

**NURS 601**  
**Section #69045**

**Course Title**  
**3 Units**

*Fall 2019*

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**Office:** Virtual  
**Office Hours:**

**Course Days:**  
**Wednesday's**  
**Course Time:**  
**Course Location:**  
**Virtual**

**I. Course Prerequisites or Co-Requisites**

NURS 507 Theory: Clinical Management of the Childbearing/Childrearing Family

**II. Catalogue Description**

The clinical practicum is intended to prepare FNP students to provide primary health care to childbearing/childrearing families from preconception through adolescent phase of the life cycle.

**III. Course Description**

This course provides advanced practice nursing students in the FNP track the clinical experience to apply the theoretical concepts studied in Theory: Clinical Management of the Childbearing/Childrearing Family course. The course focuses on systemic assessment of these families status incorporating health promotion, health maintenance and delivery of care strategies. In addition, the clinical experience will foster skills in the planning and implementation of care for childrearing families with an altered health status. The clinical experience can take in a variety of practice settings.

**IV. Course Objectives**

In this clinical practicum the student will perform histories and physical examinations. The students will focus on the diagnosis and management of childbearing and childrearing families through conception, pregnancy, postpartum and the care of children from infancy through adolescence with developmental and acute/chronic health care needs in a primary care setting. This clinical practicum will allow the student to integrate the theoretical knowledge obtained in their didactic courses with clinical practice in the preparation to deliver high quality, evidence-based primary care. Upon completion of this clinical practicum the FNP student will be able to:

| Objective # | Objectives   |
|-------------|--|
| 1           | Perform an efficient health history and a relevant, orderly and complete physical examination for the childbearing or childrearing patient, and analyze data from the history and physical to prioritize interventions based on the severity and complexity of the health problem. |
| 2           | Diagnose medical alterations of the patient based on an understanding of pathophysiology a   |
| 3           | Communicate and record accurate and concise findings related to patient care management while maintaining patient confidentiality throughout all aspects of the relationship.  |
| 4           | Develop a comprehensive management plan, in partnership with the patient or the family, based on medical alterations of the patient, and evaluate plans of care.   |

|   |   |
|---|---|
| 5 | Provide health promotion and disease management for patients, families, and communities while taking into consideration culture, race, gender, spiritual beliefs, sexual orientation, social class, economic situations and alternative health care practices using current guidelines. |
| 6 | Implement safe, accessible, cost-effective quality evidence-based care utilizing the current healthcare system which includes interprofessional collaboration, referral, and co-management of patients where appropriate to provide effective care.                                     |
| 7 | Identify community and family support resources available to assist patients and their families while promoting self-advocacy.  |
| 8 | Evaluate their own performance, strengths and weaknesses through written self-evaluation, preceptors' evaluations and meetings with faculty while maintaining professional standards including responsibility, ethical practice, and accountability to the patient and their family.    |

#### **V. Course Format/Instructional Methods**

This is a challenging and exciting clinical practicum course that incorporates both asynchronous and synchronous approaches. Students will be expected to be prepared, fully present, and actively involved during all phases of the course. It is also the expectation that students will either possess or have access to the necessary computer equipment (desktop computer with audio/video capability), software (Microsoft Word and Adobe Acrobat), and a reliable hard-wired internet connection. The course has been structured and sequenced according to guided-inquiry learning principles. While the primary focus of this course is the student clinical practicum, interactive activities (both asynchronous and synchronous), case studies, active group discussions, 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 clinical role of family nurse practitioner. A primary care setting is the clinical practicum site. On-site preceptors utilize their clinical expertise to assist students with the integration of content and with the development of clinical judgment as well as other relevant skills. Attendance and active participation during all phases of this course is mandatory. Students may start their clinical rotation during Week 1 live session after the learning agreement and clinical calendar are completed and uploaded in PDF format. All students must complete at least 14 hours of clinical per week. A total of 196 clinical hours AND a favorable clinical practicum evaluation is required for successful completion of this course.

#### **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 601 | Course Objective |
|---------------------------|-------------------------------------|----------|------------------|
| 1                         | Scientific Foundation Competencies  | *        | 6                |
| 2                         | Leadership                          | *        | 3, 6, 8          |
| 3                         | Quality                             | *        | 4, 6             |
| 4                         | Practice Inquiry                    | *        | 2, 6, 8          |
| 5                         | Technology and Information Literacy | *        | 2, 5, 6, 7       |
| 6                         | Policy                              | *        | 6, 7, 8          |
| 7                         | Health Delivery System              | *        | 5, 6, 7          |
| 8                         | Ethics                              | *        | 2-8              |

|   |                      |   |     |
|---|----------------------|---|-----|
| 9 | Independent Practice | * | 1-8 |
|---|----------------------|---|-----|

\*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  |
| <b><i>Family Nurse Practitioner competent in Scientific Foundation Competencies:</i></b><br><br>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                          | Clinical Write-ups Live Session<br>Case Studies<br>Discussion Clinical Practicum/Evaluation |
|  | 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. |   |

| LEADERSHIP COMPETENCIES   |  |   |
|---|--|---|
| Competencies/Knowledge, Values, Skills  | Student Learning Outcomes  | Method of Assessment  |
| <b><i>Family Nurse Practitioner competent in Leadership Competencies:</i></b><br><br>Applies concepts of organizational and systems leadership critical to the promotion of high quality and safe patient care and has leadership skills needed to make ethical and critical decisions, working effectively within a systems perspective. | Assumes complex and advanced leadership roles to initiate and guide change.  | Clinical Write-ups<br>Clinical Case Studies<br>Practicum/Evaluation |
|   | Provides leadership to foster collaboration with multiple stakeholders to improve health care.   |   |
|   | Demonstrates leadership that uses critical and reflective thinking.  |   |
|   | Advances practice through the development and implementation of innovations incorporating principles of change.  |   |
|   | Advocates for improved access, quality and cost effective health care.   |   |
|   | Communicates practice knowledge effectively, both orally and in writing.   |   |
|   | Works with individuals of other professions to maintain a climate of mutual respect and shared values.   |   |
|   | Engages diverse health care professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs. |   |
|   | Engages in continuous professional and interprofessional development to enhance team performance.  |   |
|   | Assumes leadership in interprofessional groups to facilitate the development,  |   |

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|  | implementation and evaluation of care provided in complex systems. |  |
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| QUALITY COMPETENCIES   |  |   |
|--|--|---|
| Competencies/Knowledge, Values, Skills   | Student Learning Outcomes  | Method of Assessment  |
| <b><i>Family Nurse Practitioner competent in Quality Competencies:</i></b><br><br>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.   | Clinical Write-ups Live Session<br>Case Studies<br>Discussion Clinical Practicum/Evaluation |
|  | 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  |
| <b><i>Family Nurse Practitioner competent in Practice Inquiry Competencies:</i></b><br><br>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.               | Clinical Write-ups Live Session<br>Case Studies<br>Discussion Clinical Practicum/Evaluation |
|  | 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  |
| <b><i>Family Nurse Practitioner competent in Technology and Information Literacy Competencies:</i></b><br><br>Integrates and incorporates advances in technology within the practice setting, | Integrates appropriate technologies for knowledge management to improve health care.  | Clinical Write-ups Live Session<br>Case Studies<br>Discussion Clinical Practicum/Evaluation |
|   | Translates technical and scientific health information appropriate for various users' needs. <ul style="list-style-type: none"> <li>Assesses the patient and caregiver's educational needs to provide effective, personalized health care.</li> </ul> |   |

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| resolves practice problems, works as a change agent, and disseminates results. | <ul style="list-style-type: none"> <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.                          |  |

| POLICY COMPETENCIES   |  |  |
|---|--|--|
| Competencies/Knowledge, Values, Skills  | Student Learning Outcomes  | Method of Assessment   |
| <p><b><i>Family Nurse Practitioner competent in Policy Competencies:</i></b></p> <p>Defends the ability of the advanced practice nurse to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.</p> | Recognize and manage personal values in a way that allows professional values to guide practice. | <p>Clinical Write-ups Live Session<br/>Case Studies<br/>Discussion Clinical<br/>Practicum/Evaluation</p> |
|   | Advocates for ethical policies that promote access, equity, quality, and cost.                   |  |
|   | Analyzes ethical, legal, and social factors influencing policy development.                      |  |
|   | Contributes in the development of health policy.   |  |
|   | Analyzes the implications of health policy across disciplines.                                   |  |
|   | Evaluates the impact of globalization on health care policy development                          |  |

| HEALTH DELIVERY SYSTEM COMPETENCIES   |   |   |
|---|---|---|
| Competencies/Knowledge, Values, Skills  | Student Learning Outcomes   | Method of Assessment  |
| <p><b><i>Family Nurse Practitioners competent in Health Delivery System Competencies:</i></b></p> <p>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</p> | Applies knowledge of organizational practices and complex systems to improve health care delivery.  | <p>Clinical Write-ups Live Session<br/>Oral Presentations<br/>Case Studies<br/>Discussion Clinical<br/>Practicum/Evaluation</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.   |   |

| <b>ETHICS COMPETENCIES</b>  |  |   |
|---|--|---|
| <b>Competencies/Knowledge, Values, Skills</b>   | <b>Student Learning Outcomes</b>   | <b>Method of Assessment</b>   |
| <b><i>Family Nurse Practitioner competent in Ethics Competencies:</i></b><br><br>Integrates the highest level of moral principles and social policy when applying professional guidelines in the practice environment | Integrates ethical principles in decision-making.  | Clinical Write-ups Live Session<br>Oral Presentations<br>Case Studies<br>Discussion Clinical Practicum/Evaluation |
|   | Evaluates the ethical consequences of decisions.   |   |
|   | Applies ethically sound solutions to complex issues related to individuals, populations and systems of care. |   |

| <b>INDEPENDENT PRACTICE COMPETENCIES</b>  |   |  |
|---|---|--|
| <b>Competencies/Knowledge, Values, Skills</b>   | <b>Student Learning Outcomes</b>  | <b>Method of Assessment</b>  |
| <b><i>Family Nurse Practitioner competent in Independent Practice Competencies:</i></b><br><br>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 | Functions as a licensed independent practitioner.   | Clinical Write-ups Pharmacology<br>Oral Presentations<br>Case Studies<br>Exam On-Campus Intensive<br>Clinical Practicum/Evaluation |
|   | Demonstrates the highest level of accountability for professional practice.   |  |
|   | Practices independently managing previously diagnosed and undiagnosed patients. <ul style="list-style-type: none"> <li>▪ Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.</li> <li>▪ Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</li> <li>▪ Employs screening and diagnostic strategies in the development of diagnoses.</li> <li>▪ Prescribes medications within scope of practice.</li> <li>▪ Manages the health/illness status of patients and families over time.</li> </ul> Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. <ul style="list-style-type: none"> <li>▪ Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</li> <li>▪ Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</li> <li>▪ Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</li> </ul> |  |



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|  | <ul style="list-style-type: none"> <li>Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</li> </ul>   |  |
|  | Obtains 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. |  |
|  | 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.                          |  |
|  | Assesses the impact of an acute, and/or chronic illness, or common injuries on the family as a whole.   |  |
|  | Assesses decision-making ability, consults, and refers, appropriately.  |  |
|  | 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.                                       |  |
|  | Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.  |  |
|  | Formulates comprehensive differential diagnoses.  |  |
|  | Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the development of complications, and promote function and quality of living.                          |  |
|  | Prescribes therapeutic devices and medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women, and older adults.                            |  |
|  | Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, co-morbidities, psychosocial, and financial issues.  |  |
|  | Assesses and promotes self-care in patients with disabilities.  |  |
|  | Plans and orders palliative care and end-of-life care, as appropriate.  |  |
|  | Performs primary care procedures safely.  |  |

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|  | Uses knowledge of family theories and development stages to individualize care provided to individuals and families.  |  |
|  | Analyzes the impact of aging and age-and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly.          |  |
|  | Demonstrates knowledge of the similarities and differences in roles of various health professionals providing mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and advanced practice psychiatric nurse. |  |
|  | 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).  |  |
|  | Applies principles of self-efficacy/empowerment in promoting behavior change.   |  |
|  | Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.   |  |
|  | Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families.   |  |

## VII. Course Assignments, Due Dates, and Grading

| Assignment  | Due Date                       | % of Final Grade |
|---|--------------------------------|------------------|
| <b>Learning Agreement</b>   | <b>Week 1</b>                  | <b>c/nc</b>      |
| <b>Clinical Write-ups – 4 Total for grading purposes (graded assignments)</b> <ul style="list-style-type: none"> <li>Each graded clinical write-up is worth 5%</li> <li>Episodic write-ups in small group format with peer review in breakout rooms (chief complaints to be determined) *** these are practice written episodic notes in breakout groups with aims to build writing skills and concepts.</li> </ul> | <b>Weeks 5, 7, 9, &amp; 12</b> | <b>20%</b>       |
| <b>Pharmacology Exam</b>  | <b>Week 2</b>                  | <b>5%</b>        |
| <b>Class Preparation and Participation/3 Case Studies home assignments with expectations to be completed prior to class for student engagement unless otherwise stated by course faculty that cases will be developed in class with student and faculty engagement</b><br><b>4<sup>th</sup> case study as live session in breakout group</b>  | <b>Ongoing</b>                 | <b>5%</b>        |



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|--|---|-------------|
| <b>Case studies and pediatric discoveries may be interchanged for the purpose of the course in that case studies may lead to discoveries</b><br><b>Students will be engaged and responsible for creating, devising (3) case studies in small groups; group members will self-select</b><br><b>***In week 13, November 21<sup>st</sup> and November 22<sup>nd</sup> students who typically have classes on these days will upload assigned cases in place of live sessions to the gradebook for weekly participation grades</b>           |   |             |
| <b>Mid-term Clinical Evaluation</b>  | <b>Week 7</b>                               | <b>c/nc</b> |
| <b>On-Campus Intensive</b><br><b>OSCEs with standardized patients</b><br><b>Clinical skills lab</b><br><b>Mini group sessions breakouts (topics to be determined by OCI 2 faculty)</b>   | <b>Week 14</b>                              | <b>c/nc</b> |
| <b>Clinical Evaluation</b><br><b>Final Clinical Evaluation</b><br><b>(document due to upload from preceptor in LMS)</b>  | <b>Week 15</b><br><b>(ongoing)</b>          | <b>70%</b>  |
| <b>Episodic practice write-ups, case studies and or any live session class participation assignment(s) not completed in class may become required wall postings (threaded assignments).</b><br><b>Rationale: this is the only chance for many students to have pediatric exposure. It is imperative to ensure students have the working beginnings of clinical documentation, growth &amp; development, knowledge of appropriate vaccine administration, and development of differential diagnoses with appropriate assessment/plan.</b> | <b>Continued class participation credit</b> |             |

Each of the major assignments is described below.

#### **Assignment**

All assignments and exams are to be prepared and submitted on or before the due dates. There are occasional group assignments i.e. case studies in this course that align with pediatric discovery topics and or growth and development modules design to facilitate further depth in knowledge of the pediatric population. Each case study should be organized. Follow instructions for case studies posted under the file section.

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 any assignment will result at least in an "F" for that assignment (and may, depending on the severity of the case, lead to an "F" for the entire course) and may be subject to appropriate referral for further action. It is assumed that for this course all students will adhere to the academic creed of this University and will maintain the highest standards of academic integrity. In other

words, don't cheat by giving answers to others or taking them from anyone else. Course faculty will also adhere to the highest standards of academic integrity, so do not ask faculty to change your grade illegitimately or to bend or break rules for one person that will not apply to everyone. For purposes of assignment and exam due dates (see course outline for more details): Monday starts the beginning of the week and Sunday officially ends the week. All major assignments and exams are due no later than Sunday 11:59 PST during the week that they are designated as due. It is the expectation that all asynchronous work for the week will be completed prior to each live class session. Each of the major assignments is described below:

**Due: Reference course calendar for Clinical Write-Ups**

*This assignment relates to student outcome 1-8.*

**Assignment (Clinical Write-up)**

During the course of this term, each student will submit 4 formal, clinical write-ups for evaluation and grading. Each student will complete a (1) comprehensive note (Well Child Check, School or Sports Participation Exam). This must be a comprehensive note inclusive of a thorough history and comprehensive physical exam. Students are not permitted to copy and paste from any electronic medical record (EMR). Students should reference the sample template provided in the file section of the course.

The remaining clinical write-ups should be episodic notes or acute visits due weeks 7, 9, & 12. Students should follow guidelines inclusive of OLDCARTS in writing up episodic notes. Writing out OLDCARTS in the actual clinical write-ups will refer to the automatic loss of points. This should reflect a narrative of historical events captured during the history. The note should be written on a pediatric patient in one of the following developmental stages (newborn, infancy, early childhood age, school age, and adolescent developmental stage). At least 4 evidence-based resources must be used for each note written. APA format must be used. All four resources must be from evidence-based journal articles and or from (1) textbook utilized and vetted in the program. Students are discouraged from utilizing Up-to-Date as a resource for this written assignment. Google or Google Scholar is not to be used. With each note, students will need to fill in missing data, present a primary diagnosis, a differential list with two alternative diagnoses, and formulate a comprehensive, holistic treatment plan appropriate to the family nurse practitioner scope and role. Students are to use the standardized Clinical write-up template for this assignment. The template, along with the grading rubric for this assignment, can be found in the course toolbox in the documents and files section. These assignments are due no later than Sunday, 11:59 p.m. PST during their assigned week. All dates and times may be subjective to change at the discretion of the faculty course lead. See course overview for specific due dates. This is not a group assignment. Students are not allowed to seek outside counsel/guidance for any of these notes. This assignment relates to student outcomes 1, 2, 3, 4, 5, 7, and 8. Clinical write-up templates must be followed along with the rubric to maximize points. Remember rubrics serve as a guide. Templated format outlining content should be removed and not included on the final write-up. It is designed to provide instruction on required content and is not to be included on the final write-up.

Students who fail to turn in written assignments will have points deducted within the first 72 hours and thereafter, will receive a grade of "0" if not completed within 72 hours of the assigned due date. The grade will be calculated in the overall summary and if the grade falls below an 83% will jeopardize risk for failing the course. A grade of 83% or better must be obtained in order to pass the clinical course.

**Due: Weeks 5, 7, 9, 12**

*This assignment relates to student outcome 1, 2, 3, 4, 5, 7, and 8.*

## **Assignment 2 Pharmacology Self-Study Guide (5% of overall course grade)**

The module, practice exercises, and self-study guide are designed to provide the family nurse practitioner student with crucial concepts needed to identify appropriate vaccines and to safely prescribe medications in the pediatric and obstetric population. It is important for students to understand that children and women of childbearing/childrearing age are unique and require additional thought and planning with respect to medication selection, prescribing, and patient education.

This assignment relates to student outcomes 1, 4, 5, and 9.

Students will complete the self-study packet prior to the first day of class. The completed self-study guide should be uploaded under the designed areas on the gradebook prior to September 2, 2019 @ 11:59 PDT. This is an independent self-study guide and is not to be done in groups. Reading information presented here in the syllabus is designed to share the goal of the assignment and to encourage independent completion. Students who work outside the spectrum of independent work will be subject to review for failure to uphold academic standards and ethical work duties.

### **Due: Week 1**

Students will be expected to complete class preparation assignments during the asynchronous portion of the course. These asynchronous assignments will consist of case studies, individual and or group work that may be a part of the developing subject matter. This may be related to pediatric discovery and linked to growth & development activities. Asynchronous assignments may be related to case studies linked to common pediatric conditions, growth and development, and or lastly, assignments related to case studies that will be linked to OCI 2 preparation. Assignments will be graded according to completion, participation, and incorporation of evidence-based analysis in class. In short, students will be required to make meaningful application and analysis of pediatric growth & development. Students will be required to have a working thought process around putting together concepts involving chief complaint (CC), history of presenting illness (HPI), ability to derive working diagnoses, and to determine appropriate plan of care to include pharmacological and non-pharmacological strategies, appropriate laboratory, diagnostic testing, and referrals. Students who have a physical presence but are not active will not receive full points for the day. Participation requires active engagement and the presence in class for the full scheduled class time. Time during the live synchronous sessions may 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 will fully prepare and participate. 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. The pace of the FNP program is fast. Students may feel that they need some clarification or further depth on topics. The designated synchronous (live session) time allows faculty and students with the opportunity to further discuss clinical content and topics that are confusing or controversial. In the event that 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 can accomplish 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. While having assigned roles are mutually beneficial, this is optional, encouraged, but is not all required. The above-mentioned skills are essential to communicate and function in the health care arena. Students must, at all times, 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.

Class participation is based on attendance and participation in both asynchronous work and synchronous sessions and discussions. Case studies may be assigned ahead of time and are expected to be completed as a part of preparation for the assigned class in which the topic will be covered. 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 (live) class session. Please know that any absence may be equivalent to a zero ("0") for class participation for that day.

*This assignment relates to student outcome 1-8.*

### **Class Participation (5% of course grade)**

Class grades will be based on the following:

Effective Fall 2018, all clinical courses will equate to **credit (CR)** or **No Credit (NC)**

**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. For more information, see definitions of grades and marks.

- A grade of B quality or better is required in both the non-clinical and clinical components of the course to achieve credit (CR) for the course.
- Students must achieve an average of 83% in the non-clinical assessments for this course, consisting of assignments 1, 2, 3, 4 and 5, which are 40% of the course grade.
- Students must also achieve an 83% in the clinical component of the course, consisting of completion of clinical hours, Typhon entries, and a passing grade on the Clinical Evaluation Tool. A specified amount of behaviors on the CET must be obtained. This should equate to 36/43 of the behaviors on the CET must be met as satisfactory. The final determination of CR versus no credit will be determined based on course assignments, clinical performance and in part subjective and objective information from preceptors.
- The clinical component is 70% of the course grade.

**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.

|             |    |          |    |
|-------------|----|----------|----|
| 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 the student has demonstrated these skills. (2) A grade of B+ will be given to work that is judged 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 that 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. A grade of B- or below as a final grade equates to No Credit (NC) for the course.

### **Due Ongoing**

**Assignment 4: On-Campus Intensive (credit/no credit)** This on-campus intensive is an opportunity for students to experience, practice, and refine skills that are critical to the family nurse practitioner role and often difficult to obtain during the assigned clinical rotations. Full participation and attendance during all phases of the OCI is mandatory for all students. The experience will occur during either Week 14 of this course. Students are responsible for flight, hotel, and other transportation arrangements and costs. The finalized dates and agenda will be sent to all students by nursing administration. Grading for this experience is credit/no credit. The grading for the on-campus intensive (OCI) is pass (credit)/fail (no credit). Students must complete OCI 2 and meet end objectives. An NUR 601 – Master Syllabus Fall 2019 cites unfavorable/failing on-campus intensive evaluation/experience (no credit grade) will result in remediation (review of identified skills) cited. Direct observation from faculty and formative feedback from standardized patients following completion of OCI 2, may yield the need to provide remediation. This will be discussed and determined on a one-on-one basis by the course faculty lead in collaboration with OCI 2 faculty.

This assignment relates to student outcomes 4, 7, and 9. Due: Week 15

**Assignment 5: Clinical Practicum and Evaluations (70% of overall course grade)** Students are expected to complete 196 clinical hours over the course of the semester. This averages to be approximately 14 hours per week. Students should have a minimum of 80 hours and a maximum of 100 hours completed by midterm. Students may start their clinical rotation Week 1 as long as the written learning agreement has been successfully completed. Students should begin corresponding and planning their clinical rotation with each preceptor as soon as placements are made. On or around weeks 4-5 of the term, (this may vary depending on class size), course faculty will reach out to each preceptor with the intent of obtaining formative feedback about each student's current clinical performance. If there are adjustments or issues that need to be addressed regarding student



performance, students will be notified and a faculty-student (preceptor if needed) conference will be scheduled. Prior to the end of the rotation and occurring no later than week 15, the preceptor, student, and course faculty will all meet for a virtual site evaluation. This meeting will take place via our course meeting software. Preceptor-student midterm clinical evaluations are due no later than week 7, and are recorded as credit/no credit. Final preceptor-student clinical evaluations are due no later than week 15, and are worth a total of 100 points. The grading for clinical courses is pass (credit)/fail (no credit). A grade of 100 will be recorded if the final grade is pass (credit). A grade of 0 will be recorded if the final grade is fail (no credit). Regardless of overall course grades, students must successfully pass the clinical practicum in order to successfully complete the course. An unfavorable/failing practicum evaluation will result in failure of the course. The clinical evaluation tool contains a grading system. This tool will be used to determine if the student meets or exceeds each clinical objective. All students/preceptors/faculty must complete the approved clinical practicum tool. A copy of this tool will be provided to students during Week 1 of the course. The student and his/her preceptor are required to complete an evaluation at midterm and a final evaluation upon completion of 196 clinical hours. Course FNP faculty are a crucial part of the evaluative process and will make all final student decisions related to course/clinical progress, evaluation, and final course grading. In addition to completing and documenting clinical hours, each student is to complete a weekly clinical reflection. The clinical reflection will be incorporated into the weekly asynchronous section of the course. This is an informal reflection and is individualized. Video recording of the class will cease during this time as an effort to create a “safe space” for students to share candidly their experiences. Information shared is to remain confidential. The clinical experience can be an anxiety-producing one for many students. Feelings of incompetence or inadequacy may arise. Issues or frustrations with their clinical preceptor may emerge. Ethical dilemmas may need to be discussed. Students may also have uplifting experiences in which they feel like they made a positive difference in someone’s life. This time for clinical reflection is important to allow students to digest their clinical experience and analyze the role of the nurse practitioner. Please reflect on and freely share your experiences. This assignment relates to student outcomes 1–8.

Due: Week 15 NUR 601 – Master Syllabus Fall 2019 cites that Assignment 6: Learning Agreement (credit/no credit) Signed learning agreements must be uploaded to the course learning management system by the end of Week 1. Incomplete learning agreements will be returned to the student. Students may not start clinical until the signed learning agreement has been uploaded to the system and reviewed by course faculty. This assignment relates to student outcome 4.

Class Grades will be based on the following:

| Class Grades |    | Final Grades |    |
|--------------|----|--------------|----|
| 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  |



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:**

Cibulka, N.J. & Barron, M.L. (2017). *Guideline for Nurse Practitioners in Ambulatory Obstetric Settings* (2<sup>nd</sup> ed.). New York, NY: Springer Publishing.

Hagen, J. F., Shaw, J.S., Duncan, P.M. (2017). *Bright Futures: Guidelines* (4<sup>th</sup> Ed.). Elk Grove Village, IL: American Academy of Pediatrics.

Hay, W.W., Levin, M.J., Deterding, R.R., & Abzug, M.J. (2018). *Current Diagnosis & Treatment: Pediatric* (24<sup>th</sup> ed.). New York, NY: Lange/McGraw Hill.

#### **Suggested References**

Burns, C. E., Dunn, A.M., Brady, M.A., Starr, M.B. & Blosser, C.G. (2017). *Pediatric primary care* (6th Ed.). Philadelphia, PA: Elsevier/Saunders.

Duderstadt, K. (2015). *Pediatric physical assessment: An illustrated handbook*. St. Louis, MO: Elsevier Mosby.

Johns Hopkins Hospital, Kahl, L., & Hughes, H. (Eds.) (2017). *The Harriet Lane Handbook: A Manual for Pediatric House Officers* (21<sup>st</sup> Ed.). Philadelphia, PA: Mosby Elsevier.

Jordan, R. C., Farley, C. L., & Grace, K.T. (2019). *Prenatal and postnatal care: A woman-centered approach* (2<sup>nd</sup> ed.). Ames, IA: Wiley Blackwell.

King, T. & Brucker, M.C. (2016). *Pharmacology for Women's Health* (2nd Ed.). Sudbury, MA: Jones & Bartlett.

Zitelli, B., McIntire, S., & Nowalk, A. J. (2018). *Atlas of Pediatric Physical Diagnosis* (7th Ed.). Philadelphia, PA: Saunders Elsevier.

#### **Recommended Guidebook for APA Formatting:**

American Psychological Association (2009). *Publication manual of the American Psychological Association* (6th

Ed.). Washington, D.C.: American Psychological Association.

**Recommended Websites:**

American Academy of Pediatrics: [www.aap.org](http://www.aap.org)

American Association of Women's Health, Obstetric and Neonatal Nurses: [www.awhonn.org](http://www.awhonn.org)

American College of Obstetrician and Gynecologists: <https://www.acog.org>

Center for Disease Control and Prevention: [www.cdc.gov](http://www.cdc.gov)

March of Dimes: [www.marchofdimes.org](http://www.marchofdimes.org)

Planned Parenthood: <https://www.plannedparenthood.org/>

United States Preventative Task Force: [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)

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

Any textbooks from previous courses in this program may be recommended for supplemental reading and or to serve as additional resources. See below from NURS 507. Please note that new textbooks are now required for NURS 507 and are reflected in required readings. Below are textbooks previously used in NURS 507 and NURS 601. As a result, information from a variety of sources may be helpful in this course which serves as the clinical course to NURS 507.

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). Pediatric primary care (6th ed.). St. Louis, MO: Elsevier

Buttaravoli, P. & Leffler, S.M. Minor emergencies (3rd ed.). Philadelphia: Saunders (Available as an eBook through the Norris Medical Library, Clinical Key resource)

Duderstadt, K. (2015). Pediatric physical assessment: An illustrated handbook. St. Louis, MO: Elsevier Mosby.

Hagan, J. F., Shaw, J. S., & Duncan, P. (2008). Bright futures: Guidelines for health supervision of infants, children, and adolescents (3rd ed.). Elk Grove Village, IL: American Academy of Pediatrics.

Jordan, R. C., Engstrom, J. L., Marfell, J. A., & Farley, C. L. (2014). Prenatal and postnatal care: A woman-centered approach. Ames, IA: Wiley Blackwell

Engorn, B., & Flerlage, J. (Eds.) (2015). The Harriet Lane handbook: A manual for pediatric house officers (20th ed.). Philadelphia, PA: Mosby Elsevier.

King, T., & Brucker, M. C. (2016). Pharmacology for women's health (2nd ed.). Sudbury, MA: Jones & Bartlett.

Zitelli, B., McIntire, S., & Nowalk, A. J. (2012). Atlas of pediatric physical diagnosis (6th ed.). Philadelphia, PA: Saunders Elsevier

**Recommended Websites:**

American Academy of Pediatrics. (2016). Bright futures: Clinical practice. Retrieved from

<https://brightfutures.aap.org/clinical-practice/Pages/default.aspx>

American Association of Women's Health, Obstetric and Neonatal Nurses. (2016). Professional NUR 601 –

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

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

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

[http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

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/)

#### **Additional Recommended Websites:**

American College of Obstetrician and Gynecologists: <https://www.acog.org>

Center for Disease Control and Prevention: [www.cdc.gov](http://www.cdc.gov)

March of Dimes: [www.marchofdimes.org](http://www.marchofdimes.org)

Planned Parenthood: <https://www.plannedparenthood.org/>

United States Preventative Task Force: [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org)

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

Note: Additional required and recommended readings may be assigned by the instructor throughout the course. Library Course Reserves and Resources: In addition to the required course textbooks, additional supplemental readings are required for many of the weekly modules. All supplemental readings will be available online through the USC library course reserve system. Articles available via course reserves have been marked with CR at the end of the article citation and can be found by clicking on the following link: <https://reserves.usc.edu> In addition to course reserves, the library guide for the Family Nurse Practitioner program can be found by clicking on the following link: <http://norris.usc.libguides.com/FNP> This library guide has a wealth of information for students at all levels of the program.

## **Course Overview**

| <b>Week</b>    | <b>Content</b>   | <b>Assignments</b>  |
|----------------|--|---|
| 1<br>8/26/2019 | <b>Module 1: Module Course Overview</b><br>This module covers an introduction to the course including course expectations, orientation to clinical, and the use of the clinical tracking system. • Live session: Course introduction | <b>Module 1:</b> <ul style="list-style-type: none"> <li>• Online course introduction</li> <li>• Orientation to clinical practice</li> <li>• Weekly clinical objections</li> </ul> |

|               |  |  |
|---------------|--|--|
|               |  | <ul style="list-style-type: none"> <li>• The Pediatric Visit</li> <li>• Setting the therapeutic milieu</li> <li>• Clinic expectations</li> <li>• HIPPA review/confidentiality</li> <li>• Clinical Referral/Red Flags</li> <li>• Typhon introduction</li> <li>• Pharmacology worksheet (review questions to prepare for the completion of the self-paced pharmacology exam)</li> <li>• Library resource data file in the LMS due week 1</li> <li>• Pharmacology Worksheet due 9/2 @ 11:59 PM</li> <li>• BLT's</li> <li>• Billing/coding exercises</li> <li>• Well-visit code new/established visit</li> <li>• Established visit code for acute/episodic visit</li> </ul> <p>New visit code for acute/episodic visit</p> |
| 2<br>9/2/2019 | <p><b>Module 2: Pharmacology Review</b></p> <ul style="list-style-type: none"> <li>• Pharmacology Overview (self-study packet)</li> <li>• This module provides crucial concepts needed to safely prescribe medications in the pediatric and obstetric population.</li> </ul> <p><b>Module 2:</b></p> <ul style="list-style-type: none"> <li>• Live session selected topic: Pediatric medication calculations and prescription writing</li> </ul> | <p><b>Module 2:</b></p> <ul style="list-style-type: none"> <li>• Self-paced Pharmacology Exam</li> <li>• Clinical Practicum</li> <li>• Oral Clinical Presentation</li> <li>• Pediatric Discovery (medications, contraindications, drug calculations, what, when, where, when, and how with prescribing in pediatrics)</li> </ul>   |
| 3<br>9/9/2019 | <p><b>Module 3: Health Assessment and Health Promotion</b></p> <ul style="list-style-type: none"> <li>• This module provides an overview of the many health promotion themes and topics relevant to</li> </ul>   | <p><b>Module 3:</b></p> <ul style="list-style-type: none"> <li>• Clinical Practicum</li> </ul>   |

|                        |  |  |
|------------------------|--|--|
|                        | <p>pediatric primary care. Health care related to refugee and immigrant populations • Live session: Pediatric medication calculations and prescription writing (continued)</p>   | <ul style="list-style-type: none"> <li>• Developmental Screening Tools</li> <li>• Screening Assessment tools (SBIRT, PHQ-9, HEADSS)</li> <li>• Health Promotion sample topics i.e. Oral hygiene, Vaccines-schedule/delayed schedule</li> </ul>   |
| <p>4<br/>9/16/2019</p> | <p><b>Module 4   Social Determinants of Health</b></p> <p>This module presents the face of many modern day families and also presents the social issues that are associated with being a member of these families. Additional topics include: stress/grief/dying, homelessness, human trafficking, gangs, intimate partner violence &amp; separation/divorce • Live session selected topic: Case study: Pediatric family experiencing homelessness</p> | <p><b>Module 4:</b></p> <ul style="list-style-type: none"> <li>• Clinical Practicum</li> <li>• Oral Clinical Presentation</li> <li>• Social &amp; environmental history***live session clinical write-up social history</li> <li>• Coping with stress/grief/dying</li> <li>• Growth &amp; development</li> <li>• Interpretation of growth charts with differential diagnoses</li> <li>• Faculty check in with preceptors (may occur weeks 4-5)</li> <li>• ***Case study 1 due- group case study selected visit newborn, infancy</li> <li>• Upload under assignment</li> <li>• See case study instructions separate document</li> </ul> |
| <p>5<br/>9/23/2019</p> | <p><b>Module   Newborn/Infants</b></p> <ul style="list-style-type: none"> <li>• The module provides the key information needed to support the infant through this period of rapid growth and development. • Live session: Grand rounds</li> </ul>  | <p><b>Module 5:</b></p> <ul style="list-style-type: none"> <li>• Clinical Practicum</li> <li>• ***Live session clinical write-up history components of a well child visit first year of life</li> <li>• Oral Clinical Presentation</li> <li>• Newborn screening tests</li> <li>• Hydration/dehydration Weeks 5 or 6 may vary</li> <li>• Clinical Write-up #1</li> <li>• (Comprehensive i.e. Well Child Visit, Sports physical)</li> </ul>  |

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| <p>6<br/>9/30/2019</p> | <p><b>Module 6   Early Childhood</b></p> <ul style="list-style-type: none"> <li>• The module provides crucial information related to the physical, cognitive, social and emotional development occurring in the early childhood years (1 to 4 years of age).</li> <li>• Live session selected topic: Case study: A toddler with language and social delays</li> </ul>  | <p><b>Module 6:</b></p> <ul style="list-style-type: none"> <li>• Clinical Practicum</li> <li>• ***Live session clinical write-up history components of a well child visit toddler/preschool</li> <li>• Oral Clinical Presentation</li> <li>• Pediatric Discovery/Common Pediatric Disorders</li> <li>• Sample topics otitis media, URIs, hearing &amp; vision disorders)</li> <li>• Antibiotic selection/identification of commonly see bacterial pathogens (Redbook resource)</li> <li>• Vaccination schedule cont.</li> <li>• Common Screening Test (Anemia, Lead Poisoning)</li> <li>• ***Case study 2 due-designated visit: toddler/preschool</li> <li>• Upload under assignment</li> <li>• See case study instructions separate document</li> </ul> |
| <p>7<br/>10/7/2019</p> | <p><b>Module 7: Early Childhood (continued)</b></p> <ul style="list-style-type: none"> <li>• <b>Live session: Grand rounds</b> <ul style="list-style-type: none"> <li>• Faculty to introduce example of grand rounds topic</li> <li>• Faculty to review example of handoff (report to ER, specialists, or other provider)</li> <li>• ***role play activities</li> <li>• Introduce screening tools</li> <li>• Discuss Individual Educational Plans</li> </ul> </li> </ul> | <p><b>Module 7:</b></p> <ul style="list-style-type: none"> <li>• Clinical Practicum</li> <li>• ***Live session clinical write-up history components of a well child visit school-age</li> <li>• Oral Clinical Presentation</li> <li>• Behavioral/Learning Problems</li> <li>• Behavioral developmental screening tools M-CHAT,</li> <li>• Preceptor-student midterm clinical evaluation due</li> <li>• Student: Early assessment/early intervention point</li> <li>• Clinical Write-up #2 Episodic Visit</li> </ul>  |



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|--------------------------|--|--|
| <p>8<br/>10/14/2019</p>  | <p><b>Module 8   School-Age Child</b></p> <ul style="list-style-type: none"> <li>The module provides crucial information related to the physical, cognitive, social and emotional development occurring in the school age child (5 to 10 years of age).</li> <li>Live session selected topic: Case study: The child</li> </ul> | <p><b>Module x8</b></p> <ul style="list-style-type: none"> <li>Clinical Practicum</li> <li>***Live session clinical write-up history components of a school-age visit</li> <li>Oral Clinical Presentation</li> <li>Common Pediatric Disorders Sample topics i.e. learning disorders</li> <li>***Case study 3 due- group designated visits school-age/adolescent</li> <li>Upload under assignment</li> <li>See case study instructions separate document</li> </ul>   |
| <p>9<br/>10/21/2019</p>  | <p><b>Module 9  School-Age Child (continued)</b></p> <ul style="list-style-type: none"> <li>Live session: Grand rounds</li> </ul>  | <p><b>Module 9:</b></p> <ul style="list-style-type: none"> <li>Clinical Practicum</li> <li>***Live session clinical write-up history components of a school-age continued</li> <li>Oral Clinical Presentation</li> <li>Common Pediatric Disorders sample topics i.e. dermatological conditions, GI disorders</li> <li>Discussion/Interpretation Common Laboratory Tests</li> <li>BMP, Lipids</li> <li>Clinical Write-up #3 Episodic</li> </ul>   |
| <p>10<br/>10/28/2019</p> | <p><b>Module 10  Adolescence</b></p> <p>The module provides crucial information related to the physical, cognitive, social and emotional development occurring in adolescence (11 to 21 years of age). Live session selected topic: Case study: The teen who thinks she might be gay</p>                                       | <p><b>Module 10:</b></p> <ul style="list-style-type: none"> <li>Clinical Practicum</li> <li>***Live session clinical write-up history components of an adolescent visit</li> <li>Clinical Oral Presentation</li> <li>Discussion/Interpretation Common Laboratory Tests</li> <li>Common Pediatric Disorders</li> <li>Sample topics (eating disorders, depression, adjustment disorder)</li> <li>***Case study 4 live session breakout due- group assigned topics may include: common primary pediatric</li> </ul> |

|                          |  |   |
|--------------------------|--|---|
|                          |  | <p>disorder/off-schedule vaccine case/obstetric case</p> <ul style="list-style-type: none"> <li>• Upload under assignment</li> <li>• See case study instructions separate document</li> </ul>   |
| <p>11<br/>11/4/2019</p>  | <p><b>Module 11</b>   Adolescence (continued) • Live session: Grand rounds<br/>         Adolescent case studies: headache/abdominal pain</p>   | <p><b>Module 11:</b></p> <ul style="list-style-type: none"> <li>• Clinical Practicum</li> <li>• ***Live session clinical write-up history components of an adolescent continued</li> <li>• Clinical Oral Presentation</li> <li>• Common Pediatric Disorders</li> <li>• Sample topics (sore throat differential diagnoses, headache, abd. pain, dysmenorrhea)</li> <li>• Common Laboratory Tests (continued)</li> <li>• Common diagnostic tests in the workup of abd. pain/headache</li> </ul> |
| <p>12<br/>11/11/2019</p> | <p><b>Module 12   Obstetrics</b></p> <ul style="list-style-type: none"> <li>• This module provides the foundational information needed to care for the OB patient and family through the 1st trimester. It is important to note that, even after this course is complete, students will need additional hours caring for OB patients in order to become proficient.</li> </ul> <p><b>Module</b> Live session selected topic: Case study: The pregnant young woman with a suspected sexually transmitted disease<br/>         OB patient with abdominal pain/bleeding</p> | <p><b>Module 12:</b></p> <ul style="list-style-type: none"> <li>• Clinical Practicum</li> <li>• ***Live session clinical write-up history components of a prenatal visit</li> <li>• Clinical Oral Presentation</li> <li>• Laboratory/diagnostic tests r/t STIs (wet mount), cultures</li> <li>• Common Pharmacological Tx for STIs/UTIs</li> <li>• <b>Clinical Write-up #4 Due (episodic)</b></li> </ul>  |
| <p>13<br/>11/18/2019</p> | <p><b>Module 13</b>   Obstetrics (continued)</p> <ul style="list-style-type: none"> <li>• Live session: Grand rounds/case study discussions continued</li> </ul>   | <p><b>Module 13:</b></p> <ul style="list-style-type: none"> <li>• Clinical Practicum</li> <li>• ***Live session clinical write-up history components of a case study URI/abd. pain/headache patient</li> </ul>  |

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|-------------------------|--|---|
|                         |  | <ul style="list-style-type: none"> <li>Clinical Oral Presentation/role play case studies</li> <li>Commonly Encountered Problems: URIs, Headaches, Abdominal pain/Gastrointestinal Infections</li> <li>Differential diagnoses patient with headache, URI symptoms and or abdominal pain</li> </ul>   |
| 14<br>11/25/2018        | <b>Module 14   Selected Topics</b> <ul style="list-style-type: none"> <li>Live session selected topic: Clinical wrap-up</li> </ul> | <b>Module 14:</b> <ul style="list-style-type: none"> <li>Clinical Practicum</li> <li>Wrap-up OCI preparation</li> <li>*** students who are in Students in sections who meet on 11/27-11/28 will upload a case study or case studies to the gradebook that will be counted as live section assignment for this week.</li> <li>Wednesday/Thursday class will write up and submit case studies on:</li> <li>Sample cases i.e. female patient with abdominal pain, amenorrhea workup, headache patient, URI/cough, adolescent visit</li> <li>include appropriate clinical laboratory tests/diagnostic tests and commonly</li> </ul> |
| 15<br>12/2/2019         | <b>Module 15  </b> <ul style="list-style-type: none"> <li>Live session: No live session</li> </ul>                                 | <b>Module 15:</b> <ul style="list-style-type: none"> <li>Faculty virtual site visits</li> <li>Clinical Practicum</li> <li>Preceptor-Student Final</li> <li>Preceptor-Site Evaluations Due</li> </ul>  |
|                         |  |   |
| Study Days / No Classes |  |   |

**Final Examinations N/A for this course**

See course schedule for a detailed description of weekly topics and required readings. \*\* On-campus Intensive weekend of **December 14-15**: The experience will occur during either Week 14 of the course. Students are responsible for flight, hotel, and other transportation arrangements and costs. 1 Clinical reflection has been built into the weekly asynchronous modules.

## Course Schedule—Detailed Description

| Module 1: Course Overview  | Week 1 |
|--|--------|
| <b>Topics</b>  |        |
| <ul style="list-style-type: none"><li>• Course introduction and introduction to clinical practicum</li><li>• Clinical tracking system (Typhon) practice</li><li>• Clinical evaluation tool/Clinical reflection</li><li>• 10 most common pediatric illnesses/ICD 10 Codes</li></ul> |        |

This module relates to course objectives 1–8.

**Clinical Practicum:** Students are expected to attend their clinical practicum approximately 14 hours a week.

### Required Readings

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). Pediatric primary care (6th ed.). St. Louis, MO: Elsevier.

1. Chapter 1: Health status of children: Global and national perspectives

Hagan, J. F., Shaw, J. S., & Duncan, P. (2008). Bright futures: Guidelines for health supervision of infants, children, and adolescents (3rd ed.). Elk Grove Village, IL: American Academy of Pediatrics.

1. Introduction to the Bright Futures visits  
2. Rationale and evidence  
3. Acronyms used in the visits

| Module 2: Pharmacology Review  | Week 2 |
|--|--------|
| <b>Topics</b>  |        |
| <ul style="list-style-type: none"><li>• Pediatric and obstetric prescribing concepts and considerations</li><li>• Pediatric management</li></ul> |        |

This module relates to course objectives 1-8.

Clinical Practicum: Students are expected to attend their clinical practicum approximately 14 hours a week.

### Required Readings

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). *Pediatric primary care* (6th ed.). St. Louis, MO: Elsevier. 1. Chapter 22: Prescribing medications in pediatrics 2. Chapter 23: Pediatric pain management

Jordan, R. C., Engstrom, J. L., Marfell, J. A., & Farley, C. L. (2014). *Prenatal and postnatal care: A woman centered approach*. Ames, IA: Wiley Blackwell. 1. Chapter 12: Medication use during pregnancy

Chapter 13: Substance use during pregnancy

Hay, W.W., Levin, M.J., Deterding, R.R., & Abzug, M.J. (2018). *Current Diagnosis & Treatment: Pediatric* (24<sup>th</sup> ed.). New York, NY: Lange/McGraw Hill. Chapter 39: Antimicrobial therapy

### Recommended Readings:

Edmunds, M. W., & Mayhew, M. S. (2014). *Pharmacology for the primary care provider* (4th ed.). St. Louis, MO: Elsevier Health Sciences.

1. Chapter 3: General pharmacokinetic and pharmacodynamic principles
2. Chapter 5: Special populations: Pediatrics
3. Chapter 6: Special populations: Pregnant and nursing women
4. Chapter 7 Over-the-counter medications
5. Chapter 8: Complementary and alternative therapies

Hagan, J. F., Shaw, J.S., Duncan, P.M. (2017). *Bright Futures: Guidelines* (4<sup>th</sup> Ed.). Elk Grove Village, IL: American Academy of Pediatrics. Chapter 37: Pharmacogenetics pps. 108-1099.

Links:

[http://care.diabetesjournals.org/content/diacare/suppl/2016/12/15/40.Supplement\\_1.DC1/DC\\_40\\_S1\\_final.pdf](http://care.diabetesjournals.org/content/diacare/suppl/2016/12/15/40.Supplement_1.DC1/DC_40_S1_final.pdf)  
<http://www.nmhs.net/documents/27JNC8HTNGuidelinesBookBooklet.pdf>  
<https://www.acog.org/~media/Task%20Force%20and%20Work%20Group%20Reports/public/HypertensioninPregnancy.pdf>

**Module 3:**

**Topics**

**Week 3**

- Child and family
- Cultural and spiritual considerations
- Developmental theories
- Sleep and elimination patterns

This module relates to course objectives 1-8.

Clinical Practicum: Students are expected to attend their clinical practicum approximately 14 hours a week.

### Required Readings

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). Pediatric primary care (6th ed.). St. Louis, MO: Elsevier

#### Chapter

1. Child and family health assessment
2. Chapter 3: Cultural considerations for pediatric primary care/Health care for refugee and immigrant populations
3. Chapter 4: Developmental management in pediatric primary care
4. Chapter 9: Introduction to functional health patterns and health promotion
5. Chapter 12: Elimination patterns
6. Chapter 14: Sleep and rest
7. Chapter 15: Sexuality
8. Chapter 16: Values, beliefs, and spirituality
9. Chapter 18: Self-perception issues

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). Pediatric primary care (6th ed.). St. Louis, MO: Elsevier

Hagan, J. F., Shaw, J.S., Duncan, P.M. (2017). *Bright Futures: Guidelines* (4<sup>th</sup> Ed.). Elk Grove Village, IL: American Academy of Pediatrics.

1. An introduction to the Bright Futures health promotion themes
2. Promoting child development
3. Promoting safety and injury prevention.
4. Sexual development and sexuality
5. Sleep behaviors, patterns and safety \*\*\* see specific growth periods throughout the semester.

| Module 4: Social Determinants of Care  | Week 4 |
|--|--------|
| <b>Topics</b>  |        |
| <ul style="list-style-type: none"> <li>• Foster families</li> <li>• Homeless families</li> <li>• Modern families (LGBT)</li> <li>• Gangs</li> <li>• Human Trafficking</li> </ul> |        |



- Intimate Partner Violence

This module relates to course objectives 1-8.

Clinical Practicum: Students are expected to attend their clinical practicum approximately 14 hours a week.

### Required Readings

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). Pediatric primary care (6th ed.). St. Louis, MO: Elsevier

#### 1. Role Relationships

Hagan, J. F., Shaw, J.S., Duncan, P.M. (2017). *Bright Futures: Guidelines* (4<sup>th</sup> Ed.). Elk Grove Village, IL: American Academy of Pediatrics.

#### 1. Ecological Determinants: Social Determinants of Care

#### 2. Promoting Family Support

| Module 5: Infants  | Week 5 |
|--|--------|
| <b>Topics</b>  |        |
| <ul style="list-style-type: none"><li>• Developmental milestones</li><li>• Breast feedings/Nutritional needs/Velocity growth charts</li><li>• Vaccinations and related controversies</li></ul> |        |

This module relates to course objectives 1-8.

Clinical Practicum: Students are expected to attend their clinical practicum approximately 14 hours a week.

### Required Readings

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). Pediatric primary care (6th ed.). St. Louis, MO: Elsevier

1. Chapter 5: Developmental management of infants
2. Chapter 10: Nutrition
3. Chapter 11: Breastfeeding
4. Chapter 24: Infectious diseases and immunizations

Hagan, J. F., Shaw, J.S., Duncan, P.M. (2017). *Bright Futures: Guidelines* (4<sup>th</sup> Ed.). Elk Grove

Village, IL: American Academy of Pediatrics.

1. Promoting healthy weight
2. Promotion healthy nutrition
3. Infancy (Prenatal to 11 months) (skim a variety of chapters with topics related to developmental management of infants, nutrition, breastfeeding & infectious diseases and immunizations).

Hay, W.W., Levin, M.J., Deterding, R.R., & Abzug, M.J. (2018). *Current Diagnosis & Treatment: Pediatric* (24<sup>th</sup> ed.).

New York, NY: Lange/McGraw Hill.

Chapter 2: The newborn infant, p 10-31 (stop at multiple births)

Websites Centers for Disease Control and Prevention. (2016). Parents guide to childhood immunizations.

Retrieved from <https://www.cdc.gov/vaccines/parents/tools/parents-guide/index.html>

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

Centers for Disease Control and Prevention. (2010). Growth charts. Retrieved from <http://www.cdc.gov/growthcharts/index.htm>

Centers for Disease Control and Prevention. (2014). Use and interpretation of the WHO and CDC growth charts for children from birth to 20 years in the United States. Retrieved from <http://www.cdc.gov/nccdphp/dnpa/growthcharts/resources/growthchart.pdf>

Centers for Disease Control and Prevention. (2016). Important milestones: Your baby by two months. Retrieved from <http://www.cdc.gov/ncbddd/actearly/milestones/milestones-2mo.html>

Centers for Disease Control and Prevention. (2016). Vaccines & immunizations.

Retrieved from <https://www.cdc.gov/vaccines/index.html> Centers for Disease Control and Prevention.

(2010). Growth charts.

| Module 6: Early Childhood  | Week 6 |
|--|--------|
| <b>Topics</b>  |        |
| <ul style="list-style-type: none"><li>• Physical, social, and emotional development</li><li>• Common screening tools</li></ul> |        |

This module relates to course objectives 1-8.

### Required Readings

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). *Pediatric primary care* (6th ed.). St. Louis, MO: Elsevier

Hagan, J. F., Shaw, J.S., Duncan, P.M. (2017). *Bright Futures: Guidelines* (4<sup>th</sup> Ed.). Elk Grove Village, IL: American Academy of Pediatrics.

Hay, W.W., Levin, M.J., Deterding, R.R., & Abzug, M.J. (2018). *Current Diagnosis & Treatment: Pediatric* (24<sup>th</sup> ed.). New York, NY: Lange/McGraw Hill.

Websites American Academy of Pediatrics. (2016). Bright futures: Early childhood tools. Retrieved from <https://brightfutures.aap.org/materials-and-tools/tool-and-resource-kit/Pages/Early-ChildhoodTools.aspx>  
American Academy of Pediatrics. (2016). Recommendations for preventive pediatric health care. Retrieved from [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf) Centers for Disease Control and Prevention. (2016).

Child development. Retrieved from <http://www.cdc.gov/ncbddd/childdevelopment/index.html> United States Department of Health and Human Services. (2014). Birth to 5: Watch me thrive! Retrieved from [https://www.acf.hhs.gov/sites/default/files/ecd/screening\\_compendium\\_march2014.pdf](https://www.acf.hhs.gov/sites/default/files/ecd/screening_compendium_march2014.pdf)

| Module 7: Early Childhood continued  | Week 7 |
|--|--------|
| <b>Topics</b>  |        |
| <ul style="list-style-type: none"><li>• Environmental health</li><li>• Coping and stress tolerance/mental health</li></ul> |        |

This module relates to course objectives 1-8.

### Required Readings

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). *Pediatric primary care* (6th ed.). St. Louis, MO: Elsevier

1. Chapter 19: Coping and stress tolerance
2. Chapter 20: Cognitive-perceptual disorders
3. Chapter 42: Environmental health issues

Hagan, J. F., Shaw, J.S., Duncan, P.M. (2017). *Bright Futures: Guidelines* (4<sup>th</sup> Ed.). Elk Grove Village, IL: American Academy of Pediatrics.

1. Promoting mental health
2. Early childhood (1 to 4 years) (pages 123-130) (skim for key points)

Hay, W.W., Levin, M.J., Deterding, R.R., & Abzug, M.J. (2018). *Current Diagnosis & Treatment: Pediatric* (24<sup>th</sup> ed.). New York, NY: Lange/McGraw Hill.

\*\*\* designated readings as assigned to correlate with commonly seen primary care pediatric disorders during this time period

| Module 8: School – Age Child   | Week 8 |
|--|--------|
| <b>Topics</b>  |        |
| <ul style="list-style-type: none"><li>• School readiness</li><li>• School refusal</li><li>• Bullying</li></ul> |        |

This module relates to course objectives 1-8.

Clinical Practicum: Students are expected to attend their clinical practicum approximately 14 hours a week.

Cornu, C. (2016). Preventing and addressing homophobic and transphobic bullying in education: A human rights–based approach using the United Nations Convention on the Rights of the Child. *Journal of LGBT Youth*, 13(1-2), 6-17. Retrieved from <http://www.tandfonline.com/doi/full/10.1080/19361653.2015.1087932> CR

Ramirez, O. (2013). Survivors of school bullying: A collective case study. *Children & Schools*. Retrieved from [https://www.researchgate.net/profile/Octavio\\_Ramirez2/publication/269987160\\_Survivors\\_of\\_School\\_Bullying\\_A\\_Collective\\_Case\\_Study/links/549b4b650cf2fedbc30e3c49.pdf](https://www.researchgate.net/profile/Octavio_Ramirez2/publication/269987160_Survivors_of_School_Bullying_A_Collective_Case_Study/links/549b4b650cf2fedbc30e3c49.pdf) CR Thornberg, R. (2015). School bullying as a collective action: Stigma processes and identity struggling. *Children & Society*, 29(4), 310-320. Retrieved from <http://www.divaportal.org/smash/get/diva2:709189/FULLTEXT01.pdf>

Wilson, D. A., & Knudtson, M. D. (1992). Assessing school readiness through the school-entry screening exam. *The Nurse Practitioner*, 17(9), 24-26. (Even though this article was published in 1990, the information is still relevant for today's practitioner). CR

Wimmer, M. B. (2004). School refusal: Information for educators. *Helping children at home and school II: Handouts for families and educators*. Retrieved from <http://vres.valhallaschools.org/ourpages/auto/2009/2/5/64891638/schoolrefusal.pdf>

### Required Readings

Hagan, J. F., Shaw, J.S., Duncan, P.M. (2017). *Bright Futures: Guidelines* (4<sup>th</sup> Ed.). Elk Grove, Village, IL: American Academy of Pediatrics.

| Module 9: School-aged continued  | Month Date |
|--|------------|
| <b>Topics</b>  |            |
| <ul style="list-style-type: none"> <li>• School readiness</li> <li>• School refusal</li> <li>• Bullying</li> </ul> |            |

This module relates to course objectives 1-8.

### Required Readings

- Cornu, C. (2016). Preventing and addressing homophobic and transphobic bullying in education: A human rights-based approach using the United Nations Convention on the Rights of the Child. *Journal of LGBT Youth*, 13(1-2), 6-17. Retrieved from <http://www.tandfonline.com/doi/full/10.1080/19361653.2015.1087932> CR
- Ramirez, O. (2013). Survivors of school bullying: A collective case study. *Children & Schools*. Retrieved from [https://www.researchgate.net/profile/Octavio\\_Ramirez2/publication/269987160\\_Survivors\\_of\\_School\\_Bullying\\_A\\_Collective\\_Case\\_Study/links/549b4b650cf2fedbc30e3c49.pdf](https://www.researchgate.net/profile/Octavio_Ramirez2/publication/269987160_Survivors_of_School_Bullying_A_Collective_Case_Study/links/549b4b650cf2fedbc30e3c49.pdf) CR
- Thornberg, R. (2015). School bullying as a collective action: Stigma processes and identity struggling. *Children & Society*, 29(4), 310-320. Retrieved from <http://www.divaportal.org/smash/get/diva2:709189/FULLTEXT01.pdf>
- Wilson, D. A., & Knudtson, M. D. (1992). Assessing school readiness through the school-entry screening exam. *The Nurse Practitioner*, 17(9), 24-26. (Even though this article was published in 1990, the information is still relevant for today's practitioner). CR Wimmer, M. B. (2004). School refusal: Information for educators. *Helping children at home and school II: Handouts for families and educators*. Retrieved from <http://vres.valhallaschools.org/ourpages/auto/2009/2/5/64891638/schoolrefusal.pdf>

| Module 10: Adolescence   | Week 10 |
|--|---------|
| <b>Topics</b>  |         |
| <ul style="list-style-type: none"> <li>• Physical, cognitive, social, and emotional development</li> <li>• Emancipated minors</li> <li>• LGBTQ issues</li> <li>• Emerging adulthood issues (ADHD transitions)</li> </ul> |         |

This module relates to course objectives 1-8.

### Required Readings

American Academy of Child & Adolescent Psychiatry. (2013). Facts for families: College students with ADHD. Retrieved from [http://www.aacap.org/App\\_Themes/AACAP/Docs/facts\\_for\\_families/111\\_college\\_students\\_with\\_adhd.pdf](http://www.aacap.org/App_Themes/AACAP/Docs/facts_for_families/111_college_students_with_adhd.pdf)

American Academy of Pediatrics. (2016). Helping adolescents transition to adult health care. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/Helping-Adolescents-Transition-toAdult-Health-Care.aspx>

1. Chapter 8: Developmental management of adolescents
2. Chapter
- 13: Physical activity and sports for children and adolescents

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). Pediatric primary care (6th ed.). St. Louis, MO: Elsevier

Hagan, J. F., Shaw, J.S., Duncan, P.M. (2017). *Bright Futures: Guidelines*  
 Bright futures: Guidelines for health supervision of infants, children, and  
 adolescents (4<sup>th</sup> Ed.). Elk Grove IL: American Academy of Pediatrics.

| Module 11: Adolescence   | Month Date |
|--|------------|
| <b>Topics</b>  |            |
| <ul style="list-style-type: none"> <li>• STDs</li> <li>• Substance abuse</li> <li>• Date rape</li> <li>• Gang involvement</li> </ul> |            |

This module relates to course objectives 1-8.

### Required Readings

Hagan, J. F., Shaw, J. S., & Duncan, P. (Hagan, J. F., Shaw, J.S., Duncan, P.M. (2017). *Bright Futures: Guidelines*  
 Bright futures: Guidelines for health supervision of infants, children, and  
 adolescents (4<sup>th</sup> Ed.). Elk Grove IL: American Academy of Pediatrics.

Fortenberry, J. D. (2016). Sexually transmitted infections: Overview of issues specific to adolescents. In S. L. Kaplan & D. Blake (Ed.). UpToDate®. Retrieved from <http://www.uptodate.com/home>

Weimann, C. M. & Harrykissoo, S. D. (2016). Date rape: Risk factors and prevention. In A. B. Middleman



(Ed.). UpToDate®. Retrieved from <http://www.uptodate.com/home>

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

| Module 12 Obstetrics  | Week 12 |
|---|---------|
| <b>Topics</b>   |         |
| <ul style="list-style-type: none"><li>Care of the OB patient through the 1<sup>st</sup> trimester</li><li>STDs during pregnancy</li></ul> |         |

This module relates to course objectives 1-8.

### Required Readings

Jordan, R. C., Engstrom, J. L., Marfell, J. A., & Farley, C. L. (2014). Prenatal and postnatal care: A woman-centered approach. Ames, IA: Wiley Blackwell.

- Chapter 4: Preconception care
- Chapter 5: Prenatal care: Goals, structure, and components
- Chapter 6: Nutrition in pregnancy
- Chapter 7: Pregnancy diagnosis and gestational age assessment
- Chapter 8: Risk assessment and risk management in prenatal care
- Chapter 9: Prenatal genetic counseling, screening, and diagnosis

| Module 13: Obstetrics continued   | Week 13 |
|---|---------|
| <b>Topics</b>   |         |
| <ul style="list-style-type: none"><li>Scope of practice consideration/Interprofessional collaboration</li><li>Environmental exposures</li></ul> |         |

This module relates to course objectives 1-8.

Clinical Practicum: Students are expected to attend their clinical practicum approximately 14 hours a week.

### Required Readings

Jordan, R. C., Engstrom, J. L., Marfell, J. A., & Farley, C. L. (2014). Prenatal and postnatal care: A woman-centered approach. Ames, IA: Wiley Blackwell. 1. Chapter 15: Exercise, recreational and occupational issues, and intimate relationships in pregnancy

### Websites

National Institute for Occupational Safety and Health. (1999). The effects of workplace hazards on female reproductive health. Retrieved from <https://www.cdc.gov/niosh/docs/99-104/>

| Module 14: Selected Topics  | Week 14 |
|---|---------|
| <b>Topics</b> <ul style="list-style-type: none"> <li>• Travel and pregnancy</li> <li>• Teratogenic viruses</li> <li>• Self-review as OCI commences this week for fall 2018</li> </ul> |         |

This module relates to course objectives 1-8.

### Required Readings

Required Readings Hamel, M. S., & Hughes, B. L. (2016). Zika infection in pregnancy. Contemporary

OB/GYN, 61(8), 16-22. CR Neu, N., Duchon, J., & Zachariah, P. (2015). TORCH infections. Clinics in Perinatology, 42(1), 77-103.

CR Swamy, G. K., & Heine, R. P. (2015). Vaccinations for pregnant women. Obstetrics and Gynecology, 125(1), 212–226.<http://doi.org/10.1097/AOG.0000000000000581>

Websites:

Websites Centers for Disease Control and Prevention. (2015). Chapter 8: Advising travels with specific needs:

Pregnant travelers. Retrieved from <http://wwwnc.cdc.gov/travel/yellowbook/2016/advising-travelers-withspecific-needs/pregnant-travelers>

Centers for Disease Control and Prevention. (n.d.). Destinations. Retrieved from

<http://wwwnc.cdc.gov/travel/destinations/list> Centers for Disease Control and Prevention. (2016).

Maternal vaccines: Part of a healthy pregnancy. Retrieved from

<http://www.cdc.gov/vaccines/pregnancy/pregnant-women/#vaccines-during>

Centers for Disease Control and Prevention. (2013). Pregnant travelers. Retrieved from

<http://wwwnc.cdc.gov/travel/page/pregnant-travelers>

Centers for Disease Control and Prevention. (2016). Talking to your pregnant patients about vaccines. Retrieved from <http://www.cdc.gov/vaccines/pregnancy/hcp/index.html>

| Module 15: Wrap Up and Conclusion  | Week 15 |
|--|---------|
| <b>Topics</b> Integrative health care and complimentary alternative medicine approaches in pediatrics<br>Self-review Final CET due |         |

This module relates to course objectives 1-8.

### Required Readings

Clinical Practicum: Students are expected to attend their clinical practicum approximately 14 hours a week.

Required Readings Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L.

(2017). Pediatric primary care (6th ed.). St. Louis, MO: Elsevier.

1. Chapter 43: Complementary health therapies in pediatric primary care: An integrative approach

Websites National Center for Complementary and Integrative Health. (2016). The use of complementary and alternative medicine in the United States. Retrieved from <https://nccih.nih>

Therapeutic Research Center. (2016). Natural medicines. Retrieved from

<https://naturalmedicinestherapeuticresearch-com.libproxy2.usc.edu/>

American Academy of Pediatrics. (2012). Use of alternative medicine is increasing in pediatrics. Retrieved from <https://nccih.nih.gov/health/children>

| Study Days / No Classes                            | N/A |
|--|-----|
| This course does not have any study days scheduled |     |

| Final Examinations  | Month Date |
|---|------------|
| This course does not have an examination scheduled during finals week |            |

## University Policies and Guidelines

### VI. 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 ([tkirklan@usc.edu](mailto:tkirklan@usc.edu)) or your designated selection lead 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.

## VII. 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>.

## VIII. Support Systems

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

[engemannshc.usc.edu/counseling](http://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](http://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](http://sarc.usc.edu)

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

[equity.usc.edu](http://equity.usc.edu), [titleix.usc.edu](http://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](http://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/ssa](http://studentaffairs.usc.edu/ssa)

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](http://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](http://dps.usc.edu), [emergency.usc.edu](http://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](http://dps.usc.edu)

Non-emergency assistance or information.

## IX. 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.

## X. 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.”

## XI. 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.

## XII. 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.

### XIII. 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.

### XIV. 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.

#### 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.

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

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

**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.

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

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