

**Syllabus of the course
Pathophysiology for the Nurse Practitioner Summer**

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Welcome

In your transition to become a Nurse Practitioner, it is important that you begin to integrate advanced knowledge of pathophysiology into your practice. This course will provide you with a comprehensive understanding of the mechanisms of disease development, strengthen your clinical perspective of pathophysiological concepts, challenge your critical thinking and stimulate your curiosity. Above all, the solid working knowledge of pathophysiology offered in this course will help you make sound clinical decisions as a Nurse Practitioner. The following learning outcomes have been developed for this course:

1. Synthesize knowledge of the pathophysiology of disorders affecting the musculoskeletal, cardiovascular, respiratory, endocrine, reproductive, renal, integumentary, gastrointestinal and nervous systems.
2. Analyze and interpret diagnostic and imaging tests based on pathophysiological concepts.
3. Use pathophysiological concepts to explain epidemiological and geographic disease patterns.
4. Explain environmental and occupational factors that influence disease progression.
5. Discuss the role of genetics in preventing and assessing risk factors for diseases.

The topic of pathophysiology can be at times overwhelming. It is important that you stay on top of the required readings and that you seek out additional resources to help solidify concepts that you are having difficulty with. Once this required knowledge has solidified, you will be able to apply it clinically. In other words, for this process to work you will need to be an active learner not only retrieving pathophysiology information from different sources, but also understanding it in order to apply or integrate it into clinical situations.

To facilitate this process and help you navigate through this material, this course has been divided into 12 Modules, each of which will focus on diseases affecting a particular system of the body. Each module is constructed in the same manner and begins with a brief introduction to the body system that will be covered throughout the module. This is followed by a pre-test that will evaluate your knowledge of the normal physiology of the body system and highlight areas that you should review prior to working through the module learning outcomes. **Each module contains a detailed list of module learning outcomes that form the basis of all of the information upon which you will be tested.** Information relevant to these outcomes can be found within the accompanying textbook readings, research articles and online Evolve resources. Supplementary videos will also be included in each module to provide additional background information, to help visualize important pathophysiological mechanisms or to apply pathophysiological principles to the clinical setting. *Although you will not be specifically tested on information presented in the supplementary videos, it is highly recommended that you watch these videos.*

The lecture for each module will cover several important module outcomes and will enhance your understanding of the information provided by the course textbook. Each lecture will be pre-recorded and will be posted at least 1 week prior to the virtual classroom session for that module. *It is your responsibility to watch the pre-recorded lecture video and complete the required textbook readings prior to attending the virtual classroom session for each module.* During the virtual classroom session, we will discuss key concepts from the module, work through practice questions, and learn about special patient populations, environmental factors and treatment strategies associated with select diseases through student presentations. Virtual classroom sessions will be held on Zoom.

Each module also has a Module Test that will be formally evaluated and will contribute to your final grade in this course. *You must complete each module test prior to the following module's virtual classroom session (for example, the Module 1 test must be completed by 5pm, before the Module 2 class).* Lastly, you are able to anonymously evaluate each module to help us modify these resources for future offerings of the course.

Required Resources

- ◆ McCance, K., Huether, S.E., Rogers, J. (Ed). (2022) *Pathophysiology: The Biologic Basis for Disease in Adults and Children* (9th ed), St. Louis: Mosby. ISBN: 978-0-323-78990-5
- ◆ Online Resources associated with McCance and Huether are available within the course website

Students should expect to use the course textbook and lecture material as sources of information for each module.

Course Schedule

Week	Date	Module Topic
1	Wed/Thur, September 20/21, 2023	Introduction to Pathophysiology: Tissue responses to Injury and Infection; emerging infectious diseases
2	Wed/Thur, October 4/5, 2023	Disorders of the Integumentary System
3	Wed/Thur, October 18/19, 2023	Cardiovascular Disorders
4	Wed/Thur, November 1/2, 2023	Respiratory Disorders Gastrointestinal Disorders
5	Wed/Thur, November 15/16, 202	**Assignment Due Monday, November 27 at 9:00 am **
6	Wed/Thur, November 29/30, 2023	Renal and Genitourinary Disorders
Midterm Exam	Wednesday, December 13, 2023 9:00 am - 12:00 pm	
7	Wed/Thur, January 17/18, 2024	Endocrine and Metabolic Disorders
8	Wed/Thur, Jan 31/Feb 1, 2024	Mental Health Disorders
9	Wed/Thur, February 14/15, 2024	Neurological Disorders
10	Wed/Thur, February 28/29, 2024	Musculoskeletal Disorders
11	Wed/Thur, March 13/14, 2024	Hematological Disorders
12	Wed/Thur, March 27/28, 2024	Reproductive Disorders
Final Exam	Monday, April 15, 2024 9:00 am - 12:00 pm	

Professor Profile

Dr. Ruth Chen Course Professor & Course Lead

ruth.chen@mcmaster.ca

Dr. Chen is the acting Associate Dean, Continuing Professional Development for the Faculty of Health Sciences at McMaster University. Dr. Chen completed her Bachelor's degree in Molecular and Cell Biology at the University of California at Berkeley, her Master of Science in Nursing from Yale University, and her PhD in the Department of Clinical Epidemiology and Biostatistics, Health Research Methodology Program, at McMaster University. In Dr. Chen's previous clinical practice, she has held nurse practitioner/clinical nurse specialist positions in the areas of anesthesia/pain management and in pediatric cardiology. Ruth's primary teaching responsibilities are with the undergraduate and graduate nursing programs at McMaster University. In the Faculty of Health Sciences Graduate Programs at McMaster, Ruth teaches in the Leadership and Management in Health Professions Education course in the the Master of Health Sciences Education Program.

Nicole Barra

barrang@mcmaster.ca



Dr. Barra has been a course professor for the NP-Pathophysiology course since 2010. She is currently a Research Associate at McMaster University. Her research investigates how xenobiotics impact human metabolic health and how immunity contributes to host metabolism.

Jason De Melo

demeloja@mcmaster.ca



Dr. De Melo (He/Him) is an educator, researcher and writer who is currently an assistant professor at McMaster's School of Nursing. After obtaining his Ph.D. from McMaster in 2014, he continued his training at the Princess Margaret Cancer Centre as a postdoctoral fellow, where his research focused on the post-translational regulation of the MYC protein. During this time he developed and taught a laboratory course on CRISPR gene editing, taught research methodology in the Faculty of Medicine at the University of Toronto and lead the development of a new training program for graduate students and postdoctoral fellows at UHN. Before joining the faculty in the School of Nursing, Dr. De Melo was a medical copywriter at Klick Health where he helped develop educational content on clinical trials and newly approved therapeutics for health care professionals.

Ruth Hannon

hannonr@mcmaster.ca



I am a full time teaching professor in the School of Nursing at McMaster University and a practicing nurse practitioner one day per week in a Burlington Family Health Team. I obtained my nursing undergraduate degree at Queen's University and shortly after graduation moved to Sydney, Australia. After working in both a public and later a private hospital in the Sydney area, I became the ICU clinician and Acute Care Course Coordinator focusing on cardiovascular intensive care management. During this time I also completed my Masters of Health Administration at the University of New South Wales. Upon returning to Canada and while continuing to work part-time in a Hamilton ICU, I completed my MS with a Family Nurse Practitioner specialty at D'Youville College in Buffalo, NY. I have also just completed my doctorate in nursing practice (DNP). I have taught in both the undergraduate nursing level (primarily focusing on the nursing sciences) and graduate NP courses such as Therapeutics and IP at McMaster University.

Karen Harkness

harkneki@mcmaster.ca



Dr Karen Harkness has over 30 years of clinical experience in cardiovascular nursing and completed her PhD (Nursing) at McMaster in 2009. Currently Dr. Harkness is a clinical strategist and subject matter expert for heart failure at Ontario Health-CorHealth. This role includes engaging key stakeholders from clinical, research and administrative positions to help inform and improve health system design and patient- centred care in Ontario. Karen is a founding member of the Nursing and Allied Health Council of the Canadian Heart Failure Society and previous member of the Canadian Cardiovascular Society Heart Failure Guidelines. In 2021, Karen received the Canadian Heart Failure Society (CHFS) Annual Achievement Award.

Kristine Leach

leachka@mcmaster.ca



Kristine Leach obtained her Master of Nursing and Nurse Practitioner- Adult education through the Lawrence Bloomberg Faculty of Nursing, University of Toronto and currently holds a position as a Nurse Practitioner in the Malignant Hematology and Cellular Therapy program at the Juravinski Hospital and Cancer Centre of HHS. She has Adult Education experience as an Education and Development Clinician at HHS and Clinical Instructor for Mohawk College Oncology Certification Program. She holds Assistant Clinical Professor (Adjunct) position with the School of Nursing McMaster University School of Nursing and is a mentor/preceptor for Nurse Practitioner students University of Toronto Lawrence S. Bloomberg Faculty of Nursing. She holds Certification in Oncology Nursing , CON(C) since 2004 and possesses a lifelong passion for learning , sharing my knowledge , and advancing nursing practice and patient care

Aric Rankin

.rankia5@mcmaster.ca



Aric Rankin (He/Him) is a settler Canadian and ally to Indigenous communities who lives and works in Hamilton, Ontario, the traditional territory of the Anishinaabe and Haudenosauonee peoples. Aric has been a Nurse Practitioner in Primary Health Care for over 13 years and has worked with urban and isolated fly-in settings for over 17 years. Additionally, Aric has volunteered with other communities around the world including Haiti, Lesotho, Fiji, and Australia. Aric is currently pursuing doctoral research at McMaster University with a focus on health equity and Indigenous health. Aric has been a course professor for the NP-Pathophysiology course since 2022.

Student Evaluations

Summary of Mark Distribution

Evaluation	Weight
Module Tests	10%
Clinical Consult Presentation	10%
Assignment: News Story Critique	20%
Midterm Exam	30%
Final Exam	30%

*****Please note that an overall passing grade of 70% is required for successful completion of this course.**

Module Tests (10%)

Module Tests will be used to evaluate your knowledge of each module in this course. Each module test will consist of 15 multiple choice questions derived from the module objectives and you will be given 15 minutes to answer them. The module tests will comprise 10% of your final mark in the course.

Each module test must be completed prior to the virtual classroom session for the subsequent module. For example, the module 1 test must be completed before the virtual classroom session for module 2.

Clinical Consult Presentation (10%)

Starting in Module 2, clinical consult presentations will be used to address special patient populations, environmental factors and treatment strategies associated with select diseases covered in the course. At the beginning of the year, each student will be assigned a clinical consult topic, which they will independently present to their group. The clinical consult presentation will be evaluated by the student's course professor and will account for 10% of their final grade in the course.

The goal of the clinical consult presentation is to update a team of healthcare professionals (your fellow group members) on the assigned topic. It is important that you provide background information on the pathophysiology of the disease of interest before addressing the environmental factor, special patient population or treatment strategy identified in your topic. This information must be provided in the form of a concept map. A concept map is a linear depiction of the essential elements of the disease process. The concept map draws connections between the causes/risk factors associated with a condition, the mechanisms of disease development and the clinical manifestations of the disease. A sample concept map will be presented during the Module 1 virtual classroom session to give you an idea of what is expected for this portion of your presentation.

Clinical consult presentations will be delivered through Zoom during the virtual classroom sessions. Each clinical consult presentation has a strict time limit of 15 minutes. Presentations that exceed this time limit will be penalized by 5%, so please make sure to practice your presentation beforehand. Each presentation will be followed by a 5 minute discussion about the clinical consult topic, which will be facilitated by the presenter. Presentation slides must be prepared using Microsoft PowerPoint in order to be presented on Zoom. Please make sure to include a reference list in APA format in your PowerPoint file to properly acknowledge any sources that were used to prepare your presentation.

The clinical consult presentation will be evaluated according to the following criteria:

- Content: 50%
- Presentation Skills: 20%
- Quality of Slides: 10%

- Facilitation of Discussion: 20%

Midterm Exam (30%)

The midterm exam will consist of multiple choice questions on material covered in modules 1-6.

Final Exam (30%)

The final exam will be cumulative and will consist of multiple choice questions on material covered in all modules 1-12. Emphasis will be placed on material covered during the second half of the course (modules 7-12).

Assignment: News Story Critique (20%)

Due Monday, November 27, 2023 by 9:00 am.

Scholarly sources of information, such as primary research articles and review articles, are carefully reviewed by scientific experts prior to publication to ensure the information they provide is accurate. Primary research articles are used by researchers, healthcare workers, and policy makers to inform further research projects, evidence-based practice guidelines, and healthcare policies.

Scientific breakthroughs published in prestigious journals often attract media attention. Media coverage informs the general public of important discoveries as well as their potential implications. Unfortunately, the media may not be as vigilant as the authors of the original study when it comes to ensuring that the information that they provide is accurate. There have been instances where the media has overstated the significance of scientific breakthroughs, leading to the spread of misinformation throughout the general population.

The goal of this assignment is to critique a recent news story (published within the past 24 months) on a breakthrough discovery in the *diagnosis, pathogenesis, or treatment* of a disease.

To begin, you will need to find a news story that describes such a breakthrough and *locate the original research article that the news story was based on*. You will then use the information present within the original research article and related research studies to assess the accuracy of the news story. The news story that you choose should be from a media organization (e.g. the New York Times), rather than a foundation for a particular disease (e.g. the Heart and Stroke Foundation of Canada) or a government agency (e.g. Health Canada).

For this assignment, you will work alone to create a **three-page, double spaced paper**. You must also include a title page and reference page. Your three-page paper should include:

- **An introduction.** This section should introduce the health topic covered in the news story and describe the significance of this topic to Canadian society. The introduction should also describe the key message of the news story. A thesis statement concisely summarizing the central theme of *your* critique should also be included in this section.
- **A detailed critique of the news story.** In this section, you will critique the news story using information from the original research article and related research studies to support your argument. You should highlight key statements made in the news story and assess their accuracy using these scholarly sources. *Incorporate pathophysiology concepts of pathophysiology in your explanations, as appropriate.* **This section should comprise the bulk of your paper.**
- **Discussion on the potential impact of the news story.** In this section, you will discuss how the information presented within the news story might affect members of the general population and/or specific client populations. How does this differ (or does this differ) from the information presented in the original research article?
- **A conclusion.** This section will provide a summary of your argument and describe any conclusions that can be drawn.

Paper Format: You must use 1 inch margins and 12 pt Times New Roman font for your assignment. *Students that exceed the 3 page limit for their assignment will be penalized by 5% and the Course Professor will not read beyond the third page.* In-text citations must be provided using APA format. You can use a modified APA format for your reference list. The modification allows you to shorten author references in your reference list by only citing the first author if there are three or more authors. For example:

- For two authors, use: Smith R & Jones B, (2011) Title, etc
- For three of more authors use: Smith R, et al. (2011) Title, etc.

Uploading Assignment: This assignment will be submitted using the *Assignment Submission* tool on Canvas. Click on the *Assignment Submission link* and sign in using your PHCNP website credentials. Please upload a copy of your assignment in PDF by browsing for your assignment file and selecting *Upload!* You can change your submitted file any time before the assignment deadline by uploading a new file to this location. If your upload was successful, you will receive a confirmation message in green.

Request for Extensions and Late Assignments

A request for extension must be submitted in writing to your Course Professor at least 48 hours before the due date. Include the proposed revised date for submission. Your Course Professor will reply and approve or not approve the request. If approved, the Course Professor and student are to agree on a revised submission date and time. Late assignments will be penalized by 5% per day. Assignments that are submitted 10 or more days past the deadline will automatically be given a grade of zero unless an extension has been approved. Extensions are usually granted for extenuating circumstances only and not for course workload. Following this policy will prevent undue loss of marks.

Accommodations

Students requiring academic accommodations must obtain an Accommodation Letter from their home university outlining the specific accommodations that they require for the Pathophysiology course. Please contact your site coordinator to find out about the procedure that is in place for obtaining an Accommodation Letter from your home university. All Accommodation Letters should be sent directly to the Local university site coordinator (who will need to enter the accommodation into CRDB) and to the course lead.

Classroom Links

Virtual classroom sessions will be held on Zoom on Wednesdays from 6:00 - 9:00 pm ET or Thursdays from 10:00 am - 1:00 pm ET (depending on assigned section).

These sessions will begin on September 20/21, 2023 and will be held every other week.
You can see the list of students for each group by clicking [here](#)

Please click on the instructor's link below to join your virtual classes using Zoom:

Nicole Barra

<https://mcmaster.zoom.us/j/96851266053?pwd=K1ZEWVJTdkJHUTH5V1dHM29LanpaUT09>

Ruth Chen

[RUTH CHEN's Patho Class link \(click here\)](#)

Jason De Melo

<https://mcmaster.zoom.us/j/95112611693?pwd=cTJ0aHJMaUc2NEgvR0VQcGtqWndZZz09>

Ruth Hannon

<https://mcmaster.zoom.us/meeting/register/tJMIfuyqqTssHdPg7u80UeJ8og2II3FsevAO>

Karen Harkness

<https://mcmaster.zoom.us/j/97550086034?pwd=b29sWG41MXZNQUNnN1dWc3hNQjB4QT09>

Meeting ID: 975 5008 6034

Passcode: 102823

Kristine Leach

<https://mcmaster.zoom.us/j/8188471489>

Meeting ID: 818 847 1489

Aric Rankin

<https://mcmaster.zoom.us/j/95199786881?pwd=RnlNMXBzOlZqeG1yWGdHcWtoZIB3UT09>

Meeting ID: 951 9978 6881

Passcode: 010403

Copyright statement

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Contact: aormiston@cou.ca

Assignment: News Story Critique

Assignment: News Story Critique (20%)

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- For two authors, use: Smith R & Jones B, (2011) Title, etc
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Clinical Consult Presentation

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The goal of the clinical consult presentation is to update a team of healthcare professionals (your fellow group members) on the assigned topic. It is important that you provide background information on the pathophysiology of the disease of interest before addressing the environmental factor, special patient population or treatment strategy identified in your topic. This information must be provided in the form of a *concept map*. A concept map is a linear depiction of the essential elements of the disease process. The concept map draws connections between the causes/risk factors associated with a condition, the mechanisms of disease development and the clinical manifestations of the disease. A sample concept map will be presented during the Module 1 virtual classroom session to give you an idea of what is expected for this portion of your presentation.

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The clinical consult presentation will be evaluated according to the following criteria:

- Content: 50%
- Presentation Skills: 20%
- Quality of Slides: 10%
- Facilitation of Discussion: 20%

Syllabus of the course Roles and Responsibilities

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Welcome

Following overall completion of the Ontario PHCNP Program, NP entry level graduates are able to:

- 1) Integrate NP practice experience with a masters of nursing level of theory, diagnostic reasoning, and related knowledge, in collaboration with the client and health care team to meet the primary health care needs of residents in Ontario;
- 2) Apply and disseminate knowledge and collaborative research activities to embed evidence into practice;
- 3) Practice safely, ethically, competently and with integrity as an entry level NP within the primary health care area of specialty and within NP-PHC role, scope of practice, competencies, standards, and regulatory framework specific to the College of Nurses of Ontario;
- 4) Demonstrate advanced nursing leadership competencies such as acting as an agent of change, advocating for primary health care policy and health services changes, resolving conflicts and acting or addressing professional and client-related ethical issues;
- 5) Show effective communication, collaboration and consultation skills with the health care team and clients;
- 6) Understand and recognize legislative and political forces that drive health policy in order to manage the interaction between clients, systems of care, and primary health care outcomes;
- 7) Demonstrate intra- and interprofessional competencies related to practice, teaching and scholarship;
- 8) Enact PHCNP program's philosophy and concepts including advanced nursing practice, primary health care, scholarship sustained practice, relationship-centered practice, and collaborative practice.

This course will facilitate your understanding of the broad role of the Nurse Practitioner and how that role fits into advanced practice nursing as defined by the competencies of the Canadian Nurses Association.

You will also examine the legislation that shapes the role, the defined scope of practice and application of the [College of Nurses of Ontario Nurse Practitioners practice standard](#) (2021). The content in this document, as well as other CNO professional guidelines will be threaded throughout each module and it is expected that this new knowledge around professional responsibilities can and will be applied in your clinical courses.

The overall goal is to ensure that you learn what constitutes safe and effective practice as an NP.

This course combines the required readings and topic discussions with an online component that aims to clarify and highlight your knowledge. External links provide important and up to date information on relevant and ever-changing topics. These links and information provided are current as of Sept 1, but as external websites are out of our control, there may be changes in website availability since course publication. Please notify us of any broken links and we will attempt to find an alternate source of information.

We look forward to working with you in the coming academic year!

Orientation to Roles and Responsibilities

[Roles and Responsibilities intro-1.pptx](#)

Course Description

Pre-requisite: None
Seminar: 3 hours of online activity every week, including Virtual Classroom session.
Seminar Dates-Times: **Wed evenings, beginning Sept 6 2023: 18:00-21:00**

All sessions will start at 1800 except when there is a graded quiz scheduled, then the class will start at 1830.

Quizzes are scheduled on:

- **Quiz 1: Sept 27, 2023**
- **Quiz 2: Nov 22, 2023**
- **Quiz 3: Feb 7, 2024**
- **Quiz 4: Apr 3, 2024**

You will compare and contrast advanced practice nursing and related frameworks to develop, integrate, sustain, and evaluate the role of the nurse practitioner within primary health care. In this course you will critically analyze and develop strategies to implement advanced practice nursing competencies with a focus on the community.

You should examine the legislation that shapes the role, the defined scope of practice and application of the College of Nurses of Ontario Nurse Practitioners practice standard (3rd edition). The content in this document, as well as other CNO professional guidelines will be threaded throughout each module and it is expected that this new knowledge around professional responsibilities can and will be applied in your clinical courses. The overall goal is to ensure that you learn what constitutes safe and effective practice as an NP.

In this course, you will incorporate concepts of policy and politics and discuss, challenge and debate current policy issues that shape and govern your career as a Primary Health Care Nurse Practitioner. In your assignments, you will also incorporate knowledge of Interprofessional collaboration, research and evidence-based practice, leadership, and ethical and legal issues. Finally, you will also consider the various settings in which NPs practice and design a NP role into which you will incorporate some practical advice on how to establish and manage a practice.

In your new and exciting role as an NP, keep in mind that you will always be building upon your knowledge, skill and judgment as a RN. The knowledge and experience that you bring to this program should remain your foundation, as you expand your perspective and share new thoughts and ways of doing things with your fellow learners. **See the calendar on the right menu for your virtual classroom schedule.**

Class will begin at **1800**. All students should log into your assigned group. Students will have access to pre-recorded module lectures prepared by the course professors. Please review the recorded module prior to the group seminars.

*****Please note these are student links*****

Please remember to always log with your full name.

Here are the student links to join your group:

- Group 1: [Ally Forsyth](#)

Meeting ID: 826 1650 2340

Passcode: NPPHC

- Group 2: [Heather Thomson](#)

Meeting ID: 862 8912 7003
Passcode: 390634

- Group 3: [Jeanette Suurd](#)

Meeting ID: 842 2525 0636
Passcode: 710091

- Group 4: [Jennifer Perry](#)

Meeting ID: 953 7002 8228
Passcode: 284094

- Group 5: [Meaghan Allen](#)

Meeting ID: 872 6025 9377
Passcode: 752287

- Group 6: [Natasha Larkin](#)

Meeting ID: 858 3197 1780
Passcode: 499450

- Group 7: [Rebecca McEwen](#)

Meeting ID: 851 5803 8827
Passcode: 512070

- Group 8: [Terri MacDougall](#)

Meeting ID: 812 6238 8558
Passcode: 827193

Course Outcomes

Overall Course Outcomes

1. Articulate the core competencies of the advanced practice nurse as researcher, educator, leader, collaborator and change agent.
2. Critically appraise frameworks and research relevant to advanced practice nursing.
3. Articulate the role and scope of practice of the primary health care nurse practitioner.
4. Critically examine and identify legal and ethical issues in advanced practice nursing, including the concepts of responsibility, accountability, and potential liabilities related to independent and inter-professional practice
5. Describe Primary Health Care related concepts.
6. Recognize how health care policy decisions are made in Canada and how this impacts PHCNP practice.

Module Outcomes

Module 1: Sept 6 2023	As part of a primary healthcare team, appreciating how health care systems within Canada and in Ontario are organized is critical to your understanding of how your practice "fits" into the larger systems.
Learning outcomes:	<p>After completion of the module, you will be able to:</p> <ol style="list-style-type: none"> 1. Contrast the Canadian provincial vs. federal health care systems and their respective roles in health care delivery. 2. Describe the responsibilities of local health integration networks (LHIN) in Ontario. 3. Explain the purpose of the Regulated Health Professionals Act (RHPA) in Ontario. 4. Begin to recognize the scope of practice of nurse practitioners (NPs) in Ontario. 5. Identify the controlled acts that are authorized to: RNs, NPs and MDs. 6. Compare the following acts: Nursing Act 1991; Medicine Act 1991: Regulated Health Professions Act (RHPA) 1991 7. Compare and contrast various modes of patient care that have become more common during the COVID-19 pandemic such as in-person and virtual modes of healthcare delivery, such as telehealth, videoconferencing, and telephone, demonstrating an understanding of the risks, benefits, safety considerations, and requirements for each mode.
Module 2: Primary Health Care Sept 13, 2023	This module focuses on Primary Health Care (PHC) one of the main underlying concepts of the PHCNP program. It defines PHC, reviews the principles of primary health care and then discusses how the PHCNP, as an advanced practice nurse, fits into the delivery of primary health care.
Learning outcomes:	<p>After completion of the module, you will be able to:</p> <ol style="list-style-type: none"> 1. Summarize the development of Primary Health Care both internationally and in the Canadian/Ontario context. 2. Articulate the major concepts in PHC and assess the extent to which they are reflected in Ontario's health care system. 3. Describe current primary health care initiatives in the context of broad healthcare system reform. 4. Compare and contrast the current PHC models operating in Ontario. 5. Explain how the introduction of Primary Care Health Care Nurse Practitioners has contributed to health care reform.
Module 3: Advanced Practice Nursing Sept 27	It is important to be able to conceptualize the role of the NP within the larger context of Advanced Practice Nursing. The novice NP must develop many new skills, and competencies

<p>2023</p> <p>QUIZ 1</p>	<p>to be recognized as an advanced practice nurse.</p>
<p>Learning outcomes:</p>	<p>After completion of the module, you will be able to:</p> <ol style="list-style-type: none"> 1. Describe the concept of Advanced Practice Nursing (APN), with a focus on the Canadian context. 2. Identify and distinguish various models/frameworks of advanced practice nursing. 3. Articulate the historical journey of advanced practice within Canada, and how this contrasts with U.S. and other international developments. 4. Summarize the ways in which a nurse practitioner implements their scope of practice and APN competencies (from Canadian Nurses Association (CNA) and CNO) 5. Describe leadership competencies and explain how these competencies are utilized in nurse practitioner practice
<p>Module 4: Policy and Politics</p> <p>Oct 25 2023</p>	<p>In this module, we focus on the development of policy and on the political aspects of policy development and implementation, interest groups and policy actors. Consideration is given to how you, as an individual nurse practitioner and as a member of an interest group, might contribute to shaping health policy.</p>
<p>Learning outcomes:</p>	<p>After completion of the module, you will be able to:</p> <ol style="list-style-type: none"> 1. Provide examples of public policy related to the development of the Nurse Practitioner role in Ontario. 2. Explain how regulation as a governing instrument is used in the regulation of NPs in Ontario. 3. Explain how Bill 179 impacts Nurse Practitioner Practice in Ontario. 4. Describe how professional organizations influence health and social policy
<p>Module 5: Critical Appraisal</p> <p>for Nov 8 2023</p>	<p>In this module you will learn how to critically appraise research and apply research findings to clinical practice.</p>
<p>Learning outcomes:</p>	<p>After completion of the module, you will be able to:</p> <ol style="list-style-type: none"> 1. Identify and utilize sources of evidence-based information useful for primary health care practice. 2. Distinguish between various measures of effect and how to use them to guide clinical decision-making 3. Explain the ways in which a nurse practitioner could enact a research role within his/her practice 4. Identify a critical appraisal tools for evaluating clinical practice guidelines and the literature.
<p>Module 6: Legal and Ethical issues in Primary Health Care</p> <p>Nov 22 2023</p> <p>QUIZ #2</p> <p>Assignment 1 due Nov 23</p>	<p>In this module you will apply legal and ethical principles to situations of relevance to practice as a primary health care nurse practitioner. You will also draw on resources and guidelines to consider resolution of issues in case scenarios, such as codes of ethics, consent, privacy, etc.</p>
<p>Learning outcomes:</p>	<p>After completion of the module, you will be able to:</p>

	<ol style="list-style-type: none"> 1. Describe legal and professional issues in advanced practice nursing. 2. Summarize the underlying theory of negligence and the elements necessary to establish malpractice. 3. Formulate and demonstrate risk management strategies. 4. Explain ethical issues that may arise in primary health care and advanced practice.
Module 7: Interprofessional Collaborative Practice Jan 10 2024	<p>In this module, you will analyze the concepts of interprofessional and collaborative practice. While the focus of this module will be NP-physician collaborative practice, you will also explore the broader context of interprofessional collaboration in patient care, education and research.</p>
Learning outcomes:	<p>After completion of the module, you will be able to:</p> <ol style="list-style-type: none"> 1. Analyze the concepts and competencies of interprofessional collaborative practice. 2. Identify aspects of practice that facilitate or function as a barrier to effective collaborative teams. 3. Describe primary care reform initiatives such as Patients First legislation and describe how these initiatives can have an impact on interprofessional collaborative practice.
Module 8: Practice Management Jan 24 2024	<p>In this module we will offer you some resources that will assist you in building an evidence-based practice in primary health care. In addition, it will increase your understanding of a business-oriented perspective to primary health care.</p>
Learning outcomes:	<p>After completion of the module, you will be able to:</p> <ol style="list-style-type: none"> 1. Articulate the importance of forming networks and relationships to support your practice. 2. Explain the concept of rostering and how it can impact Nurse Practitioner practice. 3. Give examples of 3rd party forms, costs and procedures that NP may complete. 4. Define and apply business concepts and explain on they may impact NP practice. 5. Explain how to "Risk proof" NP practice. 6. List the required elements of a portfolio and how this tool can contribute to your professional growth and development as a PHCNP.
Module 9: Quality Assurance and Quality Improvement Plans Feb 7 2024 QUIZ #3	<p>In this module, you will learn about the NP's role with respect to quality assurance and improvement in health care.</p>
Learning outcomes:	<p>After completion of the module, you will be able to:</p> <ol style="list-style-type: none"> 1. Describe the following concepts: quality of care, quality assurance, quality improvement, and quality metrics or indicators. 2. Describe methods of quality improvement. 3. Describe how change theory can be utilized to understand facilitators and barriers to implementing quality assurance and quality improvement plans 4. Describe why the elements of program planning are necessary for the successful implementation of quality assurance and quality improvement plans 5. Identify the three priority areas in primary care for quality improvement in Ontario. 6. Discuss the Quality Improvement Framework outlined by Health Quality Ontario. 7. Identify the components within the Quality Improvement template designed by Health Quality Ontario.

<p>Module 10: Expanding and evolving NP SOP</p> <p>Mar 6 2024</p> <p>Assignment 2 due</p>	<p>In this module you will learn about how the NP role and scope of practice is continuously evolving.</p>
<p>Learning outcomes:</p>	<p>After completion of the module you will be able to:</p> <ol style="list-style-type: none"> 1. Discuss changes in federal and provincial legislation related to Controlled drugs and substances and medical assistance in dying and how these impact the NP's scope of practice. 2. Apply the evidence based 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain recommendations in a variety of client specific scenarios. 3. Discuss changes to the recent changes to the Ministry of Transportation regulations surrounding the reporting of unsafe drivers by NPs. 4. Discuss the implications to practice of the addition of prescribing authority to NPs for methadone and diacetylmorphine (heroin) 5. Discuss NP practice in relation to the Cannabis Act and Cannabis Regulations. 6. Discuss changes occurring with the COVID-19 including telepractice and the way it effects NP practice. 7. Consider the changes occurring with section 14 of Food and Drugs Act.
<p>Module 11: Primary Health Care for Diverse and Vulnerable Populations</p> <p>Mar 20 2024</p>	<p>In this module, you will explore a variety of primary health care settings and discuss NP practice models related to the provision of care to diverse and vulnerable populations.</p>
<p>Learning outcomes:</p>	<p>After completion of the module, you will be able to:</p> <ol style="list-style-type: none"> 1. Apply principles of culturally safe care to individuals and groups. 2. Explain and discuss critical social justice and program design considerations. 3. Identify barriers and obstacles to health care access. 4. Apply the Truth and Reconciliation's Calls to Action, the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls and the United Nations Declaration on the Rights of Indigenous Peoples to Nurse Practitioner health care.
<p>12: Transitions to the Advanced Practice Nurse: Nurse Practitioner Role</p> <p>Apr 3 2024</p> <p>QUIZ #4</p>	<p>As you move to completion of this program you are preparing to step into a new role, one where your level of expertise will be at the novice level. In this module, you will consider your future and how to launch your NP career.</p>
<p>Learning outcomes:</p>	<p>After completion of the module, you will be able to:</p> <ol style="list-style-type: none"> 1. Determine which PHC practice model that you can envision yourself working in upon completion of the program 2. Identify the characteristics of an ideal collaborative Interprofessional team. 3. Explain the steps involved in contract negotiations 4. Identify the necessary regulatory requirements to initiate your practice as a PHCNP 5. Identify the necessary CNO QA requirements to maintain your competence and registration as a PHCNP

6. Examine facilitators and challenges relating to the transition from RN to NP practice.

Resources

Required Text books for Roles and Responsibilities

- Mariano, C. (2015). *No One Left Behind: How Nurse Practitioners Are Changing the Canadian Health Care System*. Victoria, British Columbia: Friesen Press. (note: this is available on Amazon.ca for download to use with free Kindle e-reader app, much more inexpensively than a print copy)
- Canadian Perspectives on Advanced Practice Nursing. Second Edition. (2020). Edited by Eric Staples, Roger Pilon, Ruth A. Hannon; Print ISBN: 9781773382173

Required Web Resources

- College of Nurses of Ontario (Revised 2018). Entry-to-Practice Competencies for Nurse Practitioners. <https://www.cno.org/globalassets/docs/reg/47010-np-etp-competencies.pdf>
- College of Nurses of Ontario (Revised 2018). Nurse Practitioner practice standard. Retrieved from: https://www.cno.org/globalassets/docs/prac/41038_strdrnec.pdf

To order your required textbooks, please go to [McMaster bookstore](#).

Useful Links

- College of Nurses of Ontario <http://www.cno.org/>
- Nurse Practitioner Association of Ontario <http://npao.org/>
- Canadian Nurses Association <http://www.cna-aiic.ca/>
- CASN Nurse Practitioner Education in Canada: National Framework of Guiding Principles & Essential Components <https://www.casn.ca/2014/12/nurse-practitioner-education-canada-national-framework-guiding-principles-es>

Professor Profile

Jennifer Perry, PhD, RN(EC) NP-PHC

Roles and Responsibilities Course Lead, English program

Jen has been a nurse practitioner for more than 20 years, working in the US and Canada in a range of specialties within healthcare, including cardiology, primary care, and student wellness. She has been teaching in undergraduate nursing and NP programs since 2005, and is currently working at Queen's University and practicing in Kingston and area. She particularly enjoys working with students nearing completion in nursing or nurse practitioner programs, assisting them to pull together everything they've learned in order to perform integrated biopsychosocial assessments, process their findings, and use appropriate resources to plan and deliver evidence-based care in complex healthcare situations. Areas of research and interest include use of information technologies in healthcare, transition into novice nurse/nurse practitioner practice, and student wellness.

jap18@queensu.ca

Terri MacDougall



I have been a registered Primary Health Care Nurse Practitioner since 1998. I have my Bachelor of Science in Nursing from Ryerson University, Masters of Science in Nursing from University of Ottawa, and Primary Health Care NP certificate from Laurentian University. I have worked as a NP-PHC in a community health centre, a sexual health clinic and a rural nursing station. I have been providing primary health care in the North Bay area since 2005 and helped establish the North Bay Nurse Practitioner Led Clinic in 2010-2011 by being the first chair of the Board of Directors. I was the Clinical Director of the North Bay Nurse Practitioner Led Clinic 2012 to 2017. I am an Internationally Board Certified Lactation Consultant. I continue to have a full practice at the NBNPLC as a staff NP. I am pro choice and provide medical abortions to women who seek this choice. My hobbies include yoga, swimming, gardening and knitting. I am a proud Mom of two wonderful kids.

t.macdougall@queensu.ca

Ally Wright



I completed the Master of Nursing: Primary Health Care Nurse Practitioner program at Queen's University in 2018. I am currently working as a Nurse Practitioner at a Family Health Team in Kingston. I am a certified Sexual Assault Nurse Examiner and work part-time as crisis nurse for the Sexual Assault/Domestic Violence Team at the Kingston Health Sciences Centre. I completed my Bachelor of Nursing Science in 2011 at Queen's University. I worked in the Neonatal Intensive Care Unit while teaching clinical in the undergraduate program for Queen's. I look forward to introducing the students to the new and exciting role as an NP and the opportunity to share experiences!

af80@queensu.ca

Jeanette Suurdjt

Jeanette graduated from Queens University in 2000 with her BNSc. After working for a year in Kingston, ON she accepted a travel nurse position in Australia working her way around the country in a wide variety of nursing roles. After returning to Canada in 2002 she completed her Critical Care and Gerontology Certification while working and teaching in both areas. Jeanette completed her Masters in 2008 and graduated from the University of Toronto Post Masters NP program in 2012. She finished up this program while working as a Clinical Nurse Consultant in Sydney, Australia, working in a large urban teaching hospital. Jeanette registered with the CNO as an RN(EC) in Ontario in 2013.

Currently Jeanette is a faculty member at Queen's University teaching in Undergraduate and Graduate Programs. In addition she is the Site Coordinator for the PHC NP Program at Queens and also works as an NP in Chronic Pain at Hotel Dieu Hospital, KHSC.

Jeanette looks forward to meeting each of you to explore (and challenge our perceptions of) the ever expanding Nurse Practitioner Role!

suurdjt@queensu.ca

Meaghan Allen



I completed my Bachelor of Science in Nursing at Trent University, and went on to pursue my Primary Care Nurse Practitioner certificate at Queens University, and a Masters of Science in Nursing at the University of Ottawa. My nursing background includes emerg, post anesthetic care and geriatric emergency management. I have been working as a PHC NP since 2012, working in family practice and in a women's health care specialty position. I have provided care through therapeutic abortion clinics and as a sexual assault and domestic violence examiner, including pediatric sexual assault. I am passionate about the role of the NP and have been a director on the board for our local NP led clinic, and the board liaison for the Alliance for Healthier Communities Ontario. I look forward to sharing my commitment and enthusiasm for nursing with all of you.

Meaghan

ma173@queensu.ca

Heather Thomson



Following a career as a computer/systems consultant, I switched gears to become a nurse, graduating with a B.Sc. Nursing from the University of Ottawa in 2000. After graduation, I headed north as an advanced practice RN working in the ambulatory clinic/hospital in the Attawapiskat First Nation in northern Ontario for 3 years. In 2003, I became a field worker with Medecins Sans Frontieres/Doctors Without Borders and have completed 9 field assignments in several African countries and Yemen in a variety of roles including: outreach nurse, hospital nurse, project coordinator and medical coordinator. When home in Canada, I worked as an RN at the Morgantaler Clinic and with Ottawa Inner City Health, a primary health care clinic for people living in shelters or who were homeless. Always looking for more adventure, in 2010, I completed the PHCNP + Masters program at the University of Ottawa and have worked at the Sandy Hill Community Health Centre in Ottawa for 10 years with a speciality in refugee/immigrant health. I'm very excited to participate in the Roles & Responsibilities course with you!

Regards,
Heather

hthomson@sandyhillchc.on.ca

Rebecca McEwen, RN(EC) NP-PHC, MSc., CHPCN(C)

I have been a nurse practitioner practicing in the long term care setting since 2019. I have my Bachelor of Science in Nursing from Lakehead University, Masters of Science in Community Health Epidemiology from Dalhousie University, and Primary Health Care NP diploma from Queens University. I completed my thesis on the associations between having a home death and the type of care at home. I have a passion for palliative and end of life care and have taught several palliative care courses and previously served as the clinical co-lead for the North West LHIN Regional Palliative Care Program. I look forward to sharing experiences and explore the ever expanding role of the nurse practitioner!

ram15@queensu.ca

Natasha Larkin

Natasha Larkin is a Nurse Practitioner currently employed with Street Health, a part of the Kingston Community Health Centre, providing primary care to vulnerable populations and specializing in addictions. Natasha graduated from Queen's University Master of Nursing: Primary Health Care Nurse Practitioner program at Queen's University in 2019. Her Nursing undergraduate degree is from University of Toronto. She also has a Professional Diploma in Tropical Nursing from the University of Liverpool. Her work experience as a Registered Nurse has primarily been in remote Northern communities of Moose Factory, Attawapiskat and Dawson City Yukon. She is looking forward to working with students, sharing her experiences and passions and learning together.

Natasha.Larkin@queensu.ca

Assignments/Exams

Activity	Dates	Percentage of Final Grade
Virtual Seminars (Participation)	Select Wed evenings in Fall and Winter semesters	sat/unsat
Quiz #1	27 Sep-2023 at 1800 hrs.	5%
Implementing Research Presentation	8 Nov-2023 at 1800 hrs.	10%
Quiz #2	22 Nov-2023 at 1800 hrs.	5%
Assignment # 1: Exploring the PHC Nurse Practitioner - Roles and Responsibilities	23 Nov-2023 at 1700 hrs.	30%
Quiz #3	7 Feb-2024 at 1800 hrs	5%
Assignment 2: Nurse Practitioner Role & Practice Setting Evaluation	6 Mar-2024 at 1700 hrs	40%
Quiz #4	3 Apr-2024 at 1800 hrs	5%

[NP Evaluation Rubric for Assignments](#)

Classroom Links

See the calendar on the right menu for your virtual classroom schedule.

All session will start at 6PM except when there is a graded quiz scheduled, the class will start at 6:30PM.

Quizzes are scheduled on 27 Sept, 22 Nov, 7 Feb, 3 Apr in Fall/Winter 2023-24

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Contact: aormiston@cou.ca

Assignment #2: Exploration of Barriers/Challenges Impacting PHCNP Recruitment and Retention

Note: There are 2 written papers in this course that discuss practice settings. You should choose different practice settings for each paper. For example, if you research working in a FHT in the first paper, then consider a CHC or other practice setting for the second paper.

Roles and Responsibilities Course Assignment Guidelines

Assignment 2: Exploration of barriers/challenges impacting PHCNP recruitment and retention

This assignment will have **2 components**. Part one is a short presentation. Part two is a written assignment based upon the Nurse Practitioner interview.

Part 1

The NP student will interview a practicing PHCNP and deliver a short 5 - 10-minute presentation within the individual seminar group during class time. This may include what was unique, the population served, specifics related to organizational barriers etc.

Part 2 of the assignment takes the form of a written paper which includes the following objectives:

- To familiarize yourself with various practice settings in which PHCNPs work (example: NP Led Clinics, Family Health Teams, Community Health Centres, Long Term Care, etc...)
- To review an existing NP job description and describe details of the practice setting (could include information about delivery of virtual care)
- To explore NP scope of practice and competencies
- To explore the NP interprofessional collaboration network
- Develop your knowledge of current issues in PHCNP practice and identify potential legislative, policy or organizational barriers impacting recruitment and retention of PHCNP's (i.e. funding, scope of practice, workload etc)
- Identify opportunities for growth and change. This section may be further expanded by addressing solutions related to policies or legislation and should include relevant support from the literature.

Grade: This assignment accounts for 40% of your final grade in the course

Due Date: March 6, 5pm via the assignment upload link located on the right side of the Roles course info page.

Guidelines for written assignment:

The first step of this assignment is to seek out and interview a Primary Health Care Nurse Practitioner who works in a Primary Care setting. The NP selected must be working in Ontario in a PHCNP capacity. You are strongly encouraged to discuss your choice with your R&R course instructor. If you are presently in a clinical placement for either Advanced Health Assessment and Diagnosis or Therapeutics you can approach your NP Preceptor.

Ideally the interview should be conducted in person and in the practice setting of the NP being interviewed.

The interview should take about 30-60 minutes. You should record the interview. You will develop the interview questions ahead of time. Base these on the assignment objectives. You can refer to your course modules and materials to help you design your interview questions. **Please ensure that your participant completes and signs a consent form for the interview which is found at the end of this document and include a completed and signed copy scanned in your appendices. When you submit the consent form, the full name and signature of the NP must be visible.**

The primary focus of the interview is to have the NP articulate his or her role and discuss potential organizational and/or legislative factors which may impact recruitment and retention of NPs in their practice setting. **You should attempt to obtain a copy of the NP's Job Description if available and include it as an Appendix to your paper.**

Once the interview is completed, you should transcribe about 15 minutes of your interview or 2-3 pages. This transcription will be included in your paper and must be inserted as an Appendix. The purpose of the transcript is to provide the course professor with an overall impression of the interview dialogue. This transcription will also assist you when you evaluate and critique the interview.

Using the literature, legislative documents, case studies, grey literature and more, explore the origins and progress of the challenges that you have identified.

How has the challenge/barrier evolved, what is the impact on the health care system and the specific implications to NP recruitment and retention?

The barrier identified may involve a number of areas including federal or provincial health policy, regulations or legislation; mandates (eg. Public Health); Colleges and Associations (CNO, OMA, NPAO, RNAO, CNA, etc.); bylaws in municipalities; organizational characteristics and policies (eg. CHC, NPLC, FHT etc.) Examples of barriers may include funding, organizational policies, scope of practice etc.

Explore possible solutions or alternative approaches which could be implemented to address the barrier/challenge you chose to critique. Include supporting literature.

In this scholarly paper, you should communicate original thought however it is expected that your insights will be grounded in research and the published literature. You may wish to consult the following link which will provide you with some general information on scholarly writing (<http://academicguides.waldenu.edu/writingcenter/scholarly#s-lg-box-12309935> (Links to an external site.) (Links to an external site.))

The maximum number of pages for this assignment is 15 pages double spaced using New Times Roman size 12 font (this does not include your title page, references or appendices). Please use APA format.

Grading Rubric:

Presentation 2 marks

Introduction 2 marks

Description of the NP's practice setting, job description and/or provisions for virtual care, 2 marks

Description of the NP's competencies and to what extent they are practicing to full scope, 10 marks

Description of NP's interprofessional collaboration network, 4 marks

Expansion and critique of any legislative and/or organizational barrier(s) which may impact NP recruitment and retention. 10 marks

Discussion of opportunities for growth and change 6 marks

Conclusion, 2 marks

Paper Format: will be allocated for paper quality (flow, grammar, spelling, APA format, inclusion of all required attachments 2 marks.

TOTAL: 40%

Grading:

Grading Rubric

Criteria and marks
Part 1:
Presentation to peers, 2 marks
Part 2:
Introduction: 2 marks
Description of the NP's practice setting, job description and/or provisions for virtual care: 2 marks
Description of the NP's competencies and to what extent they are practicing to full scope: 10 marks
Description of NP's interprofessional collaboration network: 4 marks
Expansion and critique of any legislative and/or organizational barrier(s) which may impact NP recruitment and retention: 10 marks
Discussion of opportunities for growth and change: 6 marks
Conclusion: 2 marks
Paper Format: will be allocated for paper quality (flow, grammar, spelling, APA format, inclusion of all required attachments): 2 marks
TOTAL: 40%

Roles and Responsibility Course 2023-2024**CONSENT TO RECORD AN
INTERVIEW Assignment # 2**

I _____ (interviewee's name) do hereby consent to have the nurse practitioner student, _____ (student's name) record our interview.

I have received and reviewed a copy of the Assignment # 2 guidelines.

I understand that the purpose of recording the interview is for the student's own learning and evaluation of his/her interviewing skills.

Ideally the interview should be conducted in person and in the practice setting of the NP being interviewed.

Should this not be possible, please advise your instructor in order to discuss an alternative approach to conducting the interview.

I understand that absolutely no other person other than student and his/her evaluator(s) from the nurse practitioner program will listen to the recording. I also understand that the student will erase or destroy the audio recording of the recorded interview immediately after his/her assignment has been analyzed and evaluated. Absolutely no identifying information will be used in the

student's academic paper related to this interview.

Interviewee Signature

PHCNP Student

Verbal consent from Interviewee if signature not possible ____ Yes or ____ No

Date : _____

Your feedback is important to us!

Please take the time to fill out the Assignment feedback.

Revised 15 Aug 2023

Implementation of Research in NP Practice

Students will do a 5 min presentation during module 4 class time. Just prior to class time, students will post their article and 3 slides in the discussion board. When it's their turn students will present their powerpoint--

Slide 1--Choose a research article that has relevance to your practice (or future practice). Briefly critique the research project using these questions: What is the topic? Which tool, if any, did you use to critique the article? Did the conduct of the study demonstrate rigor in methodology and how? Are the recommendations representative of what the data revealed?

Slide 2--How would you go about advocating for the change recommended in the article at your practice site as a new NP? Who would be involved? Describe process.

Slide 3--Discuss barriers to implementation and how to overcome.

If there are questions about the study or the presentation, students are encouraged to type those questions into the discussion board under the student's presentation, so that the student can answer before the next class.

Seminar participation (Final)

Roles and Responsibilities Course Guidelines for Course and Virtual Seminar Participation

Grade: Satisfactory/Unsatisfactory at Midterm

Roles and Responsibilities Course Guidelines for Course and Virtual Seminar Participation

The participation grade is based on your participation in your biweekly group seminars and discussion forums:

Participation is essential to learning in a graduate seminar course. Each student will be graded in participation as satisfactory or unsatisfactory at midterm and end of course. Participation must be at a satisfactory level to be complete in the course. If participation is unsatisfactory at midterm, the course tutor will meet with the student to agree on a remediation plan, which could include leading a discussion board, leading a discussion in class, or other integrative activities. Assessment of participation will include the following:

- a. Being present, prepared, and contributing to the discussion in seminar weekly**
- b. Engaging in discussions with guest speakers and with peers**
- c. Answering questions posed by other students on own Implementation of Research in NP Practice posting**
- d. Participation in small group (breakout) discussions within seminar with peers**

Seminar participation (Midterm)

Roles and Responsibilities Course Guidelines for Course and Virtual Seminar Participation

Grade: Satisfactory/Unsatisfactory at Midterm

Roles and Responsibilities Course Guidelines for Course and Virtual Seminar Participation

The participation grade is based on your participation in your biweekly group seminars and discussion forums:

Participation is essential to learning in a graduate seminar course. Each student will be graded in participation as satisfactory or unsatisfactory at midterm and end of course. Participation must be at a satisfactory level to be complete in the course. If participation is unsatisfactory at midterm, the course tutor will meet with the student to agree on a remediation plan, which could include leading a discussion board, leading a discussion in class, or other integrative activities. Assessment of participation will include the following:

- a. Being present, prepared, and contributing to the discussion in seminar weekly**
- b. Engaging in discussions with guest speakers and with peers**
- c. Answering questions posed by other students on own Implementation of Research in NP Practice posting**
- d. Participation in small group (breakout) discussions within seminar with peers**

Assignment # 1: Exploring the PHC Nurse Practitioner - Roles and Responsibilities

Note: There are 2 written papers in this course that discuss practice settings. You should choose different practice settings for each paper. For example, if you research working in a FHT in the first paper, then consider a CHC or other practice setting for the second paper.

Assignment # 1: Exploration and Critique of Practice Setting of Interest

The purpose of this assignment is to develop your ability to *clearly articulate the role of the primary health care NP as it relates to a PHC practice model that is of interest to you*. In addition to more traditional models of care, this paper invites you to consider NP roles in a variety of settings which could include independent practice, specialized patient populations, new virtual care models of health etc.

Objectives

The paper focuses on the practice setting area in which you may wish to work as a Primary Health Care NP and explores why this model of care helps nurse practitioners contribute to the delivery of primary health care in Ontario.

Describes a brief history of the emergence of the specific health care model within the context of NP practice in Ontario

Identifies the relevant legislation, NP scopes of practice and entry level competencies most consistent within the practice setting of interest

Explores why you might be interested working in this specific practice setting. Consider what challenges and/or advantages might impact the NP role in your practice setting of interest

Page Limit and Format: 5 pages, double spaced plain word document. Please use APA format

Criteria

- Describes what unique features of this specific practice setting contribute to the delivery of primary care in Ontario.
- Offers a brief description of the emergence of the specific health care model within the context of NP practice in Ontario
- Identifies relevant legislation, NP scope of practice and entry level competencies most consistent with this practice setting
- Would you choose to work in this practice setting? Consider potential advantages and/or challenges which might impact your role as an NP. Considerations might include a specific patient population, geographical location, clinical interests, scope etc.

Grading of Paper:

The grading rubric for this paper is described as follows:

- Introduction, 2 marks
- Description of practice setting of interest including a brief history of the evolution of the practice setting and how it contributes to the delivery of primary care in Ontario 4 marks
- Plain language description and synthesis of the legislation, controlled acts, standards of practice and entry level competencies as they relate to the NP role within practice setting of interest 12 marks
- Would you consider working in this specific care model? Consider potential challenges and/or barriers which may impact your role as an NP 8 marks
- Conclusion 2 marks

- Format, flow, grammar, references, creativity of written paper 2 marks

Grade: This assignment accounts for a total of 30% of your final grade in the course.

Please use APA format only for references.

Syllabus of the course
Advanced Health Assessment & Diagnosis I

Generated: Tuesday, September 26, 2023 @ 19:39:42 UTC

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Welcome

Welcome to Advanced Health Assessment and Diagnosis, commonly known as AHAD. AHAD is one of five areas of study and is a foundational clinical course in the Primary Health Care Nurse Practitioner (PHCNP) Program.

Two courses, AHAD I, in the fall and AHAD II, in the winter, focus on advancing the skills of registered nurses in conducting a full range of advanced health assessments in primary care. AHAD I focuses on the care of the adult in a system-based approach to episodic care: AHAD II focuses on specialty populations such as mental health; family; chronic conditions; the perinatal period and pediatrics.

Each course consists of weekly modules, which will prepare the student to assess clients at an advanced practice level. There will be an emphasis on critical thinking using evidence-based research when assessing an individual, family and/or specific populations. Students will engage in synthesizing clinical data utilizing diagnostic reasoning skills. Diagnostic plans will be developed for case studies and actual clients seen in clinical placements with primary health care conditions.

Diagnostic plans involve all those activities which are performed to determine with some certainty, actual nursing and medical diagnoses for a client. This includes an analysis of the focused history, the physical examination pertinent to the clinical presentation, the diagnostic investigations to be ordered and consultations and/or referrals that may be required.

During the weekly seminars, students will be expected to consider the broader implications for health promotion, health maintenance, and disease/injury/illness prevention for individuals across the lifespan; families; diverse groups and populations. Participation with peers, tutors/instructors, preceptors and the course professors will form the basis for ongoing discussion and problem-based learning.

A solid foundation in advanced health assessment skills and the ability to achieve diagnostic accuracy is essential prior to any attempt to engage in therapeutic management of clinical case presentations.

Course Description

Pre/co-requisite - Pathophysiology for Nurse Practitioners and Roles & Responsibilities

Seminar: 3 hours per week Clinical: 78 hours per term

In this course, students will analyze and critique concepts and frameworks essential to advanced health assessment and diagnosis using clinical reasoning skills. Students will apply clinical, theoretical and research knowledge in comprehensive and focused health assessments for the individual client's diagnostic plan of care.

AHAD I focuses on the care of the adult in a systems based approach to episodic care. AHAD II focuses on specialty populations such as mental health; family; chronic conditions; the older adult; the perinatal period and pediatrics.

Course Outcomes

1. Conduct assessments utilizing evidence-informed and best practices
2. Perform a comprehensive health history utilizing diagnostic reasoning frameworks
3. Demonstrate advanced physical assessment skills based on client needs
4. Formulate a provisional diagnosis and diagnostic plan through the synthesis of health assessment data
5. Select and interpret diagnostic and screening tests based on assessment findings
6. Communicate assessment findings and diagnoses
7. Collaborate and consult with members of the health care team

Resources

Students enter the NP Program with varying degrees of preparation and skill in performing a comprehensive physical examination of an adult.

It is important to conduct a self-assessment of individual learning needs related to conducting a comprehensive physical assessment.

Students are encouraged to prepare for this demonstration before September. Several learning strategies can assist in preparation; a physical assessment course or workshop, online resources, your university clinical skills laboratory, practicing with a partner, and your physical assessment textbook (see booklist).

[Please click here to access Bates](#) (Bates' Visual Guide to Head-to-Toe Assessment (Adult)).

[Comprehensive Physical Examination \(Adult\) Grading Criteria](#) ed to evaluate your physical assessment skills during the scheduled testing and should be used as a guide for preparation.

Book List AHAD

MANDATORY

Anemia Review Panel. (current edition). Anemia review guidelines for family medicine (3rd edition). MUMS Guidelines Clearinghouse: Toronto.

Anti-infective Review panel (2019). Anti-infective guidelines for community-acquired infections - MUMS Guidelines Clearinghouse: Toronto

Cash, J.C., Glass, C.A. (2020). Canadian family practice guidelines. Springer Publishing Company New York

Dains, J., Baumann, L. & Scheibel, P. (2024). Advanced health assessment and clinical diagnosis in primary care (7th ed.). St. Louis, Missouri: Mosby Elsevier.

Men's Health Review Panel (2017). Men's health guidelines for family medicine- MUMS Guidelines Clearinghouse: Toronto

Myrick, K.M. & Karosas, L.M. (2021). Advanced health assessment and differential diagnosis: Essentials for clinical practice. Springer Publishing Company New York

Respiratory (2020). Respiratory (asthma/COPD) handbook for family medicine - MUMS Guidelines Clearinghouse: Toronto

OPTIONAL

Goldbloom, D. S. and Davine, J. (2011). *Psychiatry in Primary Care, A concise Canadian pocket guide*. CAMH (Centre for Addiction and Mental Health).

Pagana K.& Pagana T. Editor MacDonald, S. (2023). Mosby's Canadian manual of diagnostic and laboratory tests. 3rd Canadian Edition. Toronto: Elsevier Mosby.

Wolff, K., & Johnson, R. Saavedra (2017). *Fitzpatrick's color atlas & synopsis of clinical dermatology (8th ed)*. New York: McGraw-Hill

Professor Profile

Dr. Erin Ziegler PhD, NP-PCH

Assistant Professor, Toronto Metropolitan University

Email: eziegler@torontomu.ca

Dr. Ziegler (she/her) is a primary healthcare nurse practitioner with a clinical background in acute and primary care. Her clinical area of expertise is in primary care for 2SLGBTQ+ individuals, with specific interest in support transgender clients with medical and social transition. She is an Assistant Professor in the Daphne Cockwell School of Nursing at Toronto Metropolitan University (formerly Ryerson University). She graduated with a PhD in Nursing from McMaster University. She is a faculty member with the Canadian Centre for Advanced Practice Nursing Research. Dr. Ziegler is currently involved in research studies regarding APN practice, 2SLGBTQ+ healthcare and nursing simulation. She led the development of the nursing eLearning toolkit on SOGINursing on sexual orientation and gender identity (www.soginursing.ca). She is the chair of the Rainbow NP Community of Practice with NPAO.

Assignments/Exams

Guidelines for Scholarly Assignments:

Nurse Practitioners are required to communicate clearly in writing and in oral presentations. The following are guidelines to help you communicate clearly on your assignments.

Writing Style and Format:

Please refer to the most current APA format.

Plagiarism:

Appropriate referencing is required for papers, presentations, presentation notes, and for visual aids, such as power point presentations. Please review your University policy on plagiarism and academic dishonesty.

GUIDELINES FOR GRADING ASSIGNMENTS

The passing grade for this course is 70%.

Grading criteria are accessible [here](#).

Late Penalty for Assignments

As adult students, you are responsible for submitting assignments on time. All assignments will be submitted electronically. The time on the email will be accepted as proof of submission.

There will be **5% per day deducted** from the grade of any assignment which is past the deadline. Extensions are only granted in unique or critical situations. **This request must be negotiated with the professor at least one week before** the assignment deadline. Any request for an extension **must be in writing**, and the student must propose another date for handing in the assignment. At the time of the extension request, the student is expected to submit what work has been done on the assignment to date.

Determination of Course Grade:

An overall minimum grade of 70% in the course examinations/assignments and an overall "Satisfactory" grade in the clinical component is required to pass all components of AHAD I.

All supplementary documentation must be submitted as required by the term's mid and/or end.

NOTE: The course professor releases individual exam/assignment grades on the Grade Report Form throughout the term. Each university disseminates final grades. Final grades are not released on the Grade Report Form.

Evaluation Measures

1. Comprehensive Physical Examination (Adult) Demonstration	As per the university arrangement to be completed by September 15th, 2022	Value: 10%
2. Case Critical Analysis Paper with Consult Letter	Wednesday October 4, 2023, by 11:59 PM (electronic submission)	
3. Written Midterm Examination	Wednesday, November 1, 2023, at 0900	
4. Observed Structured Clinical Examination (OSCE) • OSCE 1	December 6, 7, and 8, 2023	Value: 40% - 4 stations

- [OSCE 2](#)
- [OSCE 3](#)
- [OSCE 4](#)

Clinical Component

1. Learning plan	Friday, September 22, 2023	Value:
2. Clinical Encounter Logs	Weekly	
3. SOAP notes (3) three	To be discussed with Instructors	

Copyright statement

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Contact: aormiston@cou.ca

Case Critical Analysis Paper

Due Date: Wednesday Oct 4, 2023 by 09:00 AM (electronic submission)

Value: 10%

FORMAT:

Submitted papers are limited to **10 pages maximum** (cover page, reference list, and relevant appendices are not included in to the 10 page maximum). Grading will be limited to the first 10 pages; anything beyond 10 pages will not be marked. Papers should be **double-spaced, 12-font, Times New Roman, with 1 inch margins on all sides**. Follow APA for format and references.

In this case critical analysis paper, the student will create a diagnostic plan for a client presenting with a specific clinical presentation in the clinical setting. The case critical analysis paper and the consult letter are to be written on the same client.

The goals of this assignment are to:

- (a) develop knowledge and skill in organizing thinking related to a particular case, given a profile of characteristics relevant to that particular case by utilizing a framework for a presenting problem;
- (b) discriminate between what is relevant and irrelevant, given the particular presenting problem;
- (c) demonstrate critical thinking in articulating these findings by defending thinking and diagnostic reasoning;
- (d) integrate advanced practice competencies from a primary health care perspective;
- (e) articulate the 'value-added' contribution made by NPs in primary health care;
- (f) develop skills in the written articulation of presenting clinical findings in a succinct and comprehensive manner.

PART A - Case Critical Analysis Paper (10%)

Select a client with a 'focused' health problem seen in clinical practice and relevant to the content of any one of the AHAD 1 modules.

The following topic headings are suggested to guide the organization of the paper.

Health History (15%)

Physical Examination (10%)

Synthesis of Information (15%)

Medical Diagnoses (20%)

Implications for Advanced Practice Nursing (15%)

Diagnostic Plan (15%)

Organization/Style (10%)

Review the grading criteria for this assignment, focusing on the critical elements to discuss as you develop each section of the paper.

Therapeutic interventions are NOT part of this assignment. Focus on the diagnostic reasoning framework and the diagnostic plan.

[Criteria For Grading Case Critical Analysis Paper:](#)

NOTE: See '[Case Critical Analysis Grading Form](#)' found under 'Course Resources -> Forms' in AHAD 1 on the NP Website.

Clinical Component

In AHAD 1, the total number of clinical experience hours required is a minimum of **78 hours**.

It is imperative that the clinical practice hours be spaced out over the entire term. This allows for the integration of concurrent clinical practice experiences with the theoretical content as the term progresses.

The purpose of the clinical experience is to provide an opportunity to integrate advanced practice health assessment/physical examination skills and diagnostic reasoning for common health conditions. The student is expected to actively participate in assessing clients in the clinical experience. Time should not predominantly be spent observing clinical practice or reviewing charts.

A 'Satisfactory' in all the course evaluation measures of the clinical experience must be achieved in order to pass the course.

The availability of clinical placements and preceptors for the clinical experience varies for each University. The clinical instructor at your University will advise you as to the assignment for the clinical experience. Students do NOT arrange their own clinical placements.

Please ensure that the appropriate documentation required for the clinical placement, such as criminal background check has been completed prior to attending clinical. Failure to provide this documentation, should it be required, can adversely affect your start and completion of the clinical component in AHAD 1.

In AHAD 1, the purpose of the clinical experience is to:

1. Apply comprehensive and focused advanced health history and physical examination skills and begin the process of diagnostic reasoning.
2. Conduct advanced focused assessments.
3. Demonstrate knowledge related to ordering, performing and interpreting appropriate diagnostic procedures and tests as per NP-PHC standard of practice guidelines
4. Demonstrate skill in advanced physical assessment

EXPECTATIONS

1. In preparation for the clinical placement, the student is expected to:

- arrange an interview with the preceptor to share the draft learning plan and negotiate clinical times
- be prepared and punctual for the clinical experience
- make-up time as necessary, by scheduling it at the preceptor's convenience
- contact instructor and/or other university contact person if conflicts arise concerning the learning plan, interpersonal difficulties or scheduling issues

2. The student will demonstrate ongoing evidence of learning by:

- developing a learning plan in consultation with the tutor/instructor and preceptor
- submitting the learning plan to the instructor and preceptor beginning the clinical placement and for any placement changes
- revising the learning plan as learning needs and clinical placements change and learning objectives are met
- submitting the revised learning plan to the tutor/instructor and preceptor
- Maintain daily *Clinical Encounter Logs* on all clients you encounter in the clinical placement. Submit your logs to your course tutor **every week**.
- completing and submitting a minimum of 3 *Clinical Reflective Journals*.
- submitting a minimum of 3 SOAP notes representing various clinical presentations.

- completing the *Clinical Evaluation Form* (both student and preceptor) for mutual review at midterm (6 weeks) and again after the final evaluation (12 weeks).
- submitting the original completed and signed Clinical Evaluation Form, at midterm and final evaluation.
- meet with the tutor/instructor to discuss the midterm and final evaluations and the learning plan for the coursework and clinical experience.

Incomplete paperwork will negatively impact the release of the final student grade.

The clinical instructor is responsible for assigning the final grade, including the clinical experience.

[Learning Plan](#)

[SOAP notes \(3\) three.](#)

Clinical Experience Log

For weekly submission, see CRDB placement.

Comprehensive Physical Examination (Adult) Demonstration

Due Date: As per university arrangement to be completed by Friday September 15th, 2022 Value: 10%

Since comprehensive assessment knowledge and skills are essential for this advanced health assessment course, students are expected to successfully perform a comprehensive physical examination of all body systems, on entry into the program. Knowledge and skills related to history-taking and therapeutic communications (interviewing and communication skills) will not be tested as it is assumed the student has these baccalaureate level competencies. It should be emphasized that this course will not cover basic knowledge and skills as applied to history and physical assessment.

NOTE: The details for the evaluation of this demonstration, including the evaluation tool are found on the Ontario Primary Health Care Nurse Practitioner Program Website under Pre-Courses -> AHAD I.

Procedure:

Each student will be given 45 minutes for the physical assessment. Evaluators may ask students to move on if too much time is being taken in the assessment of any one area.

Students are expected to know and to verbalize what they are doing during the assessment. Some areas where indicated may be described rather than demonstrated (e.g. the evaluator may ask students to describe the landmarks used in assessing the Respiratory System).

NO cue cards will be allowed into the examination.

When marking the physical examination, the student must cover each item addressing, specific, required information in order to get full marks. If that required information is not there, the student gets 0 marks for that item. For example when inspecting the fingernails - they must have a minimum of 3 of the required information items given to receive the full (1) mark (if they only discuss 2 items for this component they will *not* be given part marks).

NOTE: If there is no requirement for that item AND the item is not completely covered then part marks can be given for what is covered.

Remedial Work:

Students must pass this pretest before starting clinical placement.

If the student is not successful on the first testing, one retest will be allowed. The mark from the initial testing will count as the mark for the grade report (not the retest mark). Students who are unsuccessful in the second test will not be allowed to continue in the course.

[AHAD I Physical exam document](#)

Consult Letter

PART B - Written Consult Letter (5%)

Expectations for Consult Letter:

This part of the assignment aims to request a formal consultation with a physician partner in primary care, other health care professionals or a specialist. The consult letter is to be written on any client on which the case critical analysis paper is done.

FORMAT:

Concise reporting is crucial in a consultation request. The Consult Letter is to be **one page, single-spaced, 12-font, Times New Roman, 1" margins on all sides**. The tutor/instructor will only grade the student on one page's content.

Grading Criteria for Consult Letter:

NOTE: See 'Case Consult Letter Grading Form' found under 'Course Resources -> Forms' in AHAD 1 on the NP website.

Learning Plan

Learning Plan

The student will develop a learning plan to guide personal learning for AHAD 1. The learning plan should

the tutor/instructor, a second draft will be submitted before attending clinical. The learning goals must be discussed and negotiated with the preceptor to ensure the goals are SMART.

The learning plan is a working document to guide the student's learning. The student must provide evidence of meeting the learning plan objectives for both mid and final evaluation.

To facilitate the redaction and creation of your learning plan, the use of the [College of Nurse's Quality Improvement program](#) is the preferred resource.

Obtained from CNO website: "As professionals, all nurses are accountable to reflect on their practice to determine their learning needs. Nurses must also develop a [Learning Plan](#) and actively update their knowledge and skills to maintain their continued competence. Being self-reflective and committed to life-long learning is critical to providing patients with the safest and highest quality care. This is why all nurses practice reflection daily and participate in quality assurance activities throughout their careers."

This is well reflected in our CNO's [practice standards](#). (p.5). Continuing competence is defined as "Competence is the nurse's ability to use her/his knowledge, skill, judgment, attitudes, values and beliefs to perform in a given role, situation and practice setting (CNO standard 2002). This should be a familiar process.

Start by reflecting on your learning needs, as a new novice NP, you will most certainly have a long list of needs. Your placement setting should be taken in consideration. Specific goals may have a particular population or group, but your current placement may not be able to facilitate that learning need. Your learning goal is still important and could be applied to other placements in the future. Simply "park/ suspend", that goal and create another one that is better suited for your placement environment.

A list of resources is available below.

[Practice reflection](#). This process involves you reflecting on your current knowledge and reflect on your experience this year and supports you in identifying areas in your practice for your continued learning. As new students, this will be an ongoing process.

[Practice Reflection](#): Here are some examples of reflection questions. Use these as a guide to help identify learning areas you would like to focus on for your continued learning.

[Your Guide to Self-Assessment](#)

[Video: How to become a reflective practitioner](#)

[Use SMART goals](#) : View CNO: video

[Create your Learning Plan: Download Create your Learning Plan:](#)

Mid term examination

The midterm examination will assess the student's ability to integrate and apply knowledge in clinical decision-making, problem-solving and critical thinking within the context of advanced health assessment and primary health care for the first Six (6) modules of AHAD 1.

The 1.5-hour midterm examination will include multiple-choice questions. No written materials will be allowed into the examination.

The AHAD I midterm will have 50 multiple-choice questions from modules 1-6

OSCE 3 - Written Examination on campus

Direct Observation of Focused Health History and/or Physical Examination and Case Discussion of Findings

Date: December 6, 7 and 8th, 2022

Value: 40%

4 stations

See [Measurement of Competence Using OSCEs](#)

Content:

The midterm clinical examination for AHAD 1 consists of:

- two clinical cases using standardized patients, and
- two written case scenarios with associated questions.

The OSCE topics can be from any of the modules of AHAD1.

Questions and Answers about the OSCE Examination:

What am I being tested on?

In this examination, students will be tested on the following specific clinical competencies:

1. taking a focused history, using a framework for a focused assessment,
2. conducting a focused physical examination, explaining what is being done and what the findings are,
3. providing a rationale for assessing certain systems,
4. demonstrating discriminatory thinking in determining what is relevant in the assessment, given the presenting problem,
5. communicating with a "client",
6. analyzing data and identifying relevant strengths and risks,
7. formulating differential diagnoses, and
8. hypothesizing as to the one most likely working medical diagnosis providing supporting evidence for it.

Is there a chance that I will need to perform male and/or female genitalia or breast or rectal examinations?

You will not be asked to perform the examination of either male or female genitalia or to perform breast or rectal examinations on the "client". However if you feel that any of these would be pertinent to include on examination given the presenting problem, then you will instead describe that part of the examination to the examiner (e.g., "I would inspect the perianal area for lesions, fissures and hemorrhoids; palpate the anal canal and rectum with a gloved lubricated finger; check the tone of the rectal sphincter; feel the walls of the rectum for masses, and palpate the prostate for size and tenderness).

Will the "client" be a real patient?

No, the "client" will be an actor, volunteer or standardized patient.

If the "client" is not an actual patient, how will (s)he be able to act out abnormal findings on physical examination?

You will perform physical examination of the "client" as if (s)he were a real patient. For those abnormal findings which the "client" is unable to simulate, the examiner will interject with the findings when you are examining that particular area. You will only receive findings for what you examine, not for what you omit. In order not to distract you too often by giving you findings, the examiner will only verbalize positive findings. All other non-verbalized findings are presumed to be normal.

When performing the physical examination, will I need to say out loud to the examiner what I am doing?

Yes, you will need to say what you are doing and what you are looking for or why you are doing this part.

What will be expected for the oral presentation of the findings in the clinical OSCE cases?

During the oral presentation at the end of the OSCE, the student will answer specific questions which could be related to any of the following:

- key findings from the history and/or physical examination,
- key components of the physical examination that would need to be completed for this client,
- the list of differential diagnoses, with your rationale for ruling-in" or "ruling-out" each diagnosis,
- the most likely diagnosis with your rationale,
- any required diagnostic investigations with rationale, or
- indications for consultation/referral and/or follow-up.

Scoring**Scoring for each OSCE:**

Station 1 Observed History & Physical Examination - 15%

Station 2 Observed History & Physical Examination- 15%

Station 3 Written Case Scenario - 5%

Station 4 Written Case Scenario - 5%

TOTAL COMBINED MARKS FOR OSCE - 40%

OSCE 4 - Written Examination on campus

Direct Observation of Focused Health History and/or Physical Examination and Case Discussion of Findings

Date: December 6, 7 and 8 2023

Value: 40%

4 stations

See [Measurement of Competence Using OSCEs](#)

Content:

The midterm clinical examination for AHAD 1 consists of:

- two clinical cases using standardized patients, and
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The OSCE topics can be from any of the modules of AHAD1.

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In this examination, students will be tested on the following specific clinical competencies:

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- the list of differential diagnoses, with your rationale for ruling-in" or "ruling-out" each diagnosis,
- the most likely diagnosis with your rationale,
- any required diagnostic investigations with rationale, or
- indications for consultation/referral and/or follow-up.

Scoring

Scoring for each OSCE:

Station 1 Observed History & Physical Examination - 15%

Station 2 Observed History & Physical Examination- 15%

Station 3 Written Case Scenario - 5%

Station 4 Written Case Scenario - 5%

TOTAL COMBINED MARKS FOR OSCE - 40%

OSCE station 1 - on campus

Direct Observation of Focused Health History and/or Physical Examination and Case Discussion of Findings

Date: December 6,7,8 th 2023

Value: 40%

4 stations

See [Measurement of Competence Using OSCEs](#)

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The midterm clinical examination for AHAD 1 consists of:

- two clinical cases using standardized patients, and
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4. demonstrating discriminatory thinking in determining what is relevant in the assessment, given the presenting problem,
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- key findings from the history and/or physical examination,
- key components of the physical examination that would need to be completed for this client,
- the list of differential diagnoses, with your rationale for ruling-in" or "ruling-out" each diagnosis,
- the most likely diagnosis with your rationale,
- any required diagnostic investigations with rationale, or
- indications for consultation/referral and/or follow-up.

Scoring**Scoring for each OSCE:**

Station 1 Observed History & Physical Examination - 15%

Station 2 Observed History & Physical Examination- 15%

Station 3 Written Case Scenario - 5%

Station 4 Written Case Scenario - 5%

TOTAL COMBINED MARKS FOR OSCE - 40%

OSCE station 2 - on campus

Direct Observation of Focused Health History and/or Physical Examination and Case Discussion of Findings

Date: December 6, 7, and 8 th, 20223

Value: 40%

4 stations

See [Measurement of Competence Using OSCEs](#)

Content:

The midterm clinical examination for AHAD 1 consists of:

- two clinical cases using standardized patients, and
- two written case scenarios with associated questions.

The OSCE topics can be from any of the modules of AHAD1.

Questions and Answers about the OSCE Examination:

What am I being tested on?

In this examination, students will be tested on the following specific clinical competencies:

1. taking a focused history, using a framework for a focused assessment,
2. conducting a focused physical examination, explaining what is being done and what the findings are,
3. providing a rationale for assessing certain systems,
4. demonstrating discriminatory thinking in determining what is relevant in the assessment, given the presenting problem,
5. communicating with a "client",
6. analyzing data and identifying relevant strengths and risks,
7. formulating differential diagnoses, and
8. hypothesizing as to the one most likely working medical diagnosis providing supporting evidence for it.

Is there a chance that I will need to perform male and/or female genitalia or breast or rectal examinations?

You will not be asked to perform the examination of either male or female genitalia or to perform breast or rectal examinations on the "client". However if you feel that any of these would be pertinent to include on examination given the presenting problem, then you will instead describe that part of the examination to the examiner (e.g., "I would inspect the perianal area for lesions, fissures and hemorrhoids; palpate the anal canal and rectum with a gloved lubricated finger; check the tone of the rectal sphincter; feel the walls of the rectum for masses, and palpate the prostate for size and tenderness).

Will the "client" be a real patient?

No, the "client" will be an actor, volunteer or standardized patient.

If the "client" is not an actual patient, how will (s)he be able to act out abnormal findings on physical examination?

You will perform physical examination of the "client" as if (s)he were a real patient. For those abnormal findings which the "client" is unable to simulate, the examiner will interject with the findings when you are examining that particular area. You will only receive findings for what you examine, not for what you omit. In order not to distract you too often by giving you findings, the examiner will only verbalize positive findings. All other non-verbalized findings are presumed to be normal.

When performing the physical examination, will I need to say out loud to the examiner what I am doing?

Yes, you will need to say what you are doing and what you are looking for or why you are doing this part.

What will be expected for the oral presentation of the findings in the clinical OSCE cases?

During the oral presentation at the end of the OSCE, the student will answer specific questions which could be related to any of the following:

- key findings from the history and/or physical examination,
- key components of the physical examination that would need to be completed for this client,
- the list of differential diagnoses, with your rationale for ruling-in" or "ruling-out" each diagnosis,
- the most likely diagnosis with your rationale,
- any required diagnostic investigations with rationale, or
- indications for consultation/referral and/or follow-up.

Scoring**Scoring for each OSCE:**

Station 1 Observed History & Physical Examination - 15%

Station 2 Observed History & Physical Examination- 15%

Station 3 Written Case Scenario - 5%

Station 4 Written Case Scenario - 5%

TOTAL COMBINED MARKS FOR OSCE - 40%

Roll Call Attendance

Seminars

Seminar Value: Satisfactory/Unsatisfactory

Please review [the attendance policy](#).

Seminars form an essential aspect of the course. They are an additional part of the total clinical hours and attendance is mandatory. For students in remote areas face to face, and virtual classroom technology may be utilized. The importance of the seminars should be emphasized more. The tutor/instructor will facilitate seminars early in the term; however, each student will lead at least one seminar. Students are required to attend and be prepared to actively participate in the seminars and the evaluation of the group process.

Based on learning needs, the students will come prepared to:

- discuss issues raised in weekly readings in each module
- discuss questions from module cases
- review and share information related to new readings found in preparation for the seminar
- integrate into discussions experiences seen in their placement
- perform advanced practice skills
- negotiate and evaluate group process

Evaluation of Group Process:

Evaluation of the group process at the end of each seminar is an integral and essential aspect. Evaluation assists the group in examining and identifying group strengths and areas for improvement, thus preparing students for the real world of working in groups and giving peer feedback. Off-site groups using virtual classroom technology may find it challenging to assess group processes. Nevertheless, the group process still needs to be evaluated. Evaluation requires each participant to analyze and try methods to continuously improve the group process so each student feels included and valued.

Evaluation of Seminar Participation:

Seminar participation is mandatory and counts toward the grade for the course. Students will be evaluated on their participation in seminars using the following criteria:

- consistently attends, participates in discussion and shares relevant information and resources with the group
- consistently poses thoughtful and probing questions during the seminars
- critically analyzes issues
- utilizes evidence-based research to support discussion
- consistently provides constructive feedback to peers during seminar discussion

SOAP note #1

The student is required to submit (3) three SOAP notes representing various clinical presentations.

Electronic submission

Reminder regarding confidentiality and to not disclose any personal information.

SOAP note #2

The student is required to submit (3) three SOAP notes representing various clinical presentations.

Electronic submission

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SOAP note #3

The student is required to submit (3) three SOAP notes representing various clinical presentations.

Electronic submission

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Syllabus of the course
Advanced Health Assessment & Diagnosis II

Generated: Thursday, January 18, 2024 @ 15:52:30 UTC

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Welcome

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In AHAD II, you will focus on specialty populations such as mental health; pain assessment; chronic conditions; the older adult; the perinatal period and pediatrics.

Each course consists of weekly modules, which will prepare you to assess clients at an advanced practice level. There will be an emphasis on critical thinking using evidence-based research when assessing individual, family and/or specific populations. You are expected to engage in synthesizing clinical data utilizing diagnostic reasoning skills. Diagnostic plans will be developed for case studies and actual clients seen in clinical placements with primary health care conditions.

Diagnostic plans involve all those activities which are performed to determine with some certainty, actual nursing and medical diagnoses for a client. This includes an analysis of the focused history, the physical examination pertinent to the clinical presentation, the diagnostic investigations to be ordered and consultations and/or referrals that may be required.

During your seminars, you will be encouraged to consider the broader implications for health promotion, health maintenance, and disease/injury/illness prevention for individuals across the lifespan; families; diverse groups and populations. Participation with your peers, tutors/instructors, preceptors and the course professors will form the basis for ongoing discussion and problem based learning.

A solid foundation in advanced health assessment skills and the ability to achieve diagnostic accuracy is essential prior to any attempt to engage in therapeutic management of clinical case presentations.

Course Description

Pre-requisite: Advanced Health Assessment and Diagnosis I

Seminar: 3 hours per week

Clinical: 6-7 hours per week

Integrate knowledge and apply conceptual frameworks integral to advanced health assessment and diagnosis in advanced nursing practice. Demonstrate initiative, responsibility, and accountability in complex decision making for individuals, groups, and/or families within the nurse practitioner scope of practice based on current research findings.

Modules

1. [Endocrine](#)
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5. [Neurology](#)
6. [Hematology/Infectious Disease](#)
7. [Prenatal](#)
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12. [Pain Assessment](#)

Course Outcomes

Upon completion of this course, you will be able to:

1. Conduct assessments on specific populations utilizing evidence-informed and best practices.
2. Perform a comprehensive health history on specific populations utilizing diagnostic reasoning frameworks.
3. Demonstrate advanced physical assessment skills on specific populations based on client needs
4. Formulate a provisional diagnosis and diagnostic plan on selected populations through the synthesis of health assessment data
5. Select and interpret diagnostic and screening tests on selected populations based on assessment findings
6. Communicate assessment findings and diagnoses with selected populations
7. Collaborate and consult with families, communities and members of the health care team.

Resources

AHAD 2 Textbook list

Students enter the NP Program with varying degrees of preparation and skill in performing a comprehensive physical examination of an adult.

It is important to conduct a self-assessment of individual learning needs as they relate to conducting a comprehensive physical assessment.

Students are encouraged to prepare for this demonstration prior to September. A number of learning strategies can be employed to assist in preparation; a physical assessment course or workshop, online resources, your university clinical skills laboratory, practicing with a partner, and your physical assessment textbook (see booklist).

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Professor Profile

Dr. Erin Ziegler NP-PhC, PhD

Assistant Professor, Toronto Metropolitan University

Email: eziegler@torontomu.ca

Dr. Ziegler (she/her) is a primary healthcare nurse practitioner with a clinical background in acute and primary care. Her clinical area of expertise is in primary care for LGBTQ2S+ individuals, with specific interest in support transgender clients with medical and social transition. She is an Assistant Professor in the Daphne Cockwell School of Nursing at Toronto Metropolitan University. She graduated with a PhD in Nursing from McMaster University. Dr. Ziegler is currently involved in research studies regarding APN practice, 2SLGBTQ healthcare and nursing simulation.

Assignments/Exams

Guidelines for Scholarly Assignments:

Nurse Practitioners are required to communicate clearly in writing and in oral presentations. The following are guidelines to help you communicate clearly on your assignments.

Writing Style and Format:

Please refer to the most current APA format.

Plagiarism:

Appropriate referencing is required for papers, presentations, presentation notes, and for visual aids, such as power point presentations. Please review your University policy on plagiarism and academic dishonesty.

GUIDELINES FOR GRADING ASSIGNMENTS

The passing grade for this course is 70%.

Grading criteria are accessible [here](#).

Late Penalty for Assignments

As adult students, you are responsible for submitting assignments on time. All assignments will be submitted electronically. The time on the email will be accepted as proof of submission.

There will be **5% per day deducted** from the grade of any assignment which is past the deadline. Extensions are only granted in unique or critical situations. **This request must be negotiated with the professor at least one week before** the assignment deadline. Any request for an extension **must be in writing**, and the student must propose another date for handing in the assignment. At the time of the extension request, the student is expected to submit what work has been done on the assignment to date.

Determination of Course Grade:

An overall minimum grade of 70% in the course examinations/assignments and an overall "Satisfactory" grade in the clinical component is required to pass all components of AHAD II.

All supplementary documentation must be submitted as required by the term's mid and/or end.

NOTE: The course professor releases individual exam/assignment grades on the Grade Report Form throughout the term. Each university disseminates final grades. Final grades are not released on the Grade Report Form.

Evaluation Measures

	AHAD II	Weight
1.		
2.	Written Midterm Examination	30%
3.	Paper - Critique of an Assessment Tool	
4.	Observed Structured Clinical Evaluation (OSCE) <ul style="list-style-type: none">• OSCE 1• OSCE 2• OSCE 3	40%

	• OSCE 4	
5.	Seminar	Satisfactory/Unsatisfactory

Clinical Component

1.	Clinical Placement	ongoing	
1.	Learning plan	January 26, 2024, at 0900	5%
2.	Clinical Experience Log	Weekly	Satisfactory/Unsatisfactory
3.	SOAP note and reflective journal 1 SOAP note and reflective journal 2 SOAP note and reflective journal 3	To be discussed with instructors	Satisfactory/Unsatisfactory

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Clinical Assignments

Activities Schedule

Assignments/Examination Component:

	AHAD II	Weight
1.	Written Midterm Examination	30%
2.	Paper - Critique of an Assessment Tool	25%
3.	Observed Structured Clinical Evaluation (OSCE) - 4 Stations	40%
4.	Learning Plan	5%
5.	Seminar	Satisfactory/Unsatisfactory
6.	SOAP Notes	Satisfactory/Unsatisfactory
7.	Clinical Component	Satisfactory/Unsatisfactory
8.	Clinical Reflective Practice	Satisfactory/Unsatisfactory
9.	Reflective Practice Summary	Satisfactory/Unsatisfactory

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Clinical Component

In AHAD II, clinical experience of **6-7 hours per week** is required. These hours are over and above the mandatory seminar time.

The total number of required clinical experience hours for AHAD II is a minimum of **78 hours**.

It is imperative that the clinical practice hours be spaced out over the entire term. This allows for the integration of concurrent clinical practice experiences with the theoretical content as the term progresses.

The purpose of the clinical experience is to provide an opportunity to integrate advanced practice health assessment/physical examination skills and diagnostic reasoning for common health conditions seen in specific populations across the lifespan. You are expected to actively participate in assessing clients and families in the clinical experience.

A 'Satisfactory' in all the course evaluation measures of the clinical experience must be achieved in order to pass the course.

The availability of clinical placements and preceptors for the clinical experience varies for each University. The tutor/instructor at your University will advise you as to the assignment for the clinical experience. Students do NOT arrange their own clinical placements.

Please ensure that the appropriate documentation required for the clinical placement, such as police check or agency-university contract, as examples, has been completed prior to attending clinical. Failure to provide this documentation, should it be required, can adversely affect your start and completion of the clinical component in AHAD II.

Expectations

1) In preparation for the clinical placement, you are expected to:

- Arrange an interview with the preceptor to share the draft learning plan (see *Resources*) and negotiate clinical dates.
- Be prepared and punctual for the clinical experience.
- If make-up time is necessary, schedule it at the preceptor's convenience.
- Contact tutor/instructor and/or university NP contact person if conflicts arise concerning the learning plan, interpersonal difficulties or scheduling issue.

2) The student will demonstrate ongoing evidence of learning by

- Developing a learning plan in consultation with the tutor/instructor and preceptor.
- Submitting the learning plan to the tutor/instructor and preceptor PRIOR TO beginning the clinical placement and for any placement changes.
- Revising the learning plan as learning needs and clinical placements change and learning objectives are met.
- Submitting the revised learning plan to the tutor/instructor and preceptor.
- Completing and submitting a *Clinical Reflective Journal* at midterm. Students completing the clinical experience in remote areas are expected to make arrangements with the tutor/instructor regarding submission of the journals.
- Completing the Online *Clinical Evaluation Form* (both student and preceptor) for mutual review at midterm (6 weeks) and again after the final evaluation (12 weeks).
- Submitting the original completed and signed Clinical Evaluation Form, at midterm and final evaluation.
- Submitting the *Reflective Practice Summary* along with the final evaluation.
- Meeting with the tutor/instructor to discuss the midterm and final evaluations along with the learning plan for the coursework and clinical experience.

The tutor/instructor is responsible for assigning the final grade which includes the clinical experience.

Clinical Experience Log

For weekly submission, see CRDB placement.

Critique of Assessment tool

Due: February 7, 2024 by 09:00 AM

Value: 25 %

Submit as an email attachment or upload on Canvas to your tutor/instructor.

This assignment will demonstrate your ability to analyze and critique an assessment tool used in the advanced nursing practice setting.

Guidelines for the Paper:

- In conjunction with your tutor/instructor, select an assessment tool that has been used in the advanced nursing practice setting. Examples (but not limited to), could include the Beck depression scale, PQH-9 scale, Framingham, CHADs score, Ottawa ankle rules, or the 60 second diabetic foot screen.
- **Advise your tutor/instructor of your chosen tool by the end of January.**
- 5 page maximum (cover page, reference list, and appendices are in addition to the 5 page maximum).
- References should draw from a broad cross section of empirical and theoretic sources. They should be selected from current scholarly, peer-reviewed sources.
- Follow APA (7th ed.) for format and references.
- Please see the form [Critique of Assessment Tool](#) (*Links to an external site.*) for grading criteria of the paper.

Guidelines for Grading the Paper:

1. Description of tool 15%
2. Review and critique of literature related to tool 25%
3. Clinical application 25%
4. Report on actual clinical application 10%
5. Sharing of tool 5%
6. Use of quality evidence/literature 10%
7. Scholarly Format 10%

Learning Plan

Learning Plan

The student will develop a learning plan to guide personal learning for AHAD 1. The learning plan should

the tutor/instructor, a second draft will be submitted before attending clinical. The learning goals must be discussed and negotiated with the preceptor to ensure the goals are SMART.

The learning plan is a working document to guide the student's learning. The student must provide evidence of meeting the learning plan objectives for both mid and final evaluation.

To facilitate the redaction and creation of your learning plan, the use of the [College of Nurse's Quality Improvement program](#) is the preferred resource.

Obtained from CNO website: "As professionals, all nurses are accountable to reflect on their practice to determine their learning needs. Nurses must also develop a [Learning Plan](#) and actively update their knowledge and skills to maintain their continued competence. Being self-reflective and committed to life-long learning is critical to providing patients with the safest and highest quality care. This is why all nurses practice reflection daily and participate in quality assurance activities throughout their careers."

This is well reflected in our CNO's [practice standards](#). (p.5). Continuing competence is defined as "Competence is the nurse's ability to use her/his knowledge, skill, judgment, attitudes, values and beliefs to perform in a given role, situation and practice setting (CNO standard 2009). This should be a familiar process.

Start by reflecting on your learning needs, as a new novice NP, you will most certainly have a long list of needs. Your placement setting should be taken in consideration. Specific goals may have a particular population or group, but your current placement may not be able to facilitate that learning need. Your learning goal is still important and could be applied to other placements in the future. Simply "park/ suspend", that goal and create another one that is better suited for your placement environment.

A list of resources is available below.

[Practice reflection](#). This process involves you reflecting on your current knowledge and reflect on your experience this year and supports you in identifying areas in your practice for your continued learning. As new students, this will be an ongoing process.

[Your Guide to Self-Assessment](#)

[Video: How to become a reflective practitioner](#)

[Use SMART goals](#) : View CNO: video

[Create your Learning Plan:Download Create your Learning Plan:](#)

OSCE 1 STATION # 1

Direct Observation of Focused Health History and/or Physical Examination and Case Discussion of Findings

Date: April 10, 11 and 12, 2024

- **Value: 40%**

4 stations

See [Measurement of Competence Using OSCEs](#)

Content:

The midterm clinical examination for AHAD II consists of:

- ◆ two clinical cases using standardized patients, and
- ◆ two written case scenarios with associated questions.

In order to prepare for the examination the following is the list of topics that the clinical scenarios could be based on:

◆

1. [Endocrine](#)
2. [Primary care conditions](#)
3. [Mental Health I](#)
4. [Mental Health II](#)
5. [Neurology](#)
6. [Hematology/Infectious Disease](#)
7. [Prenatal](#)
8. [Postpartum](#)
9. [Newborn](#)
10. [Pediatrics I](#)
11. [Pediatrics II](#)
12. [Pain Assessment](#)

Questions and Answers about the OSCE Examination:

What am I being tested on?

In this examination, students will be tested on the following specific clinical competencies:

1. taking a focused history, using a framework for a focused assessment,
2. conducting a focused physical examination, explaining what is being done and what the findings are,
3. providing a rationale for assessing certain systems,
4. demonstrating discriminatory thinking in determining what is relevant in the assessment, given the presenting problem,
5. communicating with a "client",
6. analyzing data and identifying relevant strengths and risks,
7. formulating differential diagnoses, and
8. hypothesizing as to the one most likely working medical diagnosis providing supporting evidence for it.

Is there a chance that I will need to perform male and/or female genitalia or breast or rectal examinations?

You will not be asked to perform the examination of either male or female genitalia or to perform breast or rectal examinations on the "client". However if you feel that any of these would be pertinent to include on examination given the presenting problem, then you will instead describe that part of the examination to the examiner (e.g., "I would inspect the perianal area for lesions, fissures and hemorrhoids; palpate the anal canal and rectum with a gloved lubricated finger; check the tone of the rectal sphincter; feel the walls of the rectum for masses, and palpate the prostate for size and tenderness).

Will the "client" be a real patient?

No, the "client" will be an actor, volunteer or standardized patient.

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When performing the physical examination, will I need to say out loud to the examiner what I am doing?

Yes, you will need to say what you are doing and what you are looking for or why you are doing this part.

What will be expected for the oral presentation of the findings in the clinical OSCE cases?

During the oral presentation at the end of the OSCE, the student will answer specific questions which could be related to any of the following:

- ◆ key findings from the history and/or physical examination,
- ◆ key components of the physical examination that would need to be completed for this client,
- ◆ the list of differential diagnoses, with your rationale for ruling-in" or "ruling-out" each diagnosis,
- ◆ the most likely diagnosis with your rationale,
- ◆ any required diagnostic investigations with rationale, or
- ◆ indications for consultation/referral and/or follow-up.

Scoring

Scoring for each OSCE:

Station 1 Observed History & Physical Examination - 15%

Station 2 Observed History & Physical Examination- 15%

Station 3 Written Case Scenario - 5%

Station 4 Written Case Scenario - 5%

TOTAL COMBINED MARKS FOR OSCE - 40%

OSCE 1 STATION # 2

Direct Observation of Focused Health History and/or Physical Examination and Case Discussion of Findings

Date: April 10, 11 and 12, 2024

- **Value: 40%**

4 stations

See [Measurement of Competence Using OSCEs](#)

Content:

The midterm clinical examination for AHAD II consists of:

- ◆ two clinical cases using standardized patients, and
- ◆ two written case scenarios with associated questions.

In order to prepare for the examination the following is the list of topics that the clinical scenarios could be based on:

◆

1. [Endocrine](#)
2. [Primary care conditions](#)
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7. [Prenatal](#)
8. [Postpartum](#)
9. [Newborn](#)
10. [Pediatrics I](#)
11. [Pediatrics II](#)
12. [Pain Assessment](#)

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- ◆ indications for consultation/referral and/or follow-up.

Scoring

Scoring for each OSCE:

Station 1 Observed History & Physical Examination - 15%

Station 2 Observed History & Physical Examination- 15%

Station 3 Written Case Scenario - 5%

Station 4 Written Case Scenario - 5%

TOTAL COMBINED MARKS FOR OSCE - 40%

OSCE 3

Direct Observation of Focused Health History and/or Physical Examination and Case Discussion of Findings

Date: April 10, 11 and 12, 2024

- **Value: 40%**

4 stations

See [Measurement of Competence Using OSCEs](#)

Content:

The midterm clinical examination for AHAD II consists of:

- ◆ two clinical cases using standardized patients, and
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Station 4 Written Case Scenario - 5%

TOTAL COMBINED MARKS FOR OSCE - 40%

OSCE 4

Direct Observation of Focused Health History and/or Physical Examination and Case Discussion of Findings

Date: April 10, 11 and 12, 2024

- **Value: 40%**

4 stations

See [Measurement of Competence Using OSCEs](#)

Content:

The midterm clinical examination for AHAD II consists of:

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Station 2 Observed History & Physical Examination- 15%

Station 3 Written Case Scenario - 5%

Station 4 Written Case Scenario - 5%

TOTAL COMBINED MARKS FOR OSCE - 40%

SOAP note and reflective journal #1

The student is required to submit (3) three SOAP notes representing various clinical presentations and (3) three reflective journals.

Electronic submission

Reminder regarding confidentiality and to not disclose any personal information.

SOAP note and reflective journal #2

The student is required to submit (3) three SOAP notes representing various clinical presentations (3) three reflective journals.

Electronic submission

Reminder regarding confidentiality and to not disclose any personal information.

SOAP note and reflective journal #3

The student is required to submit (3) three SOAP notes representing various clinical presentations (3) three reflective journals.

Electronic submission

Reminder regarding confidentiality and to not disclose any personal information.

Seminars

Seminar Value: Satisfactory/Unsatisfactory

Please review [the attendance policy](#).

Seminars form an essential aspect of the course. They are an additional part of the total clinical hours and attendance is mandatory. For students in remote areas face to face, and virtual classroom technology may be utilized. The importance of the seminars should be emphasized more. The tutor/instructor will facilitate seminars early in the term; however, each student will lead at least one seminar. Students are required to attend and be prepared to actively participate in the seminars and the evaluation of the group process.

Based on learning needs, the students will come prepared to:

- discuss issues raised in weekly readings in each module
- discuss questions from module cases
- review and share information related to new readings found in preparation for the seminar
- integrate into discussions experiences seen in their placement
- perform advanced practice skills
- negotiate and evaluate group process

Evaluation of Group Process:

Evaluation of the group process at the end of each seminar is an integral and essential aspect. Evaluation assists the group in examining and identifying group strengths and areas for improvement, thus preparing students for the real world of working in groups and giving peer feedback. Off-site groups using virtual classroom technology may find it challenging to assess group processes. Nevertheless, the group process still needs to be evaluated. Evaluation requires each participant to analyze and try methods to continuously improve the group process so each student feels included and valued.

Evaluation of Seminar Participation:

Seminar participation is mandatory and counts toward the grade for the course. Students will be evaluated on their participation in seminars using the following criteria:

- consistently attends, participates in discussion and shares relevant information and resources with the group
- consistently poses thoughtful and probing questions during the seminars
- critically analyzes issues
- utilizes evidence-based research to support discussion
- consistently provides constructive feedback to peers during seminar discussion

Syllabus of the course

Generated: Tuesday, September 26, 2023 @ 19:35:14 UTC

This PDF is available for printing or downloading purposes only.

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Welcome

Welcome to **Therapeutics in Primary Health Care (Therapeutics)** in the Ontario Primary Health Care Nurse Practitioner Program.

Over the next few months you will be actively engaged in an intriguing and at times challenging learning process. The Therapeutics course is designed to help you gain the knowledge and develop skills and competencies required in pharmacotherapeutic and non-pharmacologic therapies for a number of acute and chronic conditions across the life span. This will be achieved through problem based learning methods, including weekly seminars and on-line discussions with your peers and experts in primary health care and pharmacy.

Resources

Textbooks for Therapeutics:

Term 1: Therapeutics I

- Anti-Infective Guidelines for Community-acquired Infections (2019). The Anti-infective Panel. Toronto: MUMS Guideline Clearinghouse
- Respiratory (Asthma/COPD) Guidelines for Family Practice. The Respiratory Review Panel. Toronto: MUMS Guideline Clearinghouse (2020).
- RxTx (on-line resource)
- Rx Files (on-line resource)
- Merck Manual (on-line resource)

Term 2: Therapeutics II

- Guidelines for Management of Anemia (latest edition). Toronto: MUMS Guideline Clearinghouse

Professor Profile

There are two Nurse Practitioner Course Professors Leads for Therapeutics 1; One English and one Francophone, and a Pharmacist.

Hello, I am Sherry Morrell, PHC-NP, P.h.D, MCIsc- Wound Healing, the English course lead for the Therapeutic course.

I completed an RN Diploma (St. Clair College), BScN, MN & PHC-NP Diploma (Windsor), Clinical Masters-Wound Healing & Ph.D. Science and Rehabilitation (Western). My full-time position is in the Faculty of Nursing at the University of Windsor, where I teach in undergraduate and graduate programs. Concurrent with teaching, I worked for 30 years as an RN/NP, primarily in the emergency department. My current clinical practice is at an urgent care clinic. Previously, I have taught Therapeutics, AHAD, and IP in the PHCNP program. I am looking forward to being a co-lead for Therapeutics. You can reach me at morrells@uwindsor.ca

I am Marie-Elaine Delvin, NP-PHC, M.Sc.N, the Francophone course lead for the Therapeutic course.M

I am originally from Montreal, where I completed my bachelor's degree in nursing in 1995. I initially worked in a community health organization and then at McGill University. During my studies at the University of Ottawa, where I completed my master's degree and the PHCNP program, I worked in the emergency room of the Jewish Hospital of Montreal. After completing my studies in 2004, I had the pleasure of working in a nursing station on an Indigenous community in northern Ontario, where I lived for almost 10 years. After a few years in a Family Health Team in the area of Sandbanks, I am again employed by the federal government for the First Nations and Inuit Health Branch. As an NP, I have the mandate to develop health strategies and policies to support the role of nurses and NPs. I also continue to work regularly in the community as an NP-PHC and to develop the role of the NP in nursing stations. After living in Ontario for several years, I am back in the beautiful region of the Laurentians.

At the academic level, I was an instructor/tutor and professor in charge of the Advanced Health Assessment and Diagnosis course from 2012 to 2019. I am happy to be back in the program and to be able to support you during your studies. You can reach me at mdelvin2@uottawa.ca

DR SYLVAIN GRENIER, CD, B PHARM, PHARM D, FOPO, FFIP

Dr. Sylvain Grenier graduated from Université Laval, Québec, with a Bachelor of Pharmacy. He completed a Doctor of Pharmacy degree from the University of Toronto. He is currently the Director of the Plasma Protein and Related Products Program at Canadian Blood Services. Prior to this, he served 28 years in the Canadian Armed Forces (CAF), holding various roles and positions as a military pharmacist and retiring as the National Practice Leader for pharmacy, responsible for the management of the Canadian Armed Forces drug program. In addition of working in different military locations and positions in Canada, Sylvain deployed in Bosnia in 1999-2000 and Afghanistan in 2010. After retiring from full-time active duty, he transferred to the Reserves, where is still serves with the CAF on a part-time basis.

Dr Grenier is an Adjunct Professor at the University of Ottawa and teaches Clinical Pharmacology for the Ontario Primary Health Care Nurse Practitioner program.

Assignments/Exams

Explanation and Evaluation of the Theoretical and Clinical Components

You will receive two (2) grades for the Therapeutics course: a grade for the theoretical component of the course, and another for the clinical component.

To successfully achieve a passing grade for this course, you are required to attain both **an overall minimum grade of 70%** and to also attain an overall **"Satisfactory"** in the clinical component. **All evaluation components described are required to pass both clinical & theoretical components.**

Theoretical Component

1 - Mid-Term Exam (20%)

Monday October 16, 2023 at 9am

Modules 1-5

2 - Prescription Assignment (10%)

Due Friday October 6, 2023 at 9 am

You are required to submit the **Prescription Assignment to your Tutor/Instructor** Following are the guidelines for submission. You may utilize the Prescription template provided here. The assignment requires that you compose prescriptions for the 5 (five) case scenarios provided. The scripts must be complete and must contain all the legal components required by the College of Nurses of Ontario. The focus of this assignment is the legal components of a prescription. The clinical information you need to compose the prescription will be provided in the case. It is not critical that you have completed the specific modules in order to complete a correct prescription.

The case scenarios cover topics from Modules 2 to 5.

Evaluation of Prescription Assignment

The Prescription Assignment is graded out of 10%. You are not permitted to revise and resubmit a previously graded assignment for a new grading. That said, you may wish to revise your graded assignment - for learning purposes only - and request feedback from your Course Tutor/Instructor, but this is left up to the Course Tutor/Instructor's discretion, and should be pre-arranged in advance of the revision. **The minimum passing grade for TCPs is 70% (7/10).**

The Prescription Exercise is evaluated on the following Grading Criteria included here. Following the same grading guidelines as utilized for prescriptions on exams, each of the 5 (five) prescriptions is worth 2 marks and must be complete and correct to achieve that grade. There are no part marks.

Components of a Legal Prescription

- Name of the clinic, address and phone number of the provider
- Client's full name and address. The client's unique identifier such as an OHIP number is required when prescribing controlled drugs or substances.
- Date when Rx issued
- Name of drug (spelled correctly; either the generic or trade name of the drug is acceptable)

- Drug strength
- Drug dosage (number of tabs, mg, mLs etc.)
- Formulation (tabs, ung, cream, gtt, elixir etc.)
- Route of administration (must be indicated as PO, topical, ophthalmic, otic, intravaginal, INH, IM etc..)
- Frequency
- Duration of regimen (Example: 5, 7, 10, 14 days; RANGES such as 7-10 days are incorrect)
- Amount of drug to be dispensed (Mitte) (e.g., 1 pack; 14 tabs OR 14; 72 mLs; 120 grams)
- Special instructions for use should be included only if required for a specific medication.

Prescription_Assignment_Case_Scenarios (will be available September 25, 2023)

Prescription Template

[Prescription Template.docx](#)

[Prescription Assignment details](#)

3-Clinical Therapeutic Care Plan (TCP) (30%)

Clinical Therapeutic Care Plan (TCP)

Due: Monday November 6, 2023 at 9am

Value: 30%

You are required to submit **Therapeutic Care Plans (TCPs) to your Tutor/Instructor** on selected clients whom you have assessed during your clinical placements. The following are the guidelines for submitting clinical TCPs: the TCPs that you submit on the clients that you have chosen from your clinical placement should reflect not only your understanding of a therapeutic framework, but also how this therapeutic framework reflects your clients' individual needs and circumstances. You may utilize the Clinical TCP Weighting Criteria template provided in the Course Manual (see next page) as well as the outline of how to write a therapeutic care plan (see Module 1.4-1.10 "I Can Treat and Prescribe Framework") as a guide to systematically help you through the critical-thinking process. TCP #1 in Term 1 & 2 - must be representative of a case seen in clinic.

The length of the TCP will **not exceed 10 pages, double-spaced**, excluding title page, prescriptions, appendices, references, or any kind of Analysis of Therapies Tables (CASES tables). Each page exceeding the maximum allotment will not be read or graded by the Tutor/Instructor; only the content which is provided within the 10-page limit, as well as the title page, prescription(s), references or analysis tables will be graded. Late penalties for late assignments will be enforced as per the course policy (see "Assignment Policies").

The comprehensive review of the resources and references that you utilize including those you access in your clinical placement setting - clinical texts, evidence-based articles, expert opinion, patient hand-outs, personal communications, videos or guidelines to name a few - will be cited in the body of the assignment and a complete list of references will be appended (see a description of the "Assignment Policies" in the Course Manual). In other words, these TCPs should be representative of your clinical approach to a client's presenting condition or disease, including pharmacological and non-pharmacological resources, interventions, and appropriate consultations which make up a large part of real-life clinical situations and everyday NP-PHC practice.

Evaluation of Clinical Therapeutic Care Plans

The TCPs are graded at 30%. You are not permitted to revise and resubmit a previously graded TCP for a new grading. That said, you may wish to revise your graded TCP - for learning purposes only - and request feedback from your Course Tutor/Instructor, but this is left up to the Course Tutor/Instructor's discretion, and should be pre-arranged in advance of the revision. **The passing grade for TCPs is 70%.**

Each TCP is evaluated on the following Clinical TCP Grading Rubric and each component is given a proportion of the total grade, which is expressed in percentiles. The rubric is meant to serve as a guide for assessing the relative weight of each of the TCP components. Each section will be graded as either unsatisfactory, developing, satisfactory or exceptional and scored accordingly.

<i>TCP: Clinical Therapeutic Care Plan Weighting Criteria</i>
<i>Grading Criteria</i>
Integration of the Assessment data
Drug and/or disease related problems
Therapeutic Goals:
Therapeutic Alternatives:
<i>Pharmacological</i>
<i>Non-Pharmacological : Counselling, Health Education, Complementary</i>
Plan of Care
<i>As part of your plan, please complete and include a diagnostic imaging and/or lab requisition for any or all tests that you plan to use as an appendix</i>
<i>Here is a link to the MOH lab requisition:</i>
https://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&ENV=WWW <i>(to an external site.)</i>
<i>**NB: You can make up or use any other existing diagnostic imaging form that you have access to.</i>
Prescription include a complete written prescription with all the legal components for all prescribed drugs
Evaluation
TCP Style and Format, Organization and Clarity, and Quality of Evidence
Total Therapeutic Care Plan Weight

The evaluation of your clinical TCP will be determined according to the above criteria which are elaborated upon in the TCP assignment rubric (see below). You may download and print the table above: See under >**Course Resources** > **Forms** > **Student Forms** > **TCP: Clinical Therapeutic Care Plan Weighting Criteria**.

[Therapeutic Care Plan TCP Grading Rubric June 2022 REV.docx](#)

[CASES decision aid template Rev April 11 2022.docx](#)

4-Final Exam (MCQ and SAQ; worth 40%)

Modules 2-12

Monday December 11, 2023 at 9 am

Assignment Policies

Procedures for Written Assignments (does not apply to Prescription Assignment)

- All assignments must be written in accordance to **APA 7th edition format**, double-spaced, 12pt. Times Roman font with 1 inch margins on all four sides.
- If the assignment exceeds the required maximum of pages indicated, the **tutor/instructor will stop reading at the end of the page allowance** and only grade the student on the content of the preceding pages.
- It is important to keep a copy of your assignments, i.e. photocopy, and disk copy.

Late Penalty for Assignments

As adult students, you are responsible for submitting assignments on time. All assignments will be submitted electronically. The time on the email will be accepted as proof of submission.

There will be **5% per day deducted** from the grade of any assignment which is past the deadline. Tutors/Instructors will only grant extensions to assignment deadlines in extremely unique or critical situations. **This request must be negotiated with the tutor/instructor at least one week prior** to the assignment deadline. Any request for an extension **must be in writing** and the student must propose another date for handing in the assignment.

Guidelines for Scholarly Assignments

Nurse Practitioners are required to communicate clearly in writing and in presentations. As part of the learning process, and ultimately as a foundational component supporting the highest quality of practice, the effort to become independent, creative, self-motivated, and critical thinkers requires significant attention to the development of scholarly writing and case presentation skills. To support clear and consistent communication within a discipline, each profession selects a writing style that meets the needs of its members.

Writing Style and Format

Writing style involves form and format. Form refers to syntax, grammar, spelling and punctuation. Format covers the typographic arrangement, expression of ideas, readability, citations, and reference sources. Formatting requirements related to the title page, the body of the paper, and references are outlined in the APA Manual. The Ontario Primary Health Care Nurse Practitioner Program follows the conventions and rules outlined in the **Publication Manual of the American Psychological Association** (APA), latest edition, for all assignments.

Plagiarism in any assignment is considered to be a form of academic dishonesty, **including the lack of referencing** for ideas or knowledge that is not your own. Referencing is required for **ALL** papers, presentations, presentation notes, and for visual aids, such as overhead transparencies/Power Point presentations etc. To quote the NP Program policy, "there is a 'zero tolerance' for academic dishonesty in any form. Any academic dishonesty, including plagiarism, will be investigated to the fullest extent, following the policies of the university where the student is registered. All clinical assignments must be based on actual clients. When there is evidence that this has not occurred, Academic Dishonesty Policies of the student's university will be followed.

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Contact: aormiston@cou.ca

Clinical Component

1. Clinical Practicum

The clinical placement is a mandatory component of both Therapeutics I & II courses, and is designed to help you integrate and apply your knowledge of therapeutics and newly-acquired skills in a practical and real-life clinical context. The clinical placements provide an opportunity for NP students to learn and experience working in a variety of primary health care settings, emergency units and specialty clinics, alongside nurse practitioners, family physicians, and other allied health care professionals.

You are required to complete a **minimum of 78 hours of clinical practicum work per Course**, for a total of 156 hours on completion of both Therapeutics I & II. **In order to qualify as clinical hours, the time that you spend in the clinical placement must involve direct contact with real clients.** The hours that you and your preceptor schedule **must occur over the entire term of the Course**, rather than in a block of time, in order to optimize your exposure to clinical learning experiences and to have the opportunity to integrate the theoretical content on a weekly basis. Travel will be required in order to attend your clinical placements. You are expected to do all your clinical placements in the catchment area of the university with which you are registered. Please consult with your university program administrators for more specific details on travel requirements for clinical.

During the clinical placements, you are required to develop the following:

- Create a [Learning Plan](#) based on [College of Nurses of Ontario \(CNO\)](#)
- Maintain a daily [Therapeutics Clinical Activity Log](#) on all clients you encountered in the clinical placement. Submit your logs to your Course Tutor/Instructor on a weekly basis. The logs will serve as a record of the types of encounters that you are exposed to, and will assist you, your Course Tutor/Instructor and Clinical Preceptor in evaluating whether your identified learning needs are being met, as well as defining future learning needs. We encourage you to keep a record of self-reflection and self-evaluation since a Self-Evaluation Report - which summarizes the weekly reflections - is a required component of clinical evaluation. Therapeutics Clinical Activity Log template: see under > Course Resources > Forms > Student Forms.
- Formulate a clinical [Therapeutic Care Plan \(TCP\)](#), based on the client of your choice and submit it by the due date.
- Ensure that your preceptor has arranged to either submit a written Mid-term evaluation or has discussed your progress with the Clinical Tutor (See Mid-Term Evaluation instructions below).
- Ensure that the Clinical Preceptor has completed and signed a Final Clinical Evaluation Form on your clinical performance at the end of each clinical placement. You may download the Final Clinical Evaluation Form: see under > Course Resources > Forms > Student Forms. The Form is also contained in the "Preceptor Package" that is designed to provide information about the Program to clinical preceptors.

2. Clinical Evaluation Form and Instructions

The Clinical Practica build on the knowledge acquired in both Therapeutics and Advanced Health Assessment and Diagnosis, and applies the frameworks and concepts of pharmacotherapy, non-pharmacotherapy, and advanced counselling to clients with common, episodic and chronic conditions as seen across the lifespan, as well as to specific populations.

The Final Clinical Evaluation Form is a tool which is utilized by both the Clinical Preceptor and student to objectively measure clinical skills, communication skills and therapeutic interventions in the clinical setting. It is also used by the Clinical Preceptor and Clinical Tutor/Instructor during the mid-term evaluation when discussing a student's progress in their clinical placements. The Form also serves as a communication tool for ongoing discussions between students and their Clinical Preceptors when evaluating clinical progress, setting weekly clinical goals and/or exploring areas of weakness where competencies are unmet - particularly at mid-term.

In order for a student to be assessed as **"successful"**, the student must meet all of the Course Outcomes which are translated into Nine (term 1) and Twelve (term 2) clinical competencies (See Final Clinical Evaluation Form for competencies). Descriptors, which are listed under each competency, have been included to help the Clinical Preceptor identify and observe student behaviours which can be assessed and reported in an objective manner. In order to successfully pass the clinical component, the **student must have met all of the competencies**. The student must also be able to consistently demonstrate the ability to identify and communicate assessment findings and diagnoses based on the history and clinical findings presented. The following has been inserted in the Preceptor Package as an aid to objective evaluation.

3. Who is a "successful" NP student?

A successful student:

- Practices safely all of the time, and when unsure, consults health team members in a timely fashion.
- Recognizes conditions/drugs that are outside the NP-PHC Scope of Practice and consults with physicians.
- Provides client-centered care.
- Demonstrates core knowledge of pharmacology related to conditions encountered in primary health care most of the time.
- Demonstrates core knowledge of complementary agents and non-pharmacological interventions including counselling methods most of the time.
- Applies medical and advanced nursing knowledge, and has ability to problem-solve and make appropriate recommendations most of the time. Demonstrates ability to critically-think and consider factors beyond those which are evident most of the time.
- Identifies the need for additional data (including investigations) for purposes of clarifying clinical issues.
- Participates in self-reflection and evaluation to identify own strengths, limitations, biases, assumptions, and areas for improvement.
- Seeks and accepts feedback about performance; demonstrates motivation to change and better their practice.
- Determines personal learning objectives and demonstrates evidence of self-directed learning.
- Selects appropriate evidence-based resources to meet learning needs.
- Communicates effectively with clients and team members.
- Demonstrates professionalism, reliability, integrity and accountability.

An unsuccessful student:

- Demonstrates unsafe and potentially harmful practice some of the time.
- Unsure of which conditions/drugs are outside the NP-PHC Scope of Practice and asks whether to consult a physician.
- Inconsistently demonstrates identification of client goals or utilization of a client-centered approach.
- Demonstrates minimal knowledge of pharmacology and non-pharmacological methods used in primary health care settings.
- Inconsistently applies medical and advanced nursing knowledge; and sometimes practices at a basic nursing level.

- Requires prompting when attempting to identify the need for additional data (including investigations) for purposes of clarifying clinical issues.
- Demonstrates some awareness of the counselling role but lacks strategies and structure.
- Provides minimal or cursory answers to clinical questions that are sometimes supported by anecdotal evidence.
- Inability to support decisions for therapeutic interventions using an evidence-based approach.
- Inability to seek or receive feedback, resists suggestions for change, and is likely to become defensive during performance evaluations.
- Demonstrates an inability to self-reflect and comment on strengths, limitations, biases, assumptions and areas for improvement.
- Demonstrates an inability to critically think and problem-solve independently.
- Demonstrates ability to apply knowledge in attempts to problem-solve some of the time.
- Demonstrates some ability to recommend appropriate interventions with prompting.
- Requires a lot of supervision and is generally not trusted to practice safely and autonomously based on clinical performance.

4. Mid-Term Evaluation Instructions:

The mid-term evaluation is a "formative" evaluation, which allows both the Clinical Preceptor and student to gauge clinical progress, highlight and address areas of weakness and/or difficulty, and to ensure that clinical performance is aligned with the competencies and descriptors that will either be assessed as "**met**" or "**not met**" in the **Final Clinical Evaluation** at the end of the clinical placement.

Both the mid-term clinical evaluation and the final clinical evaluation are on-line. In addition to these evaluations your Clinical Tutor/Instructor will be in contact with your Clinical Preceptor three (3) times during the term to review your progress, answer questions or address concerns. The competencies and their descriptors provided in evaluation form will serve as the basis for all evaluations. Discussions between the Clinical Preceptor and Clinical Tutor/Instructor will be summarized in the student's file, signed and dated by the Clinical Tutor/Instructor. In the event that there are some clinical concerns, the Clinical Preceptor needs to document objective data - in the comments section following each competency and its descriptors - **to support those competencies that only show some evidence at mid-term.** The student must always be apprised of any problems that may jeopardize their final status.

5. Final Evaluation Instructions:

This Final Clinical Evaluation Form provides a "blueprint" of all of the required competencies that must be consistently met in order for the student to be successful. Since the final evaluation is a "summative" evaluation, the **Nine (in term 1) to Twelve (in term 2) competencies must all be met in order for the student to pass the clinical component of a Therapeutics course.** The Clinical Preceptor is asked to use the Clinical Evaluation Form to define the student's performance based on the definitions in Section 3 of the Clinical Evaluation Form, and to provide objective data in the "Comments" section if he/she determines that a student has "not met" a specific competency. Note that comments are not required to support an assessment by the Clinical Preceptor that a specific competency has been met. The Clinical Preceptor then determines, based on the evaluation of the nine or twelve clinical competencies, as applicable, whether the student has "met" or "not met" the requirements of the clinical placement.

Important Note:

- The Clinical Preceptor is not required to provide "comments" on competencies which have been consistently met.
- The Clinical Preceptor is required to document objective data that support only those competencies that were not met, in the "comments" section following each competency and its descriptors.

6. Learning Plan

In the first weeks of both Therapeutics I & II, you are required to create a [Learning Plan](#), which is based on the [College of Nurses of Ontario \(CNO\)](#). You may also find the Learning Plan Template under > Course Resources > Forms > Student Forms.

You will translate these learning needs into **course outcomes, learning objectives, and learning strategies & resources**, which you have identified as helping you to achieve your learning objectives. You will also identify how you will know that you have achieved your learning objectives by identifying a **specific time frame and due dates** as **evidence of accomplishment**. In addition, you will identify **specific criteria for evaluation**, demonstrating that your learning objectives have been met.

You are required to present a draft of your Learning Plan to your Course Tutor/Instructor and incorporate any recommended revisions **prior** to your clinical placement. Your final and approved Learning Plan will then be re-submitted to your Course Tutor/Instructor by the third week of the term, and then submitted to your Clinical Preceptor on the first day of your clinical placement.

In the event that a second clinical placement has been arranged for you within the same term, please resubmit a revision of your Learning Plan to your Course Tutor/Instructor and second Clinical Preceptor. It is your responsibility to revise and update your Learning Plan as your learning objectives are met, clinical settings are changed, or new objectives are added. Revisions to the Learning Plan qualify as a self-reflection component in fulfilling your requirement to participate in the CNO's Quality Assurance Program.

Clinical Therapeutic Care Plan (TCP)

You are required to submit **Therapeutic Care Plans (TCPs) to your Tutor/Instructor** on selected clients whom you have assessed during your clinical placements. The following are the guidelines for submitting clinical TCPs: the TCPs that you submit on the clients that you have chosen from your clinical placement should reflect not only your understanding of a therapeutic framework. You may utilize the TCP template provided in the Course Manual (see next page) as a guide to systematically help you through the critical-thinking process. TCP #1 in Term 1 must be representative of a case seen in clinic.

The length of the TCP will **not exceed 10 pages, double-spaced**, excluding title page, prescriptions, appendices, references, or any kind of Analysis of Therapies Tables. Each page exceeding the maximum allotment will not be read or graded by the Tutor/Instructor; only the content which is provided within the 10-page limit, as well as the title page, prescription(s), references or analysis tables will be graded. Late penalties for late assignments will be enforced as per the course policy (see "Assignment Policies").

The comprehensive review of the resources and references that you utilize including those you access in your clinical placement setting - clinical texts, evidence-based articles, expert opinion, patient hand-outs, personal communications, videos or guidelines to name a few - will be cited in the body of the assignment and a complete list of references will be appended (see a description of the "Assignment Policies" in the Course Manual). In other words, these TCPs should be representative of your clinical approach to a client's presenting condition or disease, including pharmacological and non-pharmacological resources, interventions, and appropriate consultations which make up a large part of real-life clinical situations and everyday NP-PHC practice.

Evaluation of Clinical Therapeutic Care Plans

The TCPs is graded at 30%. You are not permitted to revise and resubmit a previously graded TCP for a new grading. That said, you may wish to revise your graded TCP - for learning purposes only - and request feedback from your Course Tutor/Instructor, but this is left up to the Course Tutor/Instructor's discretion, and should be pre-arranged in advance of the revision. **The minimum passing grade for TCPs is 70%.**

The TCP is evaluated on the following TCP Grading Criteria (see next page) and each component is given a proportion of the total grade, which is expressed in percentiles. This is not meant to be a numerical marking scheme; rather, it is meant to serve as a guide for the Tutor/Instructor in assessing the relative weight of each of the TCP components. In addition, this system of "weighting" the TCP is intended to help you determine the importance and weight given to each component when developing and editing your clinical TCP for grading.

<i>TCP: Clinical Therapeutic Care Plan Weighting Criteria</i>
<i>Grading Criteria</i>
Integration of the Assessment data
Drug and/or disease related problems
Therapeutic Goals:
Therapeutic Alternatives:
<i>Pharmacological</i>
<i>Non-Pharmacological</i> : Counselling, Health Education, Complementary
Plan of Care

As part of your plan, please complete and include a diagnostic imaging and/or lab requisition for any or all tests that you plan to include in an appendix

<https://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&ENV=WWW>

****NB: You can make up or use any other existing diagnostic imaging form that you have access to.**

Prescription include a complete written prescription with all the legal components for all prescribed drugs

Evaluation

TCP Style and Format, Organization and Clarity, and Quality of Evidence

Total Therapeutic Care Plan Weight

The evaluation of your clinical TCP will be determined according to the above criteria which are elaborated upon in the TCP assignment rubric (see below). You may download and print the table above: See under **>Course Resources > Forms > Student Forms > TCP: Clinical Therapeutic Care Plan Weighting Criteria.**

[Therapeutic Care Plan TCP Grading Rubric June 2022 REV.docx](#)

Prescription Assignment

You are required to submit the **Prescription Assignment to your Tutor/Instructor** Following are the guidelines for submission. You may utilize the Prescription template provided here. The assignment requires that you compose prescriptions for the 5 (five) case scenarios provided. The scripts must be complete and must contain all the legal components required by the College of Nurses of Ontario. Provide a list of the references and resources you utilized to complete the assignment. The focus of this assignment is the legal components of a prescription. The clinical information you need to compose the prescription will be provided in the case. It is not critical that you have completed the specific modules in order to complete a correct prescription.

The case scenarios cover topics from Modules 2 to 5.

Evaluation of Prescription Assignment

The Prescription Assignment is graded out of 10%. You are not permitted to revise and resubmit a previously graded assignment for a new grade. That said, you may wish to revise your graded assignment - for learning purposes only - and request feedback from your Course Tutor/Instructor, but this is left up to the Course Tutor/Instructor's discretion, and should be pre-arranged in advance of the revision. **The passing grade for Prescription Assignment is 70% (7/10).**

The Prescription Exercise is evaluated on the following Grading Criteria included here. Following the same grading guidelines as utilized for prescriptions on exams, each of the 5 (five) prescriptions is worth **two** marks and must be complete, **with all components as outlined by CNO guidelines**, and correct to achieve that grade.

Components of a Legal Prescription (See CNO Practice Standard 2021 [NP Practice Standards](#))

- Name of the clinic, address and phone number of the provider
- Client's full name and address.
- **The date (when Rx issued)**
- Name of the **medication** (spell the drug is acceptable)
- **Strength (if applicable) of the medication**

- Directions for use, including:
 - ◆ the dose (**mg, mLs etc.**), formulation (**suspension, tabs, ung, cream, gtts, elixir etc.**)
 - ◆ route of administration (**oral (PO), topical, ophthalmic, otic, intravaginal, INH, IM etc.**)
 - ◆ frequency (**daily, twice daily (BID), three times a day TID, etc.**)
 - ◆ if applicable, duration of therapy (**Example: 5, 7, 10, 14 days; RANGES such as 7-10 days are incorrect**)
- quantity of the medication (e.g., 1 pack; 14 tabs OR 14; 72 mLs; 120 grams)
- number of refills, if applicable
- NP's name, business address, telephone number, protected title, College registration number and signature (includes electronic signature) (**refer to Prescription PPT for signature and CNO number**).
- **Instructions for use should be included if required for application or if required for specific medication.**
-
-

[Prescription Case Scenarios PDF](#)

[Prescription Case Scenarios Word](#)

Prescription Template

Syllabus of the course
Therapeutics in Primary Health Care II

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Welcome

Welcome back to Therapeutics in Primary Health Care II.

While Therapeutics I covered many episodic conditions, Therapeutics II is designed to increase your knowledge and develop the skills and competencies required in pharmacotherapeutics and non-pharmacological therapies for clients with mostly chronic conditions and specific populations across the lifespan. Moreover, you'll have the opportunity to gain knowledge and skill in advanced counseling approaches.

Course Description

Pre-requisite: Therapeutics in Primary Health Care I

Co-requisite: Advanced Health Assessment and Diagnosis II

Seminar: 3 hours per week

Clinical: 78 hours within 12 weeks

Integrate conceptual frameworks and evidence underlying the study of pharmacotherapy, advanced counselling, and complementary therapies for complex client situations. Demonstrate substantive initiative, responsibility, and accountability in complex decision making.

It is recommended that you spend at least 20 hours of study per week on this course.

Course Outcomes

This course builds on the knowledge acquired in both Therapeutics I and AHAD I and applies the frameworks and concepts of pharmacotherapy, non-pharmacotherapy, advanced client education and advanced counselling skills, to clients with common and chronic conditions across the lifespan, emergency situations, as well as specific populations. It emphasizes a therapeutic care plan approach using therapeutic frameworks focusing on the following aspects: integration of assessment data, cause & effect, therapeutic goals, therapeutic alternatives, plan of care, and evaluation measures.

Upon successful completion of the course you will be able to:	
1.	Formulate and evaluate comprehensive plans of care based on critically appraised therapeutic frameworks for clients with complex or chronic conditions
2.	Appraise current research and best standards of practice for clients with complex or chronic conditions.
3.	Provide safe and effective pharmacological interventions by synthesizing concepts of basic clinical pharmacology and pharmacotherapeutics for clients with complex or chronic conditions.
4.	Appraise the implications of the federal and provincial legislation and prescriptive authority of the PHC-NP for clients with complex or chronic conditions.
5.	Demonstrate proficiency in prescribing and in writing complete prescriptions for clients with complex or chronic conditions.
6.	Decide the need for referral and consultation with other health care providers for clients with complex and chronic conditions.
7.	Evaluate the outcomes of client education related to pharmacological and non-pharmacological interventions, adverse drug effects, interactions, and expected client responses, for various categories of drugs.

Resources

Textbooks for Therapeutics:

Term 1: Therapeutics I

- Anti-Infective Guidelines for Community-acquired Infections (2019). The Anti-infective Panel. Toronto: MUMS Guideline Clearinghouse
- Hypertension Guidelines for Family Medicine. Hypertension Review Panel. Toronto: MUMS Guideline Clearinghouse (2020). There may be delays in obtaining a print version during COVID-19 containment)
- Respiratory (Asthma/COPD) Guidelines for Family Practice. The Respiratory Review Panel. Toronto: MUMS Guideline Clearinghouse (2020). There may be delays in obtaining a print version during COVID-19 containment)
- RxTx (on-line resource)
- Rx Files (on-line resource)
- Merck Manual (on-line resource)

The following books will only be required during the second semester:

Term 2: Therapeutics II

- Guidelines for Management of Anemia (latest edition). Toronto: MUMS Guideline Clearinghouse

Professor Profile

There are two Nurse Practitioner Course Professors Leads for Therapeutics 1; One English and one Francophone, and a Pharmacist.

Hello, I am Sherry Morrell, PHC-NP, P.h.D, MCISC- Wound Healing, the English course lead for the Therapeutic course.

I completed an RN Diploma (St. Clair College), BScN, MN & PHC-NP Diploma (Windsor), Clinical Masters-Wound Healing & Ph.D. Science and Rehabilitation (Western). My full-time position is in the Faculty of Nursing at the University of Windsor, where I teach in undergraduate and graduate programs. Concurrent with teaching, I worked for 30 years as an RN/NP, primarily in the emergency department. My current clinical practice is at an urgent care clinic. Previously, I have taught Therapeutics, AHAD, and IP in the PHCNP program. I am looking forward to being a co-lead for Therapeutics. You can reach me at

morrells@uwindsor.ca

I am Marie-Elaine Delvin, NP-PHC, M.Sc.N, the Francophone course lead for the Therapeutic course.

I am originally from Montreal, where I completed my bachelor's degree in nursing in 1995. I initially worked in a community health organization and then at McGill University. During my studies at the University of Ottawa, where I completed my master's degree and the PHCNP program, I worked in the emergency room of the Jewish Hospital of Montreal. After completing my studies in 2004, I had the pleasure of working in a nursing station on an Indigenous community in northern Ontario, where I lived for almost 10 years. After a few years in a Family Health Team in the area of Sandbanks, I am again employed by the federal government for the First Nations and Inuit Health Branch. As an NP, I have the mandate to develop health strategies and policies to support the role of nurses and NPs. I also continue to work regularly in the community as an NP-PHC and to develop the role of the NP in nursing stations. After living in Ontario for several years, I am back in the beautiful region of the Laurentians.

At the academic level, I was an instructor/tutor and professor in charge of the Advanced Health Assessment and Diagnosis course from 2012 to 2019. I am happy to be back in the program and to be able to support you during your studies. You can reach me at mdelvin2@uottawa.ca

DR SYLVAIN GRENIER, CD, B PHARM, PHARM D, FOPO, FFIP

Dr. Sylvain Grenier graduated from Université Laval, Québec, with a Bachelor of Pharmacy. He completed a Doctor of Pharmacy degree from the University of Toronto. He is currently the Director of the Plasma Protein and Related Products Program at Canadian Blood Services. Prior to this, he served 28 years in the Canadian Armed Forces (CAF), holding various roles and positions as a military pharmacist and retiring as the National Practice Leader for pharmacy, responsible for the management of the Canadian Armed Forces drug program. In addition of working in different military locations and positions in Canada, Sylvain deployed in Bosnia in 1999-2000 and Afghanistan in 2010. After retiring from full-time active duty, he transferred to the Reserves, where is still serves with the CAF on a part-time basis.

Dr Grenier is an Adjunct Professor at the University of Ottawa and teaches Clinical Pharmacology for the Ontario Primary Health Care Nurse Practitioner program.

Assignments/Exams

Explanation and Evaluation of the Theoretical and Clinical Components

You will receive two (2) grades for the Therapeutics course: a grade for the theoretical component of the course, and another for the clinical component.

To successfully achieve a passing grade for this course, you are required to attain both **an overall minimum grade of 70%** and to also attain an overall **"Satisfactory"** in the clinical component. **All evaluation components described are required to pass both clinical & theoretical components.**

Theoretical Component *	Grade Weighting	Minimum Pass Requirements	Due Dates
Mid-Term Exam On modules 1-5	30%		
Clinical Therapeutic Care Plan (TCP)	30%		
Final Exam Modules 1-12	40%		
Total Theoretical Grade	100%	70%	
Clinical Component *			
Learning Plan	Satisfactory/ Unsatisfactory	Satisfactory	By 3rd week of January
Clinical Practicum 78 hours	Satisfactory/ Unsatisfactory	Satisfactory	By end of semester
Clinical Activity Logs	Satisfactory/ Unsatisfactory	Satisfactory	Regularly
Midterm Preceptor Evaluation	Satisfactory/ Unsatisfactory	Satisfactory	Mid-February
Final Preceptor Evaluation	Satisfactory/ Unsatisfactory	Satisfactory	By the end of the semester
Self-evaluation Report	Satisfactory/ Unsatisfactory	Satisfactory	By the end of the semester
Total Clinical Grade	Satisfactory/ Unsatisfactory	Satisfactory	

All components described are required to pass the clinical & theoretical components

Theoretical Component

1 - Mid-Term Exam (30%)

2 - Clinical Therapeutic Care Plan (TCP) (30%)

Clinical Therapeutic Care Plan (TCP)

Due:

You are required to submit **Therapeutic Care Plans (TCPs) to your Tutor/Instructor** on selected clients whom you have assessed during your clinical placements. The following are the guidelines for submitting clinical TCPs: the TCPs that you submit on the clients that you have chosen from your clinical placement should reflect not only your understanding of a therapeutic framework, but also how this therapeutic framework reflects your clients' individual needs and circumstances. You may utilize the Clinical TCP Weighting Criteria template provided in the Course Manual (see next page) as well as the outline of how to write a therapeutic care plan (refer to Therapeutics 1-see Module 2.4-2.10 "I Can Treat and Prescribe Framework") as a guide to systematically help you through the critical-thinking process. ***The TCP must be representative of a case seen in clinic.***

The length of the TCP will **not exceed 10 pages, double-spaced**, excluding title page, prescriptions, appendices, references, or any kind of Analysis of Therapies Tables (CASES tables). Each page exceeding the maximum allotment will not be read or graded by the Tutor/Instructor; only the content which is provided within the 10-page limit, as well as the title page, prescription(s), references, or analysis tables, will be graded. Late penalties for late assignments will be enforced as per the course policy (see "Assignment Policies").

The comprehensive review of the resources and references that you utilize, including those you access in your clinical placement setting - clinical texts, evidence-based articles, expert opinion, patient hand-outs, personal communications, videos or guidelines, to name a few - will be cited in the body of the assignment and a complete list of references will be appended (see a description of the "Assignment Policies" in the Course Manual). In other words, these TCPs should represent your clinical approach to a client's presenting condition or disease, including pharmacological and non-pharmacological resources, interventions, and appropriate consultations, which comprise a large part of real-life clinical situations and everyday NP-PHC practice.

Evaluation of Clinical Therapeutic Care Plans

The TCPs are graded at 30%. You are not permitted to revise and resubmit a previously graded TCP for a new grading. That said, you may wish to revise your graded TCP - for learning purposes only - and request feedback from your Course Tutor/Instructor, but this is left up to the Course Tutor/Instructor's discretion and should be pre-arranged in advance of the revision. **The minimum passing grade for TCPs is 70%.**

Each TCP is evaluated on the following Clinical TCP Grading Rubric and each component is given a proportion of the total grade, which is expressed in percentiles. The rubric is meant to serve as a guide for assessing the relative weight of each of the TCP components. Each section will be graded as either unsatisfactory, developing, satisfactory or exceptional and scored accordingly.

The evaluation of your clinical TCP will be determined according to the rubric (see below).

[Therapeutic Care Plan TCP Grading Rubric June 2022 REV.pdf](#)

[CASES decision aid template Rev April 11 2022.docx](#)

3- Final Exam (MCQ and SAQ; worth 40%)

Modules 1-12

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Seminar: 3 hours per week

Clinical: 78 hours within 12 weeks

Integrate conceptual frameworks and evidence underlying the study of pharmacotherapy, advanced counselling, and complementary therapies for complex client situations. Demonstrate substantive initiative, responsibility, and accountability in complex decision making.

It is recommended that you spend at least 20 hours of study per week on this course.

Course Outcomes

This course builds on the knowledge acquired in both Therapeutics I and AHAD I and applies the frameworks and concepts of pharmacotherapy, non-pharmacotherapy, advanced client education and advanced counselling skills, to clients with common and chronic conditions across the lifespan, emergency situations, as well as specific populations. It emphasizes a therapeutic care plan approach using therapeutic frameworks focusing on the following aspects: integration of assessment data, cause & effect, therapeutic goals, therapeutic alternatives, plan of care, and evaluation measures.

Upon successful completion of the course you will be able to:	
1.	Formulate and evaluate comprehensive plans of care based on critically appraised therapeutic frameworks for clients with complex or chronic conditions
2.	Appraise current research and best standards of practice for clients with complex or chronic conditions.
3.	Provide safe and effective pharmacological interventions by synthesizing concepts of basic clinical pharmacology and pharmacotherapeutics for clients with complex or chronic conditions.
4.	Appraise the implications of the federal and provincial legislation and prescriptive authority of the PHC-NP for clients with complex or chronic conditions.
5.	Demonstrate proficiency in prescribing and in writing complete prescriptions for clients with complex or chronic conditions.
6.	Decide the need for referral and consultation with other health care providers for clients with complex and chronic conditions.
7.	Evaluate the outcomes of client education related to pharmacological and non-pharmacological interventions, adverse drug effects, interactions, and expected client responses, for various categories of drugs.

Assignments/Exams

Explanation and Evaluation of the Theoretical and Clinical Components

You will receive two (2) grades for the Therapeutics course: a grade for the theoretical component of the course, and another for the clinical component.

To successfully achieve a passing grade for this course, you are required to attain both **an overall minimum grade of 70%** and to also attain an overall **"Satisfactory"** in the clinical component. **All evaluation components described are required to pass both clinical & theoretical components.**

Theoretical Component *	Grade Weighting	Minimum Pass Requirements	Due Dates
Mid-Term Exam On modules 1-5	30%		
Clinical Therapeutic Care Plan (TCP)	30%		
Final Exam Modules 1-12	40%		
Total Theoretical Grade	100%	70%	
Clinical Component *			
Learning Plan	Satisfactory/ Unsatisfactory	Satisfactory	By 3rd week of January
Clinical Practicum 78 hours	Satisfactory/ Unsatisfactory	Satisfactory	By end of semester
Clinical Activity Logs	Satisfactory/ Unsatisfactory	Satisfactory	Regularly
Midterm Preceptor Evaluation	Satisfactory/ Unsatisfactory	Satisfactory	Mid-February
Final Preceptor Evaluation	Satisfactory/ Unsatisfactory	Satisfactory	By the end of the semester
Self-evaluation Report	Satisfactory/ Unsatisfactory	Satisfactory	By the end of the semester
Total Clinical Grade	Satisfactory/ Unsatisfactory	Satisfactory	

All components described are required to pass the clinical & theoretical components

Theoretical Component

1 - Mid-Term Exam (30%)

2 - Clinical Therapeutic Care Plan (TCP) (30%)

Clinical Therapeutic Care Plan (TCP)

Due:

You are required to submit **Therapeutic Care Plans (TCPs) to your Tutor/Instructor** on selected clients whom you have assessed during your clinical placements. The following are the guidelines for submitting clinical TCPs: the TCPs that you submit on the clients that you have chosen from your clinical placement should reflect not only your understanding of a therapeutic framework, but also how this therapeutic framework reflects your clients' individual needs and circumstances. You may utilize the Clinical TCP Weighting Criteria template provided in the Course Manual (see next page) as well as the outline of how to write a therapeutic care plan (refer to Therapeutics 1-see Module 2.4-2.10 "I Can Treat and Prescribe Framework") as a guide to systematically help you through the critical-thinking process. ***The TCP must be representative of a case seen in clinic.***

The length of the TCP will **not exceed 10 pages, double-spaced**, excluding title page, prescriptions, appendices, references, or any kind of Analysis of Therapies Tables (CASES tables). Each page exceeding the maximum allotment will not be read or graded by the Tutor/Instructor; only the content which is provided within the 10-page limit, as well as the title page, prescription(s), references, or analysis tables, will be graded. Late penalties for late assignments will be enforced as per the course policy (see "Assignment Policies").

The comprehensive review of the resources and references that you utilize, including those you access in your clinical placement setting - clinical texts, evidence-based articles, expert opinion, patient hand-outs, personal communications, videos or guidelines, to name a few - will be cited in the body of the assignment and a complete list of references will be appended (see a description of the "Assignment Policies" in the Course Manual). In other words, these TCPs should represent your clinical approach to a client's presenting condition or disease, including pharmacological and non-pharmacological resources, interventions, and appropriate consultations, which comprise a large part of real-life clinical situations and everyday NP-PHC practice.

Evaluation of Clinical Therapeutic Care Plans

The TCPs are graded at 30%. You are not permitted to revise and resubmit a previously graded TCP for a new grading. That said, you may wish to revise your graded TCP - for learning purposes only - and request feedback from your Course Tutor/Instructor, but this is left up to the Course Tutor/Instructor's discretion and should be pre-arranged in advance of the revision. **The minimum passing grade for TCPs is 70%.**

Each TCP is evaluated on the following Clinical TCP Grading Rubric and each component is given a proportion of the total grade, which is expressed in percentiles. The rubric is meant to serve as a guide for assessing the relative weight of each of the TCP components. Each section will be graded as either unsatisfactory, developing, satisfactory or exceptional and scored accordingly.

The evaluation of your clinical TCP will be determined according to the rubric (see below).

[Therapeutic Care Plan TCP Grading Rubric June 2022 REV.pdf](#)

[CASES decision aid template Rev April 11 2022.docx](#)

3- Final Exam (MCQ and SAQ; worth 40%)

Modules 1-12

Activities Schedule

Theoretical Component *	Grade Weighting	Minimum Pass Requirements	Due Dates
Mid-Term Exam On modules 1-5	30%		Tuesday, Feb 14, 2023 at 9 am
Clinical Therapeutic Care Plan (TCP)	30%		Monday Feb 27, 2023 at 9am
Final Exam Modules 2-12	40%		Tuesday, April. 11, 2023 9 am
Total Theoretical Grade	100%	70%	
Clinical Component *			
Learning Plan	Satisfactory/ Unsatisfactory	Satisfactory	By 3rd week of January
Clinical Practicum 78 hours	Satisfactory/ Unsatisfactory	Satisfactory	By end of semester
Clinical Activity Logs	Satisfactory/ Unsatisfactory	Satisfactory	Submit to tutor every 2 weeks
Midterm Preceptor Evaluation	Satisfactory/ Unsatisfactory	Satisfactory	Mid February
Final Preceptor Evaluation	Satisfactory/ Unsatisfactory	Satisfactory	By end of semester
Total Clinical Grade	Satisfactory/ Unsatisfactory	Satisfactory	

All components described are required to pass the clinical & theoretical components

Professor Profile

There are two Nurse Practitioner Course Professors Leads for Therapeutics 1; One English and one Francophone, and a Pharmacist.

Hello, I am Sherry Morrell, PHC-NP, P.h.D, MCISC- Wound Healing, the English course lead for the Therapeutic course.

I completed an RN Diploma (St. Clair College), BScN, MN & PHC-NP Diploma (Windsor), Clinical Masters-Wound Healing & Ph.D. Science and Rehabilitation (Western). My full-time position is in the Faculty of Nursing at the University of Windsor, where I teach in undergraduate and graduate programs. Concurrent with teaching, I worked for 30 years as an RN/NP, primarily in the emergency department. My current clinical practice is at an urgent care clinic. Previously, I have taught Therapeutics, AHAD, and IP in the PHCNP program. I am looking forward to being a co-lead for Therapeutics. You can reach me at

morrells@uwindsor.ca

I am Marie-Elaine Delvin, NP-PHC, M.Sc.N, the Francophone course lead for the Therapeutic course.

I am originally from Montreal, where I completed my bachelor's degree in nursing in 1995. I initially worked in a community health organization and then at McGill University. During my studies at the University of Ottawa, where I completed my master's degree and the PHCNP program, I worked in the emergency room of the Jewish Hospital of Montreal. After completing my studies in 2004, I had the pleasure of working in a nursing station on an Indigenous community in northern Ontario, where I lived for almost 10 years. After a few years in a Family Health Team in the area of Sandbanks, I am again employed by the federal government for the First Nations and Inuit Health Branch. As an NP, I have the mandate to develop health strategies and policies to support the role of nurses and NPs. I also continue to work regularly in the community as an NP-PHC and to develop the role of the NP in nursing stations. After living in Ontario for several years, I am back in the beautiful region of the Laurentians.

At the academic level, I was an instructor/tutor and professor in charge of the Advanced Health Assessment and Diagnosis course from 2012 to 2019. I am happy to be back in the program and to be able to support you during your studies. You can reach me at mdelvin2@uottawa.ca

DR SYLVAIN GRENIER, CD, B PHARM, PHARM D, FOPO, FFIP

Dr. Sylvain Grenier graduated from Université Laval, Québec, with a Bachelor of Pharmacy. He completed a Doctor of Pharmacy degree from the University of Toronto. He is currently the Director of the Plasma Protein and Related Products Program at Canadian Blood Services. Prior to this, he served 28 years in the Canadian Armed Forces (CAF), holding various roles and positions as a military pharmacist and retiring as the National Practice Leader for pharmacy, responsible for the management of the Canadian Armed Forces drug program. In addition of working in different military locations and positions in Canada, Sylvain deployed in Bosnia in 1999-2000 and Afghanistan in 2010. After retiring from full-time active duty, he transferred to the Reserves, where is still serves with the CAF on a part-time basis.

Dr Grenier is an Adjunct Professor at the University of Ottawa and teaches Clinical Pharmacology for the Ontario Primary Health Care Nurse Practitioner program.

Resources

Textbooks for Therapeutics:

Term 1: Therapeutics I

- Anti-Infective Guidelines for Community-acquired Infections (2019). The Anti-infective Panel. Toronto: MUMS Guideline Clearinghouse
- Hypertension Guidelines for Family Medicine. Hypertension Review Panel. Toronto: MUMS Guideline Clearinghouse (2020). There may be delays in obtaining a print version during COVID-19 containment)
- Respiratory (Asthma/COPD) Guidelines for Family Practice. The Respiratory Review Panel. Toronto: MUMS Guideline Clearinghouse (2020). There may be delays in obtaining a print version during COVID-19 containment)
- RxTx (on-line resource)
- Rx Files (on-line resource)
- Merck Manual (on-line resource)

The following books will only be required during the second semester:

Term 2: Therapeutics II

- Guidelines for Management of Anemia (latest edition). Toronto: MUMS Guideline Clearinghouse

Clinical Component

Clinical Therapeutic Care Plan (TCP)

Clinical Therapeutic Care Plan (TCP)

Due: Monday, Feb 26, 2024, at 9 am

Value: 30%

You are required to submit **Therapeutic Care Plans (TCPs) to your Tutor/Instructor** on selected clients whom you have assessed during your clinical placements. The following are the guidelines for submitting clinical TCPs: the TCPs that you submit on the clients that you have chosen from your clinical placement should reflect not only your understanding of a therapeutic framework, but also how this therapeutic framework reflects your clients' individual needs and circumstances. You may utilize the Clinical TCP Weighting Criteria template provided in the Course Manual (see next page) as well as the outline of how to write a therapeutic care plan (see Module 2.4-2.10 "I Can Treat and Prescribe Framework") as a guide to systematically help you through the critical-thinking process. TCP #1 in Term 1 & 2 - must be representative of a case seen in clinic.

The length of the TCP will **not exceed 10 pages, double-spaced**, excluding title page, prescriptions, appendices, references, or any kind of Analysis of Therapies Tables (CASES tables). Each page exceeding the maximum allotment will not be read or graded by the Tutor/Instructor; only the content which is provided within the 10-page limit, as well as the title page, prescription(s), references or analysis tables will be graded. Late penalties for late assignments will be enforced as per the course policy (see "Assignment Policies").

The comprehensive review of the resources and references that you utilize including those you access in your clinical placement setting - clinical texts, evidence-based articles, expert opinion, patient hand-outs, personal communications, videos or guidelines to name a few - will be cited in the body of the assignment and a complete list of references will be appended (see a description of the "Assignment Policies" in the Course Manual). In other words, these TCPs should be representative of your clinical approach to a client's presenting condition or disease, including pharmacological and non-pharmacological resources, interventions, and appropriate consultations which make up a large part of real-life clinical situations and everyday NP-PHC practice.

Evaluation of Clinical Therapeutic Care Plans

The TCPs are graded at 30%. You are not permitted to revise and resubmit a previously graded TCP for a new grading. That said, you may wish to revise your graded TCP - for learning purposes only - and request feedback from your Course Tutor/Instructor, but this is left up to the Course Tutor/Instructor's discretion, and should be pre-arranged in advance of the revision. **The minimum passing grade for TCPs is 70%.**

Each TCP is evaluated on the following Clinical TCP Grading Rubric and each component is given a proportion of the total grade, which is expressed in percentiles. The rubric is meant to serve as a guide for assessing the relative weight of each of the TCP components. Each section will be graded as either unsatisfactory, developing, satisfactory or exceptional and scored accordingly.

	20
Lab form	
**NB: You can make up or use any other existing diagnostic imaging form that you have access to.	
Prescription include a complete written prescription with all the legal components for all prescribed drugs	10
Evaluation	5
TCP Style and Format, Organization and Clarity, and Quality of Evidence	15
Total Therapeutic Care Plan Weight	100%

The evaluation of your clinical TCP will be determined according to the above criteria which are elaborated upon in the TCP assignment rubric (see below). You may download and print the table above: See under **>Course Resources > Forms > Student Forms > TCP: Clinical Therapeutic Care Plan Weighting Criteria.**

[NEW Therapeutic Care Plan TCP Grading Rubric.docx](#)

[NEW Therapeutic Care Plan TCP Grading Rubric.pdf](#)

Syllabus of the course Integrative Practicum

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Welcome

Welcome to Integrative Practicum! This course is designed to help you build on, consolidate, and synthesize the NP-related knowledge, skills, and judgement you have acquired. During the next 12 weeks, you will have the opportunity to focus on maximizing your experiences in various clinical settings and during seminars. Information concerning the course expectations, competencies, forms, etc., is available online, and weekly readings are provided via hyperlinks and the PBSG modules.

The Integrative Practicum is a time to bring theory to life in your clinical and advanced practice experiences. It is a time to reflect on your practice, question and challenge, and stretch yourself to do your best as an advanced practice nurse. You are integrating your knowledge and refining your clinical decision-making skills to prepare you for your role as a beginning Primary Health Care Nurse Practitioner. The Integrative Practicum is intended to assist you with this challenge.

Look at the learning you have already experienced and decide which areas to address in the Integrative Practicum. Then, through your learning plan and discussions, share this information with your tutor and clinical preceptor to help focus your learning experiences for the next 12 weeks.

"It is the mark of an educated mind to be able to entertain a thought without accepting it" - Aristotle

Have a good summer, and enjoy your Integrative Practicum!

ginamp@uwindsor.ca

cfp.turgeon@gmail.com

Course Description

Prerequisite: All other PHCNP courses and graduate level courses Total seminar time: 36 hours Total clinical time: 419 hours Total course hours: 455 hours (equivalent to an entire course/two semesters)

The Integrative Practicum course is the final course in the Ontario Primary Health Care Nurse Practitioner (PHCNP) Program, after completing all other PHCNP and graduate-level courses. The Integrative Practicum course will build on your knowledge, skills, and experience from previous courses and focus on synthesizing theory and practice.

Main Focus: Synthesize competencies essential to advanced nursing practice to provide primary health care for clients across the lifespan. Demonstrate autonomy and decision-making and critically analyze organizational and system issues that influence the scope of practice, professional accountability and outcomes.

The course is divided into two integrated and concurrent parts: seminars and the clinical practicum. You are evaluated in both parts of the course. Seminars are designed to facilitate the application of theories in the management of clients' clinical manifestations, the promotion of dialogue and critical thinking in the application of theory to practice, the continued development of problem-based learning through the study of case examples from your placement experiences and evidence-informed cases; and presentation of clinical experiences pertinent to the integration and synthesis of knowledge and skills.

You will develop your learning objectives for the course with the assistance and approval of tutors/instructors and clinical preceptors. Learning objectives will be separate from but related to course outcomes and will reflect your particular learning needs. An exchange of settings (urban, semi-rural, rural, and remote) based on learning needs, goals, and university contracts are encouraged. Completing the seminar and clinical components of the Integrative Practicum indicates completion of the Ontario Primary Health Care Nurse Practitioner Program courses.

Course Study Load

Plan to spend **at least 10 hours per week** preparing assignments and reviewing your notes and readings from previous NP and master's courses (pre-requisites) and the Integrative Practicum texts, module readings web links, and PBSG case study modules.

Students cannot work during the Integrative Practicum.

Seminar Group Participation

Seminar attendance is mandatory. It would be best to prepare for and regularly contribute to seminar discussions by attending seminars and critically reviewing, analyzing, and discussing current literature relevant to the week's content. Your participation includes sharing information, clinical experiences and resources, practicing writing prescriptions, evaluating class presentations and discussions facilitated by your seminar colleagues, asking thought-provoking questions, and providing constructive feedback supported by evidence. At least once during the semester, you will lead the seminar discussion for up to two hours. Seminars, online and telephone etiquette, effective communication, and shared learning between professionals are founded on mutual respect, active listening, constructive feedback, and accepting differences in opinion. They must also demonstrate professionalism throughout all components of the Integrative Practicum.

Scheduled Clinical Hours

- ♦ 35 hours of clinical practicum per week, plus
- ♦ 3-hour weekly seminar (seminar may be scheduled for 3 or 6 hours every other week). Your tutor/instructor or university site coordinator will advise you regarding your seminar times and location.

Statutory holidays, sick days, conferences/workshops (e.g., *Pri-Med*) and meal breaks do not count as clinical time when you are not in the clinical setting. Therefore, clinical hours may be more on some weeks and fewer on other weeks to meet the minimum requirement. It is recommended that clinical time not exceed 40 hours per week; however, the minimum of 455 hours

over the **entire** 12 weeks is expected to be fulfilled as part of the requirement for successful completion of the clinical component of the Integrative Practicum course. The week between the conclusion of the course and the final exam may be used to "make up" missing clinical hours; however, "make-up" time cannot be scheduled during the final exam period.

Lines of Communication

The Ontario Primary Health Care Nurse Practitioner Program encourages problem-based learning. If you are still looking for answers to clinical problems or questions using text and web-based resources, the next step would be to access your colleagues in your seminar group and across the Province via the Integrative Practicum Discussion section.

If necessary, the next level of inquiry is your tutor/instructor, who will post the response to the inquiry on the forum. When needed, the tutor/instructor will consult with the course professor. Students can contact the course professor via the forum, email, or telephone and arrange an appointment if needed.

Tutors/instructors and the course professor will reply to emails and/or forum postings within two business days. However, questions regarding clinical practice posted on the forum may not be answered within two business days, as answers and discussion among students are expected before the tutor/instructor or course professor responds.

NOTE: Students must frequently monitor and retrieve messages via PHCNP and online university systems (e.g., Canvas announcements/discussion boards, e-mail, and course and program websites), as messages may be time-critical.

Modules List & Schedule

Week	Modules
1.	Introduction, Health Promotion and Laboratory & Diagnostic Tests
2.	Quality Improvement, Patient Safety, & Risk Management, MAID & Certifying Death, Palliative care
3.	Mental Health
4.	Pediatric & Adolescent Health;
5.	Integumentary & Endocrine Health
6.	Respiratory, Cardiovascular, & Renal Health
7.	Entering Practice & Professional Development Mid-Term OSCEs
8.	2SLBGTQ and Person assigned-male-at-birth Mid-Semester Evaluation Meetings with Tutor
9.	Perinatal Health
10.	Person assigned-female-at-birth
11.	Older Adult Health;
12.	Pain and Other Conditions that may require Controlled Drugs & Substances Final Evaluation Meetings with Tutor
	Final Evaluation Meetings with Tutor
Exam	Final Exam: See Assignments in the left column of Canvas for the date and time

Role of the Course Professor

The course professor will:

- Clarify the course outcomes, the roles of the tutor/instructor and student, and the use of learning plans for the clinical experience, as necessary

- Provide students and tutors/instructors with assistance to critique and support the development of learning plans through the learning plan guide
- Receive notification from the tutor/instructor or site coordinator of student performance that does not meet the required course outcomes, in which case the course professor will:
 - ◆ review the agreed-upon action with the tutor/instructor
 - ◆ suggest strategies for remedial learning by the student
 - ◆ be kept informed of the student's progress
- Ensure grades are entered in the system at the end of the semester for university site coordinator retrieval.

Role of the Instructor

The instructor and clinical preceptor are jointly responsible with the student for facilitating and evaluating the student's learning for the clinical experience.

The instructor will:

- Communicate regularly with the course professor to review and clarify course outcomes, materials, and evaluation measures
- Attend all instructor-course professor teleconferences (orientation and after each assignment due date and the final exam)
- Negotiate with clinical agencies and clinicians in the region to provide access to clinical resources that will enable the student to meet the course outcomes
- Send an email to the Clinical Preceptor as an initial contact
- Speak with the clinical preceptor near the beginning, middle and end of each clinical placement experience to discuss
 - ◆ The objectives and course outcomes for the clinical experience
 - ◆ The role of the clinical preceptor in evaluating the student's clinical performance
 - ◆ How to contact the instructor
 - ◆ Education consortium expectations
 - ◆ The need for early identification and communication of difficulties so that the student has sufficient time to meet the learning needs associated with the difficulty
- Complete site visits, when necessary, to observe student interaction with clients, clinical preceptor, and others in the setting and to evaluate practice and documentation skills
- Obtain feedback from the clinical preceptor at each contact regarding the student's performance and facilitate discussion of progress, difficulties, and/or concerns concerning the student's clinical performance
- Facilitate discussion with the student of any difficulties/concerns concerning the student's clinical performance
- Review the student's learning plan and recommend changes to the student to enhance the student's clinical experience
- Role model and promote evidence-informed advanced practice nursing using a wide variety of resources
- Facilitate and participate in seminar sessions to meet student learning needs
- Evaluate assignments and determine grades
- Review [Clinical Experience Logs](#), from each student on a bi-weekly basis
- Complete and discuss mid-term and final evaluations with the student and determine if the expected clinical and course evaluation measures are being met
- Inform the course professor and university site coordinator of students with academic or clinical performance difficulties. If a student is not meeting course outcomes, the instructor will:
 - ◆ Document the problem with specific examples,
 - ◆ Meet with the student and clinical preceptor to formulate a plan of action,
 - ◆ Proceed with the mutually agreed upon plan, and
 - ◆ Inform the course professor and university site coordinator of the student's progress
- Assign a satisfactory, unsatisfactory, or incomplete clinical mark for each student based on the following:
 - ◆ Written feedback from the preceptor
 - ◆ Progress on student's learning objectives
 - ◆ Observations in the clinical setting
 - ◆ Observations during presentations and participation in seminars

- ◆ Submission of all clinical experience logs and evaluations
- Enter the grades in the system within one week of assignment due dates. After the course professor has reviewed the grades and sent a confirmation e-mail to the tutor/instructor, grades will be released to students
- Participate in the exam grading teleconference to discuss assignments/OSCEs
- Submit the completed and signed evaluation forms to the university site coordinator for inclusion in the student's university file:
 - ◆ [Evaluation of Student's Clinical Performance](#) (Clinical preceptor's evaluation and student's self-evaluation) for each placement (at least two evaluations - mid-semester and end of the semester)
- Recommend the student for appropriate awards
- Provide feedback to the course professor regarding the quality and appropriateness of teaching-learning methods, course content, and evaluation measures.

Role of the Student in the Clinical Experience

The student will:

- Arrange an interview with the clinical preceptor to:
 - ◆ Provide information to access the [Clinical Preceptor Information Package](#) and [Evaluation of Student's Clinical Performance](#)
 - ◆ Review the student's draft learning plan regarding the feasibility of meeting the objectives and available opportunities
 - ◆ Negotiate clinical times
- Contact the instructor and/or university site coordinator **early** if conflicts arise concerning the learning plan or interpersonal or scheduling issues
- Inform the instructor **early** of recurrent learning needs or any issue that may jeopardize the student's ability to meet the course requirements to allow time for the student to make adjustments to meet the course requirements
- Develop and submit a draft learning plan in consultation with the instructor and clinical preceptor by the second week of the course and update the learning plan, as needed during each placement
- Seek clinical preceptor feedback regarding progress on at least a weekly basis to correct practice concerns promptly
- Inform the clinical preceptor and instructor of absences from the clinical placement and record the absences on the clinical log
- Arrange a meeting with the preceptor at mid and end of placement to discuss the following:
 - ◆ Progress in meeting learning objectives and course outcomes
 - ◆ Preceptor's evaluation, using the [Evaluation of Student's Clinical Performance](#)
- Submit the completed [clinical experience logs](#) to the instructor every two weeks.
- Complete the online self-evaluation component of the [Evaluation of Student's Clinical Performance](#) after each placement.

Role of the Clinical Preceptor

The clinical preceptor is a health professional with clinical expertise and ongoing responsibility for client care and assists the student in developing knowledge and skills.

The clinical preceptor and instructor are jointly responsible with the student for facilitating and evaluating the student's demonstration of clinical skills.

The clinical preceptor will:

- Orient the student to the clinical setting
- Facilitate the student's acquisition of knowledge and clinical skills related to the student's learning objectives and the course and program outcomes

- Provide constructive feedback to the student about performance in the clinical setting on at least a weekly basis
- Document discussions and interventions, with specific examples, regarding the student's learning needs and/or concerns regarding the student's ability to develop the necessary knowledge and skills
- Encourage and facilitate the student's exposure to a variety of clinical experiences and resources
- Assist the student in writing prescriptions and requisitions for laboratory and diagnostic tests. The clinical preceptor will always sign the prescription or requisition.
- Discuss with the tutor/instructor and student any difficulties/concerns concerning the student's clinical performance by mid-placement or at the earliest possible time so the student has sufficient time to develop a learning plan specific to the needs and to work with the clinical preceptor and instructor to address the learning needs
- Provide verbal feedback to the student and instructor about the student's clinical performance at mid-placement based on the [learning plan](#) and criteria in the [Evaluation of Student's Clinical Performance](#). In addition, provide written feedback if there are concerns that the student may not be able to meet the requirements by the end of the placement.
- Provide written comments about the student's clinical performance on the [Evaluation of Student's Clinical Performance](#) at the end of the placement. This evaluation will be used to assist the tutor in determining the student's final grade for the clinical experience

Clinical Activities

Professional Behaviour and Competency

Students will be expected to practise professional and technical skills in clinical placements. In addition, they must continue to demonstrate the application of and maintain all CNO Standards of Professional Practice and competence in professional practice skills by refreshing readings and to practice advanced skills during seminars and in their clinical experiences.

Tutors and preceptors reserve the right and responsibility to remove students from clinical placements at any time for such things as lack of preparation; impairment from substances; unsafe behaviour; violations of the code of conduct; violation of CNO standards and guidelines; or violation of the education setting and placement agency policies. The tutor and/or preceptor also have the right to remove a student from the clinical area when there is reason to believe the student renders unsafe and /or unethical nursing care.

Activities Required for Clinical Placements	Evaluation of Progress	Due
Learning Plan	10%	Due: May 12, 2023 Update as needed for new learning needs. Post in CRDB
Clinical Experience Logs	Satisfactory or Unsatisfactory	Every two weeks
Clinical Reflective Journal		
Mid-Placement Preceptor and Self-Evaluation Discussion with a preceptor, based on criteria in the Evaluation of Student's Clinical Performance	Satisfactory or Unsatisfactory	Halfway through your placements, discuss your self-evaluation with your preceptor and seek feedback on your progress in meeting course objectives and skills needed to graduate in a few weeks. (Self-reflection and discussion with the preceptor about your progress should occur at least weekly, but the mid-placement discussion is a formal, scheduled process.)
Final Placement Preceptor and Self-Evaluation Discussion with the preceptor, based on criteria in the Evaluation of Student's Clinical Performance	Satisfactory or Unsatisfactory	Near the end of each placement, discuss your preceptor's and your self-evaluation with your preceptor and seek feedback on your progress in meeting course objectives and skills needed to graduate and practice safely as an NP-PHC.

Resources

Required Resources: All required URLs included in the modules plus all required textbooks and websites from previous courses and current MUMS guidelines.

Anemia Review Panel. (current edition). Anemia review guidelines for family medicine (3rd edition). MUMS Guidelines Clearinghouse: Toronto.

Anti-infective Review panel (2019). Anti-infective guidelines for community acquired infections - MUMS Guidelines Clearinghouse: Toronto

Cash, J.C., Glass, C.A. (2020). Canadian family practice guidelines. Springer Publishing Company New York

Dains, J., Baumann, L. & Scheibel, P. (2023). Advanced health assessment and clinical diagnosis in primary care (7th ed.). St. Louis, Missouri: Mosby Elsevier.

Men's Health Review Panel (2017). Men's health guidelines for family medicine- MUMS Guidelines Clearinghouse: Toronto

Myrick, K.M. & Karosas, L.M. (2021). Advanced health assessment and differential diagnosis: Essentials for clinical practice. Springer Publishing Company New York

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Professor Profile

Gina Pittman, PhD, NP-PHC

Assistant Professor, University of Windsor
Email: ginamp@uwindsor.ca

Gina Pittman is a nurse practitioner with a clinical background in emergency and urgent care. She graduated from the Ontario PHCNP Program in 2009. Gina has research experience in nurse practitioner opioid prescribing and safety measure utilization patterns, undergraduate nursing curricula, and utilization of simulation in undergraduate and nurse practitioner education. She is an Assistant Professor in the Faculty of Nursing, University of Windsor. Gina was the first Ph.D graduate from Nursing at the University of Windsor in October 2021. She is currently involved in research projects in partnership with eCampus related to the use of simulation to educate undergraduate nursing, nurse practitioner, and medicine students regarding opioid prescribing and Medical Assistance in Dying (MAiD). She is also involved in a follow-up study related to her dissertation work exploring inpatient nurse practitioner perspectives regarding the development of setting specific opioid prescribing guidelines. When not busy with work, Gina enjoy spending time with her husband and daughter.

Assignments/Exams

Procedures Regarding Assignments and Exams

Writing style involves form and format. Form refers to syntax, grammar, spelling, and punctuation. The format covers the typographic arrangement, expression of ideas, readability, citations, and reference sources. Formatting requirements related to the title page, the body of the paper and references are outlined in the APA Manual. The PHCNP Program follows the conventions and rules outlined in the Publication Manual of the American Psychological Association (APA), 7th ed. (2020), for all assignments, unless indicated; APA format for referencing, double-spaced, 12 pt. Times New Roman font, with a one-inch margin on all sides, unless indicated.

If the assignment exceeds the maximum number of pages indicated, the tutor/instructor will stop reading at the end of the page allotment and grade the student only on the content of the preceding pages; content on subsequent pages will receive zero points.

Keep a copy of all assignments and evaluations, either photocopied or electronically. If an assignment or evaluation is lost, the student is responsible for providing the tutor/instructor with a replacement copy.

LATE SUBMISSION OF AN ASSIGNMENT

1. Students of the PHCNP program are responsible for completing assignments on time.
2. Unless prior permission is received from one of the PHCNP Faculty (CP or Tutor), all assignments are due on the assigned date, as determined by the faculty member.
3. Any assignment submitted after the determined due date will have a grade deduction from the total assignment grade per the student's university policy. While faculty recognize that extenuating circumstances arise in students' lives, only under unforeseen and extreme conditions (e.g. hospitalization) can an extension be negotiated without penalty on the day an assignment is due. Please refer to the student's university policy.
4. Students are expected to negotiate extensions for assignments with the faculty member responsible for grading them prior to the due date. The faculty member may request that all work done to date on an assignment be submitted when negotiating an extension to demonstrate sufficient progress.
5. Concerns regarding grades will be discussed with the faculty member involved.

The student is responsible for knowing the PHCNP Program procedures and home university policies regarding academic integrity, assignments, and exams. When the PHCNP Program does not have a policy or procedure, the student's home university policies and procedures will be applied.

Students need to inform the tutor/instructor of any situation that may adversely affect academic performance and must request necessary considerations (e.g., medical or compassionate) or accommodations (e.g., religious observance, disability) according to their home university policy well in advance of the due date or scheduled exam. Please do so to ensure an academic appeal if required.

Plagiarism in any assignment is considered a breach of academic integrity and includes the lack of referencing for ideas or knowledge that are not your own. APA referencing is required for papers, presentations, presentation notes, and visual aids such as PowerPoint presentations. There is **zero tolerance** for academic dishonesty in any form. Any academic dishonesty, including plagiarism, will be investigated to the fullest extent following the policies of the student's home University. Each student is responsible for knowing their home university's academic integrity requirements and avoiding plagiarism.

Please read the examples below to understand how to avoid plagiarism. They provide examples of how to paraphrase while avoiding plagiarism.

Avoiding plagiarism and other academic fraud

<https://biblio.uottawa.ca/en/research-help/biblioexpert/avoid-plagiarism-and-other-academic-fraud> Please refer to your university's policies and examples regarding plagiarism, academic fraud, and student conduct.

Self Plagiarism <https://apastyle.apa.org/style-grammar-guidelines/citations/plagiarism>

APA format https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html

Concise writing guide [Grammarly](#)

Additional writing resources are available through each student's home university.

Course Grade

Evaluation Methods

To achieve a passing grade for this course, you are required to:

- submit all assignments and forms,
- achieve an overall minimum grade of 70% in the assignments and exam components **and**
- achieve an overall "Satisfactory" grade in the clinical component.

Assignment & Exam Components	Grade %
Learning Plan	10 %
Mid-Term OSCE	40 %
Objective Structured Clinical Examination (OSCE) 1	
Objective Structured Clinical Examination (OSCE) 2	
Objective Structured Clinical Examination (OSCE) 3	
Objective Structured Clinical Examination (OSCE) 4	
Objective Structured Clinical Examination (OSCE) 5	
Objective Structured Clinical Examination (OSCE) 6	
Objective Structured Clinical Examination (OSCE) 7	
Objective Structured Clinical Examination (OSCE) 8	
Consult letter #1 (5%)	10 %
Consult letter #2 (5%)	
Final Exam	40 %
TOTAL	100 %

Clinical Component

Clinical Assignments	Grade
Learning Plan	Satisfactory/Unsatisfactory
Clinical Experience Logs are updated daily and submitted to the instructor every two weeks.	Satisfactory/Unsatisfactory
Evaluation of Student's Clinical Performance - completed by the preceptor and by the student after each placement, as needed to guide student learning, and discussed by student and preceptor, as well as student and instructor.	Satisfactory/Unsatisfactory
Reflection on Leadership and Education Competencies Self Reflective Journal #1 Self Reflective Journal #2 Self Reflective Journal #3 Self Reflective Journal #4	No Grade, used for Discussion Purposes during Final Evaluation Meeting with Tutor

Clinical component evaluation includes both your clinical placement and seminar performance. Seminar leadership and participation aid the tutor/instructor in evaluating leadership and teamwork skills and clinical knowledge across various topics.

Includes mandatory:

- seminar attendance for a total of 36 hours
- seminar leadership (you will lead the discussion for at least two hours)
- seminar participation. Participation includes:
 - ◆ raising thoughtful and thought-provoking questions
 - ◆ expanding on issues raised by peers and the tutor/instructor
 - ◆ seeking clarification of ideas from others in a positive manner
 - ◆ supporting peers with a constructive approach
 - ◆ sharing new information with peers
 - ◆ contributing positively to the emotional climate of the group
 - ◆ preparing for all classes, conferences, and seminars to be an effective participant
 - ◆ showing sensitivity to ideas expressed by peers (adapted from Chinn, 1991).
- clinical practicum attendance over 12 weeks to total at least 419 hours, Week 13 - the week between Week 12 and the final exam can be used to make up missing clinical hours.
- satisfactory grade for the clinical component. The clinical preceptors and instructor evaluate the clinical practicum in collaboration with the student through direct observation, health record review, case discussion, and seminar participation. The student is responsible for meeting with the preceptor at least weekly and at mid and end of placement to review the learning plan and progress toward meeting the course outcomes and learning plan objectives. The tutor/instructor determines whether completion of the clinical practicum is satisfactory.
- course portfolio, including:
 - ◆ [Learning plan](#), with updates based on new learning needs, opportunities, and/or changes in clinical placement sites
 - ◆ [Clinical Experience Logs](#) (one copy to the instructor every two weeks)
 - ◆ reflections on practice experiences
 - ◆ self-evaluations, based on your learning plan and reflective practice using the following forms:

◇ [Evaluation of Student's Clinical Performance](#), the preceptor's evaluation of your clinical performance for each placement ([User Guide](#))

Grade: Satisfactory or Unsatisfactory

Assignment Submission

All assignments, including the draft and the revised Learning Plan, are submitted to your tutor by email.

GUIDELINE FOR GRADING ASSIGNMENTS

Assignments are typically graded in the "77-84%" range because they address the requirements for the assignment at a Good to Very Good level. Excellent or Exceptional work that goes beyond the identified criteria is required to obtain a higher grade. Grade criteria are listed below.

PHCNP PROGRAM EVALUATION RUBRIC FOR ASSIGNMENTS

GRADE	CRITICAL ANALYSIS & SYNTHESIS	SCHOLARLY NATURE OF LITERATURE	ORGANIZATION	STYLE
90-90% Exceptional	<ul style="list-style-type: none"> -thorough understanding of subject matter -exceptionally thorough discussion of relevant themes -exceptional ability to consistently synthesize themes, theories, concepts and principles -evidence of exceptional creative thinking r/t findings -ability to thoroughly address NP practice & issues -ability to consistently & accurately apply to client situation 	<ul style="list-style-type: none"> -all search strategies of scientific inquiry are included -majority of literature selected from current scholarly, peer-reviewed sources -drawn from broad cross-section of empirical and theoretical sources -critical & insightful critique & application of relevant literature -synthesis of compelling evidence-informed research &/or practice guidelines 	<ul style="list-style-type: none"> -adheres to assignment outline -engaging introduction -exceptional ability to consistently organize and present ideas & rationale fluently and with precision -all points are logical -strictly adheres to time limits -effective use of headings & subheadings -conclusions are consistently clear & supported in depth 	<ul style="list-style-type: none"> -well-developed ideas & arguments - exceptional professional presentation style -no syntax or grammatical errors -accurately uses scientific & medical terminology -no APA referencing / citation errors
85-89% Excellent	<ul style="list-style-type: none"> -excellent understanding of subject matter -excellent, thorough discussion of relevant themes -excellent ability to consistently synthesize themes, theories, concepts and principles -excellent evidence of creative thinking r/t findings -excellent ability to thoroughly address NP practice & most issues 	<ul style="list-style-type: none"> -all search strategies of scientific inquiry included -majority of literature selected from scholarly, peer-reviewed sources -drawn from broad cross-section of empirical and theoretical sources -comprehensive critique and application of relevant literature -synthesis of relevant & compelling evidence-informed 	<ul style="list-style-type: none"> -adheres to assignment outline -engaging introduction -excellent ability to consistently organize and present ideas & rationale fluently and with precision -1-2 discussion points lacking in logic -strictly adheres to time limits -effective use of headings & subheadings 	<ul style="list-style-type: none"> -well-developed ideas & arguments -excellent professional presentation style -no syntax or grammatical errors -accurately & consistently uses scientific & medical terminology -no APA referencing / citation errors

	-ability to consistently & accurately apply to client situation	research &/or practice guidelines	-conclusions are consistently clear and supported	
80-84% Very Good	-considerable understanding of subject matter -very few gaps in discussion of important, relevant themes -very good ability to synthesize themes, theories, concepts and principles -very good ability to address NP practice & most issues -very good evidence of creative thinking r/t findings -ability to consistently & accurately apply to client situation	-most of the search strategies of scientific inquiry included -majority of sources are from scholarly, peer-reviewed sources -drawn from limited cross-section of empirical and theoretical sources -effective, focused critique and application of majority of sources of relevant literature -synthesis of convincing evidence-based research &/or practice guidelines	-adheres to assignment outline -engaging introduction -considerable ability to organize and present ideas & rationale fluently and with considerable precision -1-2 discussion points lacking in logic -strictly adheres to time limits -effective use of headings & subheadings -conclusion presented with some support offered	-almost all ideas & arguments are well-developed -very good professional presentation style -very few syntax or grammatical errors -accurately & consistently uses scientific & medical terminology -minimal APA referencing / citation errors
75-79% Good	-good understanding of subject matter -inconsistent but good discussion of important themes -integrates some themes, concepts, principles & theories to generate a reasonable but not consistently well-developed perspective -good evidence of creative thinking r/t findings -good ability to address NP practice & most issues -inconsistent application to client situation	-many search strategies included -literature lacking either empirical or theoretical focus - > 50% peer-reviewed sources -inconsistent or incomplete critique and application of literature sources -inconsistent synthesis of evidence-informed research &/or practice guidelines	-inconsistent use of assignment outline -effective introduction -good ability to organize and present ideas & rationale fluently and with some precision -some discussion points lacking in logic -decreased adherence to time limits -inconsistent use of headings & subheadings -conclusion presented with some support offered	-majority of ideas are well-developed -good professional presentation style -4-6 syntax and grammatical errors -uses scientific & medical terminology with some accuracy -some APA referencing errors
70-74% Passable				

	<ul style="list-style-type: none"> - limited understanding of subject matter -incomplete discussion of themes -minimal integration of themes, concepts, principles & theories to generate a perspective lacking depth/detail -difficulty addressing NP practice & most issues -minimal evidence of creative thinking r/t findings -limited ability to address NP practice & issues 	<ul style="list-style-type: none"> -few search strategies included -evidence predominantly website &/or anecdotal sources -many sources are outdated or not peer-reviewed -incomplete critique of literature sources with little or no application of sources -limited synthesis of evidence-informed research &/or practice guidelines 	<ul style="list-style-type: none"> -inconsistent use of assignment outline -weak, vague or cursory introduction -limited ability to organize and present ideas & rationale fluently but main points are clear -many discussion points lacking in logic -decreased adherence to time limits -inconsistent use of headings & subheadings -conclusion presented weakly or not well-supported 	<ul style="list-style-type: none"> -some ideas are well-developed while others are not -professional presentation style lacking -6-10 syntax and grammatical errors -uses scientific & medical terminology with limited use -several APA referencing errors
< 70% Failure	<ul style="list-style-type: none"> -superficial and/or insufficient understanding of subject matter -gaps in content -minimal discussion of themes -lack of integration of themes, concepts, principles & theories with no clear perspective -lack of evidence of creative use of findings -does not identify NP practice & issues 	<ul style="list-style-type: none"> -no search strategies included -theoretical and/or empirical literature not used -literature is outdated, not peer-reviewed -limited or no critique of sources -no synthesis of evidence-informed research &/or practice guidelines 	<ul style="list-style-type: none"> -major gaps in outline -no introduction -disorganized -consistently lacking in logic -disregards time limits -poor or no use of headings & subheadings -no conclusion stated 	<ul style="list-style-type: none"> -poorly developed ideas/arguments -overuse of quotations - >10 syntax and grammatical errors -inappropriate use of scientific & medical terminology -multiple and/or major APA referencing errors

References: 1) McAllister, M. (2008). Presentation to COUPN PHCNP Course Professors and Curriculum Committee. Ryerson University course rubrics. 2) LeGault, F. (2004) HSS 4100 course rubric. University of Ottawa. 3) Truemper, C.M. (2004). Using scoring rubrics to facilitate assessment and evaluation of graduate-level nursing students. *Journal of Nursing Education*, 43(12), 562-564.

Clinical Component

Clinical Component

Clinical Assignments	Grade
Learning Plan (submit Draft on Week 2 and Revised Version on Week 4, update as learning needs change or placements provide different opportunities)	Satisfactory/Unsatisfactory
Clinical Experience Logs updated on a daily basis and submitted to tutor/instructor every two weeks	Satisfactory/Unsatisfactory
Evaluation of Student's Clinical Performance - completed by the preceptor and by the student at the conclusion of each placement, and as needed to guide student learning. Discussed by student and preceptor, as well as student and tutor.	Satisfactory/Unsatisfactory
Reflection on Leadership and Education Competencies	No Grade, for Discussion Purposes during Final Evaluation Meeting with Tutor

Clinical component evaluation includes both your clinical placement and seminar performance, as seminar leadership and participation aid the tutor/instructor in evaluating leadership and teamwork skills, as well as your clinical knowledge across a variety of topics.

Includes mandatory:

- seminar attendance to total 36 hours
- seminar leadership (you will lead the discussion for at least two hours)
- seminar participation. Participation includes:
 - ◆ raising thoughtful and thought-provoking questions
 - ◆ expanding on issues raised by peers and the tutor/instructor
 - ◆ seeking clarification of ideas from others in a positive manner
 - ◆ supporting peers with a constructive approach
 - ◆ sharing new information with peers
 - ◆ contributing positively to the emotional climate of the group
 - ◆ preparing for all classes, conferences, seminars in order to be an effective participant
 - ◆ showing sensitivity to ideas expressed by peers (adapted from Chinn, 1991).
- clinical practicum attendance over 12 weeks to total at least 419 hours, Week 13 - the week between Week 12 and the final exam can be used to make up missing clinical hours.
- satisfactory grade for the clinical component. The clinical practicum is evaluated by the clinical preceptors and tutor/instructor in collaboration with the student, through direct observation, health record review, case discussion, and seminar participation. The student is responsible for meeting with the preceptor at least weekly and at mid and end of placement to review the learning plan and progress toward meeting the course outcomes and learning plan objectives. The tutor/instructor determines whether completion of the clinical practicum is satisfactory.
- course portfolio, including:
 - ◆ [Learning plan](#), with updates based on new learning needs, opportunities, and/or changes in clinical placement sites
 - ◆ [Clinical Experience Logs](#) (one copy to tutor/instructor, every two weeks)
 - ◆ reflections on practice experiences (optional)
 - ◆ self-evaluations, based on your learning plan and reflective practice using the following forms:
 - ◇ [Evaluation of Student's Clinical Performance](#), the preceptor's evaluation of your clinical performance for each placement ([User Guide](#))

Grade: Satisfactory or Unsatisfactory

Consult letter #1

Consult letter #1

Grading 5 %

[Consult Letter Grading Criteria.docx](#)

Expectations for Consult Letter:

This part of the assignment aims to request a formal consultation with a physician partner in primary care, other health care professionals or a specialist. The consult letter is to be written on any client seen in clinical.

FORMAT:

Concise reporting is crucial in a consultation request. The Consult Letter is to be **one page, single-spaced, 12-font, Times New Roman, 1" margins on all sides**. The tutor/instructor will only grade the student on one page's content.

Downloadable Rubric

Consult letter #2

Consult letter #2

Grading 5 %

Expectations for Consult Letter:

This part of the assignment aims to request a formal consultation with a physician partner in primary care, other health care professionals or a specialist. The consult letter is to be written on any client seen in clinical.

FORMAT:

Concise reporting is crucial in a consultation request. The Consult Letter is to be **one page, single-spaced, 12-font, Times New Roman, 1" margins on all sides**. The tutor/instructor will only grade the student on one page's content.

Learning Plan

[Learning Plan Rubric](#)

Objective Structured Clinical Examination (OSCE) 1

OSCE Stations

There will be 8 (eight) OSCE stations with an allotted time of 2.5 hours (150 minutes). There will be 2 (two) written stations with short answer questions and 6 (six) stations requiring students to develop or amend a diagnostic and/or therapeutic plan based on a case study. Each station will be worth 5% for a total of 40%.

Objective Structured Clinical Examination (OSCE) 2

OSCE Stations

There will be 8 (eight) OSCE stations with an allotted time of 2.5 hours (150 minutes). There will be 2 (two) written stations with short answer questions and 6 (six) stations requiring students to develop or amend a diagnostic and/or therapeutic plan based on a case study. Each station will be worth 5% for a total of 40%.

Objective Structured Clinical Examination (OSCE) 3

OSCE Stations

There will be 8 (eight) OSCE stations with an allotted time of 2.5 hours (150 minutes). There will be 2 (two) written stations with short answer questions and 6 (six) stations requiring students to develop or amend a diagnostic and/or therapeutic plan based on a case study. Each station will be worth 5% for a total of 40%.

Objective Structured Clinical Examination (OSCE) 4

OSCE Stations

There will be 8 (eight) OSCE stations with an allotted time of 2.5 hours (150 minutes). There will be 2 (two) written stations with short answer questions and 6 (six) stations requiring students to develop or amend a diagnostic and/or therapeutic plan based on a case study. Each station will be worth 5% for a total of 40%.

Objective Structured Clinical Examination (OSCE) 5

OSCE Stations

There will be 8 (eight) OSCE stations with an allotted time of 2.5 hours (150 minutes). There will be 2 (two) written stations with short answer questions and 6 (six) stations requiring students to develop or amend a diagnostic and/or therapeutic plan based on a case study. Each station will be worth 5% for a total of 40%.

Objective Structured Clinical Examination (OSCE) 6

OSCE Stations

There will be 8 (eight) OSCE stations with an allotted time of 2.5 hours (150 minutes). There will be 2 (two) written stations with short answer questions and 6 (six) stations requiring students to develop or amend a diagnostic and/or therapeutic plan based on a case study. Each station will be worth 5% for a total of 40%.

Objective Structured Clinical Examination (OSCE) 7

OSCE Stations

There will be 8 (eight) OSCE stations with an allotted time of 2.5 hours (150 minutes). There will be 2 (two) written stations with short answer questions and 6 (six) stations requiring students to develop or amend a diagnostic and/or therapeutic plan based on a case study. Each station will be worth 5% for a total of 40%.

Objective Structured Clinical Examination (OSCE) 8

OSCE Stations

There will be 8 (eight) OSCE stations with an allotted time of 2.5 hours (150 minutes). There will be 2 (two) written stations with short answer questions and 6 (six) stations requiring students to develop or amend a diagnostic and/or therapeutic plan based on a case study. Each station will be worth 5% for a total of 40%.

Roll Call Attendance

Self Reflective Journal #1

Self-reflection journal on leadership and educational competencies.

To help with your reflective practice and journal writing, please read [Reflective journal , article Erin Ziegler.pdf](#)

[Self-reflection Journal Template](#)

Self Reflective Journal #2

Self-reflection journal on leadership and educational competencies.

To help with your reflective practice and journal writing, please read [Reflective journal , article Erin Ziegler.pdf](#)

[Self-reflection Journal Template](#)

Self Reflective Journal #3

Self-reflection journal on leadership and educational competencies.

To help with your reflective practice and journal writing, please read [Reflective journal , article Erin Ziegler.pdf](#)

[Self-reflection Journal Template](#)

Self Reflective Journal #4

Self-reflection journal on leadership and educational competencies.

To help with your reflective practice and journal writing, please read [Reflective journal , article Erin Ziegler.pdf](#)

[Self-reflection Journal Template](#)