



UNIVERSITY OF
CALGARY

FACULTY OF NURSING

Nursing 641

Nurse Practitioner Practicum I

FALL

Seminars & Lab: PF2253

Tuesdays (6 Sept; 11 Oct) 0900-1200

Mondays (12, 19, 26 Sept; 3 Oct) 1000-1200, 1300-1600

Clinical Schedule – Determined by Clinical Preceptors

Course Coordinator:

Meg McDonagh RN, MN, NP (FAA)

Room PF 2241

Office: 403-220-6799

Pager 403-212-8223 #03306

Email: mkmcдона@ucalgary.ca

Office Hours: By appointment

Course Description: Building on foundational knowledge of advanced pathophysiology, assessment and pharmacology, this course provides an opportunity for students to acquire advanced knowledge and skills related to clinical decision-making and client management of commonly presented health problems.

In the clinical setting, under the supervision of nurse practitioner and/or physician preceptors, students will have the opportunity to apply advanced health assessment skills, as well as clinical decision-making and case management skills in a variety of adult primary care settings.

Prerequisites: NURS 661,663, and 665 or equivalent, or consent of the Faculty, and registration in the Post-Master's NP diploma program or the integrated MN/NP program.

Seminar Hours: 24 hours

Laboratory Hours 3 hours

Clinical Hours: Minimum of 68 hours. Clinical hours are normally scheduled during usual practice office hours, but may include weekends and evenings.

Course Dates: **Sept. 6 – Oct. 14, 2011 (6-week block)**

Withdrawal Date: **23 Sep 2011:** Last day to withdraw with permission from full courses. Normally, a student will not be permitted to withdraw from NURS 641 to avoid a failing grade.

Objectives: At the end of this course, the student should be able to:

1. Begin to demonstrate health assessment skills at an advanced level by taking an age appropriate detailed history and performing an accurate physical exam on an adult.
2. Begin to identify signs, symptoms, clinical course and treatment modalities of common illnesses and emergencies in adult primary health care.
3. Begin to develop skills in interpreting clinical findings associated with emergent, urgent and non-urgent health needs.
4. Begin to develop skills in ordering and interpreting diagnostic and laboratory tests.
5. Assess health maintenance issues and provide appropriate health education and referral.
6. Recognize the influence of cultural norms upon health of adults and families.
7. Begin to apply developmental principles in assessment of adults and families.
8. Begin to apply knowledge of pharmacology and therapeutics when selecting, prescribing and monitoring outcomes of medications for the intended adult population.
9. Communicate in an ethical and professional manner with adults and their families and other health professionals enhancing interdisciplinary communications and collaboration competencies.
10. Begin to use advanced problem solving and clinical judgment in the assessment and management of the adult and family health issues in consultation with the clinical preceptors.
11. Increase skill in documenting patient assessment and findings.

12. Begin to develop the ability to consult and refer to other health care providers appropriately.
13. Begin to demonstrate and role-model the complementary and collaborative relationship between advanced practice nursing and medical management of patients.
14. Use a team approach in the identification of health needs to begin to development of a plan of care and evaluation of a treatment plan.
15. Begin to develop an evidence based approach to clinical practice incorporating current research findings into clinical practice in relation to patient education, treatment and planning management of care.

Clinical Practice Guidelines:

Addiction Centre

http://www.addictioncentre.ca/pro_OurPrograms.htm

Alberta Medical Association Towards Optimized Practice Guidelines: Control plus Click on link for clinical practice guidelines. Several topics are included here.

http://www.topalbertadoctors.org/informed_practice/about_informed_practice.html

Alberta Guidelines for Colon Cancer Screening (revised 2009)

http://www.screeningforlife.ca/files/file.php?fileid=fileqVcQVQSosl&filename=file_3_10_ACB_colorectal_InfoSheet.pdf

Alberta Guideline for Screening for Cervical Cancer (revised 2009)

http://www.topalbertadoctors.org/informed_practice/clinical_practice_guidelines/complete%20set/Cervical%20Cancer/cervical_cancer_guideline.pdf

Canadian Hypertension Education Program

<http://hypertension.ca/chep/>

Canadian Medical Association

http://www.cma.ca/index.php/ci_id/54316/la_id/1.htm

Canadian Task Force on Preventive Care

<http://www.canadiantaskforce.ca/>

Family Practice Notebook

<http://www.fpnotebook.com/Manage/Gen/PrctcMngmntLnks.htm>

Patient Education

<http://www.mayoclinic.com/>

Assessment:

This practicum is not evaluated using a letter or numerical grade, and is not included in calculating GPA. The student's evaluation is based on the learning objectives and participation in seminar and the clinical practicum. A **pass/fail grade** is awarded. All clinical and academic components must receive a **pass** mark for successful completion of the course. There is no final examination for this course.

The student's clinical evaluation is based on the extent to which the objectives are met using a 5-point scale with "3", or "Competent", required for passing (See "Student Evaluation" in the Appendix).

Seminar: Participation and Presentations

Students will discuss the various approaches to common adult medical and nursing diagnoses in a small group format. Ground rules for participation include mutual respect, collaboration and collegiality, and the strengthening of each other's knowledge and skills through evidence-based argumentation and active demonstration and participation in manual skills and techniques.

Clinical case studies brought forth by the students from practice will be used primarily to stimulate dialogue and discussion regarding the assessment, diagnostic approach, and clinical decision making regarding the management of common primary health care issues. The focus of which illnesses/conditions will be addressed will be based upon those that are epidemiologically relevant among the adult Canadian population. Students will present a case from their clinical arena, along with an applicable clinical decision making tool (e.g., guideline, algorithm, article) that would help manage that patient's care. The case presentation is to be 10 minutes in length only. Discussion of the clinical decision making tool is to be 10 minutes in length only. Scheduling of these presentations will be determined during the first class.

Students will provide a one-page summary or copy of the clinical decision making tool to their peers and faculty. Repetition of case types and/or reuse of clinical decision making tools are discouraged – however, application of a particular clinical practice guideline (e.g., hypertension) to a different patient group (e.g., hypertension in diabetic patients versus hypertension in patients without diabetes) may be informative.

Clinical: Clinical Practice:

Students are evaluated on a continuous basis while in clinical practice (see "Student Evaluation" in the Appendix for criteria). Input for evaluation will come from the clinical preceptors, course coordinator and student self-evaluation. Clinical preceptors may consult with other health professionals and patients with whom the students have interacted during the clinical practicum.

SOAP Notes:

Students are to submit documentation of one patient encounter to Faculty for Sept. 19 and another for Oct. 3, 2011 which includes Subjective and Objective data, the Assessment including differential diagnoses and the Plan of care. Students are also encouraged to seek ongoing feedback from their preceptors on their clinical notes.

Clinical Log:

Students will compile a log of the patients/clients seen in the clinical arena. The information required on this log includes patient age, sex, presenting symptoms, diagnostic testing ordered/results, differential diagnosis list (medical and nursing), and resources that would assist in the management of the patient's primary diagnosis. After Week 2, all diagnoses are to be written in the appropriate standardized terminology.

Cases encountered during practice may be discussed during class time. Weekly logs are due on Mondays – after the class discussion – and will be returned on the following Monday for reference during the clinical experience.

Clinical Absence Statement (adapted from the Undergraduate Program guidelines): Within the Nursing Practice Standards established by CARNA (2005), it states that a nurse must ensure their “fitness to practice” (pg. 5). This means that the nurse practitioner (NP) students must be able to perform essential functions of the NP role expected for the lab or clinical practice that they have been assigned to without any mental or physical disabilities/illnesses. Therefore, it is the students' professional accountability to maintain their state of health and recognize the impact that ill-health may have on patients and colleagues.

To fulfill course requirements students must attend seminars, labs, and ensure all clinical practice hours are completed as required. If the student is ill or experiences an unforeseen circumstance, the student must inform the Course Coordinator and Clinical Preceptor as soon as possible. If the student misses one or more lab/clinical days due to illness or unforeseen circumstance, the student may be at risk for not successfully completing the course. The student will be required to make-up the missed hours, or may be asked to withdraw from the course and complete the course requirements at a later date. A medical note may be requested. The student's situation will be reviewed by the Course Coordinator, and if needed, by the Associate Dean, Graduate Program.

Intellectual Honesty and Plagiarism: Intellectual honesty is the cornerstone of the development and acquisition of knowledge, and is expected at all times. Students are expected to comply with the Statement on Principles of Conduct specified in the University Calendar.

Plagiarism is a form of intellectual dishonesty in which another person's work is presented as one's own. Be certain that whenever you use a primary or secondary source in your assignments you cite and reference your source using APA format. All direct quotes (quotations of any number of words from the original) and indirect quotes (paraphrased ideas) must be acknowledged appropriately. Failure to do so constitutes plagiarism, and as with any form of academic misconduct, it will be penalized in accordance with University guidelines.

Dutiful citation of quotes and paraphrased materials does not mean that students can write an essay assignment by stringing together a series of quotes. Students should always try to summarize or describe someone else's ideas in their own words. When presenting their own ideas or opinions in a paper, students should provide evidence or arguments to substantiate their position.

Freedom of Information and Protection of Privacy: Information (such as phone number, addresses, tracking sites of practica, etc.) that you may be asked to provide is collected under the authority of the Universities/Colleges Act and Freedom of Information and Protection of Privacy Act Section 32(c). It will be used for Practicum placement and for contact purposes. Your personal information is protected by Alberta's Freedom of Information and Protection of Privacy Act and can be reviewed on request. If you have any questions about the collection or use of this information, contact the Graduate Program Office at 220-6241.

Student Academic Conduct: The Faculty of Nursing expects intellectual honesty at all times from its students. Please refer to the following website: www.ucalgary.ca/UofC/faculties/GS or the University of Calgary, Faculty of Graduate Studies Calendar, 2011-2012. Confidentiality of patient/client information must be ensured. Discussion of clinical practice should be restricted to the students and their Clinical Preceptors and Course Leader.

Student Evaluation – NURS 641 Nurse Practitioner Practicum I

Student: _____ **Preceptor:** _____ **Date:** _____

- *Evaluation Tool adapted & used with permission from University of Toronto NP Program.*
- *Rating Scale based upon Benner, P. (1984). From Novice to Expert: Excellence & Power in Clinical Nursing Practice. Menlo Park, CA: Addison-Wesley Publishing Company Nursing Division.*

Rating Scale

1 **Novice:** Student has no experience of or expertise in the criteria indicated, and requires continued supervision and instruction to acquire the same, e.g., requires direct supervision for consistent performance of technique.

2 **Advanced Beginner:** Student is able to perform significant aspects of criteria, e.g., discriminates between normal and abnormal findings on a physical exam, but requires guidance with synthesizing data and developing differential diagnoses.

3 **Competent:** Student is able to perform criteria with insight and deliberation, e.g., identifies relevant findings, develops appropriate differential diagnoses, and establishes short- and long-term management goals.

4 **Proficient:** Student accurately perceives what is required in a given situation and then modifies performance effortlessly to match what is needed, e.g., triages patient acuity with ease, and modifies history and physical exam appropriately in anticipation of care needs.

5 **Expert:** Student performs criteria in a highly skilled manner, e.g., appears to have an intuitive grasp of each patient encounter, narrows down the differential diagnosis efficiently without extraneous alternative diagnoses, and modifies clinical practice guidelines to meet patient needs seamlessly.

Please circle the most appropriate level of performance for each statement.

Criteria**(1) Clinical History**

Performs an organized, accurate & complete interview	1	2	3	4	5
Identifies pertinent positives and negatives	1	2	3	4	5
Documentation is accurate & thorough	1	2	3	4	5
Performs verbal presentation of cases to preceptor	1	2	3	4	5

(2) Physical Examination

Performs an organized, accurate & complete exam	1	2	3	4	5
Identifies common abnormalities	1	2	3	4	5
Documentation is comprehensive; uses appropriate terminology	1	2	3	4	5

(3) Clinical Reasoning/Differential Diagnosis

Synthesizes H & PE findings; identifies key problems/ priority issues	1	2	3	4	5
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Develops accurate list of potential differential diagnoses (DDx)	1	2	3	4	5
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Provides sound rationale or evidence for DDx	1	2	3	4	5
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(4) Diagnostic Testing

Individualizes diagnostic workup based on relevant data	1	2	3	4	5
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Choices reflect an understanding of the clinical utility of common diagnostic tests	1	2	3	4	5
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Articulates rationale for diagnostic testing choices	1	2	3	4	5
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Considers the impact of testing on patient/family/system	1	2	3	4	5
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(5) Treatment Planning

Formulates an appropriate evidence-based plan of care for patients/families	1	2	3	4	5
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Negotiates treatment plan with patient/family/preceptor	1	2	3	4	5
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Identifies & initiates consultation or referral as appropriate	1	2	3	4	5
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Implements plan in collaboration with patient/family/preceptor	1	2	3	4	5
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Evaluates patient/family progress and adjusts plan accordingly	1	2	3	4	5
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(6) Evidence-based Practice

Articulates pathophysiology underlying common conditions	1	2	3	4	5
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Articulates pharmacotherapeutic principles when making treatment decisions	1	2	3	4	5
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Communicates the application of relevant evidence &/or research to practice	1	2	3	4	5
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(7) Professional conduct

Demonstrates professional interpersonal communication skills with:

Clinical preceptor	1	2	3	4	5
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Interdisciplinary team (if applicable)	1	2	3	4	5
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Patients/families	1	2	3	4	5
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Demonstrates professional and ethical conduct with:

Clinical Preceptor	1	2	3	4	5
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Interdisciplinary team (if applicable)	1	2	3	4	5
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Patients/families	1	2	3	4	5
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Demonstrates conscientiousness and reliability	1	2	3	4	5
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Demonstrates effective/efficient time management

1 2 3 4 5

Additional Comments:

Overall Rating:

Pass

Fail

Date:

Clinical Preceptor:

Student:

Course Coordinator:
