

**NURS 503**  
**Section #690XX**

**Theory: Clinical Management of Adult Patients**  
**3 Units**

*Summer 2019 12 Week Intensive*

**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 current computer equipment (desktop computer with audio/video capability), software (Microsoft Word and Adobe Acrobat), and a reliable Wi-Fi (no hot spot) internet connection. Mobile hot spots are unreliable and not be used for any aspects of this course. Attendance for the live sessions should be via a desktop computer and not through a smart phone or iPad type device. You must be in a quiet environment with no distractions. Attending live sessions from the airport, hospital, or your car is not acceptable.

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 the instructor 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. It is the expectation that all students will read these standards prior to the first week of the course.

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 as clinician and health educator.

“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.

<b>SCIENTIFIC FOUNDATION COMPETENCIES</b>		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><b><i>Family Nurse Practitioner competent in Scientific Foundation Competencies:</i></b></p> <ul style="list-style-type: none"> <li>▪ 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</li> </ul>	Critically analyzes data and evidence for improving advanced nursing practice	Group Exercises Formal Case Studies Exams
	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.	

<b>QUALITY COMPETENCIES</b>		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><b><i>Family Nurse Practitioner competent in Quality Competencies:</i></b></p> <ul style="list-style-type: none"> <li>▪ Discusses methods, tools, performance measures, and standards related to quality, and applies quality principles within an organization.</li> </ul>	Uses best available evidence to continuously improve quality of clinical practice.	Group Exercises Formal Case Studies Exams
	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.	

<b>TECHNOLOGY AND INFORMATION LITERACY COMPETENCIES</b>		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
	Integrates appropriate technologies for knowledge management to improve health care.	Social Advocacy Project Formal Case Studies
	Translates technical and scientific health information appropriate for various users' needs.	

<p><b>Family Nurse Practitioner competent in Technology and Information Literacy Competencies:</b></p> <ul style="list-style-type: none"> <li>Integrates and incorporates advances in technology within the practice setting, resolves practice problems, works as a change agent, and disseminates results</li> </ul>	<ul style="list-style-type: none"> <li>Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.</li> <li>Coaches the patient and caregiver for positive behavioral change.</li> </ul>	
	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><b>Family Nurse Practitioners competent in Health Delivery System Competencies:</b></p> <ul style="list-style-type: none"> <li>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</li> </ul>	Applies knowledge of organizational practices and complex systems to improve health care delivery.	<p>Group exercises Formal Case Studies Exams</p>
	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><b>Family Nurse Practitioner competent in Ethics Competencies:</b></p> <ul style="list-style-type: none"> <li>Integrates the highest level of moral principles and social policy when applying professional guidelines in the practice environment</li> </ul>	Integrates ethical principles in decision making.	<p>Social Advocacy Project Formal Case Studies Exams</p>
	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
Introduction to the FNP Role Essay	5/19/19	10%
Formal Case Study 1	07/03/19	15%
Formal Case Study 2	07/28/19	15%
Social Advocacy Project	6/02/19	15%
Exam 1	06/27/19 – 06/30/19	15%
Exam 2	08/07/19 – 8/10/19	15%
Class Preparation/Participation/Group Exercises (see grading rubric for expectations)	Weekly	15%
Signed Syllabus Statement	05/19/19	0%

\*\*Guidelines, relevant documents, and instructional videos for all assignments and exams can be found in the **NURS 503 Assignments and Supporting Documents**\*\* team drive located in the Google team drive. To access the Google drive, you must use your USC issued email address and password. Move about USC’s Google drive can be found here:

<https://itservices.usc.edu/googledrive/>

Pacific Standard Time/Pacific time (PST/PT) will be used for this course. Each student is expected to adjust his/her time zone accordingly. Accommodations/exceptions/extension to the course schedule and assignment/exam due dates 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. 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. All asynchronous work for the week must be completed prior to each live class session.

As a professional school, class attendance and participation is an essential part of your professional training and development at the USC Suzanne Dworak-Peck School of Social Work. You are expected to attend all classes and meaningfully participate. For Ground courses, having more than 2 unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences can result in additional deductions. For VAC courses, meaningful participation requires active engagement in class discussions and maintaining an active screen. Having more than two unexcused absences in class may result in the lowering of your grade by a half grade. Additional absences in the live class can result in additional deductions. Furthermore, unless directed by your course instructor, you are expected to complete all asynchronous content and activities prior to the scheduled live class discussion. Failure to complete two asynchronous units before the live class without prior permission may also lower your final grade by a half grade. Not completing additional units can result in additional deductions.

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. You will be filling in missing data, presenting primary and differential diagnoses, and formulating a comprehensive, holistic treatment plan appropriate to the family nurse practitioner scope and role.

These are not group assignments. Do not seek outside counsel/guidance for any of these graded case studies. Each case study submitted must be an original work from each student. Any student violating this policy will receive a “0” for the assignment and may, depending on the circumstances, fail the course.

Videos demonstrating how to complete the formal case studies, along with important APA information, have been created for you and can be found in the Google team drive. All students are required to listen to these instructional videos prior to completing and submitting the final case studies for grading. These presentations are short and filled with important information and tips that you need to complete each case study.

*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 and complete the Proctortrack pre-check. An instructional video and study guide for each exam has been created for you and is also located in the Google team drive.

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. Exams taken before the test officially opens and after the test closes will not be scored.

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
- Not use headphones or have headphones connected to your computer
- Not wear hats or have anything physically covering your face
- Not have any additional web browsers open

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.

The first exam is an essay exam comprised of 10 essay questions. Each question should be a graduate level response: Complete paragraphs with an introductory/thesis statement, main body or thoughts, and concluding statement for each paragraph written. Deductions will be made for spelling and grammar errors. The exam is worth a total of 100 points. Each question is worth 10 points. You will have **120** minutes to complete this exam.

The second exam is a 60-question multiple-choice exam with one short-answer bonus question. Once the exam has begun, you will have **90** minutes to complete the exam.

Each exam may only be taken once and must be completed in one session. Exams typically open Friday at 11:59pm and close Monday at 11:59 pm PST (PT) and are to be completed **during the week they are due**. Adjustments to this schedule may be necessary during terms with school holidays and during OCI week.

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

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

The purpose of this project is to explore homelessness in America and to examine possible interventions that we, family nurse practitioners, can create to address homelessness and the resulting healthcare related issues among our patients. Assignment details and expectations are located in the documents and files section of the course. Download and read the “503 Social Advocacy Project Guidelines” document prior to the first live session of the term.

*This assignment relates to student learning outcomes 5 and 8.*

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

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 actively 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.

In preparation for weekly, synchronous class sessions, students will be expected to complete and submit weekly class preparation assignments (BLTs in the learning management system). These weekly asynchronous assignments/reflections/questions will be graded according to the following rubric (see below).

Real-life case-based scenarios comprise the majority of live session content. All students are to come to each live session having completed the **Live Session Prep Worksheet** document for that week’s case study. See Course Overview for list of weekly live session case study topics.

To help you prepare for your weekly live sessions, a folder has been created for your section of the course in USC’s Google team drive folder. In this folder, you will find the live session Google docs, slides, and other supporting documents required for each weekly live session.

In order to be FERPA compliant, you must use your **USC issued** email address to access Google drive. This includes using your USC issued email to access the LMS and send/receive emails for university-related business. Do not use your personal gmail or other non-approved accounts to access files or to communicate.

Please access the Google team drive as soon as possible and make sure that you can access the weekly live session folder prior to the first live session of the term. If you run into any problems, it is generally because you are not using your USC email to access these products. Please contact USC IT support (not 2U student support) if you run into any problems using USC’s Google suite.

**Each week, all students will have the option of attending optional weekly open lab/office hour sessions.** These informal 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: Tuesdays at 7:00 pm and Thursdays at 7:00 pm. 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. Weekly open lab sessions are opportunities for students to explore additional topics relevant to the FNP profession.**

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!!

<b>Expectations</b>	<b>Competent</b>	<b>Advanced Beginner</b>	<b>Novice</b>
<p><b>Class Preparation</b></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>Thoughts and concepts are thoroughly represented with supporting definitions, explanations, examples, and application of knowledge.</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 style="text-align: right;">10</p>	<p>Thoughts and concepts are mostly represented with supporting definitions, explanations, examples, and application of knowledge.</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 style="text-align: right;">8</p>	<p>Thoughts and concepts are superficially represented and lacked support to justify definitions, explanations and/or examples.</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 style="text-align: right;">4</p> <p>*More than 2 asynchronous assignments not completed/submitted OR more than 2 asynchronous assignments submitted &gt; 1 day late (will earn 0 class preparation points).*</p>
<p><b>Class Participation: Group Work**</b></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 style="text-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 style="text-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 style="text-align: right;">4</p>
<p><b>Class Participation: Application and Synthesis of Concepts**</b></p> <p><i>Student demonstrates an overall comprehension of</i></p>	<p>Thoughts and concepts are thoroughly represented with supporting definitions, explanations, examples, and application of knowledge.</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>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><i>content and assigned critical thinking skill.</i></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 style="text-align: right;">10</p>	<p>Summarized relevant course concepts, theories or materials.</p> <p style="text-align: right;">8</p>	<p>Overall, did not explain or summarize course concepts or materials.</p> <p style="text-align: right;">4</p>
<p><b>Class Participation: Professional Formation**</b></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 <b>and</b> 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><b>Note:</b> 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>

\*\*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 60 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. (2019). *Primary care: Art and science of advanced practice nursing* (5th ed.). Philadelphia, PA: FA Davis. ISBN 13: 978-0-8036-6718-1

Hatcher, R., et al. (2018). *Contraceptive technology* (21st ed.). Atlanta, GA: Bridging the Gap Communications.  
ISBN 13: 978-1732055605

Some (not all) textbooks are available as ebooks through the library. Go to the [eBooks Page](#) of the Family Nurse Practitioner Library Guide for a list of electronic books available to you.

To search for more ebooks, use the strategies below. Please note that some ebooks have a limit on how many people can access simultaneously. If an ebook has reached capacity, you will be prompted to try again later.

1. Check the list of textbooks.
2. Search for the title in the Library Catalog.
3. Search for the title in the various eBook Collections. Try Clinical Key, Access Medicine, R2, and Books@Ovid first.
4. Contact the Nursing@USC Librarian for help.

**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 <sup>CR</sup> 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. (2018). *Clinical guidelines in primary care*. Scott, LA: Advanced Practice Education Associates, Inc. ISBN 978-1-892418-25-8

### **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 05/13/19</i>	<b>Module 1: Clinical Practice Role of the Family Nurse Practitioner – An Introduction</b> This module provides an introduction to the many roles and responsibilities of the Family Nurse Practitioner (FNP).	<b>Module 1</b>
1 <i>05/13/19</i>	<b>Module 2: Patient Encounters and Screening</b> 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.	<b>Module 2</b> Live session: Formulating a plan case study  <a href="#">Optional Open lab topic: Syllabus and Course Overview (recorded)</a>
2 <i>05/20/19</i>	<b>Module 3: Genetics and Genomic Testing</b>  This module discusses the complicated issues related to genetics and related screenings.	<b>Module 3</b> Live session: Genetics case study  <a href="#">Optional Open lab topic: Sensitivity &amp; Specificity</a>
3 <i>05/27/19</i>	<b>Module 4: Promoting Biological Harmony and Mental Health</b> 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.	<b>Module 4</b> Live session: Mental health case study  <a href="#">Optional Open lab topic: Suicide Assessment</a>
4 <i>06/03/19</i>	<b>Module 5: Skin</b> This module provides the family nurse practitioner student with an introduction to dermatology as the topic relates to primary care.	<b>Module 5</b> Live session: Skin case study  <a href="#">Optional Open lab topic: Direct-to-consumer Labs</a>
5 <i>06/10/19</i>	<b>Module 6: Head, Ears, Eyes, Nose, and Throat (HEENT)</b> 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.	<b>Module 6</b> Live session: 19-year-old with ST case study  <a href="#">Optional Open lab topic: Cultures vs. Tests for Inflammation</a>
6 <i>06/17/19</i>	<b>Module 7: Musculoskeletal</b> This module provides the family nurse practitioner student with an introduction to the diagnosing and treatment of acute musculoskeletal conditions.	<b>Module 7</b> Live session: 70 year-old male with low back pain case study  <a href="#">Optional Open lab topic: Exam 1 Review (recorded)</a>
7 <i>06/24/19</i>	<b>Module 8: Cardiovascular</b> This module provides an overview of the most common cardiovascular related conditions seen in adult and geriatric patients.	<b>Module 8</b> Live session: 68-year-old woman with chest pain case study  <a href="#">Optional Open lab topic: How to complete Formal Case Study #1 (recorded)</a>
8 <i>07/01/19</i>	<b>Module 9: Respiratory</b> This module provides the family nurse practitioner student a broad overview of the most common respiratory conditions seen in the adult and geriatric population.	<b>Module 9</b> Live session: 23 year-old female with cough case study  <a href="#">Optional Open lab topic: Vaccines and Vaccine Refusal</a>

9 07/08/19	<b>Module 10: Liver and Gastrointestinal</b> This module provides the family nurse practitioner student with a better understanding of the complexities of abdominal complaints and conditions among adult patients	<b>Module 10</b>
9 07/08/19	<b>Module 11: Liver and Gastrointestinal (Continued)</b>	<b>Module 11</b> Live session: 22-year-old man with abdominal pain case study  <a href="#">Optional Open lab topic: ABD Pain: Diagnostic Imaging</a>
10 07/15/19	<b>Module 12: Reproduction: Women and Men</b> 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.	<b>Module 12</b>
10 07/15/19	<b>Module 13: Reproductive Tract Abnormalities</b> 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.	<b>Module 13</b> Live session: Reproduction case study  <a href="#">Optional Open lab topic: Exam 2 Review (recorded)</a>
11 07/22/19	<b>Module 14: Neuro</b> This module introduces students to common primary care neurologic complaints and discusses important “can’t afford to miss” diagnoses.	<b>Module 14</b> Live session: Transition to Clinical  82-year-old with dizziness case study (take home group assignment)  <a href="#">Optional Open lab topic: How to complete Formal Case Study #2 (recorded)</a>
12 07/29/19	<b>Module 15: Endocrine and Kidney</b> 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.	<b>Module 15</b> No live session: <b>On-campus Intensive (OCI)**</b>  68-year-old with lower UTI symptoms case study (take home group assignment)
<b>Study Days / No Classes</b>		
This course does not have any study days scheduled.		
<b>Final Examinations</b>		
This course does not have a final examination. However, other exams, papers, and assignments may be due during this time.		

\* See course schedule for a detailed description of weekly topics and Required Readings.



## Course Schedule—Detailed Description

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

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* (5th ed.). Philadelphia, PA: FA Davis.

Chapter 1: Primary care in the twenty-first century: A circle of caring (pages 3 through 19)

Chapter 2: Caring and the advanced practice nurse (20 through 24)

Hoyt, K.S. (2012). Why the terms “mid-level provider” and “physician extender” are inappropriate. *Advanced Emergency*

*Nursing Journal*, 34(2), 93-94. <sup>CR</sup>

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. <sup>CR</sup>

### 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.

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/](http://www.who.int/social_determinants/en/)

<b>Module 2: Patient Encounters and Screening</b>	<b>Week 1</b>
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Types of visits: comprehensive, focused, procedural, and counseling visits</li> <li>• Diagnosis and management/ Collaborative practice</li> <li>• Motivational interviewing/ Patient-Provider relationship</li> <li>• Performing a focused, problem-based visit</li> </ul>	

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. <sup>CR</sup>

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

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (5th ed.). Philadelphia, PA: FA Davis.

Chapter 4: The art of diagnosis and treatment (pages 39 through 58)

Chapter 5: Evidence-based practice (pages 59 through 72)

Chapter 81: The 15-minute hour: Practical approaches to behavioral health for primary care (1348 through 1353)

Craig, D.J. (2014). Maximizing reimbursement: What nurse practitioners need to know. *The Nurse Practitioner*, 39(8), 16-18. <sup>CR</sup>

Halloran, L. (2015). Caring for transgender patients. *The Journal for Nurse Practitioners*, 11(9), 915-916. <sup>CR</sup>

**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.

Chapter 1: The history and interviewing process  
Chapter 24: Putting it all together  
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](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 2
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Common tests: Sensitivity, Specificity, and Predictive Value</li> <li>• Genetic tests used to predict likelihood of future disease</li> <li>• Health promotion and screening efforts (including vaccinations)</li> <li>• Select conditions: Thalassemia and sickle cell trait</li> </ul>	

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. <sup>CR</sup>

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (5th ed.). Philadelphia, PA: FA Davis.

Chapter 3: Health promotion (pages 25 through 38)  
Chapter 60: Hematological and immune problems (955 through 958)  
Chapter 61: Hematological disorders (958 through 979)

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 <sup>CR</sup>

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 <sup>CR</sup>

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. <sup>CR</sup>

**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 3
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Effect of biological harmony on resiliency and the immune system</li> <li>• Principles of nutrition (anemia), sleep and activity levels</li> <li>• Stress reduction strategies</li> <li>• Mental health - screening and treatment</li> <li>• Assessing for behavioral change</li> <li>• Select conditions: Depression and anxiety, substance abuse, obesity, suicide, and elder abuse</li> </ul>	

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* (5th ed.). Philadelphia, PA: FA Davis.

Chapter 59: Metabolic disorders (939 through 946)  
 Chapter 64: Common psychological complaints (1055 through 1068)  
 Chapter 67: Mood disorders (1100 through 1128)

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. <sup>CR</sup>

### **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.

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>

National Suicide Prevention Lifeline. (n.d.). *Best Practices*. Retrieved from <https://suicidepreventionlifeline.org/best-practices/>

Substance Abuse and Mental Health Services Administration. (n.d.). *Topics*. Retrieved from <https://www.samhsa.gov/topics>

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 4
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Wounds seen in primary care</li> <li>• MRSA</li> <li>• Select conditions: Inflammation and hypersensitivity, burns, bites, infections, and trauma</li> </ul>	

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* (5th ed.). Philadelphia, PA: FA Davis.

Section 2: Skin problems (145 through 258)

Bauer, C. (2012). Pressure ulcer update for primary care. *The Journal for Nurse Practitioners*, (8)9, 729-735. <sup>CR</sup>

Stansby, G. (2014). Prevention and management of pressure ulcers in primary and secondary care: Summary of NICE guidance. *BMJ*, 1-5. <sup>CR</sup>

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

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. <sup>CR</sup>

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

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. <sup>CR</sup>

**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.

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 5
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Select conditions</li> <li>• Head: Pain and dizziness</li> <li>• Ears: Pain, discharge, and foreign bodies</li> <li>• Eyes: Discharge, and foreign bodies</li> <li>• Nose: Pain, discharge, and foreign bodies</li> <li>• Throat: Pain, discharge, and difficulty swallowing</li> </ul>	

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* (5th ed.). Philadelphia, PA: FA Davis.

Chapter 18: Common eye complaints (259 through 263)

Chapter 19: Lid and conjunctival pathology (264 through 276)

Section 4: Ear, nose, and throat problems (293 through 355)

Friedman, B.W., & Lipton, R.B. (2012). Headache emergencies: Diagnosis and management. *Neurologic Clinics*,

30(1),43-59. <sup>CR</sup>

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. <sup>CR</sup>

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. <sup>CR</sup>

**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.

Chapter 10: Head and neck

Chapter 11: Eyes

Chapter 12: Ears, nose, and throat

<b>Module 7: Musculoskeletal</b>	<b>Week 6</b>
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Select conditions: Acute pain, strains, and sprains</li> </ul>	

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* (5th ed.). Philadelphia, PA: FA Davis.

Chapter 52: Common musculoskeletal complaints (789 through 813)

Chapter 55: Osteoarthritis and osteoporosis (851 through 873)

**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.

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](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](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 7**

**Topics**

- 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 <sup>CR</sup>

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

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. <sup>CR</sup>

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (5th ed.). Philadelphia, PA: FA Davis.

Chapter 34: Common cardiovascular complaints (451 through 458)

Chapter 35: Cardiac and associated risk disorders (458 through 502)

Chapter 37 Disorders of the vascular system (520 through 527)

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 <sup>CR</sup>

**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.

Chapter 14: Heart

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](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.0000000000000351>

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	Week 8
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Environmental considerations</li> <li>• Role of specific vaccines (influenza, pneumococcal, pertussis, and zoster)</li> <li>• Health promotion and screening (oral cancer, lung cancer)</li> <li>• Upper respiratory infections (in general)</li> <li>• Select conditions: Viral and bacterial infections, bronchitis, anaphylaxis, and asthma (acute)</li> </ul>	

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* (5th ed.). Philadelphia, PA: FA Davis.

Section 5: Respiratory problems (357 through 449)

Hart, A.M. (2014). Acute bronchitis. *The Nurse Practitioner*, 39(9), 32-39. <sup>CR</sup>

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

**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.

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 9
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Evaluating liver function</li><li>• Role and interpretation of laboratory values</li><li>• Health promotion and screening (colon)</li><li>• Role of specific vaccines (Hepatitis A)</li></ul>	

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* (5th ed.). Philadelphia, PA: FA Davis.

Section 7: Abdominal problems (529 through 602)

Ford, A.C., & Talley, N.J. (2012). Irritable bowel syndrome. *BMJ*, 345(e5836). <sup>CR</sup>

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.

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 9
<b>Topics</b>	
<ul style="list-style-type: none"><li>Select conditions: Diarrhea and constipation, hepatitis (role of prevention and vaccines), irritable bowel syndrome (IBS), gastritis, gastroesophageal reflux (GERD), and anorectal complaints</li></ul>	

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. <sup>CR</sup>

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (5th ed.). Philadelphia, PA: FA Davis.

Section 7: Abdominal problems (529 through 602)

**Websites:**

(see module 10)

**Module 12: Reproduction: Women and Men**

**Week 10**

**Topics**

- 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* (5th ed.). Philadelphia, PA: FA Davis.

Section 2: Gender-related health problems (669 through 787)

Hatcher, R., et al. *Contraceptive technology* (21st ed.). Atlanta, GA: Bridging the Gap Communications.

Chapter 1: The menstrual cycle

Chapter 3: Efficacy, safety and personal considerations

Chapter 22: Sexuality and contraception

Chapter 26: Contraceptive efficacy

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.

Chapter 16: Breasts and axillae

Chapter 18: Female genitalia

Chapter 19: Male genitalia

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/](http://www.who.int/topics/womens_health/en/)

Module 13: Reproductive Tract Abnormalities	Week 10
<b>Topics</b>	
<ul style="list-style-type: none"> <li>Select conditions: Perimenopause/menopause, breast conditions, vaginal complaints, menstrual irregularities, and sexually transmitted infections (STI)</li> </ul>	

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. <sup>CR</sup>

Dunphy, L. M., Winland-Brown, J., Porter, B., & Thomas, D. (2015). *Primary care: Art and science of advanced practice nursing* (5th ed.). Philadelphia, PA: FA Davis.

Section 2: Gender-related health problems (669 through 787)

Hatcher, R., et al. (2018). *Contraceptive technology* (21st ed.). Atlanta, GA: Bridging the Gap Communications.

Chapter 2: Engaging with unintended pregnancy through patient-centered reproductive goals and contraceptive counseling

Chapter 13: Abstinence, noncoital sex, and sexual health: What every clinician needs to know

Chapter 19: Contraception in the later reproductive years

Chapter 20: Reproductive tract infections, including HIV and other sexually transmitted infections

Appendix 1: Digital resources for health & medical information

Quan, M. (2010). Vaginitis: Diagnosis and management. *Postgraduate Medicine, 122*(6), 117-127. <sup>CR</sup>

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

**Websites:**

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

<b>Module 14: Neuro</b>	<b>Week 11</b>
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Headache, nausea, vomiting, weakness, dizziness, and vertigo</li> </ul>	

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* (5th ed.). Philadelphia, PA: FA Davis.

Chapter 6: Common neurological complaints (75 through 96)

**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.

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/>

<b>Module 15: Endocrine and Kidney</b>	<b>Week 12</b>
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Role and interpretation of laboratory values</li> <li>• Health promotion and prevention</li> <li>• 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</li> </ul>	

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* (5th ed.). Philadelphia, PA: FA Davis.

