Instructors

Dr. Kimberly Deaton, DNP, RN, APRN, FNP  
(Course coordinator)  
Dr. Chris Bray, DNP, RN, APRN, FNP  
Dr. Tammy Harris, DNP, RN, APRN, FNP  
Justin Timmons, MSN, RN, APRN, FNP  
Amy Krenek, MSN, RN, APRN, FNP

ALL INFORMATION IN THIS SYLLABUS IS SUBJECT TO THE WRITTEN POLICIES AND PROCEDURES OF THE SCHOOL OF NURSING, STEPHEN F. AUSTIN STATE UNIVERSITY, NACOGDOCHES, TEXAS

IN THE CASE OF COMMISSION, OMISSION, AMBIGUITY, VAGUENESS, OR CONFLICT, THE POLICIES AND PROCEDURES OF THE SCHOOL OF NURSING SHALL CONTROL.

EACH STUDENT SHALL BE RESPONSIBLE FOR ACTUAL AND/OR CONSTRUCTIVE KNOWLEDGE OF THE POLICIES AND PROCEDURES OF THE SCHOOL OF NURSING AND FOR COMPLIANCE THEREWITH.

THE STUDENT IS RESPONSIBLE FOR ALL INFORMATION IN THIS SYLLABUS.

This syllabus is provided for information purposes only
Faculty Information

Name: Dr. Kimberly Deaton, DNP, RN, APRN, FNP-C  
Department: Nursing  
Office Number: Administrative Building Rm. 178  
Email: deatonkimbe@sfasu.edu  
Phone: (936) 671-2760  
Office: (936) 468-7744  
Office Hours: Available by phone, email or in person by appointment

Faculty review student input and questions within 24 hours during the week and within 48 hours over the weekend. As a guide, faculty will make the effort to grade all weekly assignments within a week and large assignments within 2 weeks. If there is a delay in this timeframe, students will be notified.

Clinical Instructors

Name: Dr. Chris Bray  
Department: Nursing  
Office Number: n/a  
Email: brayco@sfasu.edu  
Phone: 936-615-5635  
Office: 
Office Hours: Available by phone, email or in person by appointment

Faculty review student input and questions within 24 hours during the week and within 48 hours over the weekend. As a guide, faculty will make the effort to grade all weekly assignments within a week and large assignments within 2 weeks. If there is a delay in this timeframe, students will be notified.

Name: Dr. Tammy Harris  
Department: Nursing  
Office Number: 110  
Email: Tamara.Harris@sfasu.edu  
Phone:  
Office: 936-468-7719  
Office Hours: Available by phone, email or in person by appointment

Faculty review student input and questions within 24 hours during the week and within 48 hours over the weekend. As a guide, faculty will make the effort to grade all weekly assignments within a week and large assignments within 2 weeks. If there is a delay in this timeframe, students will be notified.
Name: Justin Timmons, MSN, RN, APRN, FNP-C  
Department: Nursing  
Office Number:  
Email: justin.timmons@sfasu.edu or jhterrn@yahoo.com  
Phone: 936-645-6733  
Office: N/A  
Office Hours: Available by phone, email or in person by appointment  
Faculty review student input and questions within 24 hours during the week and within 48 hours over the weekend. As a guide, faculty will make the effort to grade all weekly assignments within a week and large assignments within 2 weeks. If there is a delay in this timeframe, students will be notified.

Name: Amy Krenek  
Department: Nursing  
Office Number:  
Email: a.krenek@yahoo.com  
Phone: 936-645-4184  
Office: N/A  
Office Hours: Available by phone, email or in person by appointment  
Faculty review student input and questions within 24 hours during the week and within 48 hours over the weekend. As a guide, faculty will make the effort to grade all weekly assignments within a week and large assignments within 2 weeks. If there is a delay in this timeframe, students will be notified.

Class Meeting Time and Place

This course is taught in an online format.

Course description:

This course provides students with the knowledge and skill necessary for performance and interpretation of diagnostic testing and invasive procedures needed for the clinical management of patients.

Prerequisites: NUR 5301, 5302, 5311, 5321, 5322, 5331, 5332  
Co-requisite or Prerequisite: NUR 5341  
Co-requisite: NUR 5342 Practicum
Credit hours:
3 (1:2) credit hours /120 hours clinical practicum

Course objectives:

Upon completion of this course, the student is expected to:

1. Assemble concepts and principles of the arts, sciences, humanities, and nursing in order to make advanced practice nursing decisions regarding diagnostics and procedures. (NONPF I)
2. Synthesize responsibility and accountability using consistent behavior patterns and professional communication. (NONPF I)
3. Incorporate evidenced based practice into the use and interpretation of diagnostics and procedures. (NONPF I, III, & IV)
4. Integrate moral, ethical, economic, and legal issues into the provision of nursing care to clients, families, and the global community. (NONPF VIII)
5. Collaborate with the interdisciplinary healthcare team respecting holistic, socio-economic, spiritual, and ethno-culturally diverse characteristics of clients. (NONPF II, VII, & IX)
6. Develop proper differential diagnoses and plans of care based on the interpretation of diagnostic data for diverse populations across the lifespan. (NONPF I, IV, & IX)
7. Employ critical thinking for decisions regarding minor surgical procedures. (NONPF I & IX)
8. Apply appropriate diagnostics based on patient assessment data. (NONPF I & IX)

End of Program Student Learning Outcomes

1. Integrate nursing science with knowledge from ethics and the biophysical, psychosocial, analytical and organizational sciences as the basis for the advanced level of nursing practice
2. Implement and evaluate effective strategies for managing the ethical and legal dilemmas inherent in-patient care, the health care organization and research
3. Employ effective communication and collaborative skills in interdisciplinary teams for the purpose of creating change in the global health care arena
4. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health by implementing and evaluating interventions to address global health promotion/disease prevention efforts, improve health status/access patterns and/or address gaps in care of individuals, aggregates or populations
5. Promote and evaluate use of health care information systems and patient care technology, including consumer health information sources

6. Demonstrate leadership in the development and implementation of institutional, local, state, federal and global health policy

7. Critically appraise existing literature from nursing and other disciplines using advanced levels of clinical judgment, systems thinking and accountability to determine and implement the best evidence for practice

8. Advocate for the advanced practice role within the policy and health care communities

9. Demonstrate continuing competence, growth and development in the profession

**MSN Essentials**

I. Background for Practice from Sciences and Humanities
II. Quality Improvement and Safety
III. Translating and Integrating Scholarship into Practice
IV. Informatics and Healthcare Technologies
V. Health Policy and Advocacy
VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
VII. Clinical Prevention and Population Health for Improving Health
VIII. Master's-Level Nursing Practice

**NONPF Core and FNP Population Specific Competency Outcomes**

I. Scientific Foundation Competencies
II. Leadership Competencies
III. Family/Across the Lifespan NP Competencies
IV. Quality Competencies
V. Practice Inquiry Competencies
VI. Technology and Information Literacy Competencies
VII. Policy Competencies
VIII. Health Delivery System Competencies
IX. Ethics Competencies
X. Independent Practice Competencies
QSEN Graduate Competencies

1. Patient-centered Care
2. Teamwork and Collaboration
3. Evidence-based Practice (EBP)
4. Quality Improvement
5. Safety
6. Informatics

Topics

- Laboratory Regulations and Procedures
- Laboratory Interpretation
- Radiology
- Splinting
- Diagnostic Testing
- EKG Interpretation
- Laceration Management and Excisional Biopsy
- Wound Management and Special Procedures
- Foreign Body Management
- Documentation/coding procedures

Instructional Methods

- Discussion board, Radiology Modules, ECG modules, On Campus Lab, Clinical experience

Teaching Strategies

- Online discussion, reading assignments, online lecture modules, exams, clinical experiences

Required Textbooks


Lab Book of Choice or the following:


**Subscription Required**

ECG Academy- 2-year subscription $99.00 level 1 and 2 purchase at: sfasu.ecgacademy.com For this course we will be taking the level one course interpreting ECGs, this subscription will be utilized in other courses for the 2nd level.

**Grades and Grading**

Faculty developed coursework to provide students with a foundation to meet the end of program student learning outcomes, QSEN Graduate Competencies and the National Organization of Nurse Practitioners – Core and Family Nurse Practitioner expected outcomes.

The student’s achievement of the course objectives is evaluated based on the following activities:

**Scholarly Papers/Presentations/Assignments/Discussions**

- Assignments: 10% Worksheets
- Discussions: 20%
- Quizzes: 50%
- ECG Quizzes: 10%
- ECG Final: 10% First Attempt

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Total 100%

**Grading Scale**

- A 90-100
- B 80-89
- C 70-75
- F <75
A grade of B or better is required for passage of all graduate courses. Only one course may be repeated to achieve a course grade of “B”. Students have the responsibility for monitoring grades in the course website throughout the semester and in communicating with course instructors regarding grade status. Two course failures will result in dismissal from the program (Policy 2: Policy and Procedures Manual for Graduate Students)

In the event of course failure, the student must petition the Student Affairs Committee to repeat the course and to remain in the program. See the School of Nursing policies relating to retention and progression.

Scholarly Papers/Presentations/Assignments/Discussions

A: Discussion Board

The Stephen F. Austin State University on-line nursing courses means you are essentially completing 15 weeks of class room time (3 hours per week), course work and assignments on-line. It is important for on-line learners to understand that standards for on-line learning are set by the U.S. Department of Education and professional accrediting bodies which Stephen F. Austin State University and the DeWitt School of Nursing are accredited through. The following has been prepared to clarify discussion requirements and grading for students and faculty participating in on-line nursing courses.

The purpose of the Discussions is to develop a scholarly and dynamic exchange between you, faculty, and other students in the course promoting an active and engaging on-line learning community. Your success and the success of your classmates in a positive learning environment are dependent on discussion participation and timely completion of assignments.

B: Assignments:

Late Assignments

Late assignments will not be accepted without prior approval. For cases of emergency where the instructor cannot be notified ahead of time you should contact the instructor at the earliest opportunity it will be at the faculty’s discretion to grant an extension. For pass/fail work, it is your faculty’s discretion whether to grant extensions on due dates.
Clinical

Clinical Course Grade Components

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Participation in all aspects of the clinical skills on-campus seminar (16 hours)</td>
<td>S/U</td>
</tr>
<tr>
<td>Completion of minimum number of 104 clinical hours spread throughout the semester (See Course Schedule for last clinical day of the semester)</td>
<td>S/U</td>
</tr>
<tr>
<td>Typhon documentation: Electronic clinical log documentation of patient encounters must be posted within a one-week period from date of patient visit; procedure documentation</td>
<td>S/U</td>
</tr>
<tr>
<td>Clinical SOAP notes as required in the course and by clinical faculty</td>
<td>S/U</td>
</tr>
<tr>
<td>Preceptor &amp; Self-Evaluation (found in the “Preceptor Guide”)</td>
<td>S/U</td>
</tr>
<tr>
<td>Faculty Observation and Evaluation</td>
<td>S/U</td>
</tr>
<tr>
<td>Regular communication with clinical faculty &amp; clinical discussion group, which includes weekly sharing of clinical pearls &amp;/or interesting patient encounters</td>
<td>S/U</td>
</tr>
</tbody>
</table>

1. **Safe and satisfactory clinical practice:** Two-thirds of the academic credit for this course is based on meeting the clinical performance components of the course. Safe and satisfactory clinical practice is mandatory for successful completion of the course. **YOU MUST PASS CLINICAL TO PASS THIS COURSE.** In the unusual circumstance in which a student is unable to provide safe and satisfactory care to patients, based on the clinical faculty’s professional judgment, the student may be removed from the clinical setting. If this deficit cannot be remedied in the remaining clinical time and within the limits of available faculty or preceptor supervision, the student will not meet the clinical requirements which would result in a grade of “F” in the course.

2. **Requirements to be completed prior to Clinical practice:** Clinical hours may **NOT** begin until the following requirements are met-
   - Current information on file with the CONHS: Criminal Background Check, Urine Drug Screen, BLS for Healthcare Providers, TB test results, immunization record, and verification of Texas RN license.
Clinical site and preceptor approval by the clinical faculty member: A signed and approved Preceptor Agreement must be sent to the clinical faculty member. This preceptor agreement must have three signatures, your clinical faculty, the preceptor and yours. Following approval, a "Student Clinical Information Form" must be submitted to the clinical faculty member.

All students are expected to have a good quality stethoscope that has both an adult and pediatric bell and diaphragm, and a reflex hammer for use during the clinical experience.

3. Clinical hours: The student must complete a minimum of 120 clinical hours (includes the 16 hours allocated for on-campus clinical seminar) for the course, although faculty reserve the right to assign additional clinical hours if there is not sufficient evidence of adequate clinical performance. Because course faculty responsibilities are to guide, direct, and evaluate student learning in this course and in the program, the faculty will not hesitate to assign additional clinical hours when necessary. This provision is certainly not designed to be punitive, but to assure students the baseline competency necessary for continuing successfully in the program.

All clinical rotations must be performed at an approved clinical site with an approved preceptor. If the student wishes to work with a preceptor/clinical site not included in the course list, arrangements must be made between the preceptor/clinical site and the School of Nursing prior to any student participation in clinical hours at that site. This requirement must be met, even for only one day of clinical and prior to any clinical hours performed, or clinical hours will not be considered valid.

Students are responsible for working with their clinical faculty member to plan experiences that meet the course objectives and take into consideration student skills and learning needs. Clinical learning experiences should reflect the course’s didactic content. In order to meet the course requirements and assignments, students should organize their clinical hours/days, so that they span across the entire semester. This allows for continuing development of skills and affords clinical faculty ample time to evaluate students during the semester.

Clinical sites appropriate for this course include urgent care, fast track emergency settings, family practice or health departments. You may choose to send 5 hours with radiologist.

More details about clinical hours can be found in the Clinical Guidelines.

4. SOAP notes: Beginning the first week of clinical experience, one SOAP note is due each week, no later than the particular day and time specified by each student’s clinical faculty. A minimum of 3 SOAP notes are required. Each SOAP note will relate to one patient seen by the student in the clinical setting. The clinical faculty will inform the student when or if SOAP Notes are no longer required, due to satisfactory submissions.
SOAP notes should be submitted to the clinical faculty via your assigned clinical instructors’ dropbox. In the “subject” line of the SOAP, each student should write his/her own last name, first name, and clinical week #. An example of the subject line of student, Bill Smith’s first SOAP to the clinical faculty member would look like: Smith, Bill #1. Each succeeding clinical record number will increase by one digit. Clinical faculty will provide feedback via track changes on the document and reload into the course for student viewing.

Use Microsoft Word to compose the SOAP note attachment using the template provided for this course. Do not use the patient’s name in the SOAP note or include any information that could directly identify the patient.

5. **Clinical group discussion posts:** A weekly informal sharing of clinical pearls &/or interesting patient encounters is required for each week the student participates in the clinical area. Students are expected to read and respond to group members’ postings every week regardless if in clinical or not.

6. **Clinical Skills Seminar** – During the 16 hours clinical skills seminar, students are expected to participate in all aspects of the lecture and practice sessions. A two day on-campus workshop will be scheduled to introduce the student to the skills necessary for providing primary care and will count as clinical hours. Many of the skills can be completed in a primary care clinical setting.

7. **TYPHON Clinical Logs** - A clinical log will be kept by all students documenting their clinical experiences while practicing with preceptors. The clinical log will list each patient encountered and skills performed by the student. Each patient encounter documented includes a mini SOAP note. (except the patients in which your role was solely observational)

A clinical checklist will also be included in the clinical log. Students should perform all skills on the checklist with preceptor signing-off on those skills by the end of the semester.

Student must be checked-off on the attached Clinical Check-Off Skills at the skills seminar and ideally before the completion of the course. These skills will be completed with preceptors during the student’s clinical rotation. The Clinical Check-Off Skills List along with the clinical log will be submitted to course faculty by due date on course calendar. Prior to graduation, the students must show evidence of completing all clinical skills.

**POLICIES**

**SON Rounding Policy:**
SON Policy 66 (effective June 1, 2017) for all courses:

1. Rounding is confined to the final course grade. Grades on individual exams (including comprehensive or HESI), assignments, quizzes, and projects are recorded in the gradebook (BRIGHTSPACE - D2L) in their original form without rounding.

2. Final course grades are rounded to the closest whole number using the 0.5 math rule and using one decimal point to the right of the whole number. If the final course grade is not a whole number, the following rounding rules apply:
   a. If the decimal attached to a whole number is 0.5 or greater, then round up to the next whole number (equal to or greater than 85.50 = 86)
   b. If the decimal attached to a whole number is less than 0.5, then round down to the previous whole number (equal to or less than 85.49 = 85).

3. The grading schedule for all Nursing Courses is as follows:
   - 90-100 = A
   - 80-89 = B
   - 75-79 = C
   - Less than 75 = F

Attendance Policy: Your participation in class is expected, essential to the learning experience and your contribution valued.

Mid-term and Drop Dates: Refer to University Calendar

Academic Integrity and Honesty: Academic integrity is a responsibility of all university faculty and students. Faculty members promote academic integrity in multiple ways including instruction on the components of academic honesty, as well as abiding by university policy on penalties for cheating and plagiarism.

Definition of Academic Dishonesty: Academic dishonesty includes both cheating and plagiarism. Cheating includes but is not limited to (1) using or attempting to use unauthorized materials to aid in achieving a better grade on a component of a class; (2) the falsification or invention of any information, including citations, on an assigned exercise; and/or (3) helping or attempting to help another in an act of cheating or plagiarism. Plagiarism is presenting the words or ideas of another person as if they were your own. Examples of plagiarism are (1) submitting an assignment as if it were one’s own work when, in fact, it is at least partly the work of another; (2) submitting a work that has been purchased or otherwise obtained from an Internet source or another source; and (3) incorporating the words or ideas of an author into one’s paper without giving the author due credit.

The University updated the definitions of, penalties for, and procedures to handle Academic Dishonesty in January 2017. This updated information can be found at 4.1 in the academic policies [http://www.sfasu.edu/policies/](http://www.sfasu.edu/policies/)
Withheld Grades: [http://www.sfasu.edu/registrar/143.asp](http://www.sfasu.edu/registrar/143.asp) Policy and Procedure Manual for Graduate students Policy #0)

Ordinarily, at the discretion of the instructor of record and with the approval of the academic chair/director, a grade of WH will be assigned only if the student cannot complete the course work because of unavoidable circumstances. Students must complete the work within on calendar year from the end of the semester in which they receive a WH, or the grade automatically becomes an F. If students register for the same course in future terms, the WH will automatically become an F and will be counted as a repeated course for computing grade point average. The circumstances precipitating the request must have occurred after the last day in which a student could withdraw from a course. Students requesting a WH must be passing the course with a minimum projected grade of a C.

**Students with Disabilities:** To obtain disability related accommodations, alternate formats and/or auxiliary aides, students with disabilities must contact the Office of Disability Services (ODS), Human Services Building, and Room 325, 468-3004/468-1004 (TDD) as early as possible in the semester. Once verified, ODS will notify the course instructor and outline the accommodation and/or auxiliary aides to be provided. Failure to request services in a timely manner may delay your accommodations. For additional information, go to [http://www.sfasu.edu/disabilityservices/](http://www.sfasu.edu/disabilityservices/)

**Acceptable Student Behavior** (Policy #7 Policy and Procedures Manual for Graduate Students) Course behavior should not interfere with the instructor's ability to conduct the class or the ability of other students to learn from the instructional program. Unacceptable or disruptive behavior will not be tolerated. Students who disrupt the learning environment may be subject to judicial, academic or other penalties. The prohibition applies to all instructional forums, including electronic, classroom, labs, discussion groups, field trips, etc. The instructor shall have full discretion over what behavior is appropriate/inappropriate in the on-line classroom. Students who do not access the course regularly or who perform poorly on class projects/exams may be referred to the Early Alert Program. This program provides students with recommendation for resources or other assistance that is available to help SFA students succeed. *Exams are secure, no printing, copying, or writing questions down for outside use is permitted.*

**Communication with Instructor:** The Instructor will communicate with students about the course through the use of BRIGHTSPACE - D2L Students are required to check this site at least three times a week (daily is recommended) for announcements and posted material and are responsible for information posted in BRIGHTSPACE - D2L. Grades will be posted electronically. Students are highly recommended to make appoints to speak with instructor if making less than 80 on any test well in advance of the following test.
**Evaluation Input from Students:** The faculty of the School of Nursing places great value on evaluative input from students. Evaluation of courses, instructors and clinical facilities provides the College with important data which is used to strengthen the program. Data is analyzed as to trends and themes and is important to curriculum and sequencing decisions. All evaluation for the courses are posted on-line. The online mechanism allows us the opportunity to tabulate and store information in order analyze trends within the curriculum. Please be assured that this information is secured and not released until after grades are submitted. No names are available to faculty at any time. In order to garner some reliability and validity, the College must have representative data from the student population. The representation, based on the literature has been set at 70%. The College is anticipating that the students with thoughtfully participate in the evaluation process which will assist the faculty with the growth of the programs. A link to evaluation will be available on BRIGHTSPACE - D2L toward the end of the semester. Thank you in advance for your assistance with the evaluation process.

**Online Resources:**

Graduate School Student Handbook: [http://www.sfasu.edu/graduate/107.asp](http://www.sfasu.edu/graduate/107.asp)


Purdue Owl: [https://owl.english.purdue.edu/owl/resource/560/01/](https://owl.english.purdue.edu/owl/resource/560/01/)

Brightspace - D2L Course Platform: [https://d2l.sfasu.edu/](https://d2l.sfasu.edu/)
Background and Rationale for Discussion Requirements and Grading

For this on-line nursing course, you are completing 15 weeks of class room time (3 hours per week), course work and assignments on-line. It is important for on-line learners to understand that guidelines for on-line learning are given by the U.S. Department of Education and professional accrediting bodies through which Stephen F. Austin State University and the DeWitt School of Nursing are accredited. The following has been prepared to clarify weekly discussion requirements and grading for students participating in on-line nursing courses.

The purpose of the Discussions is to develop a scholarly and dynamic exchange between you, faculty, and other students in the course promoting an active and engaging on-line learning community. Your success and the success of your classmates in a positive learning environment is dependent on discussion participation and timely completion of assignments.

Discussion/Case Study Requirements

- The electronic week begins on Monday at 12:01 am CST and ends on Sunday at 12 midnight CST.
- There are no "make-ups" for not posting to the Weekly Discussions/Assignments. If you need to be away or do not have computer access, you need to make alternative arrangements for participation and actively engaging in the course to meet weekly discussion requirements.
- Students must post a Main post to the Discussion board each week assigned on or before Wednesday at 2359 CST.
- One point per day will be deducted for not having the Main post completed on or before Wednesday each week ensuring that all students have the opportunity for active learning and engagement with peers and course faculty.
- Students must provide references in current APA format for all posts.
- It is recommended that you prepare your discussion posts in Microsoft Word and then cut and paste into the discussion.
- All discussions posted must reflect proficient writing standards.
- Posts must be in the correct Discussion board or no points will be awarded.
- Faculty comments on your Discussion are meant to help guide you, and you are required to respond to all faculty comments.
Tips for postings

- Avoid postings that are limited to 'I agree' or 'great idea', etc. If you agree (or disagree) with a post, then say why you agree by supporting your statement with concepts from the readings or by bringing in a related example or experience.
- Graduate level postings should not be written in 1st person
- Address the questions as much as possible
- Try to use quotes from the articles that support your postings. Include page numbers when you do that.
- Build on others responses to create threads.
- Bring in related prior knowledge (work experience, prior coursework, readings, etc.)
- Use proper etiquette (address your peer by name, proper language, typing, etc.)

Net-etiquette

- Keep post respectful, avoid sarcasm or jokes since they may not be understood in written form.
- Do not write in all caps it may be construed as shouting.
- Respond or acknowledge comments made on your discussion post.
NUR: 542 Diagnostics and Procedures

History: Extensive Guidance Needed *
Physical Examination: Extensive Guidance Needed *
Differential Diagnosis: Extensive Guidance Needed *
Case Presentation: Extensive Guidance Needed *

NUR: 551 Primary Care I

History: Meets Expectations *
Physical Examination: Meets *
Differential Diagnosis: Meets *
Evidence-Based Action Plan: Extensive Guidance needed with selected populations *
Case Presentation: Meets *

NUR: 561 Primary Care II

History: Meets Expectations *
Physical Examination: Meets *
Differential Diagnosis: Meets *
Evidence-Based Action Plan: Extensive Guidance Needed with selected populations *
Provided Guidance and Counseling: Extensive Guidance Needed
Initiated appropriate consultation and/or referrals: Extensive Guidance Needed
Case Presentation: Meets *

NUR: 570 Capstone

Meets and/or exceeds expectations in all areas; No exceptions

*Indicates level of review required to successfully complete clinical portion of the course.
### Competency

<table>
<thead>
<tr>
<th>Competency</th>
<th>N/A or Not Done (0)</th>
<th>Extensive Guidance Needed (1)</th>
<th>Meets Expectations (2)</th>
<th>Exceeds Expectations (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. History: Scoring</strong></td>
<td></td>
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<tr>
<td>Obtained comprehensive and/or problem-focused health histories utilizing therapeutic communication skills:</td>
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<tr>
<td>- Pertinent History</td>
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<tr>
<td>- Medications (prescription/OTC)</td>
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<td></td>
<td></td>
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<tr>
<td>- Symptoms</td>
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<tr>
<td>- Pertinent Family History</td>
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<tr>
<td><strong>2. Physical Examination: Scoring</strong></td>
<td></td>
<td>Extensive Guidance Needed (1)</td>
<td>Meets (2)</td>
<td>Exceeds (3)</td>
</tr>
</tbody>
</table>
Performed organized comprehensive and/or problem focused physical examinations.

- Differentiated normal, variations of normal and abnormal assessment findings.

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<thead>
<tr>
<th>3. Differential Diagnosis: Scoring</th>
<th>(0)</th>
<th>Extensive Guidance Needed (1)</th>
<th>Meets (2)</th>
<th>Exceeds (3)</th>
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<tr>
<td>Analyzed and interpreted histories, including presenting symptoms, physical findings, and diagnostic information:</td>
<td></td>
<td>Moderate to extensive guidance to analyze and interpret data to develop and prioritize health problems.</td>
<td>More than minimal guidance to analyze and interpret data to develop and prioritize health problems.</td>
<td>Minimal to no guidance to analyze and interpret data to develop and prioritize health problems.</td>
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<tr>
<td>• Develop appropriate differential diagnoses and appropriate prioritization of health problems.</td>
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<thead>
<tr>
<th>4. Evidence-Based Action Plan</th>
<th>(0)</th>
<th>Extensive Guidance Needed (1)</th>
<th>Meets (2)</th>
<th>Exceeds (3)</th>
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<tbody>
<tr>
<td>Employed appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, simplicity, acceptability, adherence, and efficacy.</td>
<td></td>
<td>Moderate to extensive guidance to develop a culturally Extensive Guidance Needed, evidence-based plan of care.</td>
<td>More than minimal guidance to develop a culturally Extensive Guidance Needed, evidence-based plan of care.</td>
<td>Minimal to no guidance to develop a culturally Extensive Guidance Needed, evidence-based plan of care.</td>
</tr>
<tr>
<td>• Formulated an action plan based on scientific rationale, evidence-based standards of care and practice guidelines.</td>
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- Incorporated cultural preferences, health beliefs and behaviors, and traditional practices into the management plan.

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<tr>
<th>4. Provided Guidance and Counseling</th>
<th>N/A or Not Done (0)</th>
<th>Extensive Guidance Needed (1)</th>
<th>Meets Expectations (2)</th>
<th>Exceeds Expectations (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provided guidance and counseling regarding management of the health/illness condition.</td>
<td>Moderate to extensive guidance to provide patient education as indicated.</td>
<td>More than minimal guidance to provide patient education as indicated.</td>
<td>Minimal to no guidance to provide patient education as indicated.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Initiated appropriate consultation and/or referrals</th>
<th>N/A or Not Done (0)</th>
<th>Extensive Guidance Needed (1)</th>
<th>Meets Expectations (2)</th>
<th>Exceeds Expectations (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiated appropriate consultation and/or referrals.</td>
<td>Moderate to extensive guidance to initiate appropriate consultation and/or referrals.</td>
<td>More than minimal guidance to initiate appropriate consultation and/or referrals.</td>
<td>Minimal to no guidance to initiate appropriate consultation and/or referrals.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Case Presentation: Scoring Scale</th>
<th>N/A or Not Done (0)</th>
<th>Extensive Guidance Needed (1)</th>
<th>Meets Expectations (2)</th>
<th>Exceeds Expectations (3)</th>
</tr>
</thead>
</table>
Case Presentation to Preceptor included the following information:

- CC/HPI
- Pertinent negatives/positives from PE
- Differential DX (list)
- Working diagnosis with rationale
- Diagnostic testing as appropriate
- Plan for management of this patient with rationale

<table>
<thead>
<tr>
<th>Moderate to extensive guidance to prepare and present the case to the preceptor. Organized and with pertinent data, differential diagnoses, and evidence-based plan.</th>
<th>More than minimal guidance to prepare and present the case to the preceptor. Organized and with pertinent data, differential diagnoses, and evidence-based plan.</th>
<th>Minimal guidance to prepare and present the case to the preceptor. Organized and with pertinent data, differential diagnoses, and evidence-based plan.</th>
</tr>
</thead>
</table>

Comments based on Clinical site visit, preceptor discussions, typhon entries, participation in clinical discussion group and submission of SOAP notes:

Patients seen on visit with clinical instructor; genders, ages, chief complaints, and diagnoses:

**Student’s identified strengths:**

**Student’s identified weaknesses:**
Plan:

Additional Comments:

Faculty __________________________________________ Date ________________

Student __________________________________________ Date ________________

* STUDENTS: Please send this attachment back and note in your email that you have read this evaluation (this indicates that you have received and read this evaluation, but does not necessarily indicate that you agree with the evaluation).
**Stephen F. Austin State University**

**Richard and Lucille DeWitt School of Nursing**

**Faculty Final Clinical Evaluation Tool of Student**

**NUR 5342**

**Diagnostics & Procedures**

<table>
<thead>
<tr>
<th>Final Clinical Grade:</th>
<th>Final Instructor Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Pass or Fail)</td>
<td></td>
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</tbody>
</table>

**Instructor(s):**

<table>
<thead>
<tr>
<th>____________________________</th>
<th>____________________________</th>
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</thead>
</table>

**Evaluation Criteria:**

S = Satisfactory

U = Unsatisfactory

Ongoing clinical feedback will be provided in individual student-faculty conferences and with the weekly evaluation tool throughout the clinical rotation and will be documented on page 3.

Clinical objectives for evaluation are listed on page 2.

By the end of the clinical rotation, the student must satisfactorily demonstrate all behaviors described in the clinical objectives to pass the clinical portion of the course.

<table>
<thead>
<tr>
<th>Student Signature:</th>
<th>Final Student Comments</th>
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</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>____________________________</td>
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</table>

<table>
<thead>
<tr>
<th>Date: ____________________</th>
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</table>

<table>
<thead>
<tr>
<th>Instructor Signature:</th>
<th></th>
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<tbody>
<tr>
<td>____________________________</td>
<td>__________________________</td>
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</tbody>
</table>
### Clinical Outcomes

<table>
<thead>
<tr>
<th>Clinical Outcomes</th>
<th>Final Grade (S or U)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The student will:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>A. Provider of Patient Centered Care</strong></td>
<td></td>
</tr>
<tr>
<td>1. Assemble concepts and principles of the arts, sciences, humanities, and nursing</td>
<td></td>
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<tr>
<td>in order to make advanced practice nursing decisions regarding diagnostics and</td>
<td></td>
</tr>
<tr>
<td>procedures. (CO 1)</td>
<td></td>
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<tr>
<td>2. Incorporate evidenced based practice into the use and interpretation of</td>
<td></td>
</tr>
<tr>
<td>diagnostics and procedures (CO 3)</td>
<td></td>
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<tr>
<td>3. Integrate moral, ethical, economic, and legal issues into the provision of</td>
<td></td>
</tr>
<tr>
<td>nursing care to clients, families, and the global community. (CO4)</td>
<td></td>
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<tr>
<td>4. Employ critical thinking for decisions regarding minor surgical procedures.</td>
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<tr>
<td>(CO 7)</td>
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<tr>
<td>5. Apply appropriate diagnostics based on patient assessment data. (CO 8)</td>
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<tr>
<td>6. Develop proper differential diagnoses and plans of care based on the</td>
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<tr>
<td>interpretation of diagnostic data for diverse populations across the lifespan.</td>
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<tr>
<td>(CO 6)</td>
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<tr>
<td>7. Critically analyzes data and evidence for improving advanced nursing practice.</td>
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<tr>
<td>(NONPF SFC 1)</td>
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<tr>
<td>8. Integrates knowledge from the humanities and sciences within the context of</td>
<td></td>
</tr>
<tr>
<td>nursing science. (NONPF SFC 2)</td>
<td></td>
</tr>
<tr>
<td>9. Translates research and other forms of knowledge to improve practice processes</td>
<td></td>
</tr>
<tr>
<td>and outcomes. (NONPF SFC 3)</td>
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<tr>
<td>10. Develops new practice approaches based on the integration of research, theory,</td>
<td></td>
</tr>
<tr>
<td>and practice knowledge (NONPF SFC 4)</td>
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<tr>
<td>11. Uses best available evidence to continuously improve quality of clinical</td>
<td></td>
</tr>
<tr>
<td>practice. (NONPF QC 1)</td>
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<tr>
<td>12. Evaluates how organizational structure, care processes, financing, marketing</td>
<td></td>
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<tr>
<td>and policy decisions impact the quality of health care. (NONPF QC 3)</td>
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<tr>
<td>13. Applies skills in peer review to promote a culture of excellence. (NONPF QC 4)</td>
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<tr>
<td>14. Anticipates variations in practice and is proactive in implementing</td>
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<tr>
<td>interventions to ensure quality. (NONPF QC 5)</td>
<td></td>
</tr>
<tr>
<td>15. Generates knowledge from clinical practice to improve practice and patient</td>
<td></td>
</tr>
<tr>
<td>outcomes. (NONPF PIC 2)</td>
<td></td>
</tr>
<tr>
<td>16. Applies clinical investigative skills to improve health outcomes. (NONPF PIC 3)</td>
<td></td>
</tr>
</tbody>
</table>
17. Integrates appropriate technologies for knowledge management to improve health care. (NONPF TILC 1)

18. Translates technical and scientific health information appropriate for various users’ needs. (NONPF TILC 2)

19. Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care (NONPF TILC 2a)

20. Coaches the patient and caregiver for positive behavioral change. (NONPF TILC 2b)

21. Demonstrates information literacy skills in complex decision making. (NONPF TILC 3)

22. Uses technology systems that capture data on variables for the evaluation of nursing care. (NONPF TILC 5)

23. Evaluates the impact of healthcare delivery on patients, providers, other stakeholders, and the environment. (NONPF HDSC 5)

24. Analyzes organizational structure, functions and resources to improve the delivery of care. (NONPF HDSC 6)

25. Integrates ethical principles in decision making. (NONPF EC 1)

26. Evaluates the ethical consequences of decisions. (NONPF EC 2)

27. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. (NONPF IPC 3b)

28. Employs screening and diagnostic strategies in the development of diagnoses. (NONPF IPC 3c)

29. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. (NONPF IPC 4a)

30. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. (NONPF IPC 4b)

31. Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care. (NONPF IPC 4c)

32. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care. (NONPF IPC 4d)

**B. Member of Health Care Team**

1. Synthesize responsibility and accountability using consistent behavior patterns and professional communication. (CO 2)

2. Collaborate with the interdisciplinary healthcare team respecting holistic, socio-economic, spiritual, and ethno-culturally diverse characteristics of clients. (CO 5)

3. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. (NONPF HDSC 4)

4. Communicates practice knowledge effectively both orally and in writing. (NONPF LC 6)

**C. Member of the Profession**

1. Demonstrates an understanding of the interdependence of policy and practice. (NONPF PC 1)

2. Analyzes ethical, legal, and social factors influencing policy development. (NONPF PC 3)
3. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment. (NONPF HDSC 5)

4. Demonstrates the highest level of accountability for professional practice. (NONPF IPC 2)

5. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care (NONPF EC 3)

**D. Patient Safety Advocate**

1. Evaluates the relationship among access, cost, quality, and safety and their influence on health care. (NONPF QC 2)

2. Contributes to the design of clinical information systems that promote safe, quality and cost effective care (NONPF TILC 4)

3. Advocates for ethical policies that promote access, equity, quality, and cost. (NONPF PC 2)

4. Minimize risk to patients and providers at the individual and systems level. (NONPF HDSC 3)