

## NURS 604

### Clinical Practicum: Management of Adult Patients with Complex Medical Issues

### 3 Units

**Instructor:** xxx  
**Email:** xxx  
**Telephone:** xxx  
**Office:** xxx  
**Office Hours:** xxx

**Course Days:**  
**Course Time:**  
**Course Location**

#### I. Course Prerequisites

NURS 600 Theory: Clinical Management of Adult Patients with Complex Medical Issues

#### II. Catalogue 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 Adult Patients with Complex Medical Issues course. The course focuses on the diagnosis and management of patients with complex acute and chronic illnesses. In addition, the clinical experience 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. The clinical experience can take in a variety of practice settings.

#### III. Course Description

In this clinical practicum, the student will perform histories and physical examinations. The students will focus on the diagnosis and management of patients with complex acute and chronic illnesses. 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:

#### IV. Course Objectives

Objective #	Objectives
1	Perform an efficient health history and a relevant, orderly, and complete physical examination for the adult 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, lab, 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 adult 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 online course, using both asynchronous and synchronous approaches. Students are expected to be prepared, 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 or laptop 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 both asynchronously and synchronously. This course has been structured and sequenced according to guided-inquiry learning principles. Interactive activities (both asynchronous and synchronous), case studies, active group discussion, presentations, didactic lecture by webcast, viewing online resources, and 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 604	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
<p><b>Family Nurse Practitioner competent in Scientific Foundation Competencies:</b></p> <p>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</p>	Critically analyzes data and evidence for improving advanced nursing practice	<p>Case Study 1 Case Study 2 Case Study 3 Case Presentation Clinical Evaluation Tool</p>
	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
<p><b>Family Nurse Practitioner competent in Leadership Competencies:</b></p> <p>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.</p>	Assumes complex and advanced leadership roles to initiate and guide change.	<p>Clinical Evaluation Tool</p>
	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, implementation and evaluation of care provided in complex systems.	

QUALITY COMPETENCIES		
Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><b>Family Nurse Practitioner competent in Quality Competencies:</b></p> <p>Discusses methods, tools, performance measures, and standards related to quality, and applies quality principles within an organization.</p>	Uses best available evidence to continuously improve quality of clinical practice.	<p>Case Study 1 Case Study 2 Case Study 3 Case Presentation Clinical Evaluation Tool</p>
	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
<p><b>Family Nurse Practitioner competent in Practice Inquiry Competencies:</b></p> <p>Applies scholarship for evidenced-based practices within the practice setting, resolves practice problems, works as a change agent, and disseminates results.</p>	Provides leadership in the translation of new knowledge into practice.	<p>Case Study 1 Case Study 2 Case Study 3 Case Presentation Clinical Evaluation Tool</p>
	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
<p><b>Family Nurse Practitioner competent in Technology and Information Literacy Competencies:</b></p> <p>Integrates and incorporates advances in technology within the practice</p>	Integrates appropriate technologies for knowledge management to improve health care.	<p>Clinical Evaluation Tool</p>
	<p>Translates technical and scientific health information appropriate for various users' needs.</p> <ul style="list-style-type: none"> <li>▪ Assesses the patient's and caregiver's educational needs to</li> </ul>	

setting, resolves practice problems, works as a change agent, and disseminates results.	provide effective, personalized health care.	
	<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>Family Nurse Practitioner competent in Policy Competencies:</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.	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
<p><b>Family Nurse Practitioners competent in Health Delivery System Competencies:</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</p>	Applies knowledge of organizational practices and complex systems to improve health care delivery.	Case Presentation Clinical Evaluation Tool
	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.	

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	Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.	
	Analyzes organizational structure, functions, and resources to improve the delivery of care.	

## ETHICS COMPETENCIES

Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><b>Family Nurse Practitioner competent in Ethics Competencies:</b></p> <p>Integrates the highest level of moral principles and social policy when applying professional guidelines in the practice environment</p>	Integrates ethical principles in decision making.	<p>Case Study 1 Case Study 2 Case Study 3 Case Presentation Clinical Evaluation Tool</p>
	Evaluates the ethical consequences of decisions.	
	Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.	

## INDEPENDENT PRACTICE COMPETENCIES

Competencies/Knowledge, Values, Skills	Student Learning Outcomes	Method of Assessment
<p><b>Family Nurse Practitioner competent in Independent Practice Competencies:</b></p> <p>Demonstrates how nursing practice, at the master's level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Advanced practice nurses must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care</p>	Functions as a licensed independent practitioner.	<p>Clinical Evaluation Tool</p>
	Demonstrates the highest level of accountability for professional practice.	
	<p>Practices independently managing previously diagnosed and undiagnosed patients.</p> <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	



	<p>patient or designee as a full partner in decision-making.</p> <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> <li>▪ Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</li> </ul>	
	<p>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.</p>	
	<p>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.</p>	
	<p>Assesses the impact of an acute, and/or chronic illness, or common injuries on the family as a whole.</p>	
	<p>Assesses decision-making ability and consults and refers, appropriately.</p>	
	<p>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.</p>	
	<p>Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.</p>	
	<p>Formulates comprehensive differential diagnoses.</p>	
	<p>Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the development of</p>	

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	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 providing mental health services, e.g., psychotherapists, psychologists, psychiatric social workers, psychiatrists, and advanced practice psychiatric nurses.	
	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>Non-Clinical Component</b>			
Case Study 1		Week 3	5%
Case Study 2		Week 6	10%
Case Study 3		Week 9	10%
Group Case Presentation		Assigned to week 11, 12, 13, or 14	5%
Class Participation		Ongoing	10%
Non-Clinical Component - Total	40%		
<b>Clinical Component</b>			
Clinical Evaluation Tool (midterm and final)		Week 7 and 15	60%
Clinical Component - Total	60%		

**\*Case Study 1, 2, and 3 should be uploaded to the course LMS prior to the week's synchronous class**

**\*Clinical Component 60% of total grade. Non-Clinical Component 40% of total grade**

**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/her time zone accordingly. Accommodations or exceptions will not be granted for conflicts caused by differing time zones.

**Policy on Late or Make-Up Work** Papers are due on the day and time specified. Extensions will be granted only for serious extenuating circumstances with prior permission of the faculty. If the paper is late without permission, the grade will be affected. Papers are due on the day and time specified by the faculty. If the paper or other assignment is turned in late without prior permission, there will be an automatic deduction of 5% per day up to 5 days (example- 3 days late results in an automatic 15% deduction from the grade). After the 5<sup>th</sup> day the late paper will receive an automatic 0.

Each of the major assignments is described below.

### **Assignments 1, 2 & 3: Case Study 1 (5% of course grade), and Case Study 2 & 3 (10% of course grade)**

Three written episodic case studies from the student's clinical practicum will be due at Weeks 3, 6 and 9 of this course. Students will identify a patient who came into their clinical site for an episodic visit. Students should use the USC Template for Clinical Write Ups as a guide. The case should be de-identified of any patient, preceptor, or clinical site information; cases must be Health Insurance Portability and Accountability Act (HIPAA) compliant.

Students will include the subjective, objective, assessment, plan, and evidence (SOAPE) format as the organizing framework for this assignment (including Chief Complaint, History of Present Illness (HPI), Past Medical History (PMH), Medications, Allergies, Family History (if appropriate), Health Maintenance (immunizations and screenings), Social History, Review of Systems and Physical Exam as it pertains to the chief complaint(s). The assessment should include an analysis of possible differential diagnoses (at least three) and a justification of clinical decisions made. Recent evidence-based references should be used to support the clinical rationale. References must be from a peer-reviewed internal medicine, pediatric, or women's health journal. UpToDate, eMedicine, and other web-based resources are not acceptable for this paper. A rationale must be included for each component of the plan. For each clinical diagnosis the corresponding International Classification of Disease-10 code (ICD-10) should be included. Cases can incorporate a critical appraisal if there are any components of the plan that the student would have executed differently. Additionally, the cases selected should demonstrate an ability to meet either an ethical or cultural competency. Cases should include a **cultural reflection section** that speaks to how the patient's culture impacted or affected the care that they received or how the student took into consideration the patient's culture OR it should include a discussion about an ethical dilemma as it relates to the case. The ethical principles used to solve the dilemma should be included in the discussion.

Note "culture" is not limited to the patient's race or ethnicity and can include other aspects such as age, sexual orientation, religion and socioeconomic class.

#### *Grading Rubric for Case Study*

- 40%: An orderly, thorough, and accurate History and Physical that includes: (use USC Template for Clinical Write Ups) Chief Complaint, HPI, PMH, Medications, Allergies, Family History, Health Maintenance/Screenings, Social History, Review of Systems, and Physical Exam.
- 20%: Assessment, which includes an analysis of at least two differential diagnoses and your primary diagnosis. Provide an explanation of the clinical decision-making process.
- 20%: Plan that is relevant to any interventions and includes evidence-based references to reinforce the treatment plan. Appropriate references are current (3–5 years) pertinent evidence-based articles. References must be from a peer-reviewed internal medicine, pediatric, or women's health journal. UpToDate, eMedicine and other web-based resources are not acceptable for this paper.
- 5%: Includes a discussion of the cultural or ethical competency met.

- 10%: Accuracy, grammar, medical syntax, structure.
- 5%: Overall synthesis

Students will also be expected to prepare and provide ~ a five-minute verbal synopsis of their case during the synchronous session in Weeks 3, 6 and 9.

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

### **Due: Week 3, 6 and 9 (before synchronous session)**

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

### **Assignment 3: Case Presentation (5% of course grade)**

Students will divide into groups consisting of two students per groups during the first synchronous course session. Each group will present a case from their clinical practicum; this CANNOT be the same case/patient used in Assignments 1, 2, or 3. The presentation will be a summary of the case. Please provide learning objectives for the presentation. During the discussion, the group should include applicable “clinical pearls” or “lessons learned.” The group should also include a recent (within the past five years) clinical article from a peer-reviewed journal that emphasizes either the clinical pearl or another interesting element of the case. Students should be prepared to discuss the article during their presentation. Additionally, the case discussion should include the consideration of a cultural or social determinant of health, or ethical competency. Cases should include a cultural reflection that speaks to how the patient’s culture impacted or affected the care received or how the student took the patient’s culture into consideration OR it should encompass how a social determinant of health impacted or affected the patient, contributed to the patient’s illness, or affected the care received OR it should include a discussion of an ethical dilemma as it relates to the case. The ethical principles used to solve the dilemma should be included in the discussion. This should be a dynamic interactive presentation, please develop two to three questions that you can use to engage the class in the presentation (stimulate discussion).

#### *Grading Rubric for Case Presentation*

- 30%: Provides detailed, accurate, and comprehensive case summary.
  - o Learning objectives
- 20%: Articulates the “clinical pearl” aspect of the case.
- 20%: Incorporates a journal article from a peer-reviewed journal.
- 20%: Integrates cultural or ethical competency component.
- 10%: Leads an interactive case discussion.

- o Develop 2-3 questions to challenge and engage the class

This is a group project and a group grade will be assigned. Please note, each member of the group should upload the PowerPoint associated with the presentation.

Presentations should be approximately 20 minutes in length with 10 minutes for discussions/questions.

**Due: Group 1 Week 11, Group 2 Week 12, Group 3 Week 13, Group 4 Week 14.**

*This assignment relates to Student Outcomes 1 and 3.*

**Assignment 4: Class Participation (10% of course grade)**

In preparation for weekly synchronous class sessions, students are expected to complete and submit weekly class preparation assignments. These weekly asynchronous assignments/reflections/questions will be graded according to a rubric we will discuss during Week 1.

A significant amount of time (online, synchronous) will be spent in groups discussing core course content. A variety of techniques will be used to assist in stimulating a more meaningful learning environment. In order to get the full benefit of the learning experience, it is the expectation that every student 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.

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

**Due: weekly**

*This assignment relates to Student Outcomes 1, 3, 5, 6, 7, and 8.*

**Assignment 5: Clinical Practicum and Evaluation (60% 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. You have 7 days to enter your clinical data before the system will lock you out. Specific information regarding the Typhon system has been discussed at OCI #1 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 Log (paper form) must be fully 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 prior to the asynchronous class in the appropriate assignment section. Completion of this requirement will enable you to successfully complete clinical. Failure to complete the Time Log will impact approval of clinical hours.

The Clinical Evaluation Tool (CET) contains a grading system and will be used to determine if the student achieves the course objectives above the average expectancy. The grading is Pass/Fail and the CET will be provided to students in Week 1 of the course. The student's preceptor will complete an evaluation at midterm and upon completion of the student's 196 clinical hours. Only the final CET will be counted towards the student's grade. Please upload your midterm and final evaluation to the course LMS.

**Due: Week 7 and 15**

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

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

Class grades will be based on the following:

Class		Final	
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–

**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.**
- **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



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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

### Recommended Textbooks:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

Hatcher, R., Trussell, J., Nelson, A., Cates, W., Stewart, F., & Kowal, D. (2018). *Contraceptive technology* (21th ed.). Atlanta, GA: Bridging the Gap Communications. ISBN 978-17323481953

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical assessment* (9th ed.). Philadelphia, PA: Elsevier/Saunders. ISBN 978-0323481953

### Recommended Guidebook for APA Formatting:

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). Washington, D.C.: American Psychological Association. ISBN 978-1433832161

### Recommended Websites and Databases:

Agency for Healthcare Research and Quality. (2014). Guide to clinical preventive services, 2014.  
Retrieved from <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/guide/index.html>

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

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

UpToDate® is one of the evidence-based clinical decision-making resources available to practitioners. During this course, students will be asked to use UpToDate® as they work through selected case studies.

This resource is available through USC's Norris Medical Library website.

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

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

## Course Overview

Week	Content	Assignments
1	<p><b>Module 1: Course Introduction</b></p> <ul style="list-style-type: none"> <li>This module covers an introduction to the course including course expectations, orientation to clinical, and the use of the clinical tracking system. Patient and preceptor etiquette will be discussed.</li> </ul>	
2	<p><b>Module 2: Approaches to Difficult Conversations – Let’s Talk</b></p> <ul style="list-style-type: none"> <li>This module provides the family nurse practitioner student with an overview of the palliative care issues, including the social, physical, economical, and environmental concerns that influence the health of the individual, the family, and the community.</li> </ul>	
3	<p><b>Module 3: Palliative Care – Strategies for Symptom Control</b></p> <ul style="list-style-type: none"> <li>This module reviews strategies to maximize the patient’s quality of life. The management of acute or chronic symptoms related to complex terminal illnesses that the family nurse practitioner may encounter in clinical practice will be reviewed.</li> </ul>	<p><b>Module 3:</b></p> <ul style="list-style-type: none"> <li>Case Study 1 Due</li> </ul>
4	<p><b>Module 4: Pain Management</b></p> <ul style="list-style-type: none"> <li>This module reviews the importance of the management of pain. Recommendations regarding opioid management will be presented. Therapeutic interventions and referral options routinely be incorporated into primary care will be covered.</li> </ul>	
5	<p><b>Module 5: Decision-Making Capacity – Competency</b></p> <ul style="list-style-type: none"> <li>This module reviews strategies for determining the ability of the patient to engage in healthcare decision-making. Recommendations regarding services and management options that should be routinely incorporated into primary care will be covered.</li> </ul>	
6	<p><b>Module 6: Infectious Disease</b></p> <ul style="list-style-type: none"> <li>This module is intended to provide the family nurse practitioner student with the knowledge necessary to provide healthcare to patients experiencing complex illnesses such as TB and mosquito-borne infections.</li> </ul>	<p><b>Module 6</b></p> <ul style="list-style-type: none"> <li>Case Study 2 Due</li> </ul>
7	<p><b>Module 7: Care of the Older Female Patient</b></p> <ul style="list-style-type: none"> <li>This module provides the family nurse practitioner student with an understanding of the key principles associated with the management of issues such as menopause, osteoporosis, and urinary incontinence. Therapeutic interventions and</li> </ul>	<p><b>Module 7:</b></p> <ul style="list-style-type: none"> <li>Midterm Clinical Evaluation Tool Due</li> </ul>

	referral options routinely incorporated into primary care are covered.	
8	<p><b>Module 8: Care of the Older Male Patient</b></p> <ul style="list-style-type: none"> <li>This module provides the family nurse practitioner student with an understanding of the key principles associated with the management of issues such as benign prostatic hypertrophy, prostate cancer, erectile dysfunction, and urinary incontinence. Therapeutic interventions and referral options routinely incorporated into primary care are covered.</li> </ul>	
9	<p><b>Module 9: Care of the Geriatric Patient - Geriatric Triad</b></p> <ul style="list-style-type: none"> <li>This module provides the family nurse practitioner student with an understanding of the key principles associated with the management of the issues anxiety, depression, and pain in the geriatric population. Therapeutic interventions and referral options routinely incorporated into primary care are covered.</li> </ul>	<p><b>Module 9:</b></p> <ul style="list-style-type: none"> <li>Case Study 3 Due</li> </ul>
10	<p><b>Module 10: Modifiable Patient Behaviors, Part 1</b></p> <ul style="list-style-type: none"> <li>This module provides the family nurse practitioner student with an understanding of the key principles associated with the management of the issues of such as substance abuse and alcohol abuse. Strategies for engaging the patient in care will be explored. Therapeutic interventions and referral options routinely incorporated into primary care are covered.</li> </ul>	
11	<p><b>Module 11: Modifiable Patient Behaviors, Part 2</b></p> <ul style="list-style-type: none"> <li>This module provides the family nurse practitioner student with an understanding of the key principles associated with the management of the issues of such as sedentary lifestyle, obesity, and tobacco use. Strategies for engaging the patient in care will be explored. Therapeutic interventions and referral options routinely incorporated into primary care are covered.</li> </ul>	<p><b>Module 11:</b></p> <ul style="list-style-type: none"> <li>Case Presentations Group 1</li> </ul>
12	<p><b>Module 12: Geriatric Conditions</b></p> <ul style="list-style-type: none"> <li>This module will provide the family nurse practitioner student with an understanding of the key principles associated with the management of hyponatremia and hypothyroidism in an aging population. Patient care strategies will be explored. Therapeutic interventions and referral options routinely incorporated into primary care are covered.</li> </ul>	<p><b>Module 12:</b></p> <ul style="list-style-type: none"> <li>Case Presentations Group 2</li> </ul>

13	<p><b>Module 13: Complex Case Study</b></p> <ul style="list-style-type: none"> <li>This module provides the family nurse practitioner student with an overview of diagnostic testing and management for a complex case. The patient presents with multiple comorbidities and has limited resources. Patient care strategies are explored. Therapeutic interventions and referral options routinely incorporated into primary care are covered.</li> </ul>	<p><b>Module 13:</b></p> <ul style="list-style-type: none"> <li>Case Presentations Group 3</li> </ul>
14	<p><b>Module 14: Care of the Patient Who Has Experienced Torture/Trauma</b></p> <ul style="list-style-type: none"> <li>This module provides the family nurse practitioner student with an understanding of the key principles associated with building a therapeutic relationship with a patient who has experience torture and/or trauma. Patient care strategies will be explored. Therapeutic interventions and referral options routinely incorporated into primary care are covered.</li> </ul>	<p><b>Module 14:</b></p> <ul style="list-style-type: none"> <li>Case Presentations Group 4</li> </ul>
15	<p><b>Module 15: Course Conclusion</b></p> <ul style="list-style-type: none"> <li>This module is intended to wrap up the course and cover content of the class's choosing.</li> </ul>	<p><b>Module 15:</b></p> <ul style="list-style-type: none"> <li>Final Clinical Evaluation Tool</li> </ul>
<b>Study Days / No Classes</b>		
<b>Final Examinations</b>		

## Course Schedule—Detailed Description

Module 1: Course Introduction	Week 1
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Course introduction</li> <li>• Clinical tracking systems (Typhon) orientation</li> <li>• Orientation to clinical including patient and preceptor etiquette</li> </ul>	

This module relates to Course Objectives 1 through 8.

Module 2: Approaches to Difficult Conversations – Let’s Talk	Week 2
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Approaches to difficult conversations               <ul style="list-style-type: none"> <li>○ Integration of palliative care</li> <li>○ Basic components of the conversation</li> <li>○ Hospice vs. palliative care</li> <li>○ Current research</li> <li>○ Barriers to communication</li> <li>○ Addressing prognosis</li> <li>○ Conversation Guide</li> </ul> </li> <li>• Clinical practicum debriefs</li> <li>• Case studies</li> </ul>	

This module relates to Course Objectives 5, 6 and 7.

