

NURS 502
Section #xxx

Advanced Health Assessment Across the Life Span

3 Units

Fall 2019

Instructor: XXXXXXX
Email: XXXXXXX
Mobile: XXXXXXX
Office: XXXXXX
Office Hours: XXXXX

Course Days:
Course Time:
Course Location

I. Course Prerequisites or Co-Requisites

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

II. Catalogue Description

This course focuses on the development of advanced critical thinking and clinical judgment skills through comprehensive health assessment. Health promotion and health maintenance content, including pertinent research findings are utilized to assess health status and to evaluate health risk among individuals and groups. Age, gender, and cultural variations in health and implications for advanced practice are included.

III. Course Description

This is a theory/laboratory course designed to help advanced nurse practitioner students develop advanced clinical assessment skills and diagnostic reasoning appropriate for advanced clinical practice. Building on undergraduate coursework and previous clinical experience, this course utilizes life span development and health risk appraisal frameworks as the basis for health assessment. This allows the learner to differentiate the normal anatomic and physiologic variation across the lifespan. Health assessment skills and interviewing techniques are practiced with fellow students and human simulators. Students must participate and pass an on-campus intensive to pass the course.

IV. Course Objectives

Objective #	Objectives
1	Obtains and accurately documents a relevant health history and comprehensive or symptom-focused physical examinations for simulated patients of all ages and in all phases of the individual and family life cycle.
2	Evaluates data obtained in the health assessment to make ethical evidence-based recommendations for health promotion and disease prevention in select populations.
3	Utilizes appropriate health assessment techniques and clinical reasoning in the collection, analysis, and communication of health assessment findings across the life span.
4	Communicates health assessment data in a clear, organized manner through oral presentation, written and electronic documentation formats.
5	Determines modifications to be used in populations in a variety of settings throughout the life span taking into consideration developmental, cultural, spiritual, psychosocial, environmental, and ethnic variations.

V. Course Format/Instructional Methods

This is a challenging 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 expected that students will either possess or have access to the necessary computer equipment (desktop computer with audio/video capability), software (Microsoft Word and Adobe Acrobat), and a reliable wired Internet connection.

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, practice of health assessment techniques with family or colleagues, and required readings are examples of the techniques that will be used to facilitate student learning. Synchronous (live) course sessions will be recorded. Material from clinical practice will be used to (a) illustrate class content and (b) assist with the transition from the classroom to the clinical setting. Students will leave this course better prepared to assume the role of family nurse practitioner.

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

VI. Student Learning Outcomes

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

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

*Highlighted in this course

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

SCIENTIFIC FOUNDATION COMPETENCIES		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<i>Family Nurse Practitioner competent in Scientific Foundation Competencies:</i> Integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings	Critically analyzes data and evidence for improving advanced nursing practice	Written System Exams Case studies Exams 1-4
	Integrates knowledge from the humanities and sciences within the context of nursing science.	
	Translates research and other forms of knowledge to improve practice processes and outcomes.	
	Develops new practice approaches based on the integration of research, theory, and practice knowledge.	

QUALITY COMPETENCIES		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<i>Family Nurse Practitioner competent in Quality Competencies:</i> Discusses methods, tools, performance measures, and standards related to quality, and applies quality principles within an organization.	Uses best available evidence to continuously improve quality of clinical practice.	Written System Exams Case studies Exams 1-4
	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.	
PRACTICE INQUIRY COMPETENCIES		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<i>Family Nurse Practitioner competent in Practice Inquiry Competencies:</i> Applies scholarship for evidenced-based practices within the practice setting, resolves practice problems, works as a change agent, and disseminates results.	Provides leadership in the translation of new knowledge into practice.	Written System Exams Case studies Exams 1-4
	Generates knowledge from clinical practice to improve practice and patient outcomes.	
	Applies clinical investigative skills to improve health outcomes.	
	Leads practice inquiry, individually or in partnership with others.	
	Disseminates evidence from inquiry to diverse audiences using multiple modalities.	
TECHNOLOGY AND INFORMATION LITERACY COMPETENCIES		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<i>Family Nurse Practitioner competent in Technology and Information Literacy Competencies:</i> Integrates and incorporates advances in technology within the practice setting, resolves practice problems, works as a change agent, and disseminates results.	Integrates appropriate technologies for knowledge management to improve health care.	Written System Exams Case studies Exams 1-4
	Translates technical and scientific health information appropriate for various users’ needs.	
	Assesses the patient and caregiver’s educational needs to provide effective, personalized health care.	
	Coaches the patient and caregiver for positive behavioral change.	
	Demonstrates information literacy skills in complex decision-making.	
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<i>Family Nurse Practitioner competent in Ethics Competencies:</i> Integrates the highest level of moral principles and social policy when applying professional guidelines in the practice environment	Integrates ethical principles in decision-making.	Written System Exams Case studies Exams 1-4
	Evaluates the ethical consequences of decisions.	
	Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.	

INDEPENDENT PRACTICE COMPETENCIES		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><i>Family Nurse Practitioner competent in Independent Practice Competencies:</i></p> <p>Demonstrates how nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Advanced practice nurses must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care.</p>	Demonstrates the highest level of accountability for professional practice.	<p>Written System Exams</p> <p>Case studies</p> <p>Exams 1-4</p> <p>On campus intensive</p>
	Provides the full spectrum of health care services to include health promotion, disease prevention, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.	
	Uses knowledge of family theories and development stages to individualize care provided to individuals and families.	
	Creates a climate of patient-centered care to include mutual trust, empathy, privacy, confidentiality, comfort, and respect.	
	Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.	
	Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.	
	Utilizes advanced health assessment to obtain and accurately documents a relevant health history and comprehensive or symptom-focused physical examinations for patients of all ages and in all phases of the individual and family life cycle using collateral information, as needed.	
	Employs screening and diagnostic strategies in the development of diagnoses.	
	Distinguishes between normal and abnormal change across the lifespan and synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.	
	Assesses the impact of an acute, and/or chronic illness, or common injuries on the family as a whole.	
	Formulates comprehensive differential diagnoses.	
	Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.	
	Identifies health and psychosocial risk factors and plans interventions to promote health of patients of all ages and families in all stages of the family life cycle, facilitating family decision-making about health.	
	Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, co-morbidities, psychosocial, and financial issues.	
	Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.	
	Analyzes the impact of age-and disease-related changes in sensory and perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly.	
	Applies principles of self-efficacy/empowerment in promoting behavior change.	
	Assesses decision-making ability, consults, and refers to specialty services.	
	Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families.	
	Prescribes therapeutic devices and medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants, children, adolescents, pregnant and lactating women, and older adults.	
	Assesses and promotes self-care in patients with disabilities.	
	Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).	

Family Nurse Practitioner competent in Independent Practice Competencies:

Demonstrates how nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Advanced practice nurses must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care.

VII. Course Assignments, Due Dates, and Grading

Assignment	Due Date	% of Final Grade
(2) Comprehensive health history with genogram <i>(Patient type: pediatric [<12 months] & prenatal)</i>	Week 4	10
(2) Complete history and physical exams with genogram <i>(Patient type: adolescent [13-19 years] & geriatric [≥65 years])</i>	Week 9	10
(2) SOAP notes <i>(Patient type: young adult [20-30 years] and older adult [31-64 years])</i>	Week 14	10
Written Exam 1 (Modules 1-4)	Week 5	7.5
Written Exam 2 (Modules 5-6)	Week 7	7.5
Written Exam 3 (Modules 7-10)	Week 11	7.5
Written Exam 4 (Modules 11-14)	Week 15	7.5
On-campus intensive	12/13 & 12/14	25
Preparation, class participation, professionalism in live classroom*	Weekly	15

**Deductions will occur for unexcused absences, late arrival into the live classroom, and lack of respectful participation in discussion, multiple resubmissions, and late assignments.*

Academic Dishonesty and Honor Code: In this class, students are permitted to work in groups only for designated “group projects,” which will be submitted for a group grade. All other assignments and exams are to be prepared individually. Academic dishonesty is defined as a student’s use of unauthorized assistance with intent to deceive an instructor or other such person who may be assigned to evaluate the student’s work in meeting course and degree requirements. Familiarize yourself with the University Student Conduct Code, which applies to this course. Students are expected to be independently familiar with the Code and to recognize that their work in the course is to be their own original work that truthfully represents the time and effort applied. Violations of the Code are most serious and will be handled in a manner that fully represents the extent of the Code and that befits the seriousness of its violation.

Plagiarism and cheating of any kind on an examination, quiz, or assignment will result at least in an F for that assignment (and may, depending on the severity of the case, lead to an F for the entire course) and may be subject to appropriate referral for further action. It is assumed that for this course all students will adhere to the academic creed of this University and will maintain the highest standards of academic integrity. In other words, do not 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.

Pacific Standard Time (PST) will be used for this course (example: assignments, exams, and synchronous class sessions). Each student will be expected to adjust his/her time zone accordingly. Accommodations or exceptions will not be granted for conflicts caused by differing time zones. Assignments are due no later than Sunday, 11:59 p.m. PST on the week that they are due. Please refer to Weekly Planner

Each of the major assignments is described below.

1. Comprehensive medical history with genogram

- Use the template found in the Toolbox, under Documents & Resources.
- Each component of the history is detailed in Seidel's Guide to Physical Examination, chapter 1 and 5. The comprehensive medical history must include a complete ROS. Ball, Dains, Flynn, Solomon, and Stewart (2019) provide examples of health-related problems in each system. (See Chapter 1).
- Obtain and submit two (2) comprehensive health histories. These are to be submitted as a single MS word document with the scoring rubric attached to the end. (Infant [≤ 12 months] and Prenatal patient)
- Include a three-generation genogram to document family health concerns. Templates are also available online.
- See the scoring rubric at end of the template for grading criteria.

2. History and physical examination

- Use the template found in the Toolbox, under Documents & Resources.
- Each component of the history is detailed in Seidel's Guide to Physical Examination, chapter 1 and 5. The comprehensive medical history must include a complete ROS. Ball, Dains, Flynn, Solomon, and Stewart (2019) provide examples of health-related problems in each system. (See Chapter 1).
- Obtain and submit two (2) comprehensive histories and physicals. These are to be submitted in a single MS word document with the scoring rubric attached to the end. (Adolescent [13-19 years of age] and Geriatric [≥ 65 years] patient)
- Include a three-generation genogram to document family health concerns. Templates are also available online.
- See the scoring rubric at end of the template for grading criteria.

3. SOAP note

- Use the template found in the Toolbox, under Documents & Resources.
- Each SOAP note must include appropriate ROS (review Seidel, chapter 1 for ROS details).
- Obtain and submit two (2) SOAP notes. These are to be submitted in a single MS word document with the scoring rubric attached to the end. (Young adult [20-30 years of age] and older adult [31-64 years] patient)
- See the scoring rubric at the end of the template for grading criteria.

Please note: students may request that the instructor review a rough draft of one paper in the semester. This paper must be submitted for review at least 1 week before the paper's due date. Instructor's will provide a broad review of the paper i.e., will let student know if major components are missing. Students cannot assume that all possible feedback will be provided on this draft. Otherwise, for specific questions, students are expected to take advantage of the instructor's office hours.

Late papers: if papers are submitted late without instructor pre-approval, 10 points will be deducted from the final grade for each day late. After 3 days, the student will earn a 0 for the paper.

Exams

There will be four exams that will cover prior lecture and reading material. It will consist of multiple choice questions that directly relate to the required reading and live classroom discussions. Exam 1 will cover the first four weeks of content, Exam 2 Modules 5 and 6, Exam 3 Modules 7-10 and Exam 4 will cover the remaining content. Each exam will be worth 7.5 percent of your final course grade. There will be no make-up exams unless you have made prior arrangements and have a valid excuse.

All exams are password protected. Students will have 72 hours to complete each exam. All exams may only be taken once and must be completed in one session. See course outline for specific exam date ranges. You will have up to 75 (about 1.5 minutes per question) minutes to complete each exam.

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

Class Participation (15% of course grade)

Live Classroom Participation:

Due: weekly

Classroom learning is a fundamental component of your professional education. Participation is therefore expected and will be considered in the determination of your overall achievement of class learning objectives. Students will be given questions prior to each class to prepare for class discussion. These questions will be based on basic material that should have been already mastered in your basic health assessment course. In the event that you are sick or cannot attend class for other reasons, you should notify the class instructor. Live classroom participation will count towards 10% of your final grade.

Included in participation is the following:

Flipbooks

These are reviews of the anatomy and physiology of the body system for each module. Students are expected to review the slides and answer any multiple choice questions at the end. This assignment should be completed along with other asynchronous work prior to class.

Pediatric and geriatric health assessment

This course primarily focuses on assessment of the young to middle-aged adult. The course will also include key pediatric and geriatric differences (i.e., variations). Many of the case studies will target these populations to facilitate application of expected variations and recognition of abnormal or unexpected findings. These cases are usually completed during the live sessions in small groups but are occasionally completed and submitted individually.

Videos

Clinical skills videos are available to assist students to apply their critical reasoning skills in case studies. The videos are accessible through the following link: <https://batesvisualguide-com.libproxy1.usc.edu/>

Note: Faculty reserve the right to modify content and/or date for assignments and/or exams. In some cases, depending on National and University holidays, live session days and times may be adjusted. Notice of such changes will be given at the start of the semester, to permit students to arrange their work schedules accordingly.

Class 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 USC Suzanne Dworak-Peck 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: Grades include: **CR (Credit)** Passing mark for **non-letter graded** courses. Equivalent to C minus quality or better for undergraduate courses and B quality or better for graduate courses no effect on GPA. Refer to [Grading Options and Enrollment Status](#). **NC (No Credit)** Less than the equivalent of C minus for an undergraduate course and less than equivalent of B quality for a graduate, **non-letter-graded course**; no effect on GPA.

Within the USC Suzanne Dworak-Peck 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.

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.

VIII. Required and Supplementary Instructional Materials and Resources

Required Readings:

- Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.
- Douaihy, A., Kelly, T.M., Gold, & M. A. (2014). *Motivational interviewing: A guide for medical trainees*. New York, NY: Oxford University Press.
- Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.
- Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

Required website for videos

Bates' visual guide to physical examination from <https://batesvisualguide-com.libproxy1.usc.edu/>

Required Equipment:

- Good-quality stethoscope such as the Littman Cardiology III stethoscope: \$144.95
- Tuning forks (2 – 512 Hz & 128 Hz), penlight and reflex hammer package: \$14.99
- Soft measuring tape: \$5.99
- All can be found on Amazon for an estimated total of \$166.00.

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 Can order online: www.apa.org/books/

Recommended Websites:

- 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/>

Note: Additional required and recommended readings may be assigned by the instructor throughout the course.

Course Overview

Week	Module	Topic/Content	Assignments
1 08/26	1	Cultural competence Social determinants of health HIPPA	Find family members, friends, and/or colleagues to complete written assignments due in Weeks 4, 9 and 14.
	2	Comprehensive health history across the lifespan	
2 09/02	3	Examination techniques Vital signs & pain assessment	Review proper use of equipment
3 09/09	4	Clinical reasoning Mental health	Bates OSCE 10 (Shortness of breath)
4 09/16	4	Skin, hair, and nails Lymphatic system	(2) Comprehensive health history <i>Pediatric (≤12 months) & Prenatal</i>
5 09/23	5	HEENT	Exam 1 (modules 1 – 4) Bates OSCE 3 (Sore throat)
6 09/30	6	Musculoskeletal	Bates OSCE 4 (Knee pain) Bates OSCE 9 (Back pain)
7 10/07	7	Cardiovascular	Exam 2 (modules 5 & 6) Bates OSCE 1 (Chest pain)
8 10/14	8	Respiratory	Bates OSCE 5 (Cough) Bates OSCE 12 (Asthma)
9 10/21	9	Abdomen, Part 1	Bates OSCE 2 (Abdominal pain) (2) Complete history & physical <i>Adolescent (13-19 years) & Geriatric (≥65 years)</i>
10 10/28	10	Abdomen, Part 2	Bates OSCE 6 (Vomiting)
11 11/04	11	Women's health GU & Breast	Exam 3 (modules 7 – 10) Bates OSCE 7 (Amenorrhea)
12 11/11	12	Men's health	
13 11/18	13	Neurologic	Bates OSCE 13 (Headache) Bates OSCE 15 (Memory loss)
14 11/25 12/02	14	Putting it all together	(2) SOAP notes <i>Young adult (20-30 years)</i> <i>Older adult (31-64 years)</i> Bates Head-to-toe assessment: Adult, Infant and Older Adult Exam 4 (modules 11 – 13)
15	December 13 & 14 – OCI 1 – Skill, practicum, White Coat Ceremony		

Fall Recess: Thursday – Friday (10/17 – 10/18)

Thanksgiving holiday: Wednesday – Sunday (11/27 – 12/1)

Classes end: Friday (12/6)

Exams: Wednesday – Wednesday (12/11 – 12/18)

Course Schedule—Detailed Description

Module 1: Cultural competence		Month Date
Topics		
<ul style="list-style-type: none"> HIPAA Cultural competence 	<ul style="list-style-type: none"> Social determinants of health Clinical reasoning 	

This module relates to Course Objective 1.

After completing this module, the learner will be able to:

1. Define culture.
2. Differentiate between cultural competence, cultural humility, and cultural awareness.
3. Discuss the importance of developing cultural competence in the provision of health care across the life span.
4. Summarize the impact of culture on health-seeking behavior.
5. Define HIPAA and its purpose in the health care environment.
6. Analyze the relationship between unconscious bias and health care outcomes.
7. Identify social determinants of health components and discuss their influence on health care outcomes.

Required Readings:

- Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical assessment* (9th ed.). St. Louis, MI: Elsevier.
- Read Chapter 2: Cultural competency, pp. 22-31.
 - Read Chapter 4: Taking the next steps: Clinical reasoning, pp. 52-57.
- Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). *Motivational interviewing: A guide for medical trainees*. New York, NY: Oxford University Press.
- Read Chapter 1: Why include motivational interviewing in medical training, pp.1-9.
- Duderstadt, K. G. (2019). In, *Pediatric physical examination: An illustrated handbook* (3rd ed.,). St. Louis, MI: Elsevier.
- Read Chapter 1: Approach to care and assessment of children and adolescents, pp. 1-8.
- Jackson, C. S., & Gracia, J. N. (2014). Addressing health and health-care disparities: The role of a diverse workforce and the social determinants of health. *Public Health Reports*, 129, suppl 2, 57-61.

Recommended Readings:

- Bradford, J. B., Putney, J. M., Shepard, J. B., Sass, S. E., Rudicel, S., Ladd, H., & Cahill, S. (2016). Healthy aging in community for older lesbians. *LGBT*, 3(2), 109-115.
- Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13(3), 181-184.
- Czaja, S. J., Sabbagg, S., Lee, C. C., Schulz, R., Lang, S., Vlahovic, T., ... & Thurston, C. (2015). Concerns about aging and caregiving among middle aged and older lesbian and gay adults. *Aging and Mental Health*, 20(11), 1107-1118. doi:10.1080/13607863.2015.1072795.
- McGinnis, J. M., Williams-Russo, P., & Knickman, J. R. (2002). The case for more active policy attention to health promotion. *Health Affairs*, 21(2), 78-93.
- Young, S., & Guo, K. L. (2016). Cultural diversity training. *The Health Care Manager*, 35(2), 94-102.

Module 2: Building the Health History		Month	Date
Topics			
<ul style="list-style-type: none"> Comprehensive health history Problem-oriented medical record (POMR) 		<ul style="list-style-type: none"> Geriatric syndromes Geriatric assessment 	

This module relates to Course Objective 1.

