

Identify two cultural diversity issues for the patient. Discuss one issue in detail. Cultural Diversity is a general term that can include gender, religious beliefs, culture, race, economic status, age, and many others. You can consult your text from previous courses or other resources for ideas and information.

**Evaluation of Care**- Your interpretation of the visit in considering the standard of care that was given to the patient. This includes comparing the standard of care with sources you used. It can also include your thoughts about the visit, patient, or interaction with your preceptor, or what you learned from the encounter. This is a good place to document what you should have done differently or on the next interaction with the patient.

Each SOAP note must have a reference list of the sources used. The reference list must be in APA format. All sources must be within five years of publication date. Please see SOAP Grade Sheet in this syllabus for additional grading information.

## SOAP notes must be typed. Handwritten SOAP notes will not be accepted. The student, must document the number of hours on the SOAP grade sheet.

### **Criteria For Evaluation Of Case Presentations:**

This assignment assists in refining case presentation skills and clinical problem solving strategies.

1. Subjective Data: Chief complaint, HPI (highlighting relevant positives and significant negatives), other active illness, medications, allergies, relevant family history, and LMP.

- 2. Objective Data: Note what you examined and what your positive findings were. Lab studies completed during visit should be included here.
- 3. Assessment: Highlight what your differential diagnoses were and how you ruled each one in or out.
- 4. Plan: Medications, Teaching, Labs/diagnostics ordered, Health promotion done, plan for follow-up.
- 5. Evaluation: What would you do differently next time? What did you learn from this patient.
- 6. Cultural diversity: Identify one cultural diversity issue to consider in the patient's care.
- 7. See Case Study Grade Sheet in this syllabus.

A student receiving an 83 or less on a on the case presentation will be evaluated for placement on clinical probation.

### **EVMS Scenarios:**

One EVMS session will occur during the fall semester. Students will see two patients during the session. An average of the scenarios will be calculated for the course grade. Additionally, SOAP notes documenting the scenarios will be due at a designated date to the student's clinical mentor.

### **Course Grading Policy**

The following grading scale is used to determine a letter grade for the course associated with a point value. <u>Students</u> working toward an MSN must complete each MSN course with a grade of 83.00 (B) or higher, and grades are not rounded up. This is a clinical course. Clinical courses are not repeatable.

Score Range	Letter Grade	Quality Points	Description
93.0 - 100	A	4.00	Excellent
90.0 - 92.9	A -	3.67	
87.0 - 89.9	B+	3.33	
<mark>83.0 – 86.9</mark>	B	<mark>3.00</mark>	<mark>Good</mark>
80.0 - 82.9	B -	2.67	
77.0 – 79.9	C +	2.33	
73.0 - 76.9	С	2.00	Average
70.0 - 72.9	C -	1.67	
67.0 - 69.9	D +	1.33	Poor
60.0 - 66.9	D	1.00	Very Poor
Below 60.0	F	0.00	Fail
Incomplete	Ι	0.00	Incomplete
Withdrawal	W	0.00	Withdrawal

### **University Course Evaluations**

The University uses an online course evaluation system. Approximately three weeks before the end of the semester students will receive an email notice containing directions for accessing the online course evaluation system to complete evaluations on courses in which they have been enrolled that semester. Submission of a course evaluation is anonymous, and every effort should be made to provide feedback on the quality of the instruction received and the effectiveness of the faculty. Student feedback is important and appreciated.

### **Course Summaries**

Student course summary forms are utilized by faculty in the MSN Program to obtain feedback from students on the components of the course and its delivery; it is not an evaluation of the faculty. The student course summary form is located on the Canvas course site, where instructions for completion and submission of the form are provided.

### **ONLINE EDUCATION AND LIBERAL ARTS VALUES AT UMW**

One of the hallmarks of online courses at UMW is that they embody the values of a quality liberal arts curriculum. These values are *community*, *interactivity*, *active learning*, *reflection and self-directed learning*.

### Value 1: Community

Within a liberal arts institution, we believe that learning needs to occur as a social activity and that students should develop a strong sense of belonging to a networked learning community. Learning communities serve many important purposes: They support and sustain the work of individual learners, help to frame the work of individuals within larger intellectual conversations, and offer a possibility of building something greater through collaboration.

### Value 2: Interactivity

One of the signal characteristics of the quality learning experience is small class size and what it enables: a high degree of interaction between student and instructor, as well as between the student and other students. Sometimes characterized as "high-touch," this interaction leads to highly personalized instruction in which students are treated as individuals rather than part of a collective who sink or swim largely on their own efforts.

### Value 3: Active Learning

Another characteristic of quality education is an emphasis on active (rather than passive) learning, including intensive use of writing and speech, as both tools of analysis and communication. Active learning leads to a focus on critical thinking rather than merely memorization. Another example is activities that engender genuine inquiry by students in real issues/problems, problems that matter to people outside the classroom, as well as exploring and being challenged by diverse perspectives.

### Value 4: Reflection

Part of the justification for the study of humanities in liberal education is that such study addresses the human yearning for meaning. However, such reflection is not limited to humanities. The question, "What does it mean?" is an important means of transforming learning from passive to active, from memorization to a deeper understanding.

### Value 5: Self-Directed Learning

The successful learner is expected to take ownership of his or her learning experiences. While faculty play a critical role in framing, guiding and, sometimes, directing the path of these experiences, ultimately the learner must be able to rely on his or her own self to make intellectual choices. These skills lay the foundation for lifelong, adaptive learning as well as cultivating intellectual curiosity, creativity, flexibility and self-discipline.

### **UMW STUDENT RESOURCES**

### <u>Libraries</u>

Students are encouraged to use the library resources throughout the course of their study. The Stafford campus includes the Stafford Library in building 121. In addition, the Fredericksburg campus offers the Simpson Library. Both libraries have open conversation areas and comfortable seating which provide a welcoming environment for individual and group study, and networked computers with access to the internet, the University network and Microsoft Office software. The library staff are available to provide assistance to groups and individuals.

### Writing Center

Students are encouraged to use the Writing Center, located within the Hurley Convergence Center (HCC) on the Fredericksburg campus. Operating within the Honor Code, the Center offers free tutorial assistance to students regardless of major or concentration, both for course assignments and for personal writing needs.

The Writing Center personnel work with student writers at every skill level to improve writing performance. Staffed by faculty directors, assistants and well-trained student tutors, the Center provides advice in getting started on papers, developing ideas, achieving unity and coherence, reviewing troublesome parts of papers, learning writing styles such as APA, understanding and correcting recurring grammatical and punctuation errors, and overcoming writer's block. They also provide access to various writing guides.

### **Speaking Center**

The Speaking Center is located on the Fredericksburg campus, and supports the speaking-intensive program by providing free consultations to students interested in developing oral communication skills. The Center houses a collection of instructional resources (books, handouts, videotapes, equipment) which address a variety of topics ranging from public speaking anxiety to constructing effective visual aids. Consultants are available to videotape practice presentations and to provide feedback.

The Center strictly adheres to the Honor Code: Consultants will not compose any portion of a presentation for a student, nor will they do research for a student's presentation. Consultants are also prepared to offer advice on special types of oral communication activities such as speeches, group presentations, debates and interviews.

### <u>IT Support</u>

In addition to resources available at its website (<u>http://technology.umw.edu/about-us/</u>), the IT office provides help through the Help Desk. The Help Desk serves as the clearinghouse for all tech-related issues. (Please do not ask the MSN instructors or staff for technical assistance...we're not IT experts.) For any type of technology-related issues, students must contact the Help Desk by telephone at (540) 654-2255 or by email at <u>helpdesk@umw.edu</u> or via their webpage (<u>http://technology.umw.edu/helpdesk/getting\_help/</u>).

### **COMPUTER SPECIFICATIONS**

For technical assistance, incoming students should visit the Help Desk's webpage for new students at <a href="http://technology.umw.edu/new/students/">http://technology.umw.edu/new/students/</a>. The below hardware and software specifications are recommended for online courses:

Processor	1.2 GHz or greater
RAM	250 MB or greater (512 MB suggested)
Display	Color video display card
	Color monitor with 1280x1024 resolution or greater
Sound	Sound card, speakers & microphone (or a microphone/speaker headset)
Operating System	Windows 98, ME, 2000, XP or Vista
	(Mac OS 9.2 or higher for all Macintosh computers)

For online courses, the student must have:

- Speaker and microphone on the computer (or a microphone/speaker headset)
- Broadband internet connection (check with your service provider for what speeds are available in your area (examples: Cable, DSL, fiber optic, satellite, etc.)
- Internet Explorer 6.0 or later (later versions of Netscape also work) or Firefox
- General software: MS Office or Open Office, Adobe Acrobat Reader, and Windows Media Player
- APA software: Perla or ReferencePoint
- Exam software: Respondus

### **ONLINE ETIQUETTE**

The following guidance is paraphrased from one found on the Kent State University website (<u>http://www.kent.edu/dl/technology/etiquette.cfm</u>): Taking an online course and corresponding via the WWW presents one with the task of overcoming the lack of non-verbals in communication. When taking a course online, it's important to remember some etiquette that will smooth communication between the students and instructors.

- 1. Avoid language that may come across as strong or offensive. Language can be easily misinterpreted in written communication. If a point must be stressed, review the statement to ensure that an outsider reading it would not be offended, and then post the statement. Humor and sarcasm may easily be misinterpreted as well, so try to be as matter-of-fact and professional as possible.
- 2. Keep writing to a point and stay on-topic. Online courses require a lot of reading. When writing, keep sentences poignant and brief so readers do not get lost in wordy paragraphs and miss the point of the statement. Also, don't introduce new topics; it may just confuse the readers.
- 3. Read first, write later. To prevent repeating commentary that has already been stated, or asking questions that have already been answered, it is important to read all posts and comments within the course discussion before commenting yourself.
- 4. Review, review, review...and then send. There's no taking back a comment once it has been sent, so it's important to double-check all writing to ensure it clearly conveys the exact intended message.
- 5. An online classroom is still a classroom. Though the course may be online, appropriate classroom behavior is still necessary. Respect for fellow students and instructors is as important as ever.
- 6. The language of the internet: Though still a fairly young type of communication, certain aspects of online communication are becoming conventional. For example, do not write using all capital letters, because it appears as shouting. Also, the use of emoticons can be helpful when used to convey nonverbal feelings, but overuse should be avoided. Examples of emoticons: ⓒ, ♥
- 7. Consider the privacy of others. Ask permission before giving out a classmate's email address or other information.
- 8. If possible, keep attachments small. If it's necessary to send photos, change the size to 100k or smaller.
- 9. No inappropriate material is permitted. Do not forward virus warnings, chain letters, jokes, etc., to classmates or instructors. The sharing of pornographic material is forbidden."

### USING THE BIG BLUE BUTTON IN CANVAS FOR CONFERENCING IN AN ONLINE COURSE

### What are Conferences in Canvas?

The *Conferences* feature is primarily used for virtual lectures, virtual office hours and student groups. It can also be used to demonstrate technologies or troubleshoot technology issues online. Conferences can accommodate up to 50 people.

Pages
Files
Syllabus
Outcomes
Quizzes
Conferences
Collaborations

The *Conferences* feature makes it easy to conduct synchronous (real-time) lectures for all of the students in the course. It also allows the instructor to broadcast real-time audio and video. Additionally, it allows the instructor to demo on applications on the computer desktop, to share presentation slides, or demo any online resources. Currently, Canvas integrates via the **Big Blue Button**.

NOTE: The **Big Blue Button** can accommodate up to 50 users in a conference at any given moment. A conference will remain active on the **Big Blue Button** as long as at least one person is logged into the conference room. When the last person exits, the conference will automatically conclude and all files and chats will be removed.

Quick Meeting	I'll show you some exa In Progress	End Join 🍄 🔹
Group Project Discussion	This is an open discussion f	Start 🔅 -
Course Conference	We will be discussing all m	Start 🌣
Concluded Conferences		
	Come ask any questions that co 01/15/2016	

### When would I use Conferences?

The instructor can use *Conferences* to:

• Connect with course students for online office hours, live presentations or special study sessions

- Practice presenting online (students can set up practice presentations in their student groups)
- Broadcast a live event or lecture to students who can't be on-site
- Record the conferences so students can view them at a later date (Note: recordings are automatically deleted 14 days after the conference ends)

### How do I use the *Conferences* Index Page (see graphic below)?

Conferences are grouped in two parts: New Conferences [1] and Concluded Conferences [2]. Both always display the name [3] and description [4] of the conference. Note: Students can only view conferences to which they have been invited.

Quick Meeting	I'll show you some exa In Progress	End	Join	¢	·
Group Project Discussion	This is an open discussion f		Start	¢	-
Course Conference	We will be discussing all m		Start	¢	-
Concluded Conferences	2				

### New Conferences (see graphic below)

New Conferences are either ready to start [1] or in progress [2] where invited participants can join. Note: Students cannot join a conference until the instructor has started it.

		2
uick Meeting	I'll show you some exa In Progress	End Join 🌣 👻
roup Project Discussion	This is an open discussion f	Start 🔅 -
ourse Conference	We will be discussing all m	Start 🔅 👻

### Concluded Conferences (see graphic below)

Once a conference has ended, it will be displayed in Concluded Conferences and show the date of the conference [1].

For recorded conferences, Canvas will display the length of the conference [2], which is indicated in hours:minutes (e.g., 0:10 is 10 minutes).

When a conference is rendered for playback, the conference displays the **View** button [3]. Depending on the length of the conference, this process may take several hours. Note: Recordings are automatically deleted 14 days after the conference ends.

	<b>A</b>			
Group Project Discussion	Let's discuss a few ideas 01/15/2016	1 Recording	¢	•
Ľ <sup>1</sup>		0:10	View	e
Quick Meeting	I'll show you some examples for the assi 01/15/2016		¢	•
Weekly Question	Come ask any questions that come up fr 01/15/2016		Ċ	*

### **UNIVERSITY NOTICES**

### **University Closures**

If the University is closed on a regularly scheduled day, MSN courses *will continue as scheduled* online.

### **Disability Directive**

The Office of Disability Services has been designated by the University as the primary office to guide, counsel and assist students with disabilities. If you already receive services through the disability office and require accommodations for this class, make an appointment with me (the instructor) as soon as possible to discuss your approved accommodation needs. Please bring your accommodation letter to our appointment. Any information you share will be held in the strictest confidence unless you have granted me permission to do otherwise.

If you have not contacted the Office of Disability Services and need accommodations, such as note-taking assistance, extended time for tests, and so on, a referral can be made. The disability office will require appropriate documentation of disability. For details, please contact them at (540) 654-1266.

