

NURS 503
Section #690XX

Theory: Clinical Management of Adult Patients
3 Units

Spring 2018

Instructor:

Email:

Telephone:

Office: Office hours for section faculty will be posted on each course wall. Section faculty will also be available for the first 15 minutes prior to the beginning of each live session.

Course Day:

Course Time:

Course Location

I. Course Prerequisites

NURS 501 Pathophysiology for Advanced Nursing Practice (may be taken concurrently)

NURS 502 Advanced Health Assessment across the Lifespan (may be taken concurrently)

II. Catalogue Description

The scope of practice and responsibilities of the family nurse practitioner in prevention of disease, health maintenance, and the diagnosis and management of patients with common illnesses are explored.

III. Course Description

This course provides the nurse practitioner student with the necessary knowledge and experience to diagnose and manage individuals with common health problems, including acute episodic illness. Emphasis is placed on assisting adults to reach or maintain the highest level of health and functioning, with a focus on health promotion, health maintenance, and primary care management of common problems encountered by adult patients.

IV. Course Objectives

Upon completion of this course, the student will be able to apply a systematic approach to the diagnosis and management of common health problems of adult patients. At the completion of the course, the student will be able to:

Objective #	Objectives
1	Demonstrate the ability to take and analyze environmental, historical, psychosocial, physical and diagnostic findings in order to arrive at a differential diagnosis.
2	Develop and evaluate a plan of care for health promotion, health maintenance, and age appropriate screening tests that take into consideration the biophysical, psychosocial, and cultural demands of the individual patient and family.
3	Identify safe, ethical, culturally aware, evidence based care for patients who have common illnesses in order to integrate theoretical knowledge of current evidence based medicine and interventions into practice.
4	Determine interventions that optimize health, minimize harm and enhance quality of life while promoting patient self-determination.
5	Delineate the role of the family nurse practitioner in illness management specific to the patient, family and community.
6	Determine appropriate interprofessional collaboration, utilizing community resources and specialists in order to optimize the health and wellness of the patient and family.

V. Course Format/Instructional Methods

This is a **challenging and exciting** online course, using both asynchronous and synchronous approaches. Students will be expected to be prepared, fully present, and actively involved during all phases of the course. It is also the expectation that students will either possess or have access to the necessary computer equipment (desktop computer with audio/video capability), software (Microsoft Word and Adobe Acrobat), and a reliable **hard-wired** internet connection. Attendance through the live sessions should be via a desktop computer and not through a smart phone or iPad type device.

Video cameras must be fully functional and remain on during the entire live session. Do not pause your camera for any reason. If a legitimate issue comes up during class and you need to “step out” of the classroom, send me a private chat message. Showing your face – and seeing mine - creates a sense of connection and accountability that can help to overcome the disconnectedness and awkwardness of virtual meetings. In addition, it is considered a disruption to the live session and disrespectful to your peers to have your cameras paused and/or to have people continually coming in and out of the live sessions. The VAC classroom decorum standards define expected classroom behavior for all USC students. The decorum standards have been placed in the course for your review.

The course has been structured and sequenced according to guided-inquiry learning principles. Interactive activities (both asynchronous and synchronous), case studies, active group discussion, presentations, didactic lecture by webcast, viewing online resources and required readings are examples of the techniques that will be used to facilitate student learning. Material from clinical practice will be used to (a) illustrate class content and (b) assist with the transition from the classroom to the clinical setting. Students will leave this course better prepared to assume the role of family nurse practitioner.

“What sets NPs apart from other health care providers is their unique emphasis on the health and well-being of the whole person. With a focus on health promotion, disease prevention, and health education and counseling, NPs guide patients in making smarter health and lifestyle choices, which in turn can lower patients' out-of-pocket costs” (American Association of Nurse Practitioners, 2016).

VI. Student Learning Outcomes

Student learning for this course relates to one or more of the following nine nursing core competencies:

Nursing Core Competencies		NURS 503	Course Objective
1	Scientific Foundation Competencies	*	1,2,3,4,5
2	Leadership		
3	Quality	*	1,2,3,4,5
4	Practice Inquiry		
5	Technology and Information Literacy	*	1,2,3,4,5,6
6	Policy		
7	Health Delivery System	*	1,3,5,6
8	Ethics	*	1,2,3,4,5
9	Independent Practice		

*Highlighted in this course

The following table explains the highlighted competencies for this course, the related student learning outcomes, and the method of assessment.

SCIENTIFIC FOUNDATION COMPETENCIES		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><i>Family Nurse Practitioner competent in Scientific Foundation Competencies:</i></p> <ul style="list-style-type: none"> ▪ Integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings 	Critically analyzes data and evidence for improving advanced nursing practice	Group Exercises Formal Case Studies Exams 1,2,3
	Integrates knowledge from the humanities and sciences within the context of nursing science.	
	Translates research and other forms of knowledge to improve practice processes and outcomes.	
	Develops new practice approaches based on the integration of research, theory, and practice knowledge.	

QUALITY COMPETENCIES		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><i>Family Nurse Practitioner competent in Quality Competencies:</i></p> <ul style="list-style-type: none"> ▪ Discusses methods, tools, performance measures, and standards related to quality, and applies quality principles within an organization. 	Uses best available evidence to continuously improve quality of clinical practice.	Group Exercises Formal Case Studies Exams 1,2,3
	Evaluates the relationships among access, cost, quality, and safety and their influence on health care.	
	Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.	
	Applies skills in peer review to promote a culture of excellence.	
	Anticipates variations in practice and is proactive in implementing interventions to ensure quality.	

TECHNOLOGY AND INFORMATION LITERACY COMPETENCIES		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><i>Family Nurse Practitioner competent in Technology and Information Literacy Competencies:</i></p> <ul style="list-style-type: none"> ▪ Integrates and incorporates advances in technology within the practice setting, resolves practice problems, 	Integrates appropriate technologies for knowledge management to improve health care.	Social Advocacy Project Formal Case Studies
	<ul style="list-style-type: none"> ▪ Translates technical and scientific health information appropriate for various users' needs. <ul style="list-style-type: none"> ▪ Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. 	

works as a change agent, and disseminates results	▪ Coaches the patient and caregiver for positive behavioral change.	
	Demonstrates information literacy skills in complex decision making.	
	Contributes to the design of clinical information systems that promote safe, quality and cost effective care.	
	Uses technology systems that capture data on variables for the evaluation of nursing care.	

HEALTH DELIVERY SYSTEM COMPETENCIES

Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><i>Family Nurse Practitioners competent in Health Delivery System Competencies:</i></p> <ul style="list-style-type: none"> ▪ Explains how the advanced practice nurse applies and integrates broad, organizational, client centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations. As a member and leader of interprofessional health care system, the advanced practice nurse communicates, collaborates, and consults with other health professionals to manage and coordinate care 	Applies knowledge of organizational practices and complex systems to improve health care delivery.	Group exercises Formal Case Studies Exams 1,2,3
	Effects health care change using broad based skills including negotiating, consensus-building, and partnering.	
	Minimizes risk to patients and providers at the individual and systems level.	
	Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.	
	Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.	
	Analyzes organizational structure, functions and resources to improve the delivery of care.	

ETHICS COMPETENCIES

Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><i>Family Nurse Practitioner competent in Ethics Competencies:</i></p> <ul style="list-style-type: none"> ▪ Integrates the highest level of moral principles and social policy when applying professional guidelines in the practice environment 	Integrates ethical principles in decision making.	Social Advocacy Project Formal Case Studies Exams 1,2,3
	Evaluates the ethical consequences of decisions.	
	Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.	

VII. Course Assignments, Due Dates, and Grading

Assignment	Due Date	% of Final Grade
Formal Case Study Introductory Assignment	Week 3	10%
Formal Case Study 1	Week 8	15%
Formal Case Study 2	Week 13	15%
Social Advocacy Project	Week 4	15%
Exam 1	Week 7	15%
Exam 2	Week 14	15%
Class Preparation/Participation/Group Exercises (see grading rubric for expectations)	Ongoing	15%

Academic Dishonesty and Honor code: In this class, students are permitted to work in groups only for designated 'group projects', which will be submitted for a group grade. All other assignments and exams are to be prepared individually.

Academic dishonesty is defined as a student's use of unauthorized assistance with intent to deceive an instructor or other such person who may be assigned to evaluate the student's work in meeting course and degree requirements. Familiarize yourself with the University Student Conduct Code, which applies to this course. Students are expected to be independently familiar with the Code and to recognize that their work in the course is to be their own original work that truthfully represents the time and effort applied. Violations of the Code are most serious and will be handled in a manner that fully represents the extent of the Code and that befits the seriousness of its violation.

Plagiarism and Cheating of any kind on an examination, quiz, or assignment will result at least in an "F" for that assignment (and may, depending on the severity of the case, lead to an "F" for the entire course) and may be subject to appropriate referral for further action. It is assumed that for this course all students will adhere to the academic creed of this University and will maintain the highest standards of academic integrity. In other words, don't cheat by giving answers to others or taking them from anyone else. Course faculty will also adhere to the highest standards of academic integrity, so do not ask faculty to change your grade illegitimately or to bend or break rules for one person that will not apply to everyone.