Section 8: Renal problems (623 through 668)

Chapter 57: Glandular disorders (880 through 908)

Chapter 77: Primary care of the older adults (1281 through 1298)

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

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. <sup>CR</sup>

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. <sup>CR</sup>

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. <sup>CR</sup>

**Websites:**

American Diabetes Association. (2015). *Clinical practice recommendations*. Retrieved from [http://care.diabetesjournals.org/content/38/Supplement\\_1?loc=supportyourdoctor](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>

<b>Study Days / No Classes</b>	<b>N/A</b>
This course does not have any study days scheduled.	

<b>Final Examinations</b>	<b>Week 13</b>
This course does not have a final examination. However, other papers/exams/projects may be due during this time.	

**University Policies and Guidelines**

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**IX. ATTENDANCE POLICY**

Students are expected to attend every class and to remain in class for the duration of the unit. 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 (xxxx@usc.edu) 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.

Please refer to Scampus and to the USC School of Social Work 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 Part B, Section 11, “Behavior Violating University Standards” <https://policy.usc.edu/scampus-part-b/>. 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>.

Addendum: All formally graded assignments, papers, and examinations are to be prepared and submitted as original, individual student work. In the event that you are repeating this course, you may not re-submit any work previously submitted and/or graded in 503 or in any other course in the program.

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, cheating, or violations of any kind on an examination, quiz, or assignment will result at least in an "0" 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. 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.

## **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. [engemannshc.usc.edu/counseling](http://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. [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

*Relationship and 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. [engemannshc.usc.edu/rsvp](http://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: [sarc.usc.edu](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. [equity.usc.edu](http://equity.usc.edu)

*Bias Assessment Response and Support*

Incidents of bias, hate crimes and micro aggressions need to be reported allowing for appropriate investigation and response. [studentaffairs.usc.edu/bias-assessment-response-support](http://studentaffairs.usc.edu/bias-assessment-response-support)

*The Office of Disability Services and Programs*

Provides certification for students with disabilities and helps arrange relevant accommodations. [dsp.usc.edu](http://dsp.usc.edu)

*USC Support and Advocacy (USCSA) – (213) 821-4710*

Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. [studentaffairs.usc.edu/ssa](http://studentaffairs.usc.edu/ssa)

*Diversity at USC*

Information on events, programs and training, the Diversity Task Force (including representatives for each school), chronology, participation, and various resources for students. [diversity.usc.edu](http://diversity.usc.edu)

*USC Emergency Information*

Provides safety and other updates, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible. [emergency.usc.edu](http://emergency.usc.edu)

*USC Department of Public Safety – UPC: (213) 740-4321 – HSC: (323) 442-1000 – 24-hour emergency or to report a crime.* Provides overall safety to USC community. [dps.usc.edu](http://dps.usc.edu)

## **XII. ADDITIONAL RESOURCES**

Students enrolled in the Virtual Academic Center can access support services for themselves and their families by contacting Perspectives, Ltd., an independent student assistance program offering crisis services, short-term counseling, and referral 24/7. To access Perspectives, Ltd., call 800-456-6327.

## **XIII. 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.”

## **XIV. POLICY ON LATE OR MAKE-UP WORK**

Papers/projects are due on the day and time specified. Extensions will be granted only for extenuating circumstances. If the paper is late without prior permission, the grade will be affected.

Papers/projects are due on the day and time specified by the faculty. An extension for papers or other assignments will be granted only for serious extenuating circumstances and with the prior permission of the faculty. If the paper or other assignment is submitted late without prior permission, there will be an automatic deduction of 10% per day up to 3 days (example- 2 days late results in an automatic 20% deduction from the grade). After the 3<sup>rd</sup> day late, the paper/project/assignment will receive an automatic 0.

Addendum: This course provides no opportunities to earn extra credit. You must be physically present for each live session in order to be eligible to earn class participation points.

## **XV. 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.

## **XVI. CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS**

*Approved by the 1996 NASW Delegate Assembly and revised by the 2017 NASW Delegate Assembly*  
<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>

### **Preamble**

The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living.

Social workers promote social justice and social change with and on behalf of clients. "Clients" is used inclusively to refer to individuals, families, groups, organizations, and communities. Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation, administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs. Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems.

The mission of the social work profession is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social work's unique purpose and perspective:

- Service
- Social justice
- Dignity and worth of the person
- Importance of human relationships
- Integrity
- Competence

This constellation of core values reflects what is unique to the social work profession. Core values, and the principles that flow from them, must be balanced within the context and complexity of the human experience.

### **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 abovementioned 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 health care 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.

### **XVII. ACADEMIC DISHONESTY SANCTION GUIDELINES**

Some lecture slides, notes, or exercises used in this course may be the property of the textbook publisher or other third parties. All other course material, including but not limited to slides developed by the instructor(s), the syllabus, assignments, course notes, course recordings (whether audio or video) and examinations or quizzes are the property of the University or of the individual instructor who developed them. Students are free to use this material for study and learning, and for discussion with others, including those who may not be in this class, unless the instructor imposes more stringent requirements. Republishing or redistributing this material, including uploading it to web sites or linking to it through services like iTunes, violates the rights of the copyright holder and is prohibited. There are civil and criminal penalties for copyright violation. Publishing or redistributing this material in a way that might give others an unfair advantage in this or future courses may subject you to penalties for academic misconduct.

### **XVIII. COMPLAINTS**

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the chair of the department (Janet Schneiderman). If you do not receive a satisfactory response or solution, contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind for further guidance.

### **XIX. Tips for Maximizing Your Learning Experience in this Course**

- ✓ Be mindful of getting proper nutrition, exercise, rest and sleep!
- ✓ Come to class.
- ✓ Complete Required Readings: and assignments BEFORE coming to class.
- ✓ BEFORE coming to class, review the materials from the previous Unit AND the current Unit, AND scan the topics to be covered in the next Unit.
- ✓ Come to class prepared to ask any questions you might have.
- ✓ Participate in class discussions.
- ✓ AFTER you leave class, review the materials assigned for that Unit again, along with your notes from that Unit.
- ✓ If you don't understand something, ask questions! Ask questions in class, during office hours, and/or through email!
- ✓ Keep up with the assigned readings.

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*Don't procrastinate or postpone working on assignments.*

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NURS 503  
Syllabus Statement

Purpose: The purpose of this statement is to help ensure that all students understand their rights and responsibilities as well as the course expectations. After reading the course syllabus, all students are to read, sign, and upload this statement into the course learning management system. This signed statement is due no later than week 1 of the term.

As a student enrolled in this course, my signature below implies that I understand **all** of the following listed below:

- My laptop/desktop computer (including software and browsers) is current and will be maintained. I agree to maintain a reliable internet and phone connection during the time this course is in session. In the event of a hardware/software/internet failure, I understand that I need to have a back-up plan and will not be granted exceptions for missing class, assignments, or exams for these reasons.
- “Hot spots” are not considered an acceptable form of internet access and are not to be used in this course.
- I will connect to each live session using headphones or headsets. Speaker phone option is not to be used.
- I have read and agree to abide to the policies set forth in the VAC decorum document posted in the course.
- The syllabus posted in the course is a binding contract that outlines both student and faculty rights and responsibilities. I agree to adhere to the guidelines and expectations as outlined in the syllabus. It is my responsibility to read the syllabus and ask questions if I don’t understand something.
- I agree to use my USC issued email for all correspondence in the program, which includes the assigned email in the learning management system. I agree to check my email at least four times weekly and to respond to all emails and other requests for information from faculty within 48 hours. I understand that I will be held accountable for all information sent via email and/or posted to the course wall – even if I have not read the information.
- Unless prior permission is given, late assignments will not be accepted. Extensions will not be granted for (a) work, (b) vacation plans, or (c) students starting assignments the night they are due.
- Unless otherwise specified, all assignments, papers, and exams are to be independent student works with no outside help being sought. If I am repeating this course, I must submit all original work and cannot submit any work previously submitted in this course or anywhere else in this program. Failure to adhere to this constitutes cheating and plagiarism and is considered a violation of academic honesty codes.
- It is mandatory that I complete the readings, asynchronous work, and attend live sessions each week. Failure to do so will result in my preparation and participation grade being lowered and may result in my overall course grade being lowered per School of Social Work policy.
- In order to earn weekly participation credit: I agree to be physically present for each live session. I understand that I may not attend a section other than the one that I have been enrolled in. Extra credit or make up work will not be given to make up for points lost due to failure to attend a live session.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Name (signed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID number