

## NURS 502

### Advanced Health Assessment Across the Life Span

#### 3 Units

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Instructor: Various

Course Days: Various  
Course Time: Various  
Course: Virtual  
Office Hours: TBA

#### I. Catalogue Description

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

#### II. Course Description

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

#### III. Course Objectives

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

**IV. Course Format/Instructional Methods**

This is a challenging online course, using both asynchronous and synchronous approaches. Students will be expected to be prepared, fully present, and actively involved during all phases of the course. It is also expected that students will either possess or have access to the necessary computer equipment (desktop computer with audio/video capability), software (Microsoft Word and Adobe Acrobat), and a reliable wired Internet connection.

The course has been structured and sequenced according to guided-inquiry learning principles. Interactive activities (both asynchronous and synchronous), case studies, active group discussion, presentations, didactic lecture by webcast, viewing online resources, practice of health assessment techniques with family or colleagues, and required readings are examples of the techniques that will be used to facilitate student learning. Synchronous (live) course sessions will be recorded. Material from clinical practice will be used to (a) illustrate class content and (b) assist with the transition from the classroom to the clinical setting. Students will leave this course better prepared to assume the role of family nurse practitioner.

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

**V. Student Learning Outcomes**

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

Nursing Core Competencies		NURS 502	Course Objective
1	Scientific Foundation Competencies		
2	Leadership		
3	Quality	*	2
4	Practice Inquiry		
5	Technology and Information Literacy	*	4, 5
6	Policy		
7	Health Delivery System		
8	Ethics	*	2
9	Independent Practice	*	1-5

\*Highlighted in this course

**Family Nurse Practitioner competent in Independent Practice Competencies:**

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

**VI. Course Assignments and Grading**

Assignment	Due Date	% of Final Grade
<b>Comprehensive health history with genogram</b> <i>(Patient type: pediatric less than 12 years of age)</i>	<b>TBA</b>	<b>10</b>
<b>SOAP Note</b> <i>(Patient type: older adult [over 25 years of age])</i>	<b>TBA</b>	<b>10</b>

<b>Videotape of HEENT, Neuro, M/S – must pass with 83%</b>	<b>TBA</b>	<b>3</b>
<b>Videotape of head-to-toe physical exam – must pass with 83%</b>	<b>TBA</b>	<b>7</b>
<b>Written Exam 1 (Modules 1-4)</b>	<b>TBA</b>	<b>7.5</b>
<b>Written Exam 2 (Modules 5-6)</b>	<b>TBA</b>	<b>7.5</b>
<b>Written Exam 3 (Modules 7-10)</b>	<b>TBA</b>	<b>7.5</b>
<b>Written Exam 4 (Modules 11-14)</b>	<b>TBA</b>	<b>7.5</b>
<b>On-campus intensive</b>	<b>TBA</b>	<b>25</b>
<b>Preparation, class participation, professionalism in live classroom*</b>	<b>Weekly</b>	<b>15</b>

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

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

Academic dishonesty is defined as a student’s use of unauthorized assistance with intent to deceive an instructor or other such person who may be assigned to evaluate the student’s work in meeting course and degree requirements. Familiarize yourself with the University Student Conduct Code, which applies to this course. Students are expected to be independently familiar with the Code and to recognize that their work in the course is to be their own original work that truthfully represents the time and effort applied. Violations of the Code are most serious and will be handled in a manner that fully represents the extent of the Code and that befits the seriousness of its violation.

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

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

**Each of the major assignment is described below.**

**1. Comprehensive medical history with genogram**

- This assignment obtains the patient subjective history. A description of this assignment is uploaded in the Files.
- Use the template found in the Files. It details the format and information that is required for this assignment.
- Obtain and submit one (1) comprehensive health history of a pediatric patient less than 12 years of age.
- Submit the assignment as a single word document with the scoring rubric attached to the end.
- Include a three-generation genogram that documents family health concerns.
- See the scoring rubric at end of the template for grading criteria.

**2. SOAP Note**

- This assignment obtains a focused interview and examination of a patient. A description of this assignment is in the Files.

- Use the template found in the Files. It details the format and information that is required for this assignment.
- Obtain and submit one (1) focused examination of an adult over 25 years of age. Submit the assignment with the scoring rubric attached to the end.
- See the scoring rubric at end of the template for grading criteria.

### 3. Videotape

- This assignment provides the student the opportunity to practice physical exam skills in preparation for the On Campus Intensive (OCI) skills and practicum.
- The student will submit two videotapes in this course. The student will exam a family member, friend, or colleague to complete this assignment. **This videotape may not be uploaded into any social media.**
  - The first videotape focuses on HEENT, Neuro, and M/S systems.
  - The second videotape is of a head-to-toe physical exam based on the *Performance Content for PE Competency* form located in the Toolbox. (Note the highlighted areas that are required to pass.)
- The student will use the zoom platform to record the examinations. (Instructions are in the Toolbox.)
- The instructor will provide the student feedback to improve areas of concern. If the student does not achieve a score of 83% then another videotape is required to attain credit.

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

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

### Exams

Four exams cover prior lecture and reading material. Each exam consists of multiple-choice questions that directly relate to the required reading and live classroom discussions. Exam 1 covers the first four weeks of content, Exam 2 covers Modules 5 and 6, Exam 3 covers Modules 7-9 and Exam 4 covers the remaining content. Each exam is worth 7.5 percent of your final course grade. There will be no make-up exams unless you have made prior arrangements and have a valid excuse.

Students have 72 hours to complete each exam. All exams are completed in one session. See course outline for specific exam date ranges. Completion time is based on the number of questions (about 1.5 minutes per question) in the exam.

All exams in this course require students to deploy a proctoring software. This is a software system that automatically proctors student exams, verifies student identities throughout the exam, and provides instructors with brief video clips and screenshots if potential testing violations occur. The proctoring software is fully integrated with the Learning Management System. If students experience issues or have questions with the practice exam or with proctoring software in general, students should contact student support for help in advance of taking the exam.

To ensure a successful testing environment, students should:

- Choose a private location with no distractions
- Have nothing around that could make noise
- Set up proper lighting and ensure his/her face is clearly visible
- Not have food or drink
- Close all browser tabs and other programs
- Have only one keyboard, mouse, and monitor connected

- Not leave testing area/camera view during the exam
- Not take or use notes (unless specifically allowed by instructor)
- Not use or have nearby additional technology (phones, tablets, television, etc.)
- Not have other people in the room
- Have a hardwire connection

**Class Participation (15% of course grade)**

**Live Classroom Participation:**

Due: weekly

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

Included in participation is the following:

**Pediatric and geriatric health assessment**

This course primarily focuses on assessment of the young to middle-aged adult. The course will include key variations between pediatric and geriatric populations. Many of the case studies will target these populations to facilitate application of expected variations and recognition of abnormal or unexpected findings. These cases are assigned as homework and some may be completed in the live sessions.

**Videos**

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

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

Class grades will be based on the following:

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

Within the USC Suzanne Dworak-Peck School of Social Work, grades are determined in each class based on the following standards, which have been established by the faculty of the School: Grades include: **CR (Credit)** Passing mark for **non-letter graded** courses. Equivalent to C minus quality or better for undergraduate courses and B quality or better for graduate courses no effect on GPA. Refer to [Grading Options and Enrollment Status](#). **NC (No Credit)** Less than the equivalent of C minus for an undergraduate course and less than equivalent of B quality for a graduate, **non-letter-graded course**; no effect on GPA.

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

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

## VII. Required and Supplementary Instructional Materials and Resources

### Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical*

*examination* (9<sup>th</sup> ed.). Elsevier.

Douaihy, A., Kelly, T.M., Gold, & M. A. (2014). *Motivational interviewing: A guide for medical trainees*.

Oxford University Press.

Duderstadt, K. G. (2019). *Pediatric physical examination: An illustrated handbook* (3<sup>rd</sup> ed.). Elsevier.

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision*

*of infants, children, and adolescents* (4<sup>th</sup> ed.) [Pocket guide]. American Academy of Pediatrics.

### Required website for videos

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

### Required Equipment:



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

**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 978-1-4338-3216-1 Can order online: [www.apa.org/books/](http://www.apa.org/books/)

**Recommended Websites:**

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

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

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

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

## Course Schedule—Detailed Description

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

This module relates to Course Objective 1.

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

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

**Required Readings:**

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

- Read Chapter 2: Cultural competency, pp. 22-31.
- Read Chapter 4: Taking the next steps: Clinical reasoning, pp. 52-57.

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

- Read Chapter 1: Why include motivational interviewing in medical training, pp.1-9.

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

- Read Chapter 1: Approach to care and assessment of children and adolescents, pp. 1-8.

Jackson, C. S., & Gracia, J. N. (2014). Addressing health and health-care disparities: The role of a diverse workforce and the social determinants of health. *Public Health Reports*, 129, suppl 2, 57-61.

**Recommended Readings:**

Bradford, J. B., Putney, J. M., Shepard, J. B., Sass, S. E., Rudicel, S., Ladd, H., & Cahill, S. (2016). Healthy aging in community for older lesbians. *LGBT*, 3(2), 109-115.

Czaja, S. J., Sabbagg, S., Lee, C. C., Schulz, R., Lang, S., Vlahovic, T., ... & Thurston, C. (2015). Concerns about aging and caregiving among middle aged and older lesbian and gay adults. *Aging and Mental Health*, 20(11), 1107-1118. doi:10.1080/13607863.2015.1072795.

Young, S., & Guo, K. L. (2016). Cultural diversity training. *The Health Care Manager*, 35(2), 94-102.

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

This module relates to Course Objective 1.

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

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

**Required Readings:**

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical assessment*



(9th ed.). St. Louis, MI: Elsevier.

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

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

NY: Oxford University Press.

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

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

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

Hagan, J. F, & Duncan, P. (Eds.). (2014). *Bright futures: Guidelines for health supervision of infants, children, and*

*adolescents* (4th ed.). [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

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

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

Thompson, K., Shi, S., & Kiraly, C. (2016). Primary care for the older adult patient. Common geriatric issues and

syndromes. *Obstetrics Gynecologic Clinics North America*, 43, 367-379.

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

This module relates to Course Objectives 1 and 2.

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

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

**Required Readings:**

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

ed.). St. Louis, MI: Elsevier

- Read Chapter 3: Examination techniques and equipment, pp. 32-51.
- Read Chapter 6: Vital signs and pain assessment, pp. 74-87.
- Read Chapter 8: Growth and nutrition, pp. 105-130.

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

NY: Oxford University Press.

- Read Chapter 3: Spirit and processes of motivational interviewing, pp. 19-29.

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

- Read Chapter 3: Developmental surveillance and screening, pp. 22-35
- Read Chapter 6: Newborn assessment, pp. 67-88.

Hagan, J. F., & Duncan, P. (Eds.). (2014). *Bright Futures: Guidelines for health supervision of infants, children, and*

*adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read: Newborn visit, pp. 16-21.

**Recommended Readings:**

Malnutrition Universal Screening Tool (MUST).

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

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

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

This module relates to Course Objectives 1-5.

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

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

**Required Readings:**

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

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

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

NY: Oxford University Press.

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

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

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

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants,*

*children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

**Recommended Readings:**

Aggarwal, N. K., Cedeno, K., Guarnaccia, P., Kleinman, A., & Lewis-Fernandez, R. (2016). The meanings of cultural

competence in mental health: An exploratory focus group study with patients, clinicians, and administrators.

*Springer Plus*, 5(1), 384.

Maslow, G. R., Dunlap, K., & Chung, R. J. (2015). Depression and suicide in children and adolescents. *Pediatrics in*

*Review*, 36(7), 299-308.



<b>Module 5: Neurologic</b>	<b>Month Date</b>
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Cranial nerves</li> <li>• Reflexes</li> <li>• Motor &amp; sensory exam</li> <li>• Mental status</li> <li>• Cerebellar function</li> </ul>	

This module relates to Course Objectives 1-5.

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

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

**Required Readings:**

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

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

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

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

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

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

**Recommended Readings:**

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

Module 6: Head, eyes, ear, nose and throat	Month Date
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Head, eye, ear, nose, and throat (HEENT) exam</li><li>• Thyroid</li><li>• Fundoscopic and otoscope exams</li></ul>	

This module relates to Course Objectives 1-5.

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

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

### Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination*

(9th ed.). St. Louis, MI: Elsevier.

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

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

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

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants,*

*children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

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

### Recommended Readings:

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Motivational interviewing in practice. In, *Motivational interviewing:*

*A guide for medical trainees* (pp.58-66). New York, NY: Oxford University Press.

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



Module 7: Musculoskeletal	Month Date
<b>Topics</b>	
<ul style="list-style-type: none"> <li>• Hand, wrist, elbow</li> <li>• Temporomandibular joint</li> <li>• Lower legs, knees</li> <li>• Spine, foot, ankle</li> <li>• Sports pre-participation exam</li> <li>• Newborn assessment</li> </ul>	

This module relates to Course Objectives 1-5.

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

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

**Required Readings:**

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

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

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

NY: Oxford University Press.

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

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

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

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants,*

*children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read 2-month visit, pp.

**Recommended Readings:**

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

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

Module 8: Cardiovascular	Month Date
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Cardiac auscultation</li><li>• Clubbing and other cardiovascular manifestations</li><li>• Peripheral exam and cyanosis</li><li>• Osler and Janeway lesions</li></ul>	

This module relates to Course Objectives 1-5.

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

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

### Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination*

(9th ed.). St. Louis, MI: Elsevier.

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

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

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

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants,*

*children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

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

### Recommended Readings:

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

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

Lanier, J. B., Bury, D. C., & Richardson, S. W. (2016). Diet and physical activity for cardiovascular disease prevention.

*American Family Physicians*, 93(11), 919-924.

Module 9: Respiratory	Month Date
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Diaphragmatic excursion</li><li>• Lung auscultation</li><li>• Wheezes, rales, rhonchi</li><li>• Tactile fremitus</li></ul>	

This module relates to Course Objectives 1-5.

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

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

### Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination*

(9th ed.). St. Louis, MI: Elsevier.

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

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

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

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants,*

*children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

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

### Recommended Readings:

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Motivational interviewing in challenging encounters. In, *Motivational*

*interviewing: A guide for medical trainees* (pp. 97- 109). New York, NY: Oxford University Press.

Module 10: Abdomen Part 1	Month Date
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Peristalsis, pulsations</li><li>• Cullen's, Grey Turner's signs</li><li>• Bruits</li><li>• Liver and spleen</li></ul>	

This module relates to Course Objectives 1-5.

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

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

### Required Readings for Parts 1 and 2:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination*

(9th ed.). St. Louis, MI: Elsevier.

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

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

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

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants,*

*children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

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

### Recommended Readings:

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Brief interventions. In, *Motivational interviewing: A guide for medical*

*trainees* (pp. 110-124). New York, NY: Oxford University Press.

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

Module 11: Abdomen, Part 2	Month Date
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Abdominal palpation</li><li>• Costovertebral angle tenderness</li><li>• Peritoneal signs: Murphy, iliopsoas, obturator, rebound, Rovsing's</li></ul>	

This module relates to Course Objectives 1-5.

See Module 9 for objectives.

**Required Readings for Parts 1 and 2:**

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination*

(9th ed.). St. Louis, MI: Elsevier.

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

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

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

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants,*

*children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

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

**Recommended Readings:**

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

Module 12: Women's Health	Month Date
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Breast exam</li><li>• Pelvic exam</li><li>• Pap smear, sexually transmitted infection (STI) screening</li></ul>	

This module relates to Course Objectives 1-5.

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

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

### Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination*

(9th ed.). St. Louis, MI: Elsevier.

- Read Chapter 17: Breasts and axillae, pp. 373-392.
- Read Chapter 19: Female genitalia, pp. 437-487.

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

- Read Chapter 17: Male and female breast, pp. 273-283.
- Read Chapter 18: Female genitalia, pp. 284-301.

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants,*

*children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

- Read 15-month visit, pp. 52-55.

### Recommended Readings:

Douaihy, A., Kelly, T.M., & Gold, M. A. (2014). Motivational interviewing in pediatric settings. In, *Motivational interviewing: A guide for medical trainees* (pp. 143-157). New York, NY: Oxford University Press.

Johnson, P. (2002). Breast lumps in the adolescent female. *Journal of Pediatric Health Care*, 16(43), 47-48.

Long, D. (2015). Precocious puberty. *Pediatrics in Review*, 36, 319-321.

Sugar, N. F., & Graham, E. A. (2006). Common gynecologic problems in prepubertal girls. *Pediatrics in Review*, 27(6), 213-223.

Unger, C. A. (2014). Gynecologic care for transgender youth. *Current Opinion Obstetrics Gynecology*, 26(5), 347-354.





Module 13: Men's Health	Month Date
<b>Topics</b>	
<ul style="list-style-type: none"><li>• Male genitourinary exam</li><li>• Exam of scrotum and testes</li><li>• Exam of prostate and rectum</li></ul>	

This module relates to Course Objectives 1-5.

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

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

### Required Readings:

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination*

(9th ed.). St. Louis, MI: Elsevier.

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

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

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

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants,*

*children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

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

### Recommended Readings:

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

431-437.

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

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

This module relates to Course Objectives 1-5.

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

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

**Required Readings:**

Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (2019). *Seidel's guide to physical examination*

(9th ed.). St. Louis, MI: Elsevier.

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

Hagan, J. F., Shaw, J. S., & Duncan, P. M. (Eds). (2017). *Bright futures: Guidelines for health supervision of infants,*

*children, and adolescents* (4th ed.) [Pocket guide]. Elk Grove Village, IL: American Academy of Pediatrics.

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

## University Policies and Guidelines

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### VIII. Academic Integrity

The University of Southern California is a learning community committed to developing successful scholars and researchers dedicated to the pursuit of knowledge and the dissemination of ideas. Academic misconduct, which includes any act of dishonesty in the production or submission of academic work, comprises the integrity of the person who commits the act and can impugn the perceived integrity of the entire university community. It stands in opposition to the university's mission to research, educate, and contribute productively to our community and the world.

All students are expected to submit assignments that represent their own original work, and that have been prepared specifically for the course or section for which they have been submitted. You may not submit work written by others or "recycle" work prepared for other courses without obtaining written permission from the instructor(s).

Other violations of academic integrity include, but are not limited to, cheating, plagiarism, fabrication (e.g., falsifying data), collusion, knowingly assisting others in acts of academic dishonesty, and any act that gains or is intended to gain an unfair academic advantage.

The impact of academic dishonesty is far-reaching and is considered a serious offense against the university. All incidences of academic misconduct will be reported to the Office of Academic Integrity and could result in outcomes such as failure on the assignment, failure in the course, suspension, or even expulsion from the university.

For more information about academic integrity see [the student handbook](#) or the [Office of Academic Integrity's website](#), and university policies on [Research and Scholarship Misconduct](#).

Please ask your instructor if you are unsure what constitutes unauthorized assistance on an exam or assignment, or what information requires citation and/or attribution.

### IX. Support Systems

[Counseling and Mental Health](#) - (213) 740-9355 – 24/7 on call

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

[988 Suicide and Crisis Lifeline](#) - 988 for both calls and text messages – 24/7 on call

The 988 Suicide and Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week, across the United States. The Lifeline is comprised of a national network of over 200 local crisis centers, combining custom local care and resources with national standards and best practices. The new, shorter phone number makes it easier for people to remember and access mental health crisis services (though the previous 1 (800) 273-8255 number will continue to function indefinitely) and represents a continued commitment to those in crisis.

[Relationship and Sexual Violence Prevention Services \(RSVP\)](#) - (213) 740-9355(WELL) – 24/7 on call

Free and confidential therapy services, workshops, and training for situations related to gender- and power-based harm (including sexual assault, intimate partner violence, and stalking).

[Office for Equity, Equal Opportunity, and Title IX \(EEO-TIX\)](#) - (213) 740-5086

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

Avenue to report incidents of bias, hate crimes, and microaggressions to the Office for Equity, Equal Opportunity, and Title for appropriate investigation, supportive measures, and response.

[The Office of Student Accessibility Services \(OSAS\)](#) - (213) 740-0776

OSAS ensures equal access for students with disabilities through providing academic accommodations and auxiliary aids in accordance with federal laws and university policy.

[USC Campus Support and Intervention](#) - (213) 740-0411

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

[Diversity, Equity and Inclusion](#) - (213) 740-2101

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

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) 442-1200 – 24/7 on call

Non-emergency assistance or information.

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

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.

[Occupational Therapy Faculty Practice](#) - (323) 442-2850 or [otfp@med.usc.edu](mailto:otfp@med.usc.edu)

Confidential Lifestyle Redesign services for USC students to support health promoting habits and routines that enhance quality of life and academic performance.

## **X. 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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