In the event that concerns regarding (a) grading, (b) course expectations, or (c) other course related decisions should occur, each student is expected to work through the issue with the appropriate section faculty in a professionally appropriate manner. Course lead faculty do not intervene in student grievance or grading issues.

Pacific Standard Time (PST) will be used for this course and each student is expected to adjust his/her time zone accordingly. Accommodations or exceptions will not be granted for conflicts caused by differing time zones, student work schedule conflicts, or travel and vacation schedules occurring during the time that the course is actively in session.

For purposes of assignment and exam due dates (see Course Overview for more details): Monday starts the beginning of the week and Sunday officially ends the week. All major assignments and exams are due no later than Sunday 11:59pm PST during the week that they are designated as due. It is the expectation that all asynchronous work for the week will be completed prior to each live class session. Unless prior permission is given, late assignments will not be accepted.

Each of the major assignments is described below:

Assignment: Formal Case Studies (40% of course grade)

Students will be given one introductory case study assignment and two formal case studies for completion. With these case studies, students will need to fill in missing data, present a primary diagnosis, differential diagnosis, and one additional diagnosis, and formulate a comprehensive, holistic treatment plan appropriate to the family nurse practitioner scope and role. SOAPE format will be used as the organizing framework for all case studies. Make sure that you use the **SOAPE Template Formal Case Studies** word document for the formal case studies. Do not use the case study

template for the weekly group case study sessions. Students using the incorrect template will have their papers returned ungraded. This is not a group assignment. Students are not allowed to seek outside counsel/guidance for any of these SOAPE notes.

A VoiceThread presentation demonstrating how to complete the formal case studies, along with important APA information, will be posted on the course wall. All students are required to listen to these presentations prior to (a) submitting the drafts for faculty review and (b) submitting the final case studies for grading. These presentations are short and filled with important information and tips that you will need to complete this assignment.

Course faculty will provide feedback on case study drafts provided these drafts are emailed to faculty no later than 1 week (7 days) before the assignment is due. Faculty will not provide feedback or comment on any drafts submitted after this deadline. Students may submit parts or all of the case study draft for review. Each student may only submit one draft per formal case study assignment. Multiple drafts will not be accepted. Once faculty provide comments, it is the expectation that students incorporate this feedback into their final assignment. Students failing to do not this may find additional points deducted from their assignment. Allow up to four days for faculty to provide feedback on all drafts submitted.

If a student receives a numerical grade of less than 75 on the case study assignment, the assignment (without initial clinical faculty comments or student name) will be graded by course lead faculty. If the lead faculty assigns a numerical grade within five points of the grade by the initial faculty, the grade from the initial faculty will be the final grade. The student will not have access to the other grade or the associated comments. If there is more than a five-point difference between the lead faculty and initial faculty grade, the two will meet to discuss differences. The agreed upon grade will then be the final grade and the student will receive the comments associated with the final grade.

Due: Weeks 3, 8, and 13

This assignment relates to student learning outcomes 1, 3, 5, 7, and 8.

Assignment: Exams (30% of course grade)

This course has two exams. Content for each exam will be taken primarily from course asynchronous materials and textbook readings. All exams are closed book. No outside notes or resources are to be used. Prior to taking each exam, students will be expected to read and agree to adhere to an honor code. Students will be provided with an exam study guide for each exam. A VoiceThread presentation explaining how to best study for the exams will be posted on the course wall.

Exams are to be taken online. All exams are password protected. The lead course professor will post the exam password to each section's course wall on the day of each exam. Exam passwords will not be emailed.

All exams in this course will require students to deploy a software called Proctortrack. This is a software system that automatically proctors student exams, verifies student identities throughout the exam, and provides instructors with brief video clips and screenshots if potential testing violations occur. Proctortrack is fully integrated with the Learning Management System. However, students are required to complete a practice exam at the start of the semester to ensure the technology is setup properly on their computers. If students experience issues or have questions with the practice exam or with Proctortrack in general, students should contact student support for help in advance of taking the exam.

To ensure a successful testing environment, students should:

- Choose a private location with no distractions
- Have nothing around that could make noise
- Set up proper lighting and ensure his/her face is clearly visible

- Not have food or drink
- Close all browser tabs and other programs
- Have only one keyboard, mouse, and monitor connected
- Not leave testing area/camera view during the exam
- Not take or use notes (unless specifically allowed by instructor)
- Not use or have nearby additional technology (phones, tablets, television, etc.)
- Not have other people in the room
- Have a hardwire connection

Students must be in a well-lit area, remain visible and on-camera for the entire duration of the exam. Student work area must be clear of all papers books and other materials. Cell phones **MUST** be turned off (not on silent or vibrate). The use of headphones/headsets during exams is prohibited. Any attempt to turn away from the camera or use of messaging or text to communicate in any POD will be considered a violation of the testing protocol resulting in a zero for the exam. Students without a valid test recording, with a questionable recording, or students who miss the exam deadline will receive a grade of zero for the exam. All exams are password protected. Students will have 72 hours to complete each exam.

There will be 60 multiple-choice questions and one short-answer bonus questions on each exam. Once the exam is accessed, students will have **90** minutes to complete the exam. Each exam may only be taken once and must be completed in one session. Exams open Friday at 11:59pm and close Monday at 11:59 pm PST and are to be completed **during the week they are due** (see Course Overview).

Due: Weeks 7 and 14

This assignment relates to student learning outcomes 1, 3, 7, and 8.

Assignment: Social Advocacy Group Project (15% of course grade)

The purpose of the group project is to facilitate further exploration of a topic related to primary care issues. The issues explored will center around health promotion, patient advocacy, and social determinants of health. Groups (3-4 students per group) will be assigned during the first synchronous course of the session. This is a group project and a group grade will be assigned. Assignment details and expectations are located in the course toolbox in the documents and files section. Download and read the document titled “503 Social Advocacy Group Project Guidelines” prior to the first live session.

Project Due: Week 4

Student Responses Due: Week 5

This assignment relates to student learning outcomes 5 and 8.

Class Preparation/Participation/Group Exercises (15% of course grade)

In preparation for weekly, synchronous class sessions, students will be expected to complete and submit weekly class preparation assignments. These weekly asynchronous assignments/reflections/questions will be graded according to the following rubric (see below). Real-life-based case studies comprise the majority of live session content. All students are to come to each live session having completed the SUBJECTIVE and OBJECTIVE portion of the SOAPE Template for Group Work_Student document for that week’s case study. This document, along with the weekly case studies, can be found in the Documents and Files section of the Toolbox. See Course Overview for list of weekly live session case study topics.

A significant amount of time (online, synchronous) will be spent in groups discussing core course content. A variety of techniques will be used to assist in stimulating a more meaningful learning environment. In order to get the full benefit of the learning experience, it is the expectation that every student fully prepares and participates. Active presence in class (synchronous sessions), along with preparation by having read and completed the assignments, and full participation in discussion and activities are essential for a quality student learning experience.

Each week, all students will have the option of attending [weekly open lab sessions](#). These sessions are run by the course lead and will cover topics that students find confusing and/or would like more information about. Sessions are informal, optional (role will not be taken, extra points will not be awarded), and will not be recorded. Sessions will include a brief PowerPoint lecture followed by a question and answer session. Two – One-hour lab sessions will be held weekly: Mondays at 7pm and Wednesdays at 11am. Pick a session that works best for you and attend one. The content will be the same for both sessions. You must attend the session in order to get the information. See the Course Overview for the weekly list of topics.

Note: Weekly live session attendance is required and participation will be graded. Weekly open lab sessions are optional and will not be graded.

Students must adhere to the Virtual Academic Center classroom decorum standards. A copy of this has been placed for your review in the course Documents and Files section. Take some time to review this document and understand your role and responsibilities as a virtual student. Behavior that persistently or grossly interferes with classroom activities is considered disruptive behavior and may be subject to disciplinary action. Such behavior inhibits other students' ability to learn and an instructor's ability to teach. A student responsible for disruptive behavior may be required to leave class pending discussion and resolution of the problem and may be reported to the Office of Student Judicial Affairs for disciplinary action.

If group work is assigned during synchronous sessions, students will assume specific group roles, which are outlined in detail below. Although every student will be expected to participate, having assigned roles accomplishes several key things by (1) ensuring that everyone participates and is included in the group process, (2) setting up a framework so that each assignment or project can be successfully completed with equal input from all members, and (3) allowing each student the opportunity to develop the critical skills needed for collaboration and group problem solving. The above-mentioned skills are essential to communicate and function in the health care arena. Each time there is synchronous (aka: in-class) group work, students will be expected to rotate roles (described below).

Weekly Group Roles

Working in groups of 4 students to a group, the student roles are defined as follows:

Manager — actively participates, keeps the team on task, and assures that all members participate and understand expectations. If a student in the group appears to be disengaging and not participating, it is the manager's role to reach out to this student and draw him/her back into the discussion.

