College of Nursing and Health Sciences  
University of Massachusetts Boston

**Course Number:** NU672  
**Course Title:** Primary Care of the Adult/Older Adult Practicum III  
**Course Credit:** Six (6) credits; Three hours of seminar, 225 clinical hours (16 hours per week x 14 weeks)  
**Semester & Year:** Spring 2019  
**Class Location:** University Hall 1350; some classes on line (see schedule)

**Faculty:** Jennifer Hackel, DNP, GNP-BC  
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**Phone:** Kblum333@gmail.com  
617-835-1467 (Cell)

**Plan of Study:** This is the third practicum and clinical seminar for students in the  
Adult/Gerontological Primary Care Nurse Practitioner Track.

**Course Description**  
Students further refine skills in critical thinking and clinical reasoning in the application of  
theory and research to practice. Assessment, diagnostic, therapeutic, and health teaching  
strategies are applied to a continuum of health promotion / illness problems with a focus on the  
primary care of adults and older adults across the continuum of care. Seminars are grounded in  
learning the application of theory and research to the domains of practice of the  
adult/gerontological nurse practitioner including the management of patient health and illness  
and the teaching -coaching function of the nurse practitioner and ensuring the quality of health  
care practices. Interdisciplinary collaborative practice skills are developed. Students develop  
role competencies under the supervision of nurse practitioner preceptors and faculty in a  
variety of health care settings.

**Course Objectives**  
Upon completion of this course, the learner will be able to demonstrate knowledge and skills  
consistent with Adult- Gerontology Primary Care Nurse Practitioner competencies found at:  
http://www.aacn.nche.edu/geriatric-nursing/adultgeroprimcareNPcomp.pdf  
as well as the objectives below:

1. Synthesize advanced knowledge and skills required of the adult/gerontological nurse  
   practitioner providing episodic and comprehensive primary care to clients and families  
   from a variety of cultural backgrounds.

2. Demonstrate competence in completing comprehensive, episodic, or chronic illness  
   oriented health histories and physical examinations of patients with common health  
   problems/illnesses.
3. Design interdisciplinary patient management plans congruent with the professional standards, evidence based practice, and health care resources.
4. Evaluate client responses to therapeutic and pharmacological regimens, monitor and evaluate continuity of care and participate to ensure quality health care practices.

Topical areas
1. Unique developmental needs of adult and aging patients
2. Advanced physiology principles in acute and chronic illness of adults age 13 to end of life with emphasis on management of complex care and geriatric syndromes.
3. Issues in advance directives, ethics, palliative care, and end-of-life care
4. Strategies for patient empowerment communication for promoting self care & health behavior change, eg motivational interviewing, and cognitive behavioral therapy
5. Strategies for family-focused communication eg. crucial conversations, breaking bad news, and advance care planning
6. Transitional and inter-professional care across health settings
7. Complex case studies involving multi-morbidity, health disparities, limited health literacy and acute on chronic conditions
8. NP Issues in Professional development in the US Health Care System
9. Project implementation and outcome assessment applied to Capstone projects
10. Professional portfolio creation and preparation for practice

Teaching Strategies
Lecture, assigned readings, quizzes, seminar discussion, case studies, peer review, capstone implementation and analysis, capstone presentation, and mentored clinical practice with SOAP note and complex case presentations.

Textbooks


Grading
Letter grades will be given in accordance with the grading criteria indicated in the UMB Graduate Student Handbook. Students must earn a B (minimum of 83 total points) to pass this graduate level course. Students in jeopardy of failing following any given exam are asked to meet with the course professor and will be notified of their risk of failure.
Final grades are: 93-100 =A  90-92=A-  87-89=B+  83-86=B  80-82=B-  77-79=C+  A score of 76 or lower means the student has failed the course.

Clinical Experience
Clinical practice 225 hours refers to hours in which direct clinical care is provided to adults and older adults across a variety of settings. Ideally students see at least one patient per hour on average or more. All patient encounters must be logged into the clinical log program. Clinical hours do not include capstone project hours, skill lab hours, physical assessment practice sessions, or a community project if it does not include provision of direct care, however all hours spent at the assigned clinical site related to direct or indirect patient care (eg chart review or guideline investigation) can count. Students are expected to communicate their learning needs to their preceptors and to obtain midterm and final evaluations; if the student works with two different preceptors, they need midterm and final evaluations for both. Failure to have evaluations submitted in time for grades will possibly lead to failure in the course (or incomplete).

During the clinical day, students are required to wear a clean lab coat with a UMASS name tag clearly visible on the lapel, and carry their own stethoscope. Students will communicate preceptor contact information and ongoing progress with faculty and placement staff. Students are encouraged to ask preceptors for clinical experiences that may expand their exposure to complex patient care management. This might mean that they visit a patient admitted to the hospital, or call them for follow up at home. It could mean shadowing another provider at the clinic who provides specialty care that their adult-geriatric patients use. However, the bulk of the student’s hours should be with the primary preceptor seeing patients to gain competence in advanced practice nursing skills.

Clinical Grades
Passing this course is contingent upon passing the clinical portion of the course with a basic level of competence (level 3 out of 5 in each domain of the clinical evaluation established by the National Organization of Nurse Practitioner Faculties) in all of the areas on the preceptor evaluation by the completion of the hours of practicum. If the student has NOT reached the level “3” of competency in any domain, then an individualized plan must be organized to ensure the student CAN reach competency, either with more hours at the same clinical site or additional hours at a new site. Preceptors are asked to contact faculty if there are concerns about a student’s behavior or lack of competency building. Failure to complete the assignments may lead to a failing grade in the course and notification from the Graduate Program Director. Grades for this course are awarded according to the UMASS graduate studies grading policies, but the student does not pass the course without achieving competency in the clinical practicum.

Integration of clinical practice experience with seminar
1. Student log summaries for professional portfolio; ideally students see an average of one patient per hour at a minimum to develop AGNP competencies.
2. Preceptor clinical evaluation verifying basic competency in all domains of the NP role.
3. Three complete SOAP notes for review of completeness and accurate E&M skill.
4. Complex case presentation in class with pathophysiology and guideline of care review.
5. Completion of master’s capstone project.
6. Creation of professional portfolio with CV and statement of purpose.
Process: Student self-rates first, then preceptor. It is expected that students will be evaluated at a score of 1-4. Please use criteria 5 for exceptional performance and advanced level students.

End of Semester Expectation is at least COMPETENT across all categories in this practicum.

<table>
<thead>
<tr>
<th>DOMAIN 1: MANAGEMENT OF CLIENT HEALTH / ILLNESS STATUS</th>
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<tbody>
<tr>
<td>A. Health Promotion /Health Protection, and Disease Prevention Activities</td>
</tr>
<tr>
<td>Appropriate to health condition, age, developmental stage, family history and ethnicity</td>
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<tr>
<td>Includes screening, anticipatory guidance, counseling, and promotion of healthy environments for adults and families</td>
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<td>Determines patient/family health risks: analyzes subjective and objective data</td>
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<tr>
<th>B. Management of Patient Illness</th>
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<tr>
<td>History-taking skills are comprehensive, problem focused &amp; accurate</td>
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<tr>
<td>Physical examination skills are comprehensive, problem focused &amp; accurate</td>
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<tr>
<td>Develops appropriate differential diagnoses based on subjective and objectives data</td>
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<tr>
<td>Management plan: demonstrates critical thinking and diagnostic reasoning skills:</td>
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<tr>
<td>Selects appropriate diagnostics based on risk history, physicals, medications and labs</td>
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<td>Selects appropriate patient education</td>
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<td>Makes appropriate consultations &amp; referrals</td>
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<tr>
<td>Performs appropriate follow-up care</td>
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<td>Recognizes emergent, acute situations</td>
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<tr>
<td>Selects appropriate therapeutics: medications including over the counter remedies</td>
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<th>DOMAIN 2: THE NURSE PRACTITIONER - PATIENT RELATIONSHIP</th>
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<td>Addresses the impact of illness on adult and families lifestyle and work</td>
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<td>Individualizes care for patients age and family supports</td>
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<td>Works to empower promoting joint decision-making and appropriate decision-making within families</td>
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<th>DOMAIN 3: THE TEACHING-COACHING FUNCTION</th>
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<tr>
<td>Times education / counseling appropriately</td>
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<tr>
<td>Individualizes teaching to readiness &amp; motivation related to high risk life style factors: smoking, exercise, sleep, stress, diet</td>
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<td>Demonstrates socio-cultural sensitivity</td>
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Delivers health education / counseling accurately
Demonstrates motivational interviewing skills
Evaluates effectiveness of teaching

**DOMAIN 4: PROFESSIONAL ROLE**
Uses scientific foundations, evidence based standards and practice guidelines to plan care
Able to set priorities in clinical practice
Advocates for clients and caregivers
Maintains confidentiality, privacy

**DOMAIN 5: MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS**

**A. Verbal skills**
Delivers organized oral case presentations
Works effectively with peers, staff
Learns from corrections; Accepts constructive criticism
Communicates schedule and plans for clinical with preceptor

**B. Written communication skills, record-keeping**
Written documentation demonstrates appropriate descriptors
Is Logical and accurate
Is Comprehensive

**DOMAIN 6: MONITORING & ENSURING THE QUALITY OF HEALTH CARE PRACTICE**
Identifies own strengths and weaknesses
Accountable for own actions
Practices according to professional and ethical principles
Demonstrates collaboration in practice
Accountable for learning, is self directed; references texts /articles to assure safe care

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Page 2/2 Competency Evaluation:  
Student Name: ______________________ Preceptor Name: ______________________
Preceptor Midterm Comments: ______________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
Final Comments: ________________________________________________________________________________
______________________________________________________________________________________________
Thank you!

Guideline for scores: 0: Absent or poorly developed skills, 1: Novice: concentration on facts, principles, concepts and adherence to rules for obtaining assessment data. 2: Advanced Beginner: is able obtain and describe assessment data and reference guidelines for practice related to a differential diagnosis. 3: Competent: beginning ability to prioritize assessment data and management guidelines to form a plan of care; 4: Proficient: is able to assess, diagnose, and manage patients in a comprehensive manner including health promotion, prevention, and disease management. 5: Expert: Reflects independent safe management of complex poorly differentiated patients including skills reflected by the proficient student. * This model reflects achievement of skills from the simple to the complex and Benner’s novice to expert model of skill acquisition.

*Adapted from the National Organization of Nurse Practitioner Faculty (NONPF): Domains and core competencies