

SEATTLE UNIVERSITY COLLEGE OF NURSING

Course Number, Title: NURS 586 Primary Care Management Practicum I

Credits: 3 credit clinical practicum, 150 contact hours

Prerequisites: NURS 501, 521, 522, 524. Co-requisite: NURS 576.

Faculty:

(Section 04) Barbara Bjeletich, MSN, ARNP, FNP
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 Seminar room: GARR 314

(Section 01) Martha Goedert, PhD, CNM, FNP, FACMM
 Assistant professor
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(Section 02) Vicki Fox, MSN, ARNP, FNP
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(Section 05) Marilee Jensen, MSN, ARNP, FNP
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(Section 03) Beth Upton, MSN, ARNP, FNP
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 Seminar Location: GARR 111

Office Hours:

Barbara Bjeletich: By appointment
 Martha Goedert: Posted on CON website
 Vicki Fox: By arrangement
 Marilee Jensen: By arrangement
 Beth Upton: By arrangement

Course Description:

The course focuses on the primary health needs of patients including those needs related to health promotion and disease prevention, strategies for identification, management, client and family education, and appropriate referrals. Theories and research from nursing and other disciplines are applied and integrated through seminars, clinical conferences, and clinical practice.

Course Objectives:

Upon completion of this course, the learner will:

1. Obtain a comprehensive and problem-focused health history based on presenting symptoms, age and developmental stage.
2. Perform a comprehensive and problem-focused physical exam based on presenting symptoms, history, age and developmental stage.
3. Analyze and interpret history, physical exam findings and diagnostic information to develop an appropriate differential diagnosis.
4. Order diagnostic tests if needed to clarify or confirm diagnosis both independently and in collaboration with his/her preceptor.
5. Develop a treatment plan including diagnostic testing, medications, patient education and referrals both independently and in collaboration with the preceptor.
6. When prescribing medication the student will demonstrate ability to consider cost, contraindications, side effects, and will engage the patient in appropriate education regarding taking the medication.
7. Deliver health promotion and disease prevention services based on age, developmental stage, family history and ethnicity.
8. Refer patients for follow up when the problem exceeds his/her expertise or the nurse practitioner scope of practice.
9. Establish a rapport with the patient based on mutual trust.
10. Work cooperatively with preceptor and all staff, taking direction from those supervising care.

Class Dates: Sept. 25 – Dec. 4, 2009
 Sept. 23, plastic pelvic model practice
 Sept. 24, pelvic on live model in lab, 8 to 12 noon

Class Seminar Time: Friday 11-12:30 pm

Class Location: 1st day of class will meet together at Pigott 108; see section/room numbers.

Required Texts:**Pediatrics**

1. Burns, et al. (2009). *Pediatric primary care* (4th ed.). Elsevier Saunders. A comprehensive pediatric primary care text
2. Gigante, Joseph, MD. (2006). *First exposure to pediatrics*. McGraw Hill Professional Publishing.
3. American Academy of Pediatrics. (2008). *Bright Futures: Guidelines for health supervision of infants, children, & adolescents* (3rd ed.). (Pocket Edition). American Academy of Pediatrics.
4. Hoppenfield, S. (1976). *Physical examination of the spine and extremities*. Prentice Hall
5. Wolff, K., et al. (2005). *Color atlas & synopsis of clinical dermatology* (5th ed.) McGraw-Hill.
6. Ferri, Fred F. MD. (2010). *Ferri's best test*, Mosby/Elsevier.

OB-GYN

- Dickey, R.P. (2007). *Managing contraceptive pill patients* (13th ed.). EMIS Inc Medical Publishers
- Hatcher, R. A. (2008). *Contraceptive technology* (19th ed.). Ardent Media, Inc. (Optional)
- Ryden, Janice, Blumenthal, Paul D., and Charney, Pamela. (2009). *Practical gynecology: A guide for the primary care physician* (2nd ed.). American College of Physicians.
- Ziemann, Mimi, Hatcher, R.A., et al. *The Pocket guide to managing contraception 2007-2009*. Tiger, Georgia: Bridging the Gap Foundation. (downloadable).
- Hamilton-Fairley, Diana. (2009). *Lecture Notes: Obstetrics and gynaecology* (3rd ed.) Wiley-Blackwell.

Grading:

Final grade computation is as follows:

| | | | |
|----|-----------------|-----|--------------------|
| A | 4.0 (94 and up) | **C | 2.0-2.2 (73-76) |
| A- | 3.7-3.9 (90-93) | C- | 1.7-1.9 (70-72) |
| B+ | 3.3-3.6 (87-89) | D+ | 1.3-1.6 (67-69) |
| B | 3.0-3.2 (83-86) | D | 1.0-1.2 (63-66) |
| B- | 2.7-2.9 (80-82) | D- | 0.7-0.9 (60-62) |
| C+ | 2.3-2.6 (77-79) | F | 0.0-0.6 (below 60) |

**“C” is the minimum passing grade in the College of Nursing for APNI and Foundation courses. All other Specialty courses have B- as passing.

Clinical Evaluations

Midterm and Final Clinical Site Visits and Evaluations

- Students are responsible for setting appointments with faculty and preceptors for the purpose of midterm and final clinical evaluation visits.
- Clinical performance evaluations and student-faculty conferences are completed twice during the quarter, once near midterm and once before the end of the quarter.
- Each faculty, and preceptor, will complete the **Evaluation of Clinical Evaluation Tool form** (separate attachment) at midterm and end of quarter and to provide feedback to the student regarding progress.
- **Student Self-Evaluations:** Students will compose a brief self-evaluation at mid and end of quarter and discuss this with their clinical faculty at their student-faculty conference.
- **At the final evaluation, faculty will copy a complete set of the evaluations, place the originals in the student’s permanent file and return a xeroxed copy to the student.**
- During clinical site visits, student, preceptor and faculty will randomly select patients (2 ideally) for observation of student performance. Faculty will observe student case presentations to the preceptor as well as samples of chart documentation during the site visit. Expect the clinical faculty to be onsite for approximately 1 ½ to 3 hours, more if needed.

- At the end of the quarter, students must submit to their clinical instructor, *prior to their scheduled final evaluation appointment* the following documents:
 - Clinical Evaluation Tool from the preceptor
 - Student self-evaluation
 - Student evaluations of the preceptor and the site
- Faculty will then submit the **Clinical Evaluation Tool** completed by the clinical professor, along with student and preceptor evaluations placing them into the student's file. Clinical Faculty will submit grades on SU Online after the final clinical conference when all paperwork is complete.

Referral to Disabilities Services:

If you have, or think you may have, a disability (including an 'invisible disability' such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, you are encouraged to discuss your needs and arrange support services and/or accommodations through Disabilities Services staff in the Learning Center, Loyola 100, (206) 296-5740.

If English is not your first language and you have trouble finishing the exams in a timely fashion, please come talk to me.

Statement from the Seattle University Code of Student Conduct Handbook – Standards of Conduct

“Standards of conduct assist each student in the development of a responsible lifestyle rewarding to the individual student, respectful of the rights of others, and compatible with the legal norms of society. It is neither possible nor necessary to specify every instance of behavior or misconduct that could result in disciplinary action against a student. Conduct that evidences good intentions, mature consideration of the foreseeable consequences, and respect for the rights and property of others generally will not conflict with University standards.” (Code, p. 9)
 Refer to the Code of Student Conduct regarding the following areas: Demonstrate Respect for: Self, Others, Relationships, Community, Honesty, and Property.
 (Code, pp. 5-7).

Seattle University Nondiscrimination Policy

Seattle University does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity, political ideology or status as a Vietnam-era or special disabled veteran in the administration of any of its education policies, admission policies, scholarship and loan programs, athletics, and other school-administered policies and programs, or in its employment related policies and practices.

All University policies, practices and procedures are administered in a manner consistent with Seattle University's Catholic and Jesuit identity and character. Inquiries relating to these policies may be referred to the University's Assistant Vice President for Human Resources and Equal Opportunity Officer. Consistent with the requirements of Title IX of the Education Amendments

of 1972 and its implementing regulations, Seattle University has designated three individuals responsible for coordinating the University's Title IX compliance. Students or employees with concerns or complaints about discrimination on the basis of sex in employment or an education program or activity may contact any one of the following Title IX coordinators:

Gerald Huffman, Assistant Vice President for Human Resources
University Services Building 107 (206) 296-5869
huffmaje@seattleu.edu

Dr. Michele Murray, Assistant Vice President
Student Center 140B (206) 296-6066
mmurray@seattleu.edu

Dr. Jacquelyn Miller, Associate Provost for Academic Affairs
Administration 104 (206) 296-5446
jcmiller@seattleu.edu

Individuals may also contact the Office for Civil Rights of the U.S. Department of Education.

