

SYLLABUS

M8566 - FAMILY PRIMARY CARE: PRACTICUM III A

- Summer 2007

Credits: 2 Hours: 8 Clinical: 1 day/week 15 weeks

PREREQUISITES: N6100, N6121, N6728, N6920, N8102, N8545, N8557, N8558, N8560, N8566, N8568, N8593, N8786

COREQUISITES: N8290, N8546, N8559

COURSE LEVEL: Third semester

TEACHING FACULTY: FNP Faculty

DESCRIPTION: Students assess the health status of individuals of all ages in selected settings and recognize and manage common health problems in the pediatric and adult population.

OBJECTIVES: The student will work toward developing competency in the following skill areas:

1. Obtain a complete, accurate, and appropriate historical data base.
2. Perform systematic physical examination as dictated by history and chief complaint.
3. Analyze the data base.
4. Initiate and evaluates a plan of care.
5. Present and records the patient encounter.
6. Demonstrate professional responsibility and accountability.

METHODOLOGY: A primary care setting is the practicum site. The students are taught by on-site preceptors. Clinical attendance is mandatory.

1. The student will keep a copy of at least one patient's chart note per clinical session. This note, plus a complete write up on the same patient

FAMILY PRIMARY CARE: PRACTICUM III A

will be included in a Patient Log Binder. The patient log binder will be used by the student and faculty to monitor the student's progress.

2. The student will include a self-evaluation of care.

EVALUATION: Use Clinical Goal Attainment Scale for each objective evaluation. The students must attain the minimum expected level in each objective to satisfactorily complete the practicum.

The student is expected to request an informal mid - semester evaluation from their respective preceptor.

The student will present to the FNP faculty their Patient Log Binder for evaluation upon request.

Patient Log Binder

Each student is expected to keep a patient log binder beginning with the first patient seen and including every patient thereafter. The log should include the following information: patients initials, address, telephone number, first and last number of the medical record, hospital number or chart number, age, reason for visit, assessment, plan and follow -up.

Clinical Course Grades

Grade	Quality Points
A	4.0
B	3.0
C	2.0
F	0.0

FAMILY PRIMARY CARE: PRACTICUM III A

PATIENT LOGS

Each student is to keep a patient log beginning with the first patient seen and including every patient thereafter. The log should include the following information: patient's initials, first and last number of the medical record, hospital number or chart number, age, reason for visit, assessment, and management. Students are to include a copy of their chart note with the patient's initials. The log must be organized in the following manner.

Date	Patient's Initials	1 st and last # of Medical Record, Hospital # or Chart #	Age	Reason for Visit	Assessment	Management

The patient log will be used by the student and faculty to monitor progress. A notebook will keep the information safe, neat and portable.

FAMILY PRIMARY CARE: PRACTICUM III A

Clinical Practicum Design

The program is designed to provide the student with a continuous opportunity to relate and integrate past as well as newly acquired theoretical knowledge within a clinical practice by assuming, under a preceptors guidance, increasing responsibility for the management of patients throughout the life span. This application of theoretical knowledge to the realities of clinical practice is a dynamic process, which enhances and enriches learning, as well as prepares the graduate to function effectively in the profession. The sequential design of the program permits the students to acquire the skills necessary to move along this continuum.

During the first semester of the Family Specialty, the students will take Advanced Clinical Assessment. This course provides the student with the knowledge base to obtain an accurate patient history, perform a physical examination, and understand the rationale for obtaining laboratory testing. In the second semester the students take Diagnosis and Management I. This course is designed to expand their basic nursing knowledge, to incorporate what they learned in advanced clinical assessment, to apply this knowledge and to arrive at an accurate evidence based diagnosis and to develop a plan of care specific to the patient. In their last semester, they take their final Diagnose and Management course. He/she continues the process begun in the first two semesters. Each semester builds on the knowledge obtained in the previous semester. During each of these semesters the students are assigned to a clinical arena in which they can apply what they have learned, under the supervision of their preceptor.

The role of the preceptor, is that of learning facilitator. The student presents to the preceptor at the beginning of the semester a copy of the Clinical Evaluation Tool. This tool contains the objectives that are to be achieved by the student by the completion of the semester. As the semester progresses the student should become more autonomous based on their knowledge base obtained in both clinical and didactic arenas. The student completes a total of four clinical semesters. By the last clinical semester, the student should require a minimum of preceptor advisement.

The clinical evaluation tool contains a grading system. If the student achieves and maintains all the objectives above the average expectancy, for a student at that level for the entire semester, he she will receive an A. If the student performs at an above average level his/her grade for that semester is a B. If the student performs at the expected functioning level, he/she will receive a C grade. If a student does not achieve and/or maintain the expected level of functioning or if the student fails to achieve a specific component of the evaluation tool, he/she will receive an F. The clinical practice grading system does not provide the opportunity for the student to receive a plus or minus grade. The final grades are either A, B or F. The student is, responsible to request and receive a mid-semester verbal evaluation, at which time the students strengths and weaknesses are to be discussed. If either the student or preceptor wish, the Program Director will attend this meeting.

FAMILY PRIMARY CARE: PRACTICUM III A

Student: _____

Clinical Site: _____

Total Number of Days:

Hours Attended: _____

CLINICAL PERFORMANCE OBJECTIVES GOAL ATTAINMENT SCALE

Students must attain the expected level in each objective to satisfactorily complete the practicum.