After completing this module, the learner will be able to:

1. Identify all components of the problem-oriented medical record (POMR).
2. Complete a comprehensive health history.
3. Explain communication approaches that facilitate a patient interview.
4. Discuss differences in history-taking content with patients throughout the life span.
5. Explain what geriatric syndromes are and their importance to the care of the older adult.
6. Discuss the importance of including functional assessments in the history for older adults.
7. Identify the components of the geriatric assessment.

Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical assessment* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 1: The history and interviewing process, pp. 1-21.
- Read Chapter 5: Recording information, pp. 58-73.

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). *Motivational interviewing: A guide for medical trainees* New York, NY: Oxford University Press.

- Read Chapter 2: Motivational interviewing: An overview, pp.10-18.

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.

- Read Chapter 2: Approach to care and assessment of children and adolescents, pp.9-21.
- Read Chapter 4: Comprehensive information gathering, pp.36-56.
- Read Chapter 5: Environmental health history, pp.57-66.

Hagan, J. F, & Duncan, P. (Eds.). (2014). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.). [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read: Prenatal visit, pp.12-15.

Levine, S. B. (2009). Adolescent consent and confidentiality. *Pediatrics in Review*, 30(11), 457-459.

Tatum Iii, P. E., Talebreza, S., & Ross, J. S. (2018). Geriatric Assessment: An Office-Based Approach. *Am Fam Physicians*, 97(12), 776-784.

Thompson, K., Shi, S., & Kiraly, C. (2016). Primary care for the older adult patient. Common geriatric issues and syndromes. *Obstetrics Gynecologic Clinics North America*, 43, 367-379.

Recommended Readings:

Cottrell, L. A., Nield, L. S. & Perkins, C. (2006). Effective interviewing and counseling of the adolescent patient. *Pediatric Annals*, 35(3), 164-172.

Hodges, N. L., & Smith, G. A. (2014). Car safety. *Pediatrics in Review*, 35(4), 155-160.

Okun, A. (2015). Bicycle safety. *Pediatrics in Review*, 36(3), 138-139.

Module 3: Getting ready for the physical exam	Month Date
Topics	
<ul style="list-style-type: none"> Vital signs Pain assessment Physical exam techniques and equipment 	

This module relates to Course Objectives 1 and 2.

After completing this module, the learner will be able to:

1. Identify methods to evaluate growth across the life span.
2. Describe infants' expected height and weight gain after birth.
3. Summarize differences in vital signs across the life span.
4. Discuss appropriate use of common exam techniques and equipment.
5. Complete an accurate pain assessment.

Required Readings:

- Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical assessment* (9th ed.). St. Louis, MI: Elsevier
- Read Chapter 3: Examination techniques and equipment, pp. 32-51.
 - Read Chapter 6: Vital signs and pain assessment, pp. 74-87.
 - Read Chapter 8: Growth and nutrition, pp. 105-130.
- Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). *Motivational interviewing: A guide for medical trainees*. New York, NY: Oxford University Press.
- Read Chapter 3: Spirit and processes of motivational interviewing, pp. 19-29.
- Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.
- Read Chapter 3: Developmental surveillance and screening, pp. 22-35
 - Read Chapter 6: Newborn assessment, pp. 67-88.
- Hagan, J. F., & Duncan, P. (Eds.). (2014). *Bright Futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.
- Read: Newborn visit, pp. 16-21.

Recommended Readings:

Malnutrition Universal Screening Tool (MUST).

Scharf, R., Scharf, G. J., & Stroustrup, A. (2016). Developmental milestones. *Pediatrics in Review*, 37(1), 25-37.

Schneider, M. B., & Brill, S. R. (2005). Obesity in children and adolescents. *Pediatrics in Review*, 26(5), 155-161.

Smith, K., & Smith, M. S. (2016). Obesity statistics. *Primary Care: Clinics in Office Practice*, 43(1), 121-135.

Drotar, D., Stancin, T., Dworkin, P. H., & Sices, L. (2008). Selecting developmental surveillance & screening tools. *Pediatrics in Review*, 29(10), e52-58.

Module 4: Mental health, skin & lymphatics	Month Date
Topics <ul style="list-style-type: none"> • Mental health • Mental status exam • Skin & lymphatics 	

This module relates to Course Objectives 1-5.

After completing this module, the learner will be able to:

1. Complete and document a mental status history and exam.
2. Differentiate between primary and secondary lesions.
3. Complete and document a skin and lymphatics exam.
4. Identify and explain differences in exam of the skin and lymphatics across the life span.
5. Identify appropriate screening instruments for common mental health problems.
6. Discuss signs and symptoms for common mental health problems.
7. Recognize mental status findings that deviate from expected findings.
8. Explain appropriate health promotion guidance for common skin problems across the life span.
9. Identify common skin disorders in the pediatric population and older adult.

Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 7: Mental status, pp. 88-104.
- Read Chapter 9: Skin, hair, and nails, pp. 131-183.
- Read Chapter 10: Lymphatic system, pp. 184-202.

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). *Motivational interviewing: A guide for medical trainees*. New York, NY: Oxford University Press.