To protect student privacy and confidentiality, students do not have to inform their instructor directly of the nature of a disability. Once the student has been approved by the disability office for accommodations, the student will receive a letter detailing the exact nature of the accommodations. Copies of the letter should be given by the student to each instructor. The instructor is not told the nature of the disability; we are informed only of the needed classroom accommodation.

### Sexual Assault Prevention

Sexual harassment in education includes any unwanted and unwelcomed sexual behavior which significantly interferes with an individual's access to educational opportunities. The University of Mary Washington is committed to preventing and addressing harassment, regardless of whether the harassment is perpetrated by peers, teachers or other school officials. Confidential support services are provided by:

Avina Ross Sexual Assault Prevention Specialist <u>aross@umw.edu</u> (540) 654-1166

### Honor Code

Students are required to read the Honor Constitution and sign the Honor Code statement (attached at end of syllabus). The Honor Code and the Honor Pledge embody the trust placed in UMW students and the reciprocal responsibility students have to behave ethically in their academic pursuits. Additionally, students are responsible for adhering to the policies outlined in the Code of Student Conduct and the Graduate Student Handbook. Violations of the Code of Student Conduct will not be tolerated. Violations of this code include (but are not limited to) cheating on tests/assignments. For complete details on our expectations of you as a UMW student, please visit the following websites and carefully review the guidelines/policies:

- Honor Constitution: <u>http://students.umw.edu/staffordhonorcouncil/</u>
- Code of Student Conduct: <u>http://students.umw.edu/judicialaffairs/the-judicial-system/code-of-conduct/</u>
- Graduate Student Handbook: link needed

Some examples of Honor Code violations are:

- Lying, cheating\*, plagiarism
- Team collaboration on a project, except when specifically authorized by the instructor (you are expected to do your own work, unaided by anyone else)

- Use of commercial sources or other students for "ready-made papers" (your work must clearly be of your own original effort) don't believe that by changing a few words you can disguise the source…you can't if you use someone else's work you will be found out because the difference in tone, style and comprehensiveness of the writing will be readily apparent to the instructors
- Failing to cite reference materials used within your paper/work (this includes not only printed material but also materials taken in part or in whole from internet sources)
- Use of "crib sheets," etc., during an examination although some instructors allow the use of reference materials during exams, such use will always be clearly specified in the course syllabus (if such permission is not clearly set out in the syllabus, then you are not authorized to use reference materials during exams; also, if you exceed the clearly specified scope of authorization, then you are guilty of cheating)
- \*Examples of cheating: Taking an exam for someone else; reproducing/copying or discussing exam content; faking an illness to avoid an exam; copying from another student's exam or assignment; giving another student answers during an exam; reviewing previous copies of an exam without the permission of the instructor; purchasing term papers; copying materials without footnoting or citing; padding items on a bibliography; turning in a dry lab report; failing to report grade errors; collaborating on or discussing homework and/or taking home exams/papers; plagiarism; altering or forging an official university document; swapping of computer programming disks/USBs.

### **Course Evaluations**

This course requires that the student complete a course evaluation. Approximately three weeks before the semester ends, students will receive an email notice containing directions for accessing and completing the online evaluation. Submission of the evaluation is anonymous, and every effort should be made to provide feedback on the quality of the instruction received and the effectiveness of the faculty. Student feedback is critical to the ongoing health of the MSN program, and is greatly appreciated.

### **Course Summaries**

A student course summary form will be used by faculty to obtain feedback from you on the components of the course and its delivery; it is an evaluation not of the *faculty*, but of the *course*. A link to complete this anonymous online summary will be posted in the Canvas course site, where instructions for completion/submission will be provided.

### ACADEMIC CALENDAR

Insert academic calendar here



### **STUDENT HONOR CODE**

I, as a student of the University of Mary Washington, do hereby accept the Honor System. I have read and understand the Honor Constitution and agree to abide by its provisions. Accordingly, I resolve to refrain from giving or receiving academic material in a manner not authorized by the instructor, from illegally appropriating the property of others, and from deliberately falsifying facts. I acknowledge that in support of the Honor System, it is my responsibility to report any violation of the Honor Code of which I am aware. I realize that in the event of a violation of the Honor Code, a plea of ignorance will not be acceptable and that such a violation could result in my permanent dismissal from the University of Mary Washington. I further pledge that I shall endeavor at all times to create a spirit of honor, both by upholding the Honor System myself and helping others to do so.

Student's Name:

Student's Signature: \_\_\_\_\_

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



### **BLOODBORNE PATHOGEN RISK ACKNOLWEDGEMENT**

All MSN students are required to access and read all materials listed on the Occupational Safety and Health Administration (OSHA) website under "Blood Borne Pathogens" (http://www.osha.gov/SLTC/bloodbornepathogens/). These materials include information regarding:

- 1. Needlestick injuries and legislation
- 2. Occupational exposure and prevention
- 3. Information for healthcare workers about blood borne pathogens
- 4. Procedures following exposure to blood borne pathogens
- 5. Exposure control in home care
- 6. Precautions for emergency responders
- 7. Post-exposure evaluation and follow-up

After reviewing these publications, please read and sign the following statement:

By my signature below, I acknowledge that I have read the OSHA publications regarding the risk to healthcare workers associated with exposure to bloodborne pathogens. I further acknowledge that I have been informed of this risk through these publications and affirm my understanding of the materials. I have also been informed of procedures for post-exposure management. I will report any exposure to body fluids during a course-related experience to MSN faculty. I understand that I may ask faculty for additional information if I have any questions.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### PRACTICUM SITE VISIT CHECKLIST (NURS 770 Course)

Student Name:		Date:
		(please print)
Preceptor Name:		
		(please print)
Arrival Time:		Departure Time:
Practicum Activities:		Student presents case/assessment/plan to preceptor
	🗆 Yes 🛛 No	Preceptor and student check patient together
	🗆 Yes 🛛 No	Student is allowed to explain plan to patient
	🗆 Yes 🛛 No	Student writes prescriptions
	🗆 Yes 🛛 No	Student spends of time with primary preceptor
	🗆 Yes 🛛 No	Student is performing hospital rounds at:
	□Yes □No	Student is satisfied with clinical setting

**Student Clinical Performance:** Student was observed with patient in the following activities:

Focused History/Complete History	Points	Comments
All pertinent information elicited	10 points	
Minimal omission of pertinent information	8 points	
Unable to elicit pertinent information	6 points	
Focused Physical/Complete Physical		
Included all systems associated with history	10 pts	
Omitted 1-2 systems associated with history	8 pts	
Unable to identify and organize the physical exam associated with the history	6 pts	
Assessment		
Able to elicit assessment and all pertinent differential diagnoses	10 pts	
Able to elicit assessment and some pertinent differential diagnoses	8 pts	
Unable to elicit assessment and/or pertinent differential diagnoses	6 pts	
Plan	Points	Comments
Develops appropriate plans for the patient	10 pts	
Incomplete development of plans for the patient	8 pts	
Unable to develop a plan for the patient	6 pts	

### PRACTICUM SITE VISIT CHECKLIST, CONTINUED (NURS 770 Course)

Student Name: \_\_\_\_\_

(please print)

Preceptor Name: \_\_\_\_\_

(please print)