### Recommended Readings:

Bernacki, R. E., Block, S. D., & American College of Physicians High Value Care Task Force. (2014). Communication about serious illness care goals: A review and synthesis of best practices. *JAMA Intern Med.*, 174(12), 1994–2003. doi:10.1001/jamainternmed.2014.5271

Gomes, B., Calanzani, N., Curiale, V., McCrone, P., & Higinson, I. (2013). Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers. *Cochrane Database Syst. Rev.* 6, 1–279. doi:10.1002/14651858.CD007760.pub2

Jackson, V., Jacobsen, J., Greer, J., Pirl, W., Temel, J., & Back, A., (2013). The cultivation of prognostic awareness through the provision of early palliative care in the ambulatory setting: A communication guide. *Journal of Palliative Medicine*, 16(8), 894–900. doi:10.1089/jpm.2012.0547

Temel, J., Greer, J., Muzikansky, A., Gallagher, E., Admane, S., Jackson, V., ... Lynch, T. (2010). Early palliative care for patients with metastatic non-small-cell lung cancer. *N Engl J Med.*, 363, 733–742. doi:10.1056/NEJMoa1000678

Buss, M. K., Rock, L. K., & McCarthy, E. P. (2017). Understanding palliative care and hospice: A review for primary care providers. *Mayo Clinic Proceedings*, 92(2), 280–286. doi:10.1016/j.mayocp.2016.11.007



<b>Module 3: Palliative Care – Strategies for Symptom Control</b>	<b>Week 3</b>
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<b>Topics</b>
<ul style="list-style-type: none"> <li>• Brief history of palliative care</li> <li>• Discuss strategies pharmacologic and nonpharmacologic</li> <li>• Advance directives</li> <li>• Ethical decision-making</li> <li>• Communication</li> <li>• Clinical practicum debriefs</li> <li>• Case studies</li> </ul>

This module relates to Course Objective 4, 5, 6, and 7.

**Recommended Readings:**

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

Chapter 78, Palliative Care and Pain Management

<b>Module 4: Pain Management</b>	<b>Week 4</b>
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<b>Topics</b>
<ul style="list-style-type: none"> <li>• Strategies to manage pain both pharmacologic and nonpharmacologic</li> <li>• Current best practices for pain management</li> <li>• Current national concern regarding epidemic of opioid addiction</li> <li>• Treatment guidelines managing opioid addiction</li> <li>• Behavioral change theories</li> <li>• Clinical practicum debriefs</li> <li>• Case studies</li> <li>• Episodic Case Study 1 presentations</li> </ul>

This module relates to Course Objectives 4, 5, 6, and 7.

**Recommended Readings:**

Campos-Outcalt, D. (2016). Opioids for chronic pain: The CDC's 12 recommendations. *The Journal of Family Practice*, 65(12), 906–909. [http://www.mdedge.com/jfponline/article/118916/pain/opioids-chronic-pain-cdcs-12-recommendations?utm\\_source=Clin\\_JFP\\_sf-Pain\\_033017&utm\\_medium=email&utm\\_content=Opioids%20for%20chronic%20pain:%20The%20CDC's%2012%20recommendations](http://www.mdedge.com/jfponline/article/118916/pain/opioids-chronic-pain-cdcs-12-recommendations?utm_source=Clin_JFP_sf-Pain_033017&utm_medium=email&utm_content=Opioids%20for%20chronic%20pain:%20The%20CDC's%2012%20recommendations)

CDC. (2016). Guideline for prescribing opioids for chronic pain. *Morbidity and Mortality Weekly Report*, 65(1), 1–49. [https://www.cdc.gov/drugoverdose/pdf/guidelines\\_factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf).

<b>Module 5: Decision-Making Capacity – Competency</b>	<b>Week 5</b>
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<b>Topics</b>
<ul style="list-style-type: none"> <li>• Discuss and describe alterations in decision-making capacities in the aging population</li> </ul>

- Discuss strategies to be presented to patients and/or families and caregivers as they deal changes with aging
- Review patient education strategies to be presented to patients and/or families and caregivers
- Best practices for care of the aging population dealing with mental and physical changes
- Clinical practicum debriefs
- Case studies
- Episodic Case Study 1 presentations (continued)

This module relates to Course Objectives 4, 5, 6, and 7.

## Recommended Readings:

Halter, J., Ouslaner, J., Studenski, S., High, K., Asthana, S., Ritchie, C., & Supiano, M. (2017). *Hazzard's geriatric medicine and gerontology* (7th ed.). New York, NY: McGraw Hill.

Chapter 10, Principals of Geriatric Assessment  
Chapter 12, Assessment of Decisional Capacity and Competencies

Module 6: Infectious Disease	Week 6
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Brief review of TB infection</li> <li>• Brief review of mosquito-borne infections</li> <li>• Best practice for the management of these health concerns</li> <li>• Special populations</li> <li>• Clinical practicum debriefs</li> <li>• Case studies</li> </ul>	

This module relates to Course Objectives 4, 5, 6, and 7.

## Recommended Readings:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

Chapter 30, Infectious Respiratory Disorders

Petersen, L., Brault, A., & Nasci, R. (n.d.) (2013). West Nile virus: Review of the literature. *JAMA: The Journal of the American Medical Association.*, 310(3), 308-315.

Shuaib, W., Stanazai, H., Abazid, A., & Mattar, A. (n.d.) (2016). Re-Emergence of Zika Virus: A Review on Pathogenesis, Clinical Manifestations, Diagnosis, Treatment, and Prevention. *The American Journal of Medicine.* 129(8), 879.e7-879.e12.

Module 7: Care of the Older Female Patient	Week 7
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Discuss common health concerns of older women: menopause, osteoporosis, and urinary incontinence</li> <li>• Review best practice for the management of these identified health concerns</li> <li>• Discuss key management strategies both pharmacologic and nonpharmacologic</li> <li>• Clinical practicum debriefs</li> </ul>	

- Case studies

This module relates to Course Objectives 4, 5, 6, and 7.

## Recommended Readings:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

Chapter 44, Urinary Tract Disorders

Chapter 48, Vaginal, Uterine, and Ovarian Disorders (Menopause)

Chapter 46, Common Reproductive System Complaints (Dyspareunia)

Chapter 55, Osteoarthritis and Osteoporosis

Module 8: Care of the Older Male Patient	Week 8
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Discuss common health concerns of older men: benign prostatic hypertrophy, prostate cancer, erectile dysfunction, and urinary incontinence</li><li>• Review best practice for the management of these identified health concerns</li><li>• Discuss key management strategies both pharmacologic and nonpharmacologic</li><li>• Clinical practicum debriefs</li><li>• Case studies</li><li>• Episodic Case Study 2 presentations</li></ul>	

- This module relates to Course Objectives 4, 5, 6, and 7.

## Recommended Readings:

### ED:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

Chapter 50, Penile and Testicular Disorders

Cunningham, G. R., & Rosen, R. C. (2018, April 18). Overview of male sexual dysfunction. UpToDate. [https://www-uptodate-com.libproxy2.usc.edu/contents/overview-of-male-sexual-dysfunction?search=Overview%20of%20male%20sexual%20dysfunction&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www-uptodate-com.libproxy2.usc.edu/contents/overview-of-male-sexual-dysfunction?search=Overview%20of%20male%20sexual%20dysfunction&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)

Cunningham, G. R., & Khera, M. (2018, January 31). Evaluation of male sexual dysfunction. UpToDate. [https://www-uptodate-com.libproxy2.usc.edu/contents/evaluation-of-male-sexual-dysfunction?search=Evaluation%20of%20male%20sexual%20dysfunction&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www-uptodate-com.libproxy2.usc.edu/contents/evaluation-of-male-sexual-dysfunction?search=Evaluation%20of%20male%20sexual%20dysfunction&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)

Cunningham, G. R., & Khera, M. (2018, June 19). Treatment of male sexual dysfunction. UpToDate. [https://www-uptodate-com.libproxy2.usc.edu/contents/treatment-of-male-sexual-dysfunction?search=treatment%20of%20male%20sexual%20dysfunction&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www-uptodate-com.libproxy2.usc.edu/contents/treatment-of-male-sexual-dysfunction?search=treatment%20of%20male%20sexual%20dysfunction&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)

### BPH:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

## Chapter 49, Prostate Disorders

Cunningham, G. R., & Kadmon, D. (2018, February 27). Epidemiology and pathogenesis of benign prostatic hyperplasia. UpToDate. [https://www-uptodate-com.libproxy2.usc.edu/contents/epidemiology-and-pathogenesis-of-benign-prostatic-hyperplasia?search=bph%20epidemiology&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www-uptodate-com.libproxy2.usc.edu/contents/epidemiology-and-pathogenesis-of-benign-prostatic-hyperplasia?search=bph%20epidemiology&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)

Cunningham, G. R., & Kadmon, D. (2017, October 31). Clinical manifestations and diagnostic evaluation of benign prostatic hyperplasia. UpToDate. [https://www-uptodate-com.libproxy2.usc.edu/contents/clinical-manifestations-and-diagnostic-evaluation-of-benign-prostatic-hyperplasia?search=clinical%20manifestations%20and%20diagnosis%20of%20bph&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www-uptodate-com.libproxy2.usc.edu/contents/clinical-manifestations-and-diagnostic-evaluation-of-benign-prostatic-hyperplasia?search=clinical%20manifestations%20and%20diagnosis%20of%20bph&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)

### Prostate cancer:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

## Chapter 49, Prostate Disorders

Kantoff, P. W., Taplin, M. E., & Smith, J. A. (2017, January 10). Clinical presentation of prostate cancer. UpToDate. [https://www.uptodate.com/contents/clinical-presentation-and-diagnosis-of-prostate-cancer?source=search\\_result&search=prostate%20cancer&selectedTitle=2~150](https://www.uptodate.com/contents/clinical-presentation-and-diagnosis-of-prostate-cancer?source=search_result&search=prostate%20cancer&selectedTitle=2~150)

Klein, E. A., (2017, January 25). Prostate cancer: Risk stratification and choice of initial treatment. UpToDate. [https://www.uptodate.com/contents/prostate-cancer-risk-stratification-and-choice-of-initial-treatment?source=search\\_result&search=prostate%20cancer&selectedTitle=1~150](https://www.uptodate.com/contents/prostate-cancer-risk-stratification-and-choice-of-initial-treatment?source=search_result&search=prostate%20cancer&selectedTitle=1~150)

### Urinary incontinence:

Clemens, J. Q. (2018, March 15). Urinary incontinence in men. UpToDate. [https://www-uptodate-com.libproxy2.usc.edu/contents/urinary-incontinence-in-men?search=urinary%20incontinence%20in%20men&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www-uptodate-com.libproxy2.usc.edu/contents/urinary-incontinence-in-men?search=urinary%20incontinence%20in%20men&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)

Module 9: Care of the Geriatric Patient – Geriatric Triad	Week 9
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Define the term geriatric triad: anxiety, depression, and pain</li><li>• Review best practice for the management of these identified health concerns associated with aging</li><li>• Discuss key management strategies both pharmacologic and nonpharmacologic</li><li>• Clinical practicum debriefs</li><li>• Case studies</li><li>• Episodic Case Study 2 presentations (continued)</li></ul>	

This module relates to Course Objective 4, 5, 6, and 7.

## Recommended Readings:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5<sup>th</sup> Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

Chapter 77, Primary Care of Older Adults

Carlson, C., Merel, S., & Yukawa, M. (n.d.) (2015). Geriatric syndromes and geriatric assessment for the generalist. *Medical Clinics of North America.*, 99(2), 263-279.

Peter Polatin, Kelley Bevers & Robert J. Gatchel (2017) Pharmacological treatment of depression in geriatric chronic pain patients: a biopsychosocial approach integrating functional restoration, Expert Review of Clinical Pharmacology, 10:9, 957-963, DOI: 10.1080/17512433.2017.1339602

Smith, P., Becker, K., Roberts, L., Walker, J., & Szanton, S. (2016). Associations among pain, depression, and functional limitation in low-income, home-dwelling older adults: An analysis of baseline data from CAPABLE. *Geriatric Nursing*, 37(5), 348–352.  
<https://doi.org/10.1016/j.gerinurse.2016.04.016>

Module 10: Modifiable Patient Behaviors, Part 1	Week 10
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Explore the modifiable patient behaviors of substance and alcohol addiction</li><li>• Prioritize the multiple patient care concerns and comorbidities</li><li>• Review best practice for the management of these identified health concerns</li><li>• Discuss key management strategies both pharmacologic and nonpharmacologic</li><li>• Clinical practicum debriefs</li><li>• Case studies</li><li>• Case presentations Group 1</li></ul>	

This module relates to Course Objectives 4, 5, 6, and 7.

### Recommended Readings:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

Chapter 65, Substance Use Disorders

Module 11: Modifiable Patient Behaviors, Part 2	Week 11
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Explore the modifiable patient behaviors of obesity, sedentary lifestyle, and tobacco use</li><li>• Prioritize the multiple patient care concerns and comorbidities</li><li>• Review best practice for the management of these identified health concerns</li><li>• Discuss key management strategies both pharmacologic and nonpharmacologic</li><li>• Clinical practicum debriefs</li><li>• Case studies</li><li>• Case presentations Group 2</li></ul>	

This module relates to Course Objectives 4, 5, 6, and 7.

### Recommended Readings:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

Chapter 33, Smoking Addiction  
Chapter 59, Metabolic Disorders (obesity)

Module 12: Geriatric Case Studies	Week 12
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Discuss health problems identified in the geriatric population: hyponatremia and hypothyroidism</li><li>• Review best practice for the management of these identified health concerns</li><li>• Discuss key management strategies both pharmacologic and nonpharmacologic</li><li>• Managing multiple comorbidities</li><li>• Clinical practicum debriefs</li><li>• Case studies</li></ul>	



- Case presentations Group 3

This module relates to Course Objectives 4, 5, 6, and 7.

## Recommended Readings:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

Chapter 57, Glandular Disorders

Smetana, G. (2018, May 4). Preoperative medical evaluation of the adult healthy patient. UpToDate [https://www.uptodate-com.libproxy1.usc.edu/contents/preoperative-medical-evaluation-of-the-adult-healthy-patient?search=geriatric%20pre%20operative%20evaluation&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www.uptodate-com.libproxy1.usc.edu/contents/preoperative-medical-evaluation-of-the-adult-healthy-patient?search=geriatric%20pre%20operative%20evaluation&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)

Sterns, R. (2017, May 8). Treatment of hyponatremia: Syndrome of inappropriate antidiuretic hormone secretion (SIADH) and reset osmostat. UpToDate [https://www.uptodate-com.libproxy1.usc.edu/contents/treatment-of-hyponatremia-syndrome-of-inappropriate-antidiuretic-hormone-secretion-siadh-and-reset-osmostat?search=hyponatremia%20in%20geriatric%20patients&source=search\\_result&selectedTitle=2~150&usage\\_type=default&display\\_rank=2](https://www.uptodate-com.libproxy1.usc.edu/contents/treatment-of-hyponatremia-syndrome-of-inappropriate-antidiuretic-hormone-secretion-siadh-and-reset-osmostat?search=hyponatremia%20in%20geriatric%20patients&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2)

Module 13: Complex Case Study	Week 13
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Review a complex case of a patient with CHF/COPD with multiple comorbidities</li> <li>• Explore complexities of case such as obesity, tobacco use, and limited financial resources</li> <li>• Review best practice for the management of these identified health concerns</li> <li>• Discuss key strategies both pharmacologic and nonpharmacologic for managing a patient with multiple comorbidities</li> <li>• Clinical practicum debriefs</li> <li>• Case studies</li> <li>• Case presentations Group 4</li> </ul>	

This module relates to Course Objectives 4, 5, 6, and 7.

## Recommended Readings:

Dunphy, L., Winland-Brown, J., Porter, B. & Thomas, D. (2019). *Primary Care The art and Science of Advanced Practice Nursing* (5th Ed.). Philadelphia, PA: F. A. Davis Co. ISBN 987-08036-6718-1

Chapter 31, Inflammatory Respiratory Disorders (COPD)

Module 14: Care of the Patient Who Has Experienced Torture/Trauma	Week 14
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Explore the best practices for caring for a patient who has experience torture and/or trauma</li> <li>• Review history taking and physical exam approaches with traumatized patients</li> <li>• Communication strategies</li> <li>• Clinical practicum debriefs</li> <li>• Case studies</li> </ul>	

This module relates to Course Objectives 1, 3, 4, 5, 6, and 7.

## Recommended Readings:

- Robert, S. (2016, May–June). Potomac doctor treats torture survivors. *Bethesda Magazine*. [https://urldefense.proofpoint.com/v2/url?u=http-3A\\_\\_www.bethesdamagazine.com\\_Bethesda-2DMagazine\\_May-2DJune-2D2016\\_Potomac-2DDoctor-2DTreats-2DTorture-2DSurvivors\\_&d=DwIFAg&c=clK7kQUTWtAVEOVIgvi0NU5BOUHhpN0H8p7CSfnc\\_gl&r=wbghUv0CnZczwcaS-e3gBA&m=vKiqkkjL\\_KVmNsc5BZoYz2m3w18HG57vrZIkHcTIfSg&s=C2ZGzksCGfV1PXTh6vPX9LW7rDGsnSytgBTtLKVv9BU&e](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.bethesdamagazine.com_Bethesda-2DMagazine_May-2DJune-2D2016_Potomac-2DDoctor-2DTreats-2DTorture-2DSurvivors_&d=DwIFAg&c=clK7kQUTWtAVEOVIgvi0NU5BOUHhpN0H8p7CSfnc_gl&r=wbghUv0CnZczwcaS-e3gBA&m=vKiqkkjL_KVmNsc5BZoYz2m3w18HG57vrZIkHcTIfSg&s=C2ZGzksCGfV1PXTh6vPX9LW7rDGsnSytgBTtLKVv9BU&e)
- O’Shea, K. (2017, February 14). Ethiopian runner overcame trauma of torture to compete in Philadelphia. *Philly.com*. [http://www.philly.com/philly/health/personal-best/philadelphia-marathon/20151122\\_Ethiopian\\_runner\\_overcame\\_trauma\\_of\\_torture\\_to\\_compete\\_in\\_Philadelphia.html](http://www.philly.com/philly/health/personal-best/philadelphia-marathon/20151122_Ethiopian_runner_overcame_trauma_of_torture_to_compete_in_Philadelphia.html)
- Dzubow, J. (2016, November 16). A medical doctor reflects on the treatment and healing of torture survivors. *The Asylumist*. <http://www.asylumist.com/2016/11/16/a-medical-doctor-reflects-on-the-treatment-and-healing-of-torture-survivors/>

Module 15: Course Conclusion	Week 15
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Promoting resilience in children and families</li><li>• Clinical practicum debriefs</li><li>• Course conclusion</li><li>• Case studies</li></ul>	

This module relates to Course Objectives 1 through 8.

## University Policies and Guidelines

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### IX. ATTENDANCE POLICY

Students are expected to attend every class and to remain in class for the duration of the unit. Failure to attend class or arriving late may impact your ability to achieve course objectives which could affect your course grade. Students are expected to notify the instructor by email ([xxx@usc.edu](mailto: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" [policy.usc.edu/scampus-part-b](http://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, [policy.usc.edu/scientific-misconduct](http://policy.usc.edu/scientific-misconduct).

### XI. SUPPORT SYSTEMS

*Counseling and Mental Health* - (213) 740-9355 – 24/7 on call  
[studenthealth.usc.edu/counseling](http://studenthealth.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 – 24/7 on call  
[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

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) 740-9355(WELL), press "0" after hours – 24/7 on call  
[studenthealth.usc.edu/sexual-assault](http://studenthealth.usc.edu/sexual-assault)

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

*Office of Equity and Diversity (OED)* - (213) 740-5086 | *Title IX* – (213) 821-8298  
[equity.usc.edu](http://equity.usc.edu), [titleix.usc.edu](http://titleix.usc.edu)

Information about how to get help or help someone affected by harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants.

*Reporting Incidents of Bias or Harassment* - (213) 740-5086 or (213) 821-8298  
[usc-advocate.symplicity.com/care\\_report](http://usc-advocate.symplicity.com/care_report)

Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity and Diversity |Title IX for appropriate investigation, supportive measures, 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, assistance with architectural barriers, assistive technology, and support for individual needs.

*USC Campus Support and Intervention - (213) 821-4710*

[campussupport.usc.edu](http://campussupport.usc.edu)

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 Provost's Diversity and Inclusion Council, Diversity Liaisons for each academic 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.

*Office of the Ombuds - (213) 821-9556 (UPC) / (323-442-0382 (HSC)*

[ombuds.usc.edu](http://ombuds.usc.edu)

A safe and confidential place to share your USC-related issues with a University Ombuds who will work with you to explore options or paths to manage your concern.

## **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**

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

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

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

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

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