- Read Chapter 4: Building a toolbox, pp. 30-57

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.

- Read Chapter 7: Skin assessment, pp. 89-109
- Read Chapter 11: Lymphatic assessment, pp. 165-175.

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

Recommended Readings:

Aggarwal, N. K., Cedeno, K., Guarnaccia, P., Kleinman, A., & Lewis-Fernandez, R. (2016). The meanings of cultural competence in mental health: An exploratory focus group study with patients, clinicians, and administrators. *Springer Plus*, 5(1), 384.

Hazen, E., Schozman, S., & Beresin, E. (2008). Adolescent psychological development: A review. *Pediatrics in Review*, 29(5), 161-167. First week visit 35 days, p. 22.

Kundu, R. V., & Patterson, S. (2013). Dermatologic conditions in skin of color: Part I. Special considerations for common skin disorders. *American Family Physicians*, 87(12), 850-856.

Kundu, R. V., & Patterson, S. (2013). Dermatologic conditions in skin of color: Part II. Disorders occurring predominantly in skin of color. *American Family Physicians*, 87(12), 859-865.

Maslow, G. R., Dunlap, K., & Chung, R. J. (2015). Depression and suicide in children and adolescents. *Pediatrics in Review*, 36(7), 299-308.

Module 5: Head, eyes, ear, nose and throat	Month Date
Topics	
<ul style="list-style-type: none"> • Head, eye, ear, nose, and throat (HEENT) exam • Thyroid • Fundoscopic and otoscope exams 	

This module relates to Course Objectives 1-5.

After completing this module, the learner will be able to:

1. Complete and document an exam for the head and neck.
2. Identify and explain differences in exam of the head and neck across the life span.
3. Recognize head and neck exam findings that deviate from expected.
4. Explain appropriate health promotion guidance for common head and neck problems across the life span.

Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 11: Head and neck, pp. 203-224.
- Read Chapter 12: Eyes, pp. 225-252.
- Read Chapter 13: Ears, nose and throat, pp. 253-282.

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.

- Read Chapter 10: Head and neck, pp. 203-224.
- Read Chapter 12: Eyes, pp. 176-194
- Read Chapter 13: Ears, pp. 195-217
- Read Chapter 14: Nose, mouth, and throat, pp. 218-238

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read 1-month visit, pp. 26-31

Recommended Readings:

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Motivational interviewing in practice. In, *Motivational interviewing: A guide for medical trainees* (pp.58-66). New York, NY: Oxford University Press.

Gifford, K. A., Holmes, M. G., & Berstein, H. H. (2009). Hearing loss in children. *Pediatrics in Review*, 30(6), 207-215.

Module 6: Musculoskeletal	Month Date
Topics <ul style="list-style-type: none"> Hand, wrist, elbow Temporomandibular joint Lower legs, knees Spine, foot, ankle Sports pre-participation exam Newborn assessment 	

This module relates to Course Objectives 1-5.

After completing this module, the learner will be able to:

1. Complete and document a musculoskeletal exam.
2. Identify and explain differences in exam of the musculoskeletal system across the life span.
3. Recognize musculoskeletal exam findings that deviate from expected.
4. Explain appropriate health promotion guidance for common musculoskeletal problems across the life span.

Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 22: Musculoskeletal system, pp. 523-566.
- Read Chapter 24: Sports participation evaluation, pp. 607-618.

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). *Motivational interviewing: A guide for medical trainees*. New York, NY: Oxford University Press.

- Read Chapter 6: Moving ahead, pp. 77-96.

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.

- Read Chapter 19: Musculoskeletal assessment, pp. 302-331

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read 2-month visit, pp.

Recommended Readings:

Calmbach, W. L., & Hutchens, M. (2003). Evaluation of patients presenting with knee pain: Part I. History, physical examination, radiographs and laboratory tests. *American Family Physician*, 68, 907-912.

Shehab, R., & Mirabelli, M. H. (2013). Evaluation and diagnosis of wrist pain: A case-based approach. *American Family Physician*, 87, 568-573.

Verrill, M. A., Hall, M. N., & Loven, B. (2012, August). Evaluation of hip pain in older adults. *Family Physicians Inquiries Network*, 86(4).

Wolf, M. (2016). Knee pain in children: Part 1. Evaluation. *Pediatrics in Review*, 27(1), 18-24.

Module 7: Cardiovascular	Month Date
Topics <ul style="list-style-type: none"> • Cardiac auscultation • Clubbing and other cardiovascular manifestations • Peripheral exam and cyanosis • Osler and Janeway lesions 	

This module relates to Course Objectives 1-5.

After completing this module, the learner will be able to:

1. Complete and document an exam for the cardiovascular system.
2. Identify and explain differences in the cardiovascular exam across the life span.
3. Recognize cardiovascular exam findings that deviate from expected.
4. Explain appropriate health promotion guidance for common cardiac problems across the life span.

Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 15: Heart, pp. 317-354.
- Read Chapter 16: Blood vessels, pp. 355-372.

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.

- Read Chapter 8: Heart and vascular assessment, pp. 110-131.