Patient Education	
Content is pertinent and at an appropriate level of understanding for the patient	10 pts
Content is omitted that is pertinent for the patient	8 pts
No patient education completed during the visit	6 pts
Case Presentation to the Preceptor	
Pertinent and organized	15 pts
Omits pertinent data, but organized in presentation	10 pts
Presentation is unorganized and omits pertinent data	6 pts
Practicum Activities	Circle One
Student initially sees patients alone (4-10/day)	Yes No
Professional interpersonal skills with patients, preceptor, and staff	Yes No
Professional demeanor	Yes No
Able to satisfactorily perform procedures	Yes No
Points (65 possible points)	

Faculty Perception of Student's Clinical Performance (please circle one):

0	1	2	3	4	5	6	7	8	9	10	Scoring:	0 = Unsatisfactory 5 = Meets expectations
									10 = Exceeds Expectations			
TOTAL SITE VISIT POINTS:					<b>PRECEPTOR:</b> Yes  No			□Yes □No	Preceptor is satisfied with student's performance			
											□Yes □No	Preceptor is reminded to complete final evaluation



NPST DATA AND PATIENT RECORD (NURS 770 Course)

St	ude	nt Name:		
г.		- Norm-		
га	icun	y Name:		_
		data was congruent with patient medical record: $\Box$ Yes $\Box$ No		
				<u>Circle One</u>
	1.	Subjective Data	Excellent	5 Points
		Included: CC, HPI (pertinent to positive and negative), PMH, medications,	Satisfactory	3 Points
		allergies, FH, LMP, ROS	Unsatisfactory	0 Points
	2.	Objective Data	Excellent	5 Points
		What was examined and pos fdgs, lab done	Satisfactory	3 Points
			Unsatisfactory	0 Points
	3.	Assessment	Excellent	5 Points
		Includes different diagnoses and how each was ruled in/out	Satisfactory	3 Points
			Unsatisfactory	0 Points
	4.	Plan	Excellent	5 Points
		Includes medications, teaching, labs/diagnostics, health promotion, follow-up	Satisfactory	3 Points
			Unsatisfactory	0 Points
	5.	Family Life Stage and Cultural Diversity	Excellent	5 Points
			Satisfactory	3 Points
			Unsatisfactory	0 Points
Сс	omn	nents/Actions Taken:		
Тс		Score:		
St	ude	nt Signature: Da	te:	
Faculty Signature:			te:	



### Please submit a new log for each calendar month.

Student Name: \_\_\_\_\_

Date	Arrival	Departure	Total Time*	FP/IM	Peds	WH	Preceptor Signature

\*Round to nearest 15-minute increment

Running Total of Clinical Hours (number of total hours completed to this point):



### STUDENT'S EVALUATION OF PRECEPTOR (NURS 770 Course)

Preceptor Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student, please answer each question below regarding your preceptor. This will provide summative feedback to the preceptor. Space is provided at bottom for written comments (optional).

1.	Preceptor available to student	□ Yes	🗆 No	□N/A
2.	Preceptor demonstrates understanding of FNP role	□ Yes	□ No	□N/A
3.	Utilizes student's strengths and knowledge	□ Yes	🗆 No	□ N/A
4.	Serves as a good role model	□ Yes	□ No	□N/A
5.	Demonstrates effective rapport with patients	□ Yes	🗆 No	□ N/A
6.	Assists student in identifying goals and needs for experience	□ Yes	□ No	□N/A
7.	Provides immediate and adequate feedback with questions and presentations	□ Yes	□ No	□ N/A
8.	Considers student's limits according to level of training	□ Yes	□ No	□N/A
9.	Offers constructive comments about chart notes	□ Yes	□ No	□ N/A
10.	Leads students through decision making rather than giving own impressions	□ Yes	□ No	□N/A
11.	Reviews and signs each clinic note	□ Yes	🗆 No	□N/A
12.	Encourages questions	□ Yes	□ No	□N/A
13.	Discusses alternative management	□ Yes	🗆 No	□ N/A
14.	Thoughtfully reviews differential diagnoses with student	□ Yes	□ No	□N/A
15.	Allows student opportunities to suggest drug of choice, calculate dosages, suggest lab and x-ray to be ordered	□ Yes	□ No	□N/A
16.	Communicates clinical knowledge well	□ Yes	□ No	□N/A
17.	Utilizes other members of the health care team	□ Yes	🗆 No	□N/A
18.	Suggests and provides additional learning experiences (i.e., outside of clinic or interesting; ex: rounds, patients being seen in the office)	□ Yes	□ No	□ N/A
19.	Suggests and provides additional learning experiences (i.e., outside of clinic or interesting; ex: rounds, patients being seen in the office)	□ Yes	□ No	□N/A
20.	Reviews evaluations with student and provides immediate and constructive feedback	□ Yes	□ No	□N/A
Comm	ients (optional):			
Somm	(opuona)			



### STUDENT'S EVALUATION OF SITE (NURS 770 Course)

Site:			
Student Name:			

Preceptor Name: \_\_\_\_

Student, please answer each question below regarding your preceptor. This will provide summative feedback to the preceptor and the site director. Space is provided at bottom for written comments (optional).

1.	Is adequate space provided?		□ Yes	🗆 No	□N/A
2.	Is adequate time given to see patients?	□ Yes	□ No	□N/A	
3.	Are there significant numbers of patients	s?	□ Yes	🗆 No	□N/A
4.	Are the types of patients varied as to age	, type of dx, etc?	□ Yes	□ No	□N/A
5.	Are students allowed to select clients acc	cording to their needs?	□ Yes	🗆 No	□N/A
6.	Are students given the opportunity to fol of interest?	llow-up with patients and or problems	□ Yes	□ No	□ N/A
7.	Are reports from lab and X-Ray accessibl	le to students?	□ Yes	🗆 No	□N/A
8.	Is support staff appropriately helpful and	d supportive to students?	□ Yes	□ No	□N/A
9.	Are community resources, other agencie with client welfare?	s, and professional disciplines involved	□ Yes	□ No	□ N/A
10.	Is philosophy of clinic to provide health p	□ Yes	□ No	□N/A	
11.	Is philosophy of clinic to provide disease	□ Yes	🗆 No	□N/A	
12.	Is philosophy of the clinic to provide both?				□N/A
13.	Are instructional materials available for (i.e. pamphlets, outside class opportuniti		□ Yes	□ No	□ N/A
14.	How did this site provide a good clinical experience for you?				
15.	List the areas of the site that need improvement for student learning?				
16.	Do you recommend this site for future students?	If not, why?:			s 🗆 No
General	Comments (optional):				



PRECEPTOR FAQ (NURS 770 Course)

Welcome to the University of Mary Washington's MSN(FNP) program. This document will provide answers to the most frequent questions asked by preceptors about the program. If you need further information or would like to discuss these issues, please contact the MSN program director, Dr. XXX XXX, at (XXX) XXX-XXXX or XXX@umw.edu.

### Q. Can I receive credit or continuing education hours for precepting an FNP student?

A. All preceptors will receive a letter of appreciation for precepting a student within six to eight weeks from the completion of the semester. Family and Adult Nurse Practitioners will receive a letter and an ANCC Preceptor Verification Form for continuing education credit. MDs may receive AMA PRA Category 2 credit for teaching other health professionals (AMA: the Physicians Recognition and Award and Credit System Reward, 2010). Women's Health NPs, Pediatric NPs and Certified Nurse Midwives may use the letter of appreciation per the certification agency.

### Q. How much time should I spend precepting the student?

A. Each semester, you should allow the student time to become familiar with your office policies, procedures and space. This usually only takes a couple of hours. The first three or four clinical days should be spent having the student "shadow" you with patients to become familiar with your practice style and so that you can become familiar with the level at which the student can function. All students are different and thus vary in their abilities. Some students have many years of clinical experience and can quickly become proficient at seeing patients. Others need more time to adjust to the demands of a primary care setting. Talk to the student to determine how comfortable he/she feels seeing patients. By the end of the third week, the student should be able to see a patient initially, interview them, examine them and develop a tentative plan of care. You should have the student present each of the patients to you and re-examine the patients if necessary and make any necessary changes to the proposed treatment plans. This process may take between five and 15 minutes. If it is taking any longer, the student needs to work on becoming more concise before presenting the patient to you.

### Q. Can the student write prescriptions?

A. Yes, the student should be encouraged to write out prescriptions and make medication recommendations. However, the preceptor must sign all prescriptions. Students should not call prescriptions into the pharmacy over the telephone. If your office nurse calls in prescriptions, he/she can call in the student's prescription as long as you have reviewed the student's selection and agree with the drug choice.

### Q. How involved should I be in the treatment plan?

A. Students will need more assistance in the beginning, especially the first semester of clinical. Students should also concentrate on health promotion, wellness and preventive care. They can also see established patients who have uncomplicated acute and/or chronic illnesses. They should not see patients who seem unstable. Your level of involvement will depend on a number of factors: the level of comfort you have with the student's skill level, the acceptance of the student role to your patients, prior experience working with FNP students, the type of patient the student is seeing and the level of service provided. For example, a gynecology exam may require more hands-on precepting from you than counseling a known diabetic on diet. Of course, the demands on your time from the practice will also be a factor.

### Q. How many patients should the student see per eight hours?

A. In the first semester, the student should see from four to six patients per clinical day. Students are encouraged to look up diagnoses and treatments for their patients while in the office to reinforce their learning. Additionally,

they are to complete chart documentation and are encouraged to take their time initially in order to develop skills. By the end of the second semester, the student should see between five and 10 patients per day. By the end of the third semester, the student should be able to see at least 12 patients per day.

## **Q.** What happens if patients that would be appropriate for the student to see are not available on the particular day the student attends clinical?

A. It is suggested that the preceptors have the students follow them around and concentrate on exposing them to physical findings or clinical situations they might not otherwise see. You can use these situations to teach students directly rather than indirectly by reviewing a case with them.

### Q. What hours will the student attend clinical?

A. During this semester, students are required to spend eight hours per week seeing patients. These hours are arranged between you and the student. They can be at any time of the day or on any day of the week that you are available. All clinicals must be completed before the student's graduation.

### Q. How are students evaluated?

A. Students are evaluated based on their ability to formulate a patient's diagnosis and plan care within a primary care setting. A written form is required to be completed by the preceptor and discussed with the student during clinical rotation. Grades are assigned, in part, based on your assessment of the student's level of competence for the particular semester they are completing. The form uses a scale with different behavioral characteristics for each point on the scale.

Any student who fails to meet a minimal level of competence should receive both written and verbal feedback from you regarding his/her performance, with specific suggestions for improvement. The instructor for the clinical course should also be notified. If the student's performance does not improve by the end of two clinical days, the preceptor should discuss the situation with the instructor and a clinical site visit should be made. The instructor may recommend that the student be transferred to another clinical site or suggest remedial work. Ultimately, it is the instructor's responsibility to determine if a student has failed a clinical rotation.

### Q. Do students have malpractice insurance?

A. Yes, each student is covered by the amount of malpractice required by the Commonwealth of Virginia. The malpractice is provided by UMW. If an incident does occur, the student is required to notify the instructor and complete a form provided in the syllabus.

All students have completed courses in nursing theories, pharmacology, family and advanced physical assessment. Course-work has been completed by the student in acute illnesses, health promotion and wellness, women's health care, nursing research, and pediatric health concepts. The student's final semester will also include a course on chronic illnesses.

### Q. How do I talk to faculty?

A. The MSN program has hired several clinical mentors who are Doctoral or Masters prepared nurse practitioners with a number of years of experience in the role. They are responsible for recruiting and assisting students with clinical placements; reading logs, and will visit each student once during the semester. Each of these clinical mentors is part of our adjunct faculty and are therefore responsible for the student's clinical experiences in concert with the faculty at the MSN program. At the beginning of the clinical rotation, ask your student who his/her clinical mentor is and how you can get in contact with that person, if so desired. Any questions which cannot be answered by the clinical faculty should be directed to the MSN program director (contact information provided above).



### AGENCY SURVEY OF MSN PROGRAM (NURS 770 Course)

1.	Faculty members	and/or staff are re	sponsive to r	equests for addition	onal documenta	tion/information.
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
2.	Faculty members	and/or staff respo	nd to e-mails	in a timely fashion	l.	
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	□ Disagree	□ Strongly Disagree
3.	Faculty members	and/or staff respo	nd to telepho	ne calls in a timely	fashion.	
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	□ Disagree	□ Strongly Disagree
4.	Faculty members	and/or staff seek in	nput from ag	ency personnel reg	garding student	learning experiences.
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
5.	Faculty members	and/or staff provid	le required s	tudent documenta	tion in a timely	fashion.
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
6.	Faculty members	and/or staff keep r	equired stud	lent documentation	n up to date.	
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
7.	Agency required	student documenta	tion is comp	ete and accurate.		
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	□ Disagree	□ Strongly Disagree
8.	Agency and UMW agency's needs.	MSN Program inte	rface (i.e., sit	e visits, written co	rrespondence)	adequately meets the
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
9.	Please provide us	s with any additiona	al comments	that may help us to	) improve our p	rogram.



### CLINICAL PRECEPTOR AGREEMENT (NURS 770 Course)

I agree to provide clinical experience and supervision in my facility for the below UMW MSN student. The student's clinical experience at my facility will consist of patient contact, and medical record documentation and confidential medical record evaluation by a UMW faculty member.

Each student has had an annual physical examination which verifies he/she is healthy and able to do clinical work. Each student is covered by the University's standard malpractice policy in the amount required by the Commonwealth of Virginia. The malpractice is for the number of hours per week stated in this contract. Each student has been advised of risks associated with clinical work and has signed forms which indicate his/her understanding of the risks inherent in nursing practice.

I agree to accept the conditions of this clinical contract with the times and days the student and I have agreed upon.

Preceptor Name:	
(please pri	
Name of Facility:	int)
Facility Address:	int)
Preceptor Tel:	Preceptor Email:
Preceptor Signature:	
Student Name:	int)
Total Hours Scheduled w/Preceptor:	
Dates for clinical (from beginning to end):	to
attach your CV/resume to this form. The CV phone numbers, SSN, and current Virginia p of institution conferring your degree. Pleas	we recommend that you become adjunct faculty. To do so, please V/resume should include complete home and office addresses professional license. Ensure the CV lists all credentials and name are send all documents to the MSN Program Director via email or s information, it is not necessary to mail it again.
Please check the appropriate statement below:	:
	y of my Virginia professional license to the MSN Program Director. ormation for an adjunct clinical appointment to the MSN Program. Clinical Faculty appointment.



### STUDENT INCIDENT REPORT (NURS 770 Course)

#### Include accidents and/or exposure to hazardous substance or disease.

1.	Student's Name:					
			(please print)			
	Student's Address:					
			(please print)			
	SSN:	Tel:				
2.	Occurrence Date:		Day	of Week:		
3.	Occurrence Time:	am/pm	Rep	ort Date: _		
4.	Location of Occurrence:		(please print)			
5.	Activity Involved (check all that a	pply):	(1.1.00 1.1.1)			
	<ul> <li>Lifting Patient</li> <li>Lifting Other</li> <li>Invasive Procedure/Injection</li> <li>Other Patient Care</li> <li>Non-Work Activity</li> </ul>	Transpo	rt Equipmer ent Use/Rep us Substanc	air		
	Explain/describe activity (if neces	ssary):				
6.	Type of Injury (check all that appl	y):				
	<ul> <li>No Apparent Injury</li> <li>Laceration/Abrasion</li> <li>Puncture</li> <li>Burn</li> <li>Bruise/Crush</li> <li>Bite/Scratch</li> </ul>	□ Foreign I □ Strain/Sp □ Fracture □ Amputat □ Electrica □ Other (de	prain ion l Shock	w)		
	Explain/describe injury (if necess	ary):				
7.	Part of Body (check all that apply)	):				
	Left       Right       Left         Image: Head       Image: Head       Image: Head       Image: Head         Image: Head       Image: Head       Image: Head       Image: Head       Image: Head         Image: Head       Image: Head       Image: Head       Image: Head       Image: Head       Image: Head         Image: Head       Image: Head       Image: Head       Image: Head       Image: Head       Image: Head         Image: Head       Image: Head       Image: Head       Image: Head       Image: Head       Image: Head       Image: Head         Image: Head       Imag		Left Arm Arm Back Knee Foot Ankle	<u>Right</u>	Left ☐ Abdomen ☐ Shoulder ☐ Finger(s) ☐ Toe(s) ☐ Chest	<u>Right</u>

8.	Possible Causes	(check all	that apply):
----	-----------------	------------	--------------

	<ul> <li>Unclear as to Policy/Procedure</li> <li>Patient-Initiated Occurrence</li> <li>Improper Clothing/Equipment</li> <li>Equipment Defect/Malfunction</li> <li>Poor Illumination</li> </ul>	<ul> <li>Unaware of Safety Hazard</li> <li>Foreign Material on Floor</li> <li>Building/Premises Defect</li> <li>Improper Body Handling</li> <li>Other:</li> </ul>	
9.	UMW Supervisor Notified at Time of C	)ccurrence:	
	□ Yes □ No Supervisor Name:		
10.	. Description of Occurrence:		
11.	. Witnessed by (please print all names)	:	
12.	. Measures Taken to Prevent Recurrent	ce:	
13.		ary □ First Aid □ Refused Treatment	□ Hospital
14.	. Referred to Physician: □ No □ Yes		
	(If incident was a blood or body fluid exposi	ure, please adhere to bloodborne pathoger	n post-exposure guidelines and document as directed.)
15.	. Disposition: □ Returned to School □ Returned to Home		ospitalized at:
16.	. Time Lost:	length of absence)	
		<b>SIGNATURES</b>	
Stı	udent Signature:		Date:
Cli	inical Supervisor:		Date:
UN	MW Course Supervisor:		Date:
Cor	mments:		



The student shall retain this checklist throughout his/her clinical experiences and document competency in the listed skills with the preceptors. **Preceptor signature and date are required for skill validation.** Prior to graduation, the student shall submit this completed checklist to the MSN Program for his/her permanent file. Skills marked with an \* are required for successful completion of the MSN Program. Other skills are strongly recommended and the student should actively pursue competency in them.

Student's Name: \_\_\_\_\_

SKILL	PRECEPTOR SIGNATURE	DATE OF SIGNATURE
Vaginal wet mount/KOH*		
KOH skin slide for fungus		
Dipstick U/A and micro*		
Rapid strep test*		
Pregnancy test		
Pap smear*		
Urethral cultural (male)		
Audiogram		
Hbg/Het		
Blood glucose (finger stick)		
Herpes culture		
Peak flow meter*		



# GRADE SHEET (SOAPS 1 and 2) (NURS 770 Course)

Student's	dent's Name:	
Number o	of Hours/Log: Total Hours:	
		<u>POINTS</u>
1.	Subjective Data (15 possible points)	
	Comments:	
2.	Objective Data (15 possible points)	
	Appropriate examination with objective documentation should be included.	
	Comments:	
3.		
	Includes ALL diagnosis(es) and diff dx. <b>Provide rationale to rule in or out each</b> diagnosis. Use of citations from resources expected to support your discussion for	
	Comments:	
4.	Plan (15 possible points)	
	Includes meds, teaching, labs/diagnostics, follow-up.	
	Comments:	
5.	Nursing Theory Application (10 possible points)	
	Comments:	
6.	Health Promotion (2.5 possible points)	
	<b>All</b> age related health promotion must be included with the <u>highlighting</u> of items addressed with the patient.	
	Comments:	

### GRADE SHEET (SOAPS 1 and 2), CONTINUED (NURS 770 Course)

		vidual
7. Family	y Life Stage (10 possible points)	
	fy the appropriate family life stage for the patient (5 points) and apply the concepts stage to the patient (5 points). <b>Student must use family theories, not individual ies.</b>	
Comm	ents:	
8. Cultur	al Diversity (10 possible points)	
Identi	fy TWO cultural diversity issues for the patient. Discuss ONE issue in detail.	
Comm	ents:	-
9. APA S	tyle (5 possible points)	
Appro	priate citation of references and citations within the SOAP content.	
Comm	ients:	
10. Evalua	ation (2.5 possible points)	
patien	nterpretation of the visit in considering the standard of care that was given to the it. This includes comparing the standard of care with sources you used. Therefore, a in is expected with your documentation of the evaluation.	
Comm	ents:	
	Total Score:	
Faculty Signature	:: Date:	



### **3F FORM** (Faculty Feedback Form) (NURS 770 Course)

Student's Name: \_\_\_\_\_

SOAP Number: \_\_\_\_\_

You will receive up to one (1) point extra on your revision (not to exceed the total amount of points the assignment is worth!).

1.00 point = The student has appropriately addressed all faculty feedback issues.

0.50 point = The student has addressed most faculty feedback issues.

0.00 point = The student has not addressed the faculty feedback issues.

FACULTY FEEDBACK ISSUE	STUDENT CORRECTION
Faculty: Provide a brief summary of your feedback and SOAP content. Include the page number of the content.	Student: Provide an explanation to correct the SOAP content.
Example 1: <i>No LMP was provided for the patient.</i> Example 2: <i>Incorrect APA format of Kelley reference.</i>	Example 1: It is essential to provide the LMP for female patients to avoid potential hazards related to pregnancy. Example 2: Reference format corrected per APA manual page 22.



# SOAP 3 GRADE SHEET

(NURS 770 Course)

Student's Name:

	Points	Comments
Subjective: Items should include: CC, HPI (perti	nent pos a	and neg), PMH, meds, allergies, FH, SH, LMP, RO
All pertinent information provided	10	
Minimal omission of pertinent information	5	
Unable to elicit pertinent information	0	····
Objective: Appropriate examination with objective	tive docur	mentation should be included.
Included all systems associated with history	10	
Omitted 1-2 systems associated with history	5	
Unable to identify and organize the physical exam	0	
associated with the history		
Assessment: Includes ALL diagnosis(es) and di	ff dx. <u>Prov</u> i	<u>ride rationale to rule in and rule out each</u>
diagnosis. Use of citations from resources expe	ected to su	<u>upport your discussion for ruling in and ruling</u>
<u>out diagnosis(es).</u>	•	
Able to elicit assessment and all pertinent	15	
differential diagnoses		
Able to elicit assessment and some pertinent	7	
differential diagnoses		
Unable to elicit assessment and/or pertinent	0	
differential diagnoses	1	
differential diagnoses		
Plan: Includes meds, teaching, labs/diagnostics	•	-
Plan: Includes meds, teaching, labs/diagnostics F/U. <u>Use of citations from resources expected t</u>	<u>o support</u>	-
<b>Plan: Includes meds, teaching, labs/diagnostics</b> <b>F/U.</b> <u>Use of citations from resources expected t</u> Develops appropriate plans for the patient.	•	-
Plan: Includes meds, teaching, labs/diagnostics F/U. Use of citations from resources expected t Develops appropriate plans for the patient. Incomplete development of plans for the patient	<u>o support</u>	-
Plan: Includes meds, teaching, labs/diagnostics F/U. Use of citations from resources expected t Develops appropriate plans for the patient. Incomplete development of plans for the patient Unable to develop a plan for the patient	o support 15 7 0	vour plans for this patient.
<ul> <li>Plan: Includes meds, teaching, labs/diagnostics</li> <li>F/U. Use of citations from resources expected t</li> <li>Develops appropriate plans for the patient.</li> <li>Incomplete development of plans for the patient</li> <li>Unable to develop a plan for the patient</li> <li>Explanation of study design: Explain research of the patient</li> </ul>	o support 15 7 0	vour plans for this patient.
<ul> <li>Plan: Includes meds, teaching, labs/diagnostics</li> <li>F/U. Use of citations from resources expected t</li> <li>Develops appropriate plans for the patient.</li> <li>Incomplete development of plans for the patient</li> <li>Unable to develop a plan for the patient</li> <li>Explanation of study design: Explain research of</li> <li>Study design is clearly stated.</li> </ul>	o support 15 7 0 lesign of tl 5	vour plans for this patient.
<ul> <li>Plan: Includes meds, teaching, labs/diagnostics</li> <li>F/U. Use of citations from resources expected t</li> <li>Develops appropriate plans for the patient.</li> <li>Incomplete development of plans for the patient</li> <li>Unable to develop a plan for the patient</li> <li>Explanation of study design: Explain research of</li> <li>Study design is clearly stated.</li> <li>Study design is marginally presented.</li> </ul>	o support 15 7 0 lesign of tl	vour plans for this patient.
<ul> <li>Plan: Includes meds, teaching, labs/diagnostics</li> <li>F/U. Use of citations from resources expected t</li> <li>Develops appropriate plans for the patient.</li> <li>Incomplete development of plans for the patient</li> <li>Unable to develop a plan for the patient</li> <li>Explanation of study design: Explain research of</li> <li>Study design is clearly stated.</li> <li>Study design is incorrect or not stated.</li> </ul>	0 support 15 7 0 lesign of tl 5 3 0	your plans for this patient.
<ul> <li>Plan: Includes meds, teaching, labs/diagnostics</li> <li>F/U. Use of citations from resources expected t</li> <li>Develops appropriate plans for the patient.</li> <li>Incomplete development of plans for the patient</li> <li>Unable to develop a plan for the patient</li> <li>Explanation of study design: Explain research of</li> <li>Study design is clearly stated.</li> <li>Study design is marginally presented.</li> <li>Study design is incorrect or not stated.</li> <li>Discussion of the analysis of data: Thorough di</li> </ul>	0 support 15 7 0 lesign of tl 5 3 0	your plans for this patient.
<ul> <li>Plan: Includes meds, teaching, labs/diagnostics</li> <li>F/U. Use of citations from resources expected t</li> <li>Develops appropriate plans for the patient.</li> <li>Incomplete development of plans for the patient</li> <li>Unable to develop a plan for the patient</li> <li>Explanation of study design: Explain research of</li> <li>Study design is clearly stated.</li> <li>Study design is incorrect or not stated.</li> <li>Discussion of the analysis of data: Thorough dia</li> <li>Analysis of data is clearly stated.</li> </ul>	o support 15 7 0 lesign of tl 5 3 0 scussion a 5 points	your plans for this patient. he study. nd explanation of data analysis from the study.
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<ul> <li>Plan: Includes meds, teaching, labs/diagnostics</li> <li>F/U. Use of citations from resources expected t</li> <li>Develops appropriate plans for the patient.</li> <li>Incomplete development of plans for the patient</li> <li>Unable to develop a plan for the patient</li> <li>Explanation of study design: Explain research of</li> <li>Study design is clearly stated.</li> <li>Study design is incorrect or not stated.</li> <li>Discussion of the analysis of data: Thorough di</li> <li>Analysis of data is clearly stated.</li> </ul>	o support 15 7 0 lesign of tl 5 3 0 scussion a 5 points	your plans for this patient. he study. nd explanation of data analysis from the study.
<ul> <li>Plan: Includes meds, teaching, labs/diagnostics</li> <li>F/U. Use of citations from resources expected t</li> <li>Develops appropriate plans for the patient.</li> <li>Incomplete development of plans for the patient</li> <li>Unable to develop a plan for the patient</li> <li>Explanation of study design: Explain research of</li> <li>Study design is clearly stated.</li> <li>Study design is incorrect or not stated.</li> <li>Discussion of the analysis of data: Thorough di</li> <li>Analysis of data is marginally presented.</li> <li>Analysis of data is incorrect or not stated.</li> </ul>	o support 15 7 0 lesign of tl 5 3 0 scussion a 5 points 3 points 0 points	he study.
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## **SOAP 3 GRADE SHEET, CONTINUED**

(NURS 770 Course)

Student's Name:		
	Points	Comments
Family Life Stage: Identify the appropriate fami		
	tudents m	nust use family theories not individual theories.
Life stage and application clearly stated	10	
Life stage and/or application marginally	5	
presented		
Life Stage and/or application poorly presented	0	
Cultural Diversity: Identify 2 cultural diversity	issues for	the patient. Discuss one issue in detail.
Cultural Diversity issue clearly stated and	10	
discussed		
Cultural Diversity issue marginally presented	5	
Cultural Diversity issue poorly presented	0	
Evaluation of Care: Your interpretation of the v	isit in cons	isidering the standard of care that was given to
the patient. This includes comparing the standa	ard of care	e with sources you used. Therefore, a citation is
expected with your documentation of the evaluation of the evaluati	ation.	
Evaluation is complete with references	5 points	
Evaluation is vague not supported by references	2 points	
Evaluation is unsatisfactory without references	0 points	
Eight-Page Limit Exceeded for Nursing Theory,	Life Stage,	e, Cultural Diversity
and Evaluation of Care = Deduct 5 points.		Points Deducted
(Content exceeding the eight pages will not be grad	ed, but feed	edback can be given.)
APA Format, Style, Grammar and Spelling: Appr	opriate cit	itation of references and citations within the
SOAP content.	<b>.</b>	
Format, Style, Grammar and Spelling are	5 points	
consistent throughout the SOAP note	ļ	
Minor errors present	2 points	
Significant errors present	0 points	

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### MID-POINT PRACTICUM EVALUATION (Advanced and Final Clinical Experience) (NURS 770 Course)

This evaluation tool is designed to identify competencies required of the student to complete the family nurse practitioner program. The advanced student is in the final semester of three clinical courses.

The student has taken courses in pathophysiology, pharmacology, physical assessment, family assessment, management of acute and chronic illnesses, women's health, pediatrics and health promotion. Advanced NP students will require minimal to moderate preceptor input during their patient encounters.

A rating scale is provided to assist in the evaluation of the student.

	RATING SCALE:	0 = Outstanding	S = Satisfactory	U = Unsatisfacto	ory		
Comm	<u>unication</u>						
1.	Able to utilize appropriate mix of interviewing and listening skills.						U
2.	Able to present appropriate, pertinent, logical information about the patient to the preceptor.						U
3.	Able to record data	in a concise and accurate	manner in SOAP format.		0	S	U
4.	Able to establish rap	oport with the patient.			0	S	U
5.	Able to obtain direc	ted or problem-focused hi	istory.		0	S	U
<b>Physic</b>	al Assessment						
1.	Able to accurately s	elect and perform approp	riate physical exam techniq	ues.	0	S	U
2.	Able to accurately r	ecognize abnormal finding	gs.		0	S	U
3.	Able to analyze pres	senting symptoms/concer	ns.		0	S	U
4.	Able to analyze pres	senting complex symptom	s/concerns.		0	S	U
<u>Critica</u>	ll Thinking						
1.	Able to analyze char	rt data and health records.			0	S	U
2.	Applies pathophysic	ologic concepts.			0	S	U
3.	Able to assess healt	h status and determine pr	iorities for a diagnosis.		0	S	U
4.	Able to think clearly	and arrive at a logical pla	n of care that includes heal	th promotion.	0	S	U
Diagno	<u>osis</u>						
1.	Uses critical thinkin	g skills to arrive at diagno	ses and differential diagnos	ses.	0	S	U
2.	Able to discriminate	e between relevant and un	necessary diagnostic tests.		0	S	U
3.	Able interpret test f	indings in uncomplicated	situations correctly with mi	inimal assistance.	0	S	U

### ID-POINT PRACTICUM EVALUATION, CONT'D (Advanced and Final Clinical Experience) (NURS 770 Course)

	RATING SCALE:	0 = Outstanding	S = Satisfactory	U = Unsatisfact	ory		
Patier	nt Management						
1.	. Able to select non-pharmacological strategies of treatment.			0	S	U	
2.	Able to select prescription pharmacological therapy with consultation.				0	S	U
3.	Provides appropriate patient education for health promotion and common health problems.				0	S	U
4.	Able to apply theory and a research based plan of care.				0	S	U
5.	Establishes an appropriate follow-up plan based on correctly stated rationales or protocols with minimal assistance.						U
<u>Monit</u>	oring and Evaluatio	n of Standard of Care					
1.	Self-evaluation: Iden	ntifies strengths and weak	mess in clinical skills.		0	S	U
2.	Assumes responsibi	lity for own practice.			0	S	U
3.	Able to collaborate	with peers, co-workers an	d others in a learning/work	ing situation.	0	S	U
4.	Recognizes the impa	act of ethical and legal asp	ects of clinical practice.		0	S	U
Comme							
							_
Preceptor Signature: Date:							
Student Signature: Date:							
Faculty Signature: Date:							

(Must be signed by all three parties in order for the student to complete the NURS 750 course.)



### END-OF-SEMESTER PRACTICUM EVALUATION (Advanced and Final Clinical Experience) (NURS 770 Course)

This evaluation tool is designed to identify competencies required of the student to complete the family nurse practitioner program. The advanced student is in the final semester of three clinical courses.

The student has taken courses in pathophysiology, pharmacology, physical assessment, family assessment, management of acute and chronic illnesses, women's health, pediatrics and health promotion. Advanced NP students will require minimal to moderate preceptor input during their patient encounters.

A rating scale is provided to assist in the evaluation of the student:

0 = Did not demonstrate this skill

- 1 = Achieved this skill less than 50% of the time
- 2 = Achieved this skill at least 70%-80% of the time.
- 3 = Achieved this skill at least 80%-90% of the time.
- 4 = Achieved this skill at least 90% of the time.

Com	munication					
1.	Able to utilize appropriate mix of interviewing and listening skills.	0	1	2	3	4
2.	Able to present appropriate, pertinent, logical information about the patient to the preceptor.				3	4
3.	Able to record data in a concise and accurate manner in SOAP format.	0	1	2	3	4
4.	Able to establish rapport with the patient.				3	4
5.	Able to obtain directed or problem-focused history.	0	1	2	3	4
<b>Phys</b>	ical Assessment					
1.	Able to accurately select and perform appropriate physical exam techniques.	0	1	2	3	4
2.	Able to accurately recognize abnormal findings.	0	1	2	3	4
3.	Able to analyze presenting symptoms/concerns.	0	1	2	3	4
4.	Able to analyze presenting complex symptoms/concerns.	0	1	2	3	4
<u>Criti</u>	cal Thinking					
1.	Able to analyze chart data and health records.	0	1	2	3	4
2.	Applies pathophysiologic concepts.	0	1	2	3	4
3.	Able to assess health status and determine priorities for a diagnosis.	0	1	2	3	4
4.	Able to think clearly and arrive at a logical plan of care that includes health promotion.	0	1	2	3	4
Diagnosis						
1.	Uses critical thinking skills to arrive at diagnoses and differential diagnoses.	0	1	2	3	4
2.	Able to discriminate between relevant and unnecessary diagnostic tests.	0	1	2	3	4
3.	Able interpret test findings in uncomplicated situations correctly with minimal assistance.	0	1	2	3	4

### END-OF-SEMESTER PRACTICUM EVALUATION, CONT'D (Advanced and Final Clinical Experience) (NURS 770 Course)

Patient Management					
1.	Able to select non-pharmacological strategies of treatment.	0 1	1 2	3	4
2.	Able to select prescription pharmacological therapy with consultation.	0 1	1 2	3	4
3.	Provides appropriate patient education for health promotion and common health problems.	0 1	12	3	4
4.	Able to apply theory and a research based plan of care.	0 1	1 2	3	4
5.	Establishes an appropriate follow-up plan based on correctly stated rationales or protocols with minimal assistance.	0 1	12	3	4
Monitoring and Evaluation of Standard of Care					
1.	Self-evaluation: Identifies strengths and weakness in clinical skills.	0 1	1 2	3	4
2.	Assumes responsibility for own practice.	0 1	12	3	4
3.	Able to collaborate with peers, co-workers and others in a learning/working situation.	0 1	12	3	4
4.	Recognizes the impact of ethical and legal aspects of clinical practice.	0 1	12	3	4

#### A score of 80 is required for a passing clinical grade. A total of 100 points is possible.

Comments:	
Preceptor Signature:	Date:
Student Signature:	Date:
Faculty Signature:	Date:

(Must be signed by all three parties in order for the student to complete the NURS 750 course.)



### PHYSICAL EXAMINATION FORM FOR RETURNING MSN STUDENT

This form must be completed during the period of May through August. A <u>copy</u> of the completed form is due to the MSN Program by the first week of the semester.

Student	Name:	(please print)			
Student	Address:	(please print)			
				Student Tel:	
	For all returning stude begins.	ents: PPD must be placed a	and read no m	ore than six months before	the NURS course
	Date Given:	Date Read:		Results:	
2.	For second-year stude	nts: Hepatitis B antibody ti	ter (Anti HBs)		
	Date Drawn:	Results (specify	level):		
MD/Nu	rse Signature:			Date:	
MD/Nu	rse Address:				