Teaching and Learning Activities:

This course focuses on application of student learning in N576, as well as the student's clinical experiences, serving to integrate the two. Health promotion and disease prevention, differential diagnosis, client and family education, and appropriate referrals across the lifespan are emphasized. Our ability to assess and screen appropriately for acute and chronic illness, our skill at identifying early signs and symptoms of medical, psychiatric and behavioral disorders, and our knowledge of intervention modalities is critical in our role as primary health care providers.

Patients seek health care providers who approach them holistically, who promote their health and prevent illness, treat disease, and who value co-participation in decision-making. The course will take students through practical application of evidenced-based science, medical guidelines and standards of practice, along with the art of personalized practice.

The course includes 2 components: 1) 90 minute weekly seminar class 2) 150 or more clinical hours to be completed concurrently with clinical preceptors in the community, as assigned.

The first class session will meet together in Pigott 108 at 11:00-12:30 p.m. Friday, Sept. 25, 2009 for orientation.

Assignments for Seminar

1. Faculty prepared case studies
2. Student case presentations from clinical site
3. SOAP note review with revisions with Rx note (4)
4. Clinical learning objectives
5. Student self-evaluations and evaluations of the site and preceptor evaluations

Site Visits:

1. Mid-term site evaluation – student is evaluated for strengths and area to improve
2. End of Quarter – final site evaluation
3. Student may have more site evaluations if required by instructor

WEEKLY TOPICS (subject to change)

Fall 2009 Nursing 586

Clinical Seminar: Fridays, 11:00 PM – 12:30 PM

Please note that all assignments are as follows, however due dates can be adjusted forward or back at the discretion of your clinical faculty.

WEEK 1 Course and Clinical Introduction/Orientation
September 25

PIGOTT 102

Review of course syllabus, grading, & clinical expectations**Review of instructions for SOAP, case presentation and Rx assignment****Meet with faculty to discuss assignments & sign up for case presentations****Future location with clinical instructor: *as listed page 3 above****Discuss objectives for clinical – due in 1 week.**Student self-evaluations mid and end of quarter**Preceptor Mid-term and Final evaluations of student**Student evaluations of site and preceptor**Dates of site visits*

WEEK 2 Assignments:
October 2nd

Case due: newborn with jaundice**Student Case presentation from clinical site****Due: Final copy of clinical objectives are given to faculty**

WEEK 3 Assignments:
October 9

Case: 12 month old WCC

Student case presentation from clinical site

Soap note #1 on problem focused visit

Rx assignment relating to SOAP note

WEEK 4 Assignments:**October 16****Case: Sports PE/murmur****Student Case presentation of patient from clinical****WEEK 5 Midterm: Assignments****October 23****Case: Birth Control**

Student Case presentation of patient from clinical

SOAP note # 2 on Problem focused visit**Rx assignment relating to SOAP note****Also Due: *Mid-term student Self & Preceptor Clinical Evaluation Tool*****WEEK 6 Assignments:****October 30****Case study due: Vulvo-vaginitis**

Student case presentations from clinical

WEEK 7 Assignments:**November 6****Case study due: Asthma**

Student case presentations form clinical

SOAP # 3 on problem focused visit

Rx assignment related to SOAP note

WEEK 8 Assignments:**November 13****Case study due: Pelvic Pain**

Student Case Presentations from clinical

WEEK 9 Assignments:**November 20****Case study due: Vaginal Bleeding**

Student case presentation from clinical

SOAP #4

Rx note related to SOAP note

WEEK 10 No class: Self study Content required**November 27*****Happy Thanksgiving!*****Also Due this week or next: Final Self & Preceptor Clinical Evaluation Tool****WEEK 11 Student Assignments:**

Student case presentations

Due: student self-evaluations, preceptor and faculty final evaluation and student evaluation of site and preceptor are due.