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read 4-month assessment, pp. 36-39.

Recommended Readings:

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Moving ahead. In, *Motivational interviewing: A guide for medical trainees* (pp.77-96). New York, NY: Oxford University Press.

Evangelista, J. K. (2007). Assessment of pediatric heart sounds. *American Journal for Nurse Practitioners*, 11(3), 15-28.

Lanier, J. B., Bury, D. C., & Richardson, S. W. (2016). Diet and physical activity for cardiovascular disease prevention. *American Family Physicians*, 93(11), 919-924.

Module 8: Respiratory	Month Date
Topics <ul style="list-style-type: none"> Diaphragmatic excursion Lung auscultation Wheezes, rales, rhonchi Tactile fremitus 	

This module relates to Course Objectives 1-5.

After completing this module, the learner will be able to:

1. Complete and document an exam for the respiratory system.
2. Identify and explain differences in the respiratory exam across the life span.
3. Recognize respiratory exam findings that deviate from expected.
4. Explain appropriate health promotion guidance for common respiratory problems across the life span.

Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 14: Chest and lungs, pp. 283-316.

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.

- Read Chapter 9: Chest and respiratory assessment, pp. 132-150.

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read 6-months visit, pp. 40-43.

Recommended Readings:

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Motivational interviewing in challenging encounters. In, *Motivational interviewing: A guide for medical trainees* (pp. 97- 109). New York, NY: Oxford University Press.

Module 9: Abdomen Part 1	Month Date
Topics	
<ul style="list-style-type: none"> • Peristalsis, pulsations • Cullen's, Grey Turner's signs • Bruits • Liver and spleen 	

This module relates to Course Objectives 1-5.

After completing Modules 9 and 10, the learner will be able to:

1. Complete and document an exam for the abdomen.
2. Identify and explain differences in the abdominal exam across the life span.
3. Recognize abdominal exam findings that deviate from expected.
4. Explain appropriate health promotion guidance for common abdominal problems across the life span.

Required Readings for Parts 1 and 2:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 18: Abdomen, pp. 393-426.

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.

- Read Chapter 15: Abdomen and rectum, pp. 239-254.

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read 9-month visit, pp. 44-47.

Recommended Readings:

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Brief interventions. In, *Motivational interviewing: A guide for medical trainees* (pp. 110-124). New York, NY: Oxford University Press.

Saccomano, S. J., & Ferrara, L. R. (2013). Evaluation of acute abdominal pain. *The Nurse Practitioner*, 38(11), 46-53.

Module 10: Abdomen, Part 2	Month Date
Topics	
<ul style="list-style-type: none">• Abdominal palpation• Costovertebral angle tenderness• Peritoneal signs: Murphy, iliopsoas, obturator, rebound, Rovsing's	

This module relates to Course Objectives 1-5.

See Module 9 for objectives.

Required Readings for Parts 1 and 2:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 18: Abdomen, pp. 393-426.

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.

- Read Chapter 15: Abdomen and rectum, pp. 239-254.

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read 12-month visit, pp. 48-51.

Recommended Readings:

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Motivational interviewing in primary care. In, *Motivational interviewing: A guide for medical trainees* (pp. 125-142). New York, NY: Oxford University Press.

Module 11: Women's Health	Month Date
Topics	
<ul style="list-style-type: none"> • Breast exam • Pelvic exam • Pap smear, sexually transmitted infection (STI) screening 	

This module relates to Course Objectives 1-5.

After completing this module, the learner will be able to:

1. Complete and document a history for the women's reproductive exam.
2. Identify and explain differences in the breast and pelvic exam across the life span.
3. Recognize breast and pelvic findings that deviate from expected.
4. Explain appropriate health promotion guidance for common women's reproductive problems across the life span.

Required Readings:

- Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.
- Read Chapter 17: Breasts and axillae, pp. 373-392.
 - Read Chapter 19: Female genitalia, pp. 437-487.
- Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.
- Read Chapter 17: Male and female breast, pp. 273-283.
 - Read Chapter 18: Female genitalia, pp. 284-301.
- Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.
- Read 15-month visit, pp. 52-55.

Recommended Readings:

- Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Motivational interviewing in pediatric settings. In, *Motivational interviewing: A guide for medical trainees* (pp. 143-157). New York, NY: Oxford University Press.
- Johnson, P. (2002). Breast lumps in the adolescent female. *Journal of Pediatric Health Care*, 16(43), 47-48.
- Kane, S. F., Lynch, J. H., & Taylor, J. C. (2014). Evaluation of elbow pain in adults. *American Family Physician*, 89(8), 649-657.
- Long, D. (2015). Precocious puberty. *Pediatrics in Review*, 36, 319-321.
- Sugar, N. F., & Graham, E. A. (2006). Common gynecologic problems in prepubertal girls. *Pediatrics in Review*, 27(6), 213-223.
- Unger, C. A. (2014). Gynecologic care for transgender youth. *Current Opinion Obstetrics Gynecology*, 26(5), 347-354.

Module 12: Men's Health	Month Date
Topics	
<ul style="list-style-type: none"> • Male genitourinary exam • Exam of scrotum and testes • Exam of prostate and rectum 	

This module relates to Course Objectives 1-5.

After completing this module, the learner will be able to:

1. Complete and document a history n exam for the male reproductive exam.
2. Identify and explain differences in the male reproductive exam across the life span.
3. Recognize male genitourinary findings that deviate from expected.
4. Explain appropriate health promotion guidance for common male reproductive problems across the life span.

Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 20: Male genitalia, pp. 488-506.
- Read Chapter 21: Anus, rectum, and prostate, pp. 507-522.

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.

- Read Chapter 15: Male genitalia, pp. 255-272.

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read 18-months visit, pp. 56-59.

Recommended Readings:

Cavanaugh, R. M. (2009). Screening for genitourinary abnormalities in adolescent males. *Pediatrics in Review*, 30(11), 431-437.

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Motivational interviewing in family settings. In, *Motivational interviewing: A guide for medical trainees* (pp. 158-168). New York, NY: Oxford University Press.

Module 13: Neurologic	Month Date
Topics <ul style="list-style-type: none"> Cranial nerves Reflexes Motor & sensory exam Mental status Cerebellar function 	

This module relates to Course Objectives 1-5.

After completing this module, the learner will be able to:

1. Complete and document a neurologic exam.
2. Identify and explain differences in the neurologic exam across the life span.
3. Recognize neurologic exam findings that deviate from expected.
4. Explain appropriate health promotion guidance for common neurologic problems across the life span.

Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 23: Neurologic system, pp. 567-606.

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3rd ed.). St. Louis, MI: Elsevier.

- Read Chapter 20: Neurological assessment, pp. 332-354.

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read 2-year visit, pp. 60-63.
- Read 3-year visit, pp. 68-71.

Recommended Readings:

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Special populations and settings. In, *Motivational interviewing: A guide for medical trainees* (pp. 169-194). New York, NY: Oxford University Press.

Module 14: Putting it all together	Month Date
Topics	
<ul style="list-style-type: none"> Head-to-toe physical exam Differences between pediatrics and adults 	

This module relates to Course Objectives 1-5.

After completing this module, the learner will be able to:

1. Complete and document a head-to-toe exam.
2. Explain differences in the head-to-toe exam across the life span.

Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination* (9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 25: Putting it all together, pp. 619-635

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants, children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read the 4-year visit, pp.72-77.
- Read the 5 and 6 year visit, pp. 78-81.
- Read the 7 and 8 year visit, pp. 82-86.

University Policies and Guidelines

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 (xxx@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>.

XI. SUPPORT SYSTEMS

USC Policy Reporting to Title IX: <https://policy.usc.edu/reporting-to-title-ix-student-misconduct/>

Student Counseling Services (SCS) – (213) 740-7711 – 24/7 on call
engemannshc.usc.edu/counseling

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

National Suicide Prevention Lifeline – 1 (800) 273-8255
www.suicidepreventionlifeline.org

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

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

USC Student Health Sexual Assault & Survivor Support: <https://studenthealth.usc.edu/sexual-assault/>

Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

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

Office of Equity and Diversity (OED) / Title IX Compliance – (213) 740-5086
equity.usc.edu, titleix.usc.edu

Information about how to get help or help a survivor of harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants. The university prohibits discrimination or harassment based on the following protected characteristics: race, color, national origin, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, age, physical disability, medical condition,

mental disability, marital status, pregnancy, veteran status, genetic information, and any other characteristic which may be specified in applicable laws and governmental regulations.

Bias Assessment Response and Support – (213) 740-2421

USC Policy Reporting to Title IX: <https://policy.usc.edu/reporting-to-title-ix-student-misconduct/>

Incidents of bias, hate crimes and micro aggressions need to be reported allowing for appropriate investigation and response.

The Office of Disability Services and Programs (213) 740-0776

dsp.usc.edu

Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, and assistance with architectural barriers, assistive technology, and support for individual needs.

USC Support and Advocacy - (213) 821-4710

studentaffairs.usc.edu/ssu

Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

Diversity at USC – (213) 740-2101

diversity.usc.edu

Information on events, programs and training, the Diversity Task Force (including representatives for each school), chronology, participation, and various resources for students.

USC Emergency - UPC: (213) 740-4321, HSC: (323) 442-1000 – 24/7 on call

dps.usc.edu, emergency.usc.edu

Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

USC Department of Public Safety - UPC: (213) 740-6000, HSC: (323) 442-120 – 24/7 on call

dps.usc.edu

Non-emergency assistance or information.

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.”

XVI. POLICY ON LATE OR MAKE-UP WORK

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

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 (OPTIONAL)

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

Please direct any concerns about the course with the instructor first. If you are unable to discuss your concerns with the instructor, please contact the faculty course lead. Any concerns unresolved with the course instructor or faculty course lead may be directed to the student's advisor and/or the Chair of your program.

XIX. Tips for Maximizing Your Learning Experience in this Course (Optional)

- ✓ 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.

Don't procrastinate or postpone working on assignments.