OBJECTIVE 1	GRADE				COMMENT
	A	B	C	F	
DEMONSTRATE KNOWLEDGE OF THE BIOPHYSICAL AND PSYCHOSOCIAL DEVELOPMENT OF THE INDIVIDUAL					
1. Observes, assesses, and describes the developmental level and/or needs of the individual before designing a plan.					
2. Answers questions regarding the psycho-social, physical, nutritional, environmental, and cognitive factors influencing the care process of the individual.					
3. Works with families and/or groups utilizing knowledge of age appropriate developmental levels.					
4. Identifies the individual's need for further testing after utilizing standard screening tests.					

FAMILY PRIMARY CARE: PRACTICUM III A

OBJECTIVE 2	GRADE				COMMENT
OBTAINS A COMPLETE, ACCURATE, AND APPROPRIATE HISTORICAL DATA BASE	A	B	C	F	
1. Summarizes relevant information from chart in an appropriate time frame.					
2. Demonstrates appropriate interviewing skills.					
3. Examines developmental, psychosocial, cultural, and family factors that may influence health.					
4. Obtains relevant, complete historical data base.					

OBJECTIVE 3	GRADE				COMMENT
PERFORMS SYSTEMATIC PHYSICAL EXAMINATION AS DICTATED BY HISTORY AND CHIEF COMPLAINT	A	B	C	F	
1. Examines appropriate systems relevant to chief complaint and physical problems.					
2. Varies exam as dictated by client's cooperation/condition.					
3. Utilizes correct technique in performing physical exams.					
4. Differentiates normal physical findings from abnormal.					
5. Completes above in allocated time.					

FAMILY PRIMARY CARE: PRACTICUM III A

OBJECTIVE 4	GRADE				COMMENT
ANALYZES THE DATA BASE	A	B	C	F	
1. Interprets historical, physical, and laboratory data to develop assessments.					
2. Describes differential diagnoses and sequentially eliminates to arrive at an assessment.					
3. Defends rationale for assessment.					
4. Identifies health promotion and health maintenance needs.					
5. Develops a problem list.					
6. Consults with other members of health team when appropriate.					
7. Seeks to increase knowledge base through reading and client selection.					

FAMILY PRIMARY CARE: PRACTICUM III A

OBJECTIVE 5	GRADE				COMMENT
DIAGNOSE HEALTH PROBLEMS COMMONLY ENCOUNTERED IN A VARIETY OF HEALTH CARE SETTINGS	A	B	C	F	
1. Synthesizes historical and physical findings to develop differential diagnoses.					
2. Describes differential diagnoses and sequentially eliminates to arrive at an assessment.					
3. Defends rationale for assessment.					
4. Explains rationale for diagnostic/screening tests ordered.					
5. Consults with other members of health team.					
6. Continually seeks to increase knowledge base through reading and client selection.					

FAMILY PRIMARY CARE: PRACTICUM III A

OBJECTIVE 6	GRADE				COMMENT
	A	B	C	F	
FORMULATES, IMPLEMENTS, AND EVALUATES THERAPEUTIC PLAN OF CARE					
1. Base plan on data obtained.					
2. Formulates appropriate plan which includes diagnostic, therapeutic, and patient education components for each problem identified.					
3. Formulates a plan that reflects patient's responses to illness, differentiates psychosocial needs, and patient's knowledge of illness.					
4. Describes rationale for plan using current research.					
5. Implements plans for primary health care, including anticipator guidance, prevention, counseling, and screening.					
6. Implements plans for illness care, including: diagnostic, therapeutic, and educational components.					
7. Explains rationale for diagnostic/screening tests ordered.					
8. Explains action and side effects of drugs.					
9. Works collaboratively as a member of the health team, makes referrals when appropriate.					
10. Identifies outcome criteria for selected problems.					
11. Questions client on follow up to evaluate effectiveness of plan and					

FAMILY PRIMARY CARE: PRACTICUM III A

modifies plan accordingly.					
12. Develops care plan with the client/family.					

OBJECTIVE 7	GRADE				COMMENT
	A	B	C	F	
PRESENTS AND RECORDS THE PATIENT ENCOUNTER					
1. Demonstrates in verbal reports the ability to prioritize information from the data base.					
2. Organizes patient records in a relevant, systematic, comprehensive, and a problem-oriented framework.					
3. Documents the evaluation of psychosocial and family needs, as well as patient education.					

FAMILY PRIMARY CARE: PRACTICUM III A

OBJECTIVE 8	GRADE				COMMENT
DEMONSTRATE PROFESSIONAL RESPONSIBILITY	A	B	C	F	
1. Recognizes areas of competence and seeks faculty/preceptor assistance appropriately.					
2. Seeks validation of relevant findings.					
3. Independently keeps abreast of theoretical data pertaining to the patient encounter.					
4. Evaluates and critiques own knowledge, skills and judgment in patient assessment and management.					
5. Demonstrates the clinical specialty role consistent with established professional standards.					
6. Functions effectively within a given clinical system.					
7. Initiates and maintains interdependent professional relationships throughout the health care delivery system.					

FAMILY PRIMARY CARE: PRACTICUM III A

SUMMARY - CLINICAL EVALUATION

Date: _____ Overall Grade _____

Preceptor: _____ Student: _____

Student Signature: _____

Preceptor Comments:

Student Comment: