Nurs 7110
ADVANCED PHYSICAL ASSESSMENT/
APPLIED CLINICAL CONCEPTS I
Spring 2009

FACULTY

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I will be checking Blackboard email 2-3 times per week, but not on weekends.
I check my email at AUM 8-10 times per day, but not on weekends.
Course Number: NURS 7110

Course Title: Applied Clinical Concepts I

Credit Hours: 5 (seminar, clinical, lab)

Prerequisites: Graduate Standing

Co-requisites: NSG 6671, NSG 6692, NURS 7210, NU 578

Required texts:


http://www.nap.edu/catalog.php?record_id=5152

Recommended text:

**Course Description:**

Emphasis on advanced practice knowledge of assessment and pharmacology of diverse groups. Correlates comprehensive assessment of patients with common pathophysiologic conditions and pharmacologic mechanisms. Focus is on knowledge and techniques required for beginning CNS practice in a clinical specialization area.

**Course Outcomes:**

By completion of the course, the student will be able to:

**Classroom Objectives**
1. Explore the roles of the CNS in applying course concepts in caring for adult patients in a primary care setting.
2. Discuss the role of the CNS in primary care specifically related to health promotion and maintenance, disease prevention, counseling, education, diagnosis and treatment of acute and chronic illnesses in adult populations.

**Clinical Objectives**
1. Integrate up-to-date knowledge of comprehensive assessment and pharmacology when caring for the adult client in the primary care setting and other health care settings.
2. Apply recent evidence-based research findings related to assessment and pharmacological interventions in developing programs that promote and maintain health in the primary care setting for adult populations and their families.
3. Explore the most prevalent health care problems in primary care and develop appropriate evidence-based interventions in adult populations.
4. Utilize findings from a holistic assessment to develop a comprehensive plan of care for the adult patient in a primary care setting and other health care settings.
5. Apply recent evidence-based research findings related to assessment and pharmacological interventions in developing programs that promote and maintain health in various health care settings.
6. Apply aspects of diversity in the care of adult patients in a primary care setting and other health care settings.
7. Apply appropriate communication techniques in assessing diverse groups.

**Lab Objectives**
1. Demonstrate a thorough head-to-toe assessment on an adult patient
2. Develop a comprehensive plan of care based on findings from a physical assessment

**Course Content and Schedule:**

This web-enhanced course will include participation in validations, seminars, on campus class and clinical practice. Clinical experience will be negotiated in collaboration with
faculty and will include 60 hours of an individualized clinical where students apply course concepts while caring for patients in their clinical specialization. Students will work one-on-one with selected preceptors in exploring the 5 roles of the CNS in clinical settings in the area of their specialization.

This course takes a chief complaint approach addressing anatomy and physiology, changes across the lifespan, health promotion and counseling, techniques of examinations, biophysical aspects of diversity, and pharmacological therapy.

**Evaluation:** Preceptors participate in clinical evaluation, but course faculty maintain final authority for the grade.

- Students will be given two attempts to successfully complete a head-to-toe assessment.
- Students must obtain a grade of satisfactory on all clinical assignments.

The grade will be based on assignments in 4 modules and one project/presentation:
- Physical Assessment  Satisfactory
- Clinