USC Suzanne Dworak-Peck
School of Social Work
Department of Nursing

NURS 608
Section #xxx

Clinical Practicum: Family Primary Care
3 Units

Instructor: xxx
Email: xxx
Telephone: xxx   **Course Days:**
Office: xxx   **Course Time:**
Office Hours: xxx   **Course Location**

I. Course Prerequisites or Co-Requisites

NURS 604: Clinical Practicum: Management of Adult Patients With Complex Medical Issues
NURS 601: Clinical Practicum: Management of the Childbearing/Child-Rearing Family (prerequisite)
NURS 607: Theory: Family Primary Care (must be taken concurrently)

II. Catalogue Description

This course prepares the family nurse practitioner student for entry into practice in the diagnosis and management of patients with acute, complex, and chronic illnesses in the primary care setting.

III. Course Description

This capstone course is the culmination of clinical knowledge for family nurse practitioner students in the care of individuals and families across the lifespan. Students will conduct comprehensive assessments, formulate differential diagnoses, and develop and implement plans of care to manage acute and chronic health problems across the lifespan. In collaboration with other health care providers, students provide care in variety of primary care settings where they integrate health restoration, health maintenance, social determinants, and evidence-based practice.

IV. Course Objectives

In the clinical practicum portion of this course, the student will perform histories and physical examinations. The family nurse practitioner student will focus on the health prevention, health promotion, and diagnosis and management of patients with acute and chronic illnesses across the lifespan. This clinical practicum will allow the student to integrate the theoretical knowledge obtained in their didactic courses with clinical practice in 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 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 and an accurate interpretation of data from the history, physical exam, laboratory, and diagnostic tests.
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 health care 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 online course, using both asynchronous and synchronous approaches. Students will be expected to be prepared, fully present, and actively involved during all phases of the course. It is also the expectation that students will either possess or have access to the necessary computer equipment (desktop computer with audio-video capability), software (Microsoft Word and Adobe Acrobat), and a reliable **hard-wired** Internet connection.

On-site preceptors teach the students at the clinical practicum site. Clinical attendance is mandatory. In addition to clinical work, the course will meet online using both asynchronous and synchronous approaches. Interactive activities (both asynchronous and synchronous), case studies, active group discussion, presentations, didactic lecture by webcast, viewing online resources, and readings are examples of the techniques that will be used to facilitate student learning. Synchronous (live) course sessions will be recorded. Material from clinical practice will be used to (a) illustrate course content and (b) assist with the transition from the classroom to the clinical setting.

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

*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
Family Nurse Practitioner competent in Scientific Foundation Competencies: ▪ Integrates scientific findings from nursing, biopsychosocial	Critically analyzes data and evidence for improving advanced nursing practice.	Case Study Clinical Evaluation Tool
	Integrates knowledge from the humanities and sciences within the context of nursing science.	

| fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings | 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**
Family Nurse Practitioner competent in Leadership Competencies: ▪ 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 Evaluation Tool
	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 to 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, implementation, and evaluation of care provided in complex systems.	

QUALITY COMPETENCIES		
Competencies/Knowledge, Values, Skills	**Student Learning Outcomes**	**Method of Assessment**
Family Nurse Practitioner competent in Quality Competencies: ▪ Discusses methods, tools, performance measures, and standards related to quality, and	Uses best available evidence to continuously improve quality of clinical practice.	Case Study Clinical Evaluation Tool
	Evaluates the relationships among access, cost, quality, and safety and their influence on health care.	

applies quality principles within an organization.	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**
Family Nurse Practitioner competent in Practice Inquiry Competencies: ▪ Applies scholarship for evidence-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.	Case Study Standardized Procedure Clinical Evaluation Tool
	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**
Family Nurse Practitioner competent in Technology and Information Literacy Competencies: ▪ Integrates and incorporates advances in technology within the practice setting, resolves practice problems, works as a change agent, and disseminates results.	Integrates appropriate technologies for knowledge management to improve health care.	Case Study Clinical Evaluation Tool
	Translates technical and scientific health information appropriate for various users' needs. ▪ Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. ▪ Coaches the patient and caregiver for positive behavioral change.	
	Demonstrates information literacy skills in complex decision-making.	
	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**
Family Nurse Practitioner competent in Policy Competencies: ▪ 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.	Recognize and manage personal values in a way that allows professional values to guide practice.	Standardized Procedure Clinical Evaluation Tool
	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**
Family Nurse Practitioners competent in Health Delivery System Competencies: ▪ Explains how the advanced practice nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations. As a member and leader of interprofessional health care system, the advanced practice nurse communicates, collaborates, and consults with other health professionals to manage and coordinate care.	Applies knowledge of organizational practices and complex systems to improve health care delivery.	Case Study Standardized Procedure Clinical Evaluation Tool
	Effects health care change using broad - skills including negotiating, consensus-building, and partnering.	
	Minimizes risk to patients and providers at the individual and systems level.	
	Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.	
	Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.	
	Analyzes organizational structure, functions and resources to improve the delivery of care.	

ETHICS COMPETENCIES		
Competencies/Knowledge, Values, Skills	**Student Learning Outcomes**	**Method of Assessment**
Family Nurse Practitioner competent in Ethics Competencies: ▪ Includes matters involving moral principles and social policy including professional guidelines for advanced practice nursing when providing care.	Integrates ethical principles in decision-making. Evaluates the ethical consequences of decisions. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.	Case Study Clinical Evaluation Tool

INDEPENDENT PRACTICE COMPETENCIES		
Competencies/Knowledge, Values, Skills	**Student Learning Outcomes**	**Method of Assessment**
Family Nurse Practitioner competent in Independent Practice Competencies: ▪ Demonstrates how nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences health care 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. Demonstrates the highest level of accountability for professional practice. Practices independently managing previously diagnosed and undiagnosed patients. ▪ 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. ▪ Uses advanced health assessment skills to differentiate between normal, variations of normal, and abnormal findings. ▪ Employs screening and diagnostic strategies in the development of diagnoses. ▪ Prescribes medications within scope of practice. ▪ Manages the health/illness status of patients and families over time. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. ▪ Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. ▪ Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.	Standardized Procedure Clinical Evaluation Tool

	▪ Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. ▪ Preserves the patient's control over decision-making by negotiating a mutually acceptable plan of care.	
	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, and 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.	
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 proving 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
Student-Led Complex Case (Childbearing/Pediatric, Adult, Aging Adult)	Weeks 6, 8, 10	10%
Standardized Procedure	Week 13	10%
Class Participation	Ongoing	10%
Clinical Evaluation Tool	Weeks 7 and 15	70%
Learning Agreement	Week 1	C/NC

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

Academic dishonesty is defined as a student's use of unauthorized assistance with intent to deceive an instructor or other such person who may be assigned to evaluate the student's work in meeting course and degree requirements. Familiarize yourself with the University Student Conduct Code, which applies to this course. Students are expected to be independently familiar with the Code and to recognize that their work in the course is to be their own original work that

truthfully represents the time and effort applied. Violations of the Code are most serious and will be handled in a manner that fully represents the extent of the Code and that befits the seriousness of its violation.

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

Pacific Standard Time (PST) will be used for this course (example: assignments, exams, synchronous class sessions). Each student will be expected to adjust his or her time zone accordingly. Accommodations or exceptions will not be granted for conflicts caused by differing time zones.

Each of the major assignments is described below.

Assignment 1: Student-Led Complex Case (10% of course grade)

Students will divide equally into three groups. The group topics are:

1. Childbearing/Pediatric (presented Week 6)
2. Adult (presented Week 8)
3. Aging Adult (presented Week 10)

Case study group: Students will design a case study, which they will upload to the files folder. The faculty will act as a resource as the group works through the process of creating the module, the case study, and the presentation in class. The case should present a complex patient with multiple comorbid conditions and include pertinent data on the family assessment as well. The members of the groups will receive a grade commensurate with their contribution to the group project and discussion during the presentation.