Spokesperson** — actively participates, represents views and conclusions held by the majority; when questions or the need for clarification arise, speaks to course faculty on behalf of the group.

Recorder** — actively participates; keeps a record of instructions and what the team has done; is responsible for ensuring that the group's work is complete and meets expectations prior to any submissions or discussions (aka: group proofreader). Completes and assumes responsibility for submitting group assignments/documents.

Reflector — actively participates, identifies and keeps a log of problem-solving strategies and methods, identifies and keeps a log of what the team is doing well; what needs improvement, and insights and discoveries regarding course content and individual and team performance. Completes and submits group reflection documents.

**For groups of 3, the spokesperson and recorder roles will be combined.

Class participation is based on attendance and participation in both asynchronous work and synchronous sessions and discussions. Class attendance is mandatory. The presence (and absence) of students greatly affects the learning experience of others. If a student anticipates missing a class or is ill, he/she will be expected to notify the instructor within 24 hours of the missed deadline or synchronous class session.

This assignment relates to student learning outcomes 1, 3, and 7.

The rubric below will be used to award Class Preparation/Participation/Group Exercise points for each student. Partial points (for example: 9, 7) will not be awarded. Read the rubric carefully and ask questions if you do not fully understand the expectations. As a faculty body, we do not expect perfection. However, we do expect that each student will use each and every assignment and interaction in this course (and others) to improve existing writing, clinical judgment, interprofessional and interpersonal skills. This will always be a work in progress and some situations will be easier than others. Do your best and seize each the moment! Enjoy your journey to becoming a family nurse practitioner!!

Expectations	Competent	Advanced Beginner	Novice
<p>Class Preparation</p> <p><i>In preparation for weekly, synchronous class sessions, students will be expected to complete and submit weekly class preparation assignments.</i></p>	<p>All asynchronous questions answered and completed in detail. No questions or details skipped.</p> <p>The majority of weekly work submitted within 48 hours of each synchronous course session.</p> <p align="right">10</p>	<p>Less than 10% of asynchronous questions skipped/missed/ wrong questions answered. Some questions lacking detail.</p> <p>The majority of weekly work submitted within 24 hours of each synchronous course session.</p> <p align="right">8</p>	<p>Greater than 10% of asynchronous questions skipped/missed/ wrong questions answered. Most questions lack detail.</p> <p>The majority of weekly work submitted within 12 hours of each synchronous course session.</p> <p align="right">4</p> <p>*More than 2 asynchronous assignments not completed/submitted OR more than 2 asynchronous assignments submitted > 1 day late (will earn 0 class preparation points).*</p>
<p>Group Work**</p> <p><i>Student applies a significant amount of class content to a specified task and works to his/her fullest potential.</i></p>	<p>Answers and fully responds to all questions posted individually and to the group.</p> <p>Contributed to the completion of the group task and submitted high quality work. Full participation.</p> <p>Consistently participated in the group, functions within assigned group role, and performs according to expectations (manager, spokesperson, recorder, reflector).</p> <p align="right">10</p>	<p>Answers and responds to the majority of questions posted individually and to the group.</p> <p>Contributed to the group task, but quality of the work needs improvement. Participation effort was average – applied self. Hesitant to stretch self beyond limits of comfort zone, but will do so with coaching and guidance.</p> <p>The majority of the time functioned within assigned group role and performed according to expectations (manager, spokesperson, recorder, reflector).</p> <p align="right">8</p>	<p>Answers and responds to some questions posted individually and to the group.</p> <p>Overall, did not participate or did not offer substantive contributions to the assigned group task. Refused to stretch self beyond limits of comfort zone, even after coaching and guidance.</p> <p>Rejects group roles. The majority of the time did not function within assigned group role and did not perform according to expectations (manager, spokesperson, recorder, reflector).</p> <p align="right">4</p>
<p>Application and Synthesis of Concepts**</p> <p><i>Student demonstrates an overall comprehension of content and assigned critical thinking skill.</i></p>	<p>Thoughts and concepts are thoroughly represented with supporting definitions, explanations, examples, and application of knowledge.</p> <p>Consistently provides observations that take into account several people’s contributions that touch on a recurring theme.</p> <p>Applied relevant course concepts or materials correctly.</p> <p align="right">10</p>	<p>Thoughts and concepts are mostly represented with supporting definitions, explanations, examples, and application of knowledge.</p> <p>Generally, provided observations that take into account several people’s contributions that touch on a recurring theme.</p> <p>Summarized relevant course concepts, theories or materials.</p> <p align="right">8</p>	<p>Thoughts and concepts are superficially represented and lacked support to justify definitions, explanations and/or examples.</p> <p>Overall, did not provide observations that take into account several people’s contributions that touch on a recurring theme.</p> <p>Overall, did not explain or summarize course concepts or materials.</p> <p align="right">4</p>

<p>Professional Formation**</p> <p><i>(Student is mindful of the individualized process one must undertake in order to develop critical thinking, clinical judgment, and group communication skills. It is a course expectation that each student will embrace every opportunity.</i></p>	<p>Feedback was consistently supportive and collegial yet provided critique and redirection to inaccurate or substandard information. Encouraged depth of thought and interaction.</p> <p>Actively listens to and values the opinion of others. Disagrees with the information presented by another student (or faculty) in a professional, respectful, and constructive way and also offers a counter point.</p> <p>Assisted peers in their learning and showed evidence of valuing diverse care approaches and perspectives.</p> <p>Maintains active presence for entire live session (camera is live) with no disruptions in participation.</p> <p style="text-align: right;">10</p>	<p>Responded to fellow learners relating the discussion to relevant course concepts in a collegial manner, but somewhat lacking in ability to use critical thinking to explore alternative options and viewpoints.</p> <p>Accepted ambiguity and diversity of approaches that were well-supported. Hesitant to disagree with the information presented by another student (or faculty) in a professional, respectful, and constructive way and, overall, hesitant to offer counter points.</p> <p>Focuses the majority of the time on others and less on self.</p> <p>Maintains active presence for most of the live session (camera is paused) with no disruptions in participation.</p> <p style="text-align: right;">8</p>	<p>Overall, did not respond to fellow learners. Did not listen to or did not value the opinion of others.</p> <p>Overall, feedback was not substantive. Consistently disagreed with the view of others and did not use critical thinking abilities to explore alternative options and viewpoints. Unwilling or unable to offer counter points or see viewpoints of others (students and/or faculty).</p> <p>Focuses the majority of the time on self and less on others.</p> <p>Maintains active presence for some of the live session (camera is paused) with frequent disruptions in participation.</p> <p>Note: Regardless of the level of performance, a hostile class environment will not be tolerated. Think and try to understand before speaking! Students promoting an unprofessional work environment will be removed from the live session.</p> <p style="text-align: right;">4</p>
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****Note:** Active presence in class, and full participation in discussion and activities are essential for a quality student learning experience. It is the expectation that each student will be on time and attend all synchronous class sessions. In order to be eligible to receive credit for each live session, attendance of at least 75 minutes is expected. Absences or live sessions in which the camera is paused for significant lengths of time will not be eligible for full participation credit.

Final course grades will be based on the following:

Class Grades		Final Grade	
3.85 – 4.00	A	93 – 100	A
3.60 – 3.84	A-	90 – 92	A-
3.25 – 3.59	B+	87 – 89	B+
2.90 – 3.24	B	83 – 86	B
2.60 – 2.89	B-	80 – 82	B-
2.25 – 2.59	C+	77 – 79	C+
1.90 – 2.24	C	73 – 76	C
		70 – 72	C-

Within the School of Social Work, grades are determined in each class based on the following standards which have been established by the faculty of the School: (1) Grades of A or A- are reserved for student work which not only demonstrates very good mastery of content but which also shows that the student has undertaken a complex task, has applied critical thinking skills to the assignment, and/or has demonstrated creativity in her or his approach to the assignment. The difference between these two grades would be determined by the degree to which these skills have been demonstrated by the student. (2) A grade of B+ will be given to work which is judged to be very good. This grade denotes that a student has demonstrated a more-than-competent understanding of the material being tested in the assignment. (3) A grade of B will be given to student work which meets the basic requirements of the assignment. It denotes that the student has done adequate work on the assignment and meets basic course expectations. (4) A grade of B- will denote that a student's performance was less than adequate on an assignment, reflecting only moderate grasp of content and/or expectations. (5) A grade of C would reflect a minimal grasp of the assignments, poor organization of ideas and/or several significant areas requiring improvement. (6) Grades between C- and F will be applied to denote a failure to meet minimum standards, reflecting serious deficiencies in all aspects of a student's performance on the assignment.

VIII. Required and Supplementary Instructional Materials and Resources

Required Textbooks

- Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis. ISBN 978-0-8036-3801-3
- Hatcher, R., Trusell, J., Nelson, A., Cates, W., Stewart, F., & Kowal, D. (2011). *Contraceptive technology* (20th ed.). Atlanta, GA: Bridging the Gap Communications. ISBN 978-1597080040

Library Course Reserves and Resources: In addition to the required course textbooks, additional supplemental readings are required for many of the weekly modules. All supplemental readings will be available online through the USC library course reserve system. Articles available via course reserves have been marked with ^{CR} at the end of the article citation and can be found by clicking on the following link: <https://reserves.usc.edu>.

In addition to course reserves, the library guide for the Family Nurse Practitioner program can be found by clicking on the following link: <http://norris.usc.libguides.com/FNP> This library guide has a wealth of information for students at all levels of the program. The School of Social Work (SOWK) library guide also has information that is relevant to family nurse practitioner students: <http://libguides.usc.edu/socialwork>

Recommended Textbooks

All textbooks from previous courses

Hollier, A. (2016). *Clinical guidelines in primary care*. Scott, LA: Advanced Practice Education Associates, Inc. ISBN 978-1-892418-22-7

Recommended Guidebook for APA Formatting

American Psychological Association (2009). *Publication manual of the American Psychological*

Association (6th ed.). Washington, D.C.: American Psychological Association. ISBN 978-1-4338-0561-5

All graduate students entering the program are expected to have a basic, working knowledge of APA format. Faculty will not be spending class time to review this, but will assist you during office hours if needed. In addition to the APA format text, there are many resources to assist you.

Other helpful APA resources:

USC research guide. The basics of APA formatting. <http://libguides.usc.edu/c.php?g=235185&p=1560627>

Purdue OWL. Purdue online writing lab. <https://owl.english.purdue.edu/owl/resource/560/01/>

Recommended Websites and Databases

Agency for Healthcare Research and Quality. (2014). *Guide to clinical preventive services, 2014*.

Retrieved from <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html>

Agency for Healthcare Research and Quality. (n.d.). *National guideline clearinghouse*. Retrieved from <https://www.guideline.gov/>

Office of Disease Prevention and Health Promotion. (2014). *Healthy people 2020*. Retrieved from <http://www.healthypeople.gov/>

UpToDate® is one of the evidence-based clinical decision making resources available to practitioners. During this course, students will be asked to use UpToDate® as they work through selected case studies. This resource is available through USC's Norris Medical library website.

In addition to additional required and recommended readings, students will be expected to access and review select websites and databases. These resources will be embedded in each weekly module and are available via the internet.

Course Overview *

Week	Content	Assignments
1 <i>Starts week of 1/08/18</i>	<p>Module 1: Clinical Practice Role of the Family Nurse Practitioner – An Introduction</p> <p>This module provides an introduction to the many roles and responsibilities of the Family Nurse Practitioner (FNP).</p>	<p>Module 1</p> <p>Live session: No group case study</p> <ul style="list-style-type: none"> • Begin working on Social Advocacy Group Project <p><i>Open lab topic: Syllabus Overview</i></p>
2 <i>1/15/18</i>	<p>Module 2: Patient Encounters and Screening</p> <p>This module provides an overview of the various types of patient visits (comprehensive visit, focused visit, procedural, and counseling visits) within the scope of the family nurse practitioner role.</p>	<p>Module 2</p> <p>Live session: Formulating a plan case study</p> <p><i>Open lab topic: What is a FNP?</i></p>
3 <i>1/22/18</i>	<p>Module 3: Genetics and Genomic Testing</p> <p>This module discusses the complicated issues related to genetics and related screenings.</p>	<p>Module 3</p> <p>Live session: Genetics case study</p> <ul style="list-style-type: none"> • Formal case study, Introductory assignment due <p><i>Open lab topic: Sensitivity & Specificity</i></p>
4 <i>1/29/18</i>	<p>Module 4: Promoting Biological Harmony and Mental Health</p> <p>This module provides the family nurse practitioner student with a review of the concept of biological harmony and the patient motivators behind physiologic wellness and optimum mental health.</p>	<p>Module 4</p> <p>Live session: Mental health case study</p> <ul style="list-style-type: none"> • Social Advocacy Group Project due <p><i>Open lab topic: Suicide Assessment</i></p>
5 <i>2/05/18</i>	<p>Module 5: Skin</p> <p>This module provides the family nurse practitioner student with an introduction to dermatology as the topic relates to primary care.</p>	<p>Module 5</p> <p>Live session: Skin case study</p> <ul style="list-style-type: none"> • Social Advocacy Project – Student comments due <p><i>Open lab topic: Direct-to-consumer Labs</i></p>
6 <i>2/12/18</i>	<p>Module 6: Head, Ears, Eyes, Nose, and Throat (HEENT)</p> <p>This module provides the family nurse practitioner student an introduction to the head, ears, eyes, nose, and throat (HEENT) conditions that are common in family practice.</p>	<p>Module 6</p> <p>Live session: 19-year-old with ST case study</p> <p><i>Open lab topic: Cultures vs. Tests for Inflammation</i></p>
7 <i>2/19/18</i>	<p>Module 7: Musculoskeletal</p> <p>This module provides the family nurse practitioner student with an introduction to the diagnosing and treatment of acute musculoskeletal conditions.</p>	<p>Module 7</p> <p>Live session: 90-year-old Latina with joint pain case study</p> <ul style="list-style-type: none"> • Exam 1 <p><i>Open lab topic: Acute Pain Treatment</i></p>
8 <i>2/26/18</i>	<p>Module 8: Cardiovascular</p> <p>This module provides an overview of the most common cardiovascular related conditions seen in adult and geriatric patients.</p>	<p>Module 8</p> <p>Live session: 68-year-old woman with chest pain case study</p> <ul style="list-style-type: none"> • Formal Case Study 1 due <p><i>Open lab topic: CV Drugs and Monitoring</i></p>
9 <i>3/05/18</i>	<p>Module 9: Respiratory</p>	<p>Module 9</p> <p>Live session: 36-year-old man with cough case study</p>

	This module provides the family nurse practitioner student a broad overview of the most common respiratory conditions seen in the adult and geriatric population.	Open lab topic: Vaccine Registry/Vaccine Refusal
10 3/12/18	Module 10: Liver and Gastrointestinal This module provides the family nurse practitioner student with a better understanding of the complexities of abdominal complaints and conditions among adult patients	Module 10 Live session: 22-year-old man with abdominal pain case study (part 1) Open lab topic: ABD Pain: Diagnostic Testing
11 3/19/18	Module 11: Liver and Gastrointestinal (Continued)	Module 11 Live session: 22-year-old man with abdominal pain case study (part 2) Open lab topic: ABD Pain: Diagnostic Imaging
12 3/26/18	Module 12: Reproduction: Women and Men These reproduction modules provide the family nurse practitioner student with the necessary tools to deliver holistic, sensitive care to both male and female adult and geriatric patients.	Module 12 Live session: Reproduction case study (part 1) Open lab topic: Affordable Care Act: Health-Care Exchange
13 4/02/18	Module 13: Reproductive Tract Abnormalities This module provides the family nurse practitioner student with the foundation needed to diagnose, treat, and counsel the adult and geriatric patient experiencing reproductive tract conditions.	Module 13 Live session: Reproduction case study (part 2) • Formal Case Study 2 due Open lab topic: Billing and Coding Basics
14 4/09/18	Module 14: Neuro This module introduces students to common primary care neurologic complaints and discusses important “can’t afford to miss” diagnoses.	Module 14 Live session: 82-year-old with dizziness case study • Exam 2 Open lab topic: Student choice
15 4/16/18	Module 15: Endocrine and Kidney This module provides the family nurse practitioner student with the foundation needed to better understand the role and function of the kidneys and endocrine system.	Module 15 Live session: 68-year-old with lower UTI symptoms case study • On-campus Intensive (OCI)** No open lab
Study Days / No Classes		
This course does not have any study days scheduled.		
Final Examinations		
This course does not have an examination scheduled during finals week.		

* See course schedule for a detailed description of weekly topics and required readings.

** On-campus Intensive: The experience will occur during either week 15 or 16 of the course. Students are responsible for flight, hotel, and other transportation arrangements and costs.

Course Schedule—Detailed Description

Module 1: Clinical Practice Role of the Family Nurse Practitioner – An Introduction	Week 1
Topics	
<ul style="list-style-type: none"> • Scope of practice • Impact of health literacy on compliance • Social determinants of health • Advanced practice registered nurse (APRN) as scholar and advocate 	

This module correlates with course objectives 2, 3, 4, 5, and 6.

Required Readings

American Association of Nurse Practitioners. (2016). *Historical timeline*. Retrieved from

<https://www.aanp.org/about-aanp/historical-timeline>

American Association of Nurse Practitioners. (2015). *Use of terms such as mid-level provider and*

physician extender. Retrieved from <https://www.aanp.org/images/documents/publications/useofterms.pdf>

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 1: Primary care in the twenty-first century: A circle of caring (pages 3 through 20)

Hoyt, K.S. (2012). Why the terms “mid-level provider” and “physician extender” are inappropriate. *Advanced Emergency Nursing Journal*, 34(2), 93-94. ^{CR}

Thomas, J.J., Hart, A.M., & Burman, M.E. (2014). Improving health promotion and disease prevention in NP-delivered primary care. *The Journal for Nurse Practitioners*, 10(4), 221-228. ^{CR}

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel’s guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 2: Cultural competency

Websites

American Association of Nurse Practitioners. (n.d.). *Clinical quality*. Retrieved from

<https://www.aanp.org/practice/clinical-quality>

American Association of Nurse Practitioners. (2015). *NP fact sheet*. Retrieved from

<https://www.aanp.org/all-about-nps/np-fact-sheet>

Centers for Disease Control and Prevention. (2016). *Health literacy*. Retrieved from

<http://www.cdc.gov/healthliteracy/>

World Health Organization. (2016). *Social determinants of health*. Retrieved from

http://www.who.int/social_determinants/en/

Module 2: Patient Encounters and Screening	Week 2
Topics	
<ul style="list-style-type: none">• Types of visits: comprehensive, focused, procedural, and counseling visits• Diagnosis and management/ Collaborative practice• Motivational interviewing/ Patient-Provider relationship• Performing a focused, problem-based visit	

This module correlates with course objectives 1, 2, 5, and 6.

Required Readings

Craig, D.J. (2014). Maximizing reimbursement: What nurse practitioners need to know. *The Nurse Practitioner*, 39(8), 16-18. ^{CR}

Dillon, D., & Hoyson, P.M. (2014). Beginning employment: A guide for the new nurse practitioner. *The Journal for Nurse Practitioners*, 10(1), 55-59. ^{CR}

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 4: The art of diagnosis and treatment (pages 42 through 61)

Chapter 5: Evidence-based practice (pages 62 through 74)

Craig, D.J. (2014). Maximizing reimbursement: What nurse practitioners need to know. *The Nurse Practitioner*, 39(8), 16-18. ^{CR}

Halloran, L. (2015). Caring for transgender patients. *The Journal for Nurse Practitioners*, 11(9), 915-916. ^{CR}

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel's guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 1: The history and interviewing process
2. Chapter 24: Putting it all together
3. Chapter 26: Recording information

Websites

Centers for Disease Control and Prevention. (2014). *Billing codes*. Retrieved from <http://www.cdc.gov/prevention/billingcodes.html>

Centers for Disease Control and Prevention. (2015). *CDC prevention checklist*. Retrieved from <http://www.cdc.gov/prevention/>

Centers for Disease Control and Prevention. (2016). *Vaccines & immunizations*. Retrieved from <http://www.cdc.gov/vaccines/>

Department of Health and Human Services. (2014). *Evaluation and management services guide*. Retrieved from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/eval_mgmt_serv_guide-ICN006764.pdf

UCSF: Center of Excellence for Transgender Health. (2016). *Evidence-based transgender medicine*. Retrieved from <http://transhealth.ucsf.edu/trans?page=protocol-evidence>

Module 3: Genetics and Genomic Testing	Week 3
Topics	
<ul style="list-style-type: none"> • Common tests: Sensitivity, Specificity, and Predictive Value • Genetic tests used to predict likelihood of future disease • Health promotion and screening efforts (including vaccinations) • Select conditions: Thalassemia and sickle cell trait 	

This module correlates with course objectives 1 through 6.

Required Readings

Bartol, T. (2015). Thoughtful use of diagnostic testing: Making practical sense of sensitivity, specificity, and predictive value. *Nurse Practitioner*, 40(8), 10-12. ^{CR}

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 3: Health promotion (pages 24 through 41)

Chapter 17: Hematological and immune problems
 Common complaints (bruising, fatigue, fever, and lymphadenopathy) (pages 920 through 922)
 Sickle cell anemia (pages 937 through 941)

Claassen, L., Henneman, L., Cecile, A., Janssens, J.W., Wijdenes-Pijl, M., Qureshi, N., Walter, F.M., Timmermans, D.R.M. (2010). Using family history information to promote healthy lifestyles and prevent diseases: A discussion of the evidence. *BMC Public Health*, 10(248). doi: 10.1186/1471-2458-10-248 ^{CR}

Green, R.C., Lautenbach, D., & McGuire, A.L. (2015). GINA, genetic discrimination, and genomic medicine. *New England Journal of Medicine*, 372, 397-399. doi: 10.1056/NEJMp1404776 ^{CR}

Loud, J.T. (2010). Direct-to-Consumer genetic and genomic testing: Preparing nurse practitioners for genomic healthcare. *The Journal for Nurse Practitioners*, 6(8), 585-594. ^{CR}

Websites

Centers for Disease Control and Prevention. (2016). *Cancer prevention and control*. Retrieved from <http://www.cdc.gov/cancer/>

Centers for Disease Control and Prevention. (2015). *Genomic testing*. Retrieved from <http://www.cdc.gov/genomics/gtesting/>

National Society of Genetic Counselors. (n.d.). *NSGC practice guidelines*. Retrieved from <http://nsgc.org/p/cm/ld/fid=70>

Module 4: Promoting Biologic Harmony and Mental Health	Week 4
Topics	
<ul style="list-style-type: none"> • Effect of biological harmony on resiliency and the immune system • Principles of nutrition (anemia), sleep and activity levels • Stress reduction strategies • Mental health - screening and treatment • Assessing for behavioral change • Select conditions: Depression and anxiety, substance abuse, obesity, suicide, and elder abuse 	

This module correlates with course objectives 1 through 6.

Required Readings

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 18: Psychosocial problems (pages 1026 through 1028)
 Anxiety disorders (pages 1028 through 1029)
 Generalized anxiety disorder (pages 1029 through 1034)
 Acute suicide risk (pages 1066 through 1071)
 Substance-related and addictive disorders (pages 1083 through 1097)
 Sleep-wake disorders (pages 1097 through 1102)
 Obstructive sleep apnea/hypopnea (pages 1102 through 1103)

Eating disorders (pages 1103 through 1107)
Intimate partner violence (pages 1113 through 1117)
Sexual assault (pages 1117 through 1128)

Chapter 16: Endocrine and metabolic problems
Weight gain (pages 845 through 847)
Obesity (pages 904 through 910)

Greenberg, S.A. (2012). *The geriatric depression scale (GDS)*. Retrieved from: <http://consultgeri.org/try-this/general-assessment/issue-4.pdf>

Moyer, V.A. (2013). *Screening for intimate partner violence and abuse of elderly and vulnerable adults: U.S. preventive services task force recommendation statement*. Retrieved from <http://annals.org/article.aspx?&year=2013&volume=158&page=478>

Richardson, L., & Puskar, K. (2012). *Screening assessment for anxiety and depression in primary care*. *The Journal for Nurse Practitioners*, 8(6), 475-481. ^{CR}

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel's guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 5: Mental health status

Websites

Centers for Disease Control and Prevention (2015). *FastStats: Depression*. Retrieved from <http://www.cdc.gov/nchs/fastats/depression.htm>

National Institute of Mental Health. (n.d.) *Transforming the understanding and treatment of mental illnesses*. Retrieved from: <https://www.nimh.nih.gov/index.shtml>

National Alliance on Mental Illness. (2016). *Learn more*. Retrieved from <https://www.nami.org/Learn-More>

U.S. Preventive Services Task Force. (2013). *Behavioral counseling interventions: An evidence-based approach*. Retrieved from <http://www.uspreventiveservicestaskforce.org/Page/Name/behavioral-counseling-interventions-an-evidence-based-approach>

Module 5: Skin	Week 5
Topics	
<ul style="list-style-type: none"> • Wounds seen in primary care • MRSA • Select conditions: Inflammation and hypersensitivity, burns, bites, infections, and trauma 	

This module correlates with course objectives 1 through 6.

Required Readings

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 7: Skin problems (pages 149 through 251)

Chapter 19: Emergency Problems

Wounds and lacerations (pages 1143 through 1155) (More on suturing during OCI #2)

Burns (pages 1155 and 1162)

Animal and human bites (pages 1163 through 1166)

Arthropod bites and stings (pages 1166 through 1174)

Bauer, C. (2012). Pressure ulcer update for primary care. *The Journal for Nurse Practitioners*, (8)9, 729-735. ^{CR}

Stansby, G. (2014). Prevention and management of pressure ulcers in primary and secondary care: Summary of NICE guidance. *BMJ*, 1-5. ^{CR}

Bruner, A., & Schaffer, S.D. (2012). Diagnosing skin lesions: Clinical considerations for primary care practitioners. *The Journal for Nurse Practitioners*, 8(8), 600-604. ^{CR}

Posthauer, M.E., Collins, N., Dorner, B., & Sloan C. (2013). Nutritional strategies for frail older adults. *Advances in Skin & Wound Care*, 26(3), 128-140. ^{CR}

Reeves, G., & Beuscher, L. (2015). Herpes zoster in older adults: An educational approach. *The Journal for Nurse Practitioners*, 11(5), 538-543. ^{CR}

Stevens, D., Bisno, A.L., Chambers, H.F., Dellinger, E.P., Goldstein, E.J.C., Gorbach, S.L., ... Wade, J.C. (2014). *Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 Update by the infectious diseases society of America*. Retrieved from:
<http://cid.oxfordjournals.org/content/early/2014/06/14/cid.ciu296.full.pdf+html>

Velez, R., VanGraafeiland, B., & Sloand, E. (2015). Using clinical guidelines and clinical acumen to manage community-acquired methicillin-resistant staphylococcus aureus infection. *The Journal for Nurse Practitioners*, 11(1), 124-130. ^{CR}

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel's guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 8: Skin, hair, and nails

Websites

American Academy of Dermatology. (2015). *Practice tools*. Retrieved from:

<https://www.aad.org/practice-tools>

Centers for Disease Control and Prevention. (2015). *Methicillin-resistant Staphylococcus aureus*

(MRSA) infections. Retrieved from: <http://www.cdc.gov/mrsa/>

Infectious Diseases Society of America. (2016). *Topics of interest*. Retrieved from:

<http://www.idsociety.org/Topics.aspx>

Module 6: Head, Ears, Eyes, Nose, and Throat (HEENT)	Week 6
Topics	
<ul style="list-style-type: none"> • Select conditions • Head: Pain and dizziness • Ears: Pain, discharge, and foreign bodies • Eyes: Discharge, and foreign bodies • Nose: Pain, discharge, and foreign bodies • Throat: Pain, discharge, and difficulty swallowing 	

This module correlates with course objectives 1 through 6.

Required Readings

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 8: Eyes, ears, nose, and throat problems

Common complaints (dry eye, excessive tearing, eye pain, red eye, visual disturbances, ear pain, impaired hearing, tinnitus, mouth sores, hoarseness, and sore throat) (pages 252 through 257)

Common problems (lid pathology, blepharitis, hordeolum, dry eye, excessive tearing, red eye) (pages 257 through 269)

Ear problems (page 283)

Otitis externa (pages 290 through 295)

Otitis media (pages 295 through 302)

Common nose and throat problems (epistaxis, rhinitis, sinusitis, pharyngitis, hoarseness) (pages 302 through 318, pages 323 through 331)

Chapter 17: Hematological and immune problems

Infectious mononucleosis (pages 969 through 972)

Chapter 19: Emergency problems

Head trauma (pages 1174 through 1185)
Foreign body obstructions (1187 through 1191)

Friedman, B.W., & Lipton, R.B. (2012). Headache emergencies: Diagnosis and management. *Neurologic Clinics*, 30(1),43-59. ^{CR}

Hale, N., & Paauw, D.S. (2014). Diagnosis and treatment of headache in the ambulatory care setting. *Medical Clinics of North America*, 98(3), 505-527. ^{CR}

Rosenfeld, R.M., Piccirillo, J.F., Chandrasekhar, S.S., Brook, I., Kumar, K.A., Kramper, M., ...Corrigan, M.D. (2015). Clinical practice guideline: Adult sinusitis. *Otolaryngology Head and Neck Surgery*, 152(2), S1-31. ^{CR}

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel's guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 10: Head and neck
2. Chapter 11: Eyes
3. Chapter 12: Ears, nose, and throat

Module 7: Musculoskeletal	Week 7
Topics	
<ul style="list-style-type: none"> • Select conditions: Acute pain, strains, and sprains 	

This module correlates with course objectives 1 through 6.

Required Readings

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

- Chapter 15: Musculoskeletal problems
- Overview (page 755 through 762)
 - Common complaints (acute musculoskeletal injury, muscle cramps, paresthesias) (pages 762 through 768)
 - Arm (elbow, wrist, and hand) pain (pages 777 through 779)
 - Ankle pain (pages 794 through 795)
 - Foot pain (pages 795 through 796)
 - Arthritis (pages 796 through 807)
 - Osteoporosis (pages 807 through 816)
 - Carpel Tunnel Syndrome (pages 816 through 819)
 - Overuse Syndrome (pages 824 through 826)
 - Tendinitis (pages 831 through 834)

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel's guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 21: Musculoskeletal system

Websites

American College of Radiology. (2015). *Appropriateness criteria*. Retrieved from <https://acsearch.acr.org/list> (Create a free member profile for access)

The Ottawa Hospital. (n.d.). *Ottawa knee rule*. Retrieved from http://www.ohri.ca/emerg/cdr/docs/cdr_knee_card.pdf

The Ottawa Hospital. (n.d.). *Ottawa ankle rules*. Retrieved from http://www.ohri.ca/emerg/cdr/docs/cdr_ankle_poster.pdf

American Pain Society. (2016). *Treatment*. Retrieved from <http://americanpainsociety.org/treatment-blog-view>

Module 8: Cardiovascular	Week 8
Topics	
<ul style="list-style-type: none"> Lifestyle choices and contributions Health promotion Screening tools Select conditions: Chest pain, hypertension, and hyperlipidemia 	

This module correlates with course objectives 1 through 6.

Required Readings

Arora, G., & Bittner, V. (2015). Chest pain characteristics and gender in the early diagnosis of acute myocardial infarction. *Current Cardiology Reports, 17*(5), 5. doi10.1007/s11886-014-0557-5 ^{CR}

Atwood, D. & Wadlund, D. (2015). ECG interpretation using the CRISP method: A guide for nurses. *AORN, 102*(4), 396-408. ^{CR}

Caboral-Stevens, M.F., & Rosario-Sim, M. (2014). Review of the Joint National Committee's recommendations in the management of hypertension. *The Journal for Nurse Practitioners, 10*(5), 325-330. ^{CR}

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

- Chapter 10: Cardiovascular problems
 - Common complaints (Chest pain, palpitations, syncope, dyspnea, leg aches, and peripheral edema) (pages 430 through 435)
 - Common problems
 - Hypertension (pages 435 through 449)

Dyslipidemia (pages 449 through 452)
Coronary artery disease (pages 454 through 459)
Acute coronary syndrome (pages 459 through 470)
Arrhythmias (pages 478 through 487)
Premature ventricular contractions and ventricular tachycardia (pages 487 through 488)
Peripheral artery disease (pages 495 through 498)
Deep vein thrombosis/Chronic venous insufficiency (pages 498 through 503)

Stone, N.J., Robinson, J.G., Lichtenstein, A.H., Bairey Merz, C.N., Blum, C.B., Eckel, R.H., Goldberg, A.C., ... Wilson, P.W. (2014). 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults. *Journal of the American College of Cardiology*, 63(25), 2889-2934.
doi:10.1016/j.jacc.2013.11.002 ^{CR}

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel's guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 14: Heart
2. Chapter 15: Blood vessels

Websites

American College of Cardiology, & American Heart Association. (2014). *2013 ACC/AHA guidelines on the assessment of cardiovascular risk*. Retrieved from <http://content.onlinejacc.org/article.aspx?articleid=1879711>

American College of Cardiology & American Heart Association. (2014). *2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults*. Retrieved from http://circ.ahajournals.org/content/129/25_suppl_2/S1

American Heart Association. (2016). *Acute myocardial infarction in women*. Retrieved from <http://circ.ahajournals.org/content/early/2016/01/25/CIR.00000000000000351>

National Heart, Lung and Blood Institute. (2014). *Risk assessment tool for estimating your 10-year risk of having a heart attack*. Retrieved from <http://cvdrisk.nhlbi.nih.gov/>

U.S. Department of Health and Human Services, National Institutes of Health, & National Heart, Lung, and Blood Institute. (2013). *Managing high blood pressure in adults*. Retrieved from <http://www.nhlbi.nih.gov/sites/www.nhlbi.nih.gov/files/blood-pressure-in-adults.pdf>

U.S. Department of Health and Human Services, National Institutes of Health, & National Heart, Lung, and Blood Institute. (2013). *Managing blood cholesterol in adults*. Retrieved from <http://www.nhlbi.nih.gov/sites/www.nhlbi.nih.gov/files/cholesterol-in-adults.pdf>

Module 9: Respiratory	Month Date
Topics	
<ul style="list-style-type: none"> • Environmental considerations • Role of specific vaccines (influenza, pneumococcal, pertussis, and zoster) • Health promotion and screening (oral cancer, lung cancer) • Upper respiratory infections (in general) • Select conditions: Viral and bacterial infections, bronchitis, anaphylaxis, and asthma (acute) 	

This module correlates with course objectives 1 through 6.

Required Readings

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 9: Respiratory problems

Common complaints (cough, dyspnea, and hemoptysis) (pages 340 through 345)

Common problems

Upper respiratory infections (pages 345 through 348)

Asthma (pages 348 through 358)

Tuberculosis (pages 378 through 390)

Lung cancer (pages 390 through 402)

Sleep apnea (pages 410 through 417)

Smoking addiction (pages 417 through 429)

Chapter 17: Hematological and immune problems

Allergic reactions (pages 953 through 960)

Hart, A.M. (2014). Acute bronchitis. *The Nurse Practitioner*, 39(9), 32-39. ^{CR}

Musher, D. M., & Throner, A. R. (2014). Community-acquired pneumonia. *The New England Journal of Medicine*, 371(17), 1619-1628. ^{CR}

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel's guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 13: Chest and lungs

Websites

Centers for Disease Control and Prevention. (2015). *Influenza (flu): Information for health professionals*. Retrieved from <http://www.cdc.gov/flu/professionals/index.htm>

Module 10: Liver and Gastrointestinal	Week 10
Topics	
<ul style="list-style-type: none"> • Evaluating liver function • Role and interpretation of laboratory values • Health promotion and screening (colon) • Role of specific vaccines (Hepatitis A) 	

This module correlates with course objectives 1 through 6.

Required Readings

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 11: Abdominal problems

Common complaints (abdominal pain, constipation, diarrhea, nausea/vomiting, dysphagia) (pages 504 through 513, 518 through 522)

Common problems

Gastroesophageal reflux disease (pages 522 through 526)

Peptic ulcer disease (pages 536 through 540)

Hepatitis (pages 549 through 556)

Appendicitis (pages 568 through 570)

Inflammatory bowel disease (pages 570 through 577)

Irritable bowel syndrome (pages 577 through 581)

Colorectal cancer (pages 587 through 592)

Hemorrhoids (pages 592 through 595)

Ford, A.C., & Talley, N.J. (2012). Irritable bowel syndrome. *BMJ*, 345(e5836). ^{CR}

Murali, A.R., & Carey, W.D. (2014, April). *Liver test interpretation - approach to the patient with liver disease: A guide to commonly used liver tests*. Retrieved from:

<http://www.clevelandclinicmeded.com/medicalpubs/diseasemanagement/hepatology/guide-to-common-liver-tests/>

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel's guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 17: Abdomen

Websites

Centers for Disease Control and Prevention. (n.d.). *Interpretation of hepatitis B serologic test results*. Retrieved from <http://www.cdc.gov/hepatitis/hbv/pdfs/serologicchartv8.pdf>

American Association for the Study of Liver Diseases. (n.d.). *Practice guidelines*. Retrieved from <http://www.aasld.org/publications/practice-guidelines-0>

American Gastroenterological Association. (n.d.). *Guidelines*. Retrieved from <http://www.gastro.org/guidelines>
(Specifically look at: Colorectal Cancer - screening for early detection, Esophageal Diseases - Gastroesophageal Reflux Disease (GERD), Irritable Bowel Syndrome - drug management, and Functional GI Disorders - Constipation)

Module 11: Liver and Gastrointestinal (Continued)	Week 11
Topics	
<ul style="list-style-type: none"> Select conditions: Diarrhea and constipation, hepatitis (role of prevention and vaccines), irritable bowel syndrome (IBS), gastritis, gastroesophageal reflux (GERD), and anorectal complaints 	

This module correlates with course objectives 1 through 6.

Required Readings

Avadhani, A., & Steefel, A. (2015). Probiotics: A review for NPs. *The Nurse Practitioner* 40(8), 50-54. ^{CR}

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 11: Abdominal problems

Common complaints (abdominal pain, constipation, diarrhea, nausea/vomiting, dysphagia) (pages 504 through 513, 518 through 522)

Common problems

Gastroesophageal reflux disease (pages 522 through 526)

Peptic ulcer disease (pages 536 through 540)

Hepatitis (pages 549 through 556)

Appendicitis (pages 568 through 570)

Inflammatory bowel disease (pages 570 through 577)

Irritable bowel syndrome (pages 577 through 581)

Colorectal cancer (pages 587 through 592)

Hemorrhoids (pages 592 through 595)

Websites

(see module 10)

Module 12: Reproduction: Women and Men	Week 12
Topics	
<ul style="list-style-type: none"> • Hormonal basis of reproduction (male and female) • Health promotion and screening (breast, cervical, ovarian, prostate, testicular) • Role of specific vaccines (Gardasil, Hepatitis B) • Contraception 	

This module correlates with course objectives 1 through 6.

Required Readings

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 13: Men’s health problems (pages 642 through 678)

Chapter 14: Women’s health problems (pages 679 through 754)

Hatcher, R., Trussell, J., Nelson, A., Cates, W., Stewart, F., & Kowal, D. (2011). *Contraceptive technology* (20th ed.).

Atlanta, GA: Bridging the Gap Communications.

1. Chapter 2: The menstrual cycle
2. Chapter 3: Choosing a contraceptive: Efficacy, safety and personal considerations
3. Chapter 13: Male condoms
4. Chapter 17: Female and male sterilization
5. Chapter 22: Female genital tract cancer screening

Tartavouille, T.M., & Porche, D.J. (2012). Low testosterone. *The Journal for Nurse Practitioners*, 8(10), 778-786. ^{CR}

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel’s guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 16: Breasts and axillae
2. Chapter 18: Female genitalia
3. Chapter 19: Male genitalia
4. Chapter 20: Anus, rectum, and prostate

Websites

American Congress of Obstetricians and Gynecologists. (n.d.). *Resources and publications*. Retrieved from

<http://www.acog.org/Resources-And-Publications>

Centers for Disease Control and Prevention. (n.d.). *A guide to taking a sexual history*. Retrieved from

<https://www.cdc.gov/std/treatment/sexualhistory.pdf>

Centers for Disease Control and Prevention. (2015). *United States medical eligibility criteria (US MEC) for contraceptive use, 2010*. Retrieved from

<http://www.cdc.gov/reproductivehealth/unintendedpregnancy/USMEC.htm>

The North American Menopause Society. (2016). *NAMS and USPSTF statements consistent*. Retrieved from <http://www.menopause.org/publications/other-resources/nams-and-uspstf-statements-consistent>

World Health Organization. (2016). *Women's health*. Retrieved from http://www.who.int/topics/womens_health/en/

Module 13: Reproductive Tract Abnormalities	Week 13
Topics	
<ul style="list-style-type: none"> Select conditions: Perimenopause/menopause, breast conditions, vaginal complaints, menstrual irregularities, and sexually transmitted infections (STI) 	

This module correlates with course objectives 1 through 6.

Required Readings

Buttaro, T.M., Koeniger-Donohue, R., & Hawkins, J. (2014). Sexuality and quality of life in aging: Implications for practice. *The Journal for Nurse Practitioners, 10*(7), 480-485. ^{CR}

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 13: Men's health problems (pages 642 through 678)

Chapter 14: Women's health problems (pages 679 through 754)

Hatcher, R., Trussell, J., Nelson, A., Cates, W., Stewart, F., Kowal, D. (2011). *Contraceptive technology* (20th ed.).

Atlanta, GA: Bridging the Gap Communications.

1. Chapter 20: Menstrual disorders and related concerns.
2. Chapter 26: Menopause and perimenopausal health
3. Chapter 147: Prostate disorders
4. Chapter 151: Testicular disorders

Quan, M. (2010). Vaginitis: Diagnosis and management. *Postgraduate Medicine, 122*(6), 117-127. ^{CR}

Tupper, R., & Holm, K. (2014). Screening mammography and breast cancer reduction: Examining the evidence. *The Journal for Nurse Practitioners, 10*(9), 721-728. ^{CR}

Websites

Centers for Disease Control and Prevention. (2015). *2015 Sexually transmitted diseases treatment guidelines*. Retrieved from: <http://www.cdc.gov/std/tg2015/>

Module 14: Neuro	Week 14
Topics	
<ul style="list-style-type: none"> • Headache, nausea, vomiting, weakness, dizziness, and vertigo 	

This module correlates with course objectives 1 through 6.

Required Readings

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

- Chapter 6: Neurological problems
 - Common problems (Dizziness and vertigo, headache) (pages 77 through 83)
 - Common complaints
 - Headaches (pages 121 through 132)
 - Meningitis (pages 133 through 137)
- Chapter 17: Hematological and immune problems
 - Common problems (fatigue) (pages 920 through 921)

Recommended Readings

Ball, J.W., Dains, J.E., Flynn, J.A., Solomon, B.S., & Stewart, R.W. (2015). *Seidel's guide to physical assessment* (8th ed.). Philadelphia, PA: Elsevier/Saunders.

1. Chapter 22: Neurologic system

Websites

Centers for Disease Control and Prevention. (2016). *Injury prevention & control: Traumatic brain injury & concussion*. Retrieved from <http://www.cdc.gov/traumaticbraininjury/>

Centers for Disease Control and Prevention. (2016). *Stroke*. Retrieved from <http://www.cdc.gov/stroke/>

Module 15: Endocrine and Kidney	Week 15
Topics	
<ul style="list-style-type: none"> • Role and interpretation of laboratory values • Health promotion and prevention • Select conditions: Type 2 diabetes, thyroid conditions (hypothyroidism, Hashimoto's, hyperthyroidism, Graves disease), urinary tract infection (UTI), nephrolithiasis (kidney stones), hematuria/proteinuria, and fluid and electrolyte imbalances 	

This module correlates with course objectives 1 through 6.

Required Readings

American Association of Clinical Endocrinologists & American College of Endocrinology. (2015).

Clinical practice guidelines for developing a diabetes mellitus comprehensive care plan - 2015. Retrieved from <https://www.aace.com/files/dm-guidelines-ccp.pdf>

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (4th ed.). Philadelphia, PA: FA Davis.

Chapter 16: Endocrine and metabolic problems

Common complaints (polydipsia, polyphagia, and polyuria, weight gain) (pages 844 through 846)

Common endocrine problems

Hyperthyroidism (pages 847 through 856)

Hypothyroidism (pages 856 through 865)

Diabetes Mellitus (Type II) (pages 889 through 899)

Hypoglycemia (pages 899 through 904)

Appendix B

Laboratory values in the older adult (pages 1278 through 1279)

Appendix C

Common tests and their associations with diseases and conditions (pages 1280 through 1282)

Gaitonde, D. Y., Rowley, K.D., & Sweeney, L.B. (2012). Hypothyroidism: An update. *American Family Physician*, 86(3), 244-251. ^{CR}

Puzantian, H.V., & Townsend, R.R. (2013). Understanding kidney function assessment: The basics and advances. *Journal of the American Association of Nurse Practitioners*, 25(2013), 334-341. ^{CR}

Rowe, T.A., & Juthani-Mehta, M. (2014). Diagnosis and management of urinary tract infection in older adults. *Infectious Disease Clinics of North America*, 28(1), 75-89. ^{CR}

Unger, J., Hinnen, D., Schreiner, B., & Parkin, C. (2012). Putting medications where they belong: Practical advice for managing type 2 diabetes in clinical practice. *Journal of the American Association of Nurse Practitioners*, 25(2013), 65-76. ^{CR}

Websites

American Diabetes Association. (2015). *Clinical practice recommendations*. Retrieved from
http://care.diabetesjournals.org/content/38/Supplement_1?loc=supportyourdoctor

American Thyroid Association & American Association of Clinical Endocrinologists. (2011). *Hyperthyroidism and other causes of thyrotoxicosis: Management guidelines of the American Thyroid Association and American Association of Clinical Endocrinologists*. Retrieved from <https://www.aace.com/files/hyperguidelinesapril2013.pdf>

American Thyroid Association & American Association of Clinical Endocrinologists. (2012). *Clinical practice guidelines for hypothyroidism in adults: Cosponsored by the American Association of Clinical Endocrinologists and the American Thyroid Association*. Retrieved from <https://www.aace.com/files/final-file-hypo-guidelines.pdf>

Study Days / No Classes	N/A
This course does not have any study days scheduled.	
Final Examinations	Week 16
This course does not have an examination scheduled during finals week.	

University Policies and Guidelines

IX. Attendance Policy

Students are expected to attend every class and to remain in class for the duration of the Module. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email of any anticipated absence or reason for tardiness.

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance. Students should not ask for special accommodations due to work, vacation, or other conflicts.

Please refer to *Scampus* and to the USC School of Social Work Student Handbook and the Department of Nursing Student Handbook for additional information on attendance policies.

X. Academic Conduct

Plagiarism – presenting someone else's ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Section 11, *Behavior Violating University Standards* <https://scampus.usc.edu/1100-behavior-violating-university-standards-and-appropriate-sanctions/>. Other forms of academic dishonesty are equally unacceptable. See additional information in *SCampus* and university policies on scientific misconduct, <http://policy.usc.edu/scientific-misconduct/>.

Discrimination, sexual assault, and harassment are not tolerated by the university. You are encouraged to report any incidents to the *Office of Equity and Diversity* <http://equity.usc.edu/> or to the *Department of Public Safety* <http://capsnet.usc.edu/departments/departments-public-safety/online-forms/contact-us>. This is important for the safety of the whole USC community. Another member of the university – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person. *The 9 for Women and Men* <http://www.usc.edu/student-affairs/cwm/> provides 24/7 confidential support, and the sexual assault resource center webpage sarc@usc.edu describes reporting options and other resources.

Confidentiality of material shared in class will be maintained. As class discussion is an integral part of the learning process, students are expected to come to class ready to discuss required reading and its application to theory and practice.

XI. Support Systems

Student Counseling Services (SCS) - (213) 740-7711 – 24/7 on call

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. <https://engemannshc.usc.edu/counseling/>

National Suicide Prevention Lifeline - 1-800-273-8255

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. <http://www.suicidepreventionlifeline.org>

Relationship & Sexual Violence Prevention Services (RSVP) - (213) 740-4900 - 24/7 on call

Free and confidential therapy services, workshops, and training for situations related to gender-based harm. <https://engemannshc.usc.edu/rsvp/>

Sexual Assault Resource Center

For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: <http://sarc.usc.edu/>

Office of Equity and Diversity (OED)/Title IX compliance – (213) 740-5086

Works with faculty, staff, visitors, applicants, and students around issues of protected class. <https://equity.usc.edu/>

Bias Assessment Response and Support

Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response. <https://studentaffairs.usc.edu/bias-assessment-response-support/>

Student Support & Advocacy – (213) 821-4710

Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. <https://studentaffairs.usc.edu/ssa/>

Diversity at USC – <https://diversity.usc.edu/>

Tab for Events, Programs and Training, Task Force (including representatives for each school), Chronology, Participate, Resources for Students

A number of USC's schools provide support for students who need help with scholarly writing. Check with your advisor or program staff to find out more. Students whose primary language is not English should check with the *American Language Institute* <http://dornsife.usc.edu/ali>, which sponsors courses and workshops specifically for international graduate students.

The Office of Disability Services and Programs

http://sait.usc.edu/academicsupport/centerprograms/dsp/home_index.html provides certification for students with disabilities and helps arrange the relevant accommodations. Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. Please be sure the letter is delivered to me as early in the semester as possible. DSP is located in STU 301 and is open 8:30 a.m. – 5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.

If an officially declared emergency makes travel to campus infeasible, *USC Emergency Information* <http://emergency.usc.edu/> will provide safety and other updates, including ways in which instruction will be continued by means of blackboard, teleconferencing, and other technology.

XII. Statement about Incompletes

The Grade of Incomplete (IN) can be assigned only if there is work not completed because of a documented illness or some other emergency occurring after the 12th week of the semester. Students must NOT assume that the instructor will agree to the grade of IN. Removal of the grade of IN must be instituted by the student and agreed to be the instructor and reported on the official "Incomplete Completion Form." See Department of Nursing Student Handbook for more information.

XIII. Policy on Late or Make-up Work

Assignments are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the assignment is late without permission, the grade will be affected.

XIV. Policy on Changes to the Syllabus and/or Course Requirements

It may be necessary to make some adjustments in the syllabus during the semester in order to respond to unforeseen or extenuating circumstances. Adjustments that are made will be communicated to students both verbally and in writing.

XV. Code of Ethics for Nurses

Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.

The Code of Ethics for Nurses serves the following purposes:

- It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession.
- It is the profession's nonnegotiable ethical standard.
- It is an expression of nursing's own understanding of its commitment to society.

There are numerous approaches for addressing ethics; these include adopting or subscribing to ethical theories, including humanist, feminist, and social ethics, adhering to ethical principles, and cultivating virtues. The Code of Ethics for Nurses reflects all of these approaches. The words "ethical" and "moral" are used throughout the Code of Ethics. "Ethical" is used to refer to reasons for decisions about how one ought to act, using the above mentioned approaches. In general, the word "moral" overlaps with "ethical" but is more aligned with personal belief and cultural values. Statements that describe activities and attributes of nurses in this Code of Ethics are to be understood as normative or prescriptive statements expressing expectations of ethical behavior.

The Code of Ethics for Nurses uses the term *patient* to refer to recipients of nursing care. The derivation of this word refers to "one who suffers," reflecting a universal aspect of human existence. Nonetheless, it is recognized that nurses also provide services to those seeking health as well as those responding to illness, to students and to staff, in healthcare facilities as well as in communities. Similarly, the term practice refers to the actions of the nurse in whatever role the nurse fulfills, including direct patient care provider, educator, administrator, researcher, policy developer, or other. Thus, the values and obligations expressed in this Code of Ethics apply to nurses in all roles and settings.

The Code of Ethics for Nurses is a dynamic document. As nursing and its social context change, changes to the Code of Ethics are also necessary. The Code of Ethics consists of two components: the provisions and the accompanying interpretive statements. There are nine provisions. The first three describe the most fundamental values and commitments of the nurse; the next three address boundaries of duty and loyalty, and the last three address aspects of duties beyond individual patient encounters. For each provision, there are interpretive statements that provide greater specificity for practice and are responsive to the contemporary context of nursing. Consequently, the interpretive statements are subject to more frequent revision than are the provisions. Additional ethical guidance and detail can be found in ANA or constituent member association position statements that address clinical, research, administrative, educational, or public policy issues.

Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making. The Code of Ethics establishes the ethical standard for the profession. It is not negotiable in any setting nor is it subject to revision or amendment except by formal process of the House of Delegates of the

ANA. The Code of Ethics for Nurses is a reflection of the proud ethical heritage of nursing, a guide for nurses now and in the future.

XVI. Complaints

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel you cannot discuss it or resolve it with the instructor, please follow the process outlined in the Department of Nursing Student Handbook.

Don't procrastinate or postpone working on assignments. Once you fall behind, it is very difficult to catch up!