Outline of Presentation and References

Due: Two weeks before group presentation

Case study materials include:
1. 5 points: Overview of the session
2. 5 points: Learning objectives
3. 5 points: Required Readings: (UpToDate, Epocrates, or other Web-based resources are not acceptable for this project)
4. 5 points: Recommended Readings: (include appropriate clinical guidelines)
5. 10 points: Assessment: Case study you want discuss in this presentation
6. 5 points: Optional learning activities: for example, resources, video, link that you want students to review prior to coming to class.
7. 10 points: At least six to eight challenging multiple-choice exam questions on topic and issues discussed in the presentation.
8. 5 points: Student PowerPoints due the week before the case study and will be uploaded to course website on the day prior to the case study

Due: One week before group presentation

Presentation: (50 points)

Students will have no more than 30 minutes to lead discussion on the case. Those presenting should also prepare additional discussion questions to stimulating discussion on such issues as:

1. 10 points: Optional treatment strategies based on the complexity of the case
2. 5 points: Ongoing primary care needs (example: immunizations and screening)
3. 5 points: Challenges for patient adherence
4. 5 points: Potential factors related to patient's community (example: community resources that are or are not available in the patient's community)
5. 5 points: Issues on care coordination including use of health information technology
6. 10 points: Potential ethical concerns and/or cultural and diversity issues
7. 5 points: Anticipatory guidance
8. 5 points: Legal issues for the FNP in managing this case

Due: Childbearing case/pediatric: Week 6; Adult: Week 8; Aging Adult case: Week 10

This assignment relates to Student Outcomes 1, 3, 4, 5, 7, and 8.

Assignment 2: Standardized Procedure (10% of course grade)

The purpose of the Standardized Procedure is to define the scope of practice for Nurse Practitioners. These are legal mechanisms by which registered nurses are authorized to perform acts within the medical scope of practice. Students will come up with a written standardized procedure per CA Board of Registered Nursing, Title 16, CA Code of Regulations, section 1474.

Each Standardized Procedure shall:

1. Be in writing, dated and signed by the organized health care system personnel authorized to approve it.
2. 25 points: Specify which standardized procedure functions registered nurses may perform and under what circumstances.
3. 5 points: State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.
4. 10 points: Specify any experience, training, and/or education requirements for performance of standardized procedure functions.
5. 10 points: Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.
6. 5 points: Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
7. 5 points: Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.
8. 10 points: Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.
9. 10 points: State the limitations on settings, if any, in which standardized procedure functions may be performed.
10. 5 points: Specify patient record keeping requirements.
11. 5 points: Provide for a method of periodic review of the standardized procedures.

Due: Week 13

This assignment relates to Student Outcomes 4, 6, 7, and 9.

Assignment 3: Clinical Practicum and Evaluation (70% of course grade)

Students are expected to complete 196 clinical hours over the course of the semester. This averages to approximately 14 hours per week. Students should log their patient encounters and clinical hours in the Typhon tracking system weekly. Specific information regarding the Typhon system has been discussed at OCI-I and will be reviewed during Week 1.

Students should have a minimum of 80 hours and a maximum of 100 hours completed by midterm.

Typhon Clinical entries are expected to be completed at the end of each clinical day. Students will have one week to complete Typhon entries prior to the system not allowing access to those dates. Late entries into the Typhon system will not be allowed/granted. Students must complete a clinical entry for all patient encounters. Failure to complete the clinical entries will impact approval of clinical hours.

Time logs (paper form) must be completed by the student and signed by the preceptor at the conclusion of each clinical day. This form needs to be uploaded on the LMS weekly in the appropriate assignment section. This is a requirement to enable you to successfully complete clinical. Failure to complete the Time Log will impact approval of clinical hours.

On or before Week 4 of the term, 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 site evaluation.

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 (CET) contains a grading system and will be used to determine if the student achieves the objectives above the average expectancy. The grading is Pass/Fail and is provided to students during Week 1 of the course. The student's preceptor will complete an evaluation at midterm and upon completion of his or her 196 clinical hours. Only the final CET will be counted toward the student's grade. 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.

Due: Week 7 and 15

This assignment relates to Student Outcomes 1, 3, 5, 7, 8, and 9.

Assignment 4: 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.

Due: Week 1

This assignment relates to Student Outcome 4.

Class Participation (10% of course grade)

In preparation for weekly, synchronous class sessions, students will be expected to complete and submit weekly class preparation assignments. These weekly asynchronous assignments/reflections/questions will be graded according to a rubric.

A significant amount of time (online synchronous) will be spent 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.

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 consistently 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. Class attendance is mandatory. The presence (and absence) of students greatly affects the learning experience of others. If a student anticipates missing a class or is ill, he or she will be expected to notify the instructor within 24 hours of the missed deadline or synchronous class session.

Due: Ongoing

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. Papers are due on the day and time specified by the faculty. An extension for papers or other assignments will be granted only for serious extenuating circumstances with the permission of the faculty. If the paper or other assignment is turned in late without prior permission, there will be an automatic deduction of 10% per day up to 5 days (example- 3 days late results in an automatic 30% deduction from the grade). After the 5th day the late paper will receive an automatic 0.

Class grades will be based on the following:

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

Within the School of Social Work, grades are determined in each class based on the following standards, which have been established by the faculty of the School: Grades include: **CR (Credit)** Passing mark for **non-letter graded** courses. Refer to Grading Options and Enrollment Status. 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.
- The clinical component is 60% 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.

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

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

VIII.   Required and Supplementary Instructional Materials and Resources

Required Textbooks:

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803695290

Recommended Textbooks:

Burns, C. E., Dunn, A. M., Brady, M. A., Starr, M. B., Blosser, C. G., & Garzon, D. L. (2017). *Pediatric primary care* (6th ed.). Philadelphia, PA: Elsevier/Saunders. ISBN: 9780323243384

Hagan, J.F., Shaw, J.S., & Duncan, P. (2017). *Bright Futures* (4th ed.). Elk Grove Village, IL. ISBN 978-1-61002-022-0

Recommended Guidebook for APA Formatting:

American Psychological Association (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, D.C.: American Psychological Association. ISBN 978-1- 4338-0561-5

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

Course Overview

Week	Content	Assignments
1	**Module 1: MACRA and the Advanced Practice Nurse** ▪ Review billing, use MIPs/MACRA with reimbursement, benchmarks for value-based reimbursements	**Week 1:** • Signed Learning Agreement • Orientation to clinical practicum
2	**Module 2: Mental Health** • ADHD • Suicidal ideations: clinical presentation, evaluation and management and referral	**Week 2:** • Clinical Practicum
3	**Module 3: Putting the Pieces Together: Pediatric and Growth Development** • Anticipatory guidance • Interpretation of plotted measurements • Growth disorders	**Week 3:** ☐ Clinical Practicum ☐ Faculty check-in with preceptors
4	**Module 4: The Dermatologic Detective** • Clinical presentation, diagnosis, treatment, and management of select dermatologic conditions across the lifespan • Laceration repair	**Week 4:** ☐ Clinical Practicum ☐ Faculty check-in with preceptors
5	**Module 5: Pulmonary Disorder Case Studies** • Chronic cough • Pneumonia across the lifespan	**Week 5:** • Clinical Practicum
6	**Module 6: Hematologic Disorders** • Marfan syndrome • Anticoagulant therapy in prosthetic heart valve • Pulmonary embolism	**Week 6:** • Student-Led Complex Case: Childbearing/Pediatric • Clinical Practicum
7	**Module 7: GI Case Studies** • Peptic ulcer disease • Chronic kidney disease	**Week 7:** • Preceptor-student midterm clinical evaluation due • Clinical Practicum

8	**Module 8: GYN/GU/Renal Module** • Women's health across the lifespan • Male health across the lifespan	**Week 8:** • Student-Led Complex Case: Adult • Clinical Practicum
9	**Module 9: The Musculoskeletal System** • Chronic low back pain • Sciatica	**Week 9:** • Clinical Practicum • Upload video
10	**Module 10: Neurologic Disorders** • Stroke diagnosis and management • Headache complications	**Week 10:** • Student-Led Complex Case: Aging Adult • Clinical Practicum
11	**Module 11: Endocrine Disorders** • Diabetes mellitus type 2—insulin initiation • Diabetes mellitus type 1 • Pituitary adenoma	**Week 11:** • Clinical Practicum
12	**Module 12: Rheumatology and Infectious Disease** • Systemic lupus erythematous • Lyme disease • Syphilis	**Week 12:** • Clinical Practicum
13	**Module 13: Disease Management** • Primary care of the complex patient with multiple comorbidities • HIV coinfection with hepatitis C • Renal insufficiency • Hyperlipidemia and hypertension. • Caring for patient with sequelae of cerebral vascular accident	**Week 13:** • Clinical Practicum • Standardized Procedure
14	**Module 14: Complicated Patient** • Focus on prioritization	**Week 14:** • Clinical Practicum
15	**Module 15: Common Cases in Primary Care** • Pain management • Substance use disorders	**Week 15:** • Preceptor-student final clinical evaluation due • Clinical Practicum
Study Days/No Classes		
Final Examinations		

Course Schedule—Detailed Description

Module 1: MACRA and the Advanced Practice Nurse	Month Date
Topics	
• What is MACRA? • Reimbursement models: APMs • MACRA and the advanced practice nurse	

This module relates to Course Objectives 6 and 7.

Required Readings:

Advancing Care Information Performance Category Fact Sheet. Retrieved from:

https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf

American Association of Nurse Practitioners. (n.d.) MACRA's quality payment program. Retrieved from:

https://www.aanp.org/legislation-regulation/federal-legislation/macra-s-quality-payment-program

Recommended Readings:

Centers for Medicare and Medicaid Services. (2017). MACRA. MIPS and APMSs. Retrieved from

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based- Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html

Module 2: Mental Health	Month Date
Topics	
• ADHD • Suicidal ideations	

This module relates to Course Objectives 1–8.

Required Readings:

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 71: Neurodevelopmental Disorders, pp. 1177-1184 and pp. 1187-1197.

Recommended Readings:

Felt, B. T., Biermann, B., Christner, J. G., Kacchar, P., & Harison, V. (2014). Diagnosis and management of ADHD in children. *American Family Physician*, *90*(7). Retrieved from: http://www.aafp.org/afp/2014/1001/p456.pdf

Bernert, R. A., Hom, M. A., and Roberts, L. A. (2014). A review of multidisciplinary clinical practice guidelines in suicide prevention: Toward an emerging standard in suicide risk assessment and management, training and practice. *Academic Psychiatry: The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry*, *38*(5), 585–592. Retrieved from

Documents:

Patient Health Questionaire-9 (PHQ-9). Retrieved from http://www.cqaimh.org/pdf/tool_phq9.pdf

The Mood Disorder Questionnaire. Retrieved from http://www.sadag.org/images/pdf/mdq.pdf

Module 3: Pediatric Growth and Development	Month Date
Topics	
- Anticipatory guidance - Interpretation of plotted measurements - Growth disorders	

This module relates to Course Objectives 1–8.

Required Readings:

CDC growthchart.pdf: https://www.cdc.gov/nccdphp/dnpa/growthcharts/resources/growthchart.pdf

Recommended Readings:

A Health Professional Guide in Using Growth Charts: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2720489/

Module 4: The Dermatologic Detective	Month Date
Topics	
- Clinical presentation, diagnosis, treatment, and management of select dermatologic conditions across the lifespan - Seborrheic dermatitis - Psoriasis - Tinea capitis - Dyshydrotic eczema - Irritant contact dermatitis - Tinea pedis - Scabies - Herpetic whitlow - Laceration repair	

This module relates to Course Objectives 1–8.

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. **Chapter 12: Parastic Skin Infestations, pp. 159-163 (Scabies)**

1. **Chapter 14: Bacterial Skin Infections, pp. 172-181**
2. Chapter 15: Viral skin infections, pp. 204-209
3. Chapter 16: Dermatitis, pp. 217-233

Module 5: Pulmonary Disorders	Month Date
Topics	
• Chronic cough • Pneumonia across the lifespan	

This module relates to Course Objectives 1–8.

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 29: Pneumonia, pp. 375-384.

Recommended Readings:

Kaysin, A., & Viera, A. J. (2016). Community-acquired pneumonia in adults: Diagnosis and management. *American Family Physician, 94*(9), 698–706.

Stuckey-Schrock, K., Hayes, B. L., & George, C. M. (2012). Community-acquired pneumonia in children. *American Family Physician, 86*(7), 661–667.

Module 6: Hematologic Disorders	Month Date
Topics	
• Marfan syndrome • Anticoagulant therapy in prosthetic heart valves • Pulmonary embolism	

This module relates to Course Objectives 1–8.

Required Readings:

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 37: Disorders of the Vascular System, pp. 523-527.

Kearon, C., Akl, E. A., Orneals, J., Blavias, A., Jimenez, D., Bournameaux, H., …, Moores, L. (2016). Antithrombotic therapy for VTE Disease: CHEST guideline and expert panel report. CHEST, 149(2).

Recommended Readings:

AAFP and ACP Publish Recommendations on Diagnosis and Management for VTE. Retrieved from:
http://www.aafp.org/afp/2007/1015/p1225.html

Agha, B. S., Sturm, J. J., Simon, H. K., & Hirsh, D. A. (2013). Pulmonary embolism in pediatric emergency department. *Pediatrics*, *132*(4). Retrieved from http://pediatrics.aappublications.org/content/pediatrics/132/4/663.full.pdf

Module 7: GI/GU Case Studies	Month Date
Topics	
• Peptic ulcer disease • Chronic kidney disease	

This module relates to Course Objectives 1–8.

Required Readings:

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 40: Gastric and Intestinal Disorders, pp. 569-582; 589-596

Module 8: Renal GU/GYN	Month Date
Topics	
• Chronic renal disease • OCS/PCOS	

This module relates to Course Objectives 1–8.

Required Readings:

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 45: Kidney and Bladder Disorders, pp. 650-668
2. Chapter 48: Vaginal, Uterine, and Ovarian Disorders, pp. 704-747

Module 9: The Musculoskeletal System	Month Date
Topics	
• Chronic low back pain • Sciatica	

This module relates to Course Objectives 1–8.

Required Readings:

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 53: Spinal Disorders, pp. 814-833.

Module 10: Neurological Disorders	Month Date
Topics	

- Acute stroke
- Headache

This module relates to Course Objectives 1–6.

Required Readings:

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 8: Degenerative Disorder, pp.105-116
2. Chapter 9: Cerebrovascular Accident (Stroke), pp. 117-126

Module 11: Endocrine Disorders	Month Date
Topics	

- Diabetes mellitus type 2—insulin initiation
- Diabetes mellitus type 1
- Pituitary adenoma

This module relates to Course Objectives 1–8.

Module 12: Rheumatology and Infectious Disease	Month Date
Topics	

- Systemic lupus erythematous
- Lyme disease
- Syphilis

This module relates to Course Objectives 1–8.

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 51: Sexually Transmitted Infections, pp. 779-787.

Recommended Readings:

Center for Disease Control. (2015). Sexually transmitted diseases treatment guidelines. *Morbidity and Mortality Weekly Report,* 64(3), 34–51. Retrieved from https://www.cdc.gov/std/tg2015/tg-2015-print.pdf

Module 13: Disease Management	Month Date
Topics	

- Primary care of the complex patient with multiple comorbidities
- HIV/hepatitis C coinfection
- Renal insufficiency
- Hyperlipidemia and hypertension.
- Caring for patient with sequelae of cerebral vascular accident

This module relates to Course Objectives 1–8.

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 63: Infectious Disorders, pp. 1030-1054

Module 14: Complicated Patient	Month Date
Topics	
- Primary care of the complicated patient with: - Obesity - Asthma - GERD - HTN - Dyslipidemia - Low back pain - Hepatitis C - Prediabetes - Bipolar disorder - Depression	

This module relates to Course Objectives 1–8.

Required Readings:

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 77: Primary Care of Older Adults, pp. 1281-1298.

Module 15: Common Cases in Primary Care	Month Date
Topics	
- Pain management - Substance use disorders - Infectious disorder	

This module relates to Course Objectives 1–8.

Required Readings:

Dunphy, L. M., Winland-Brown, J. E., Porter, B. O., &Thomas, D. J. (2019). *Primary care: The art and science of advanced practice nursing* (5th ed.). Philadelphia: FA Davis Company. ISBN-13: 978-0803667181

1. Chapter 78: Palliative Care and Pain Management (section on pain management), pp. 1304-1310.

Lembke, A., Humphreys, K., & Newmark, J. (2016). Weighing the risks and benefits of chronic opioid therapy. *American Family Physician, 93*(12), 982–990. Retrieved from http://www.aafp.org/afp/2016/0615/p982.pdf

Winslow, B. T., Onysko, M., and Hebert, M. (2016). Medication for alcohol use disorder. *American Family Physician, 93*(6), 457–465. Retrieved from http://www.aafp.org/afp/2016/0315/p457.pdf

Documents:

Alcohol Use Disorder Identification Test (Audit-C) too: Retrieved from

https://www.integration.samhsa.gov/images/res/tool_auditc.pdf

Guideline for Prescribing Opioids for Chronic Pain. Retrieved from
https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-
a.pdf

Sample Pain Management Contract Appendix 6. Retrieved from http://www.jpain.org/article/S1526-5900(08)00831-6/pdf

Study Days / No Classes	Month Date

Final Examinations	Month Date

University Policies and Guidelines

IX. ATTENDANCE POLICY

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

University of Southern California policy permits students to be excused from class for the observance of religious holy days. This policy also covers scheduled final examinations which conflict with students' observance of a holy day. Students must make arrangements *in advance* to complete class work which will be missed, or to reschedule an examination, due to holy days observance.

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

X. ACADEMIC CONDUCT

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

XI. SUPPORT SYSTEMS

Student Counseling Services (SCS) – (213) 740-7711 – 24/7 on call
Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. engemannshc.usc.edu/counseling

National Suicide Prevention Lifeline – 1 (800) 273-8255
Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. www.suicidepreventionlifeline.org

Relationship and Sexual Violence Prevention Services (RSVP) – (213) 740-4900 – 24/7 on call
Free and confidential therapy services, workshops, and training for situations related to gender-based harm. engemannshc.usc.edu/rsvp

Sexual Assault Resource Center
USC Policy Reporting to Title IX: https://policy.usc.edu/reporting-to-title-ix-student-misconduct/
USC Student Health Sexual Assault & Survivor Support: 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 may be directed to the student's advisor and/or the chair of your program.
Office of Equity and Diversity (OED)/Title IX Compliance – (213) 740-5086
Works with faculty, staff, visitors, applicants, and students around issues of protected class. equity.usc.edu

Bias Assessment Response and Support

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

The Office of Disability Services and Programs
Provides certification for students with disabilities and helps arrange relevant accommodations. dsp.usc.edu

USC Support and Advocacy (USCSA) – (213) 821-4710
Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. studentaffairs.usc.edu/ssa

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

USC Emergency Information
Provides safety and other updates, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible. emergency.usc.edu

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

XII.   ADDITIONAL RESOURCES

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

XIII.   STATEMENT ABOUT INCOMPLETES

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

XIV.   POLICY ON LATE OR MAKE-UP WORK

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

XV.   POLICY ON CHANGES TO THE SYLLABUS AND/OR COURSE REQUIREMENTS

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

XVI.   CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (OPTIONAL)

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

Preamble

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

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

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

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

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

Code of Ethics for Nurses

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

The Code of Ethics for Nurses serves the following purposes:
- It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession.
- It is the profession's nonnegotiable ethical standard.
- It is an expression of nursing's own understanding of its commitment to society.

There are numerous approaches for addressing ethics; these include adopting or subscribing to ethical

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

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

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

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

XVII. ACADEMIC DISHONESTY SANCTION GUIDELINES

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

XVIII. COMPLAINTS

If you have a complaint or concern about the course or the instructor, please discuss it first with the instructor. If you feel cannot discuss it with the instructor, contact the chair of the [xxx]. If you do not receive a satisfactory

response or solution, contact your advisor and/or Associate Dean and MSW Chair Dr. Leslie Wind for further guidance.

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

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

Don't procrastinate or postpone working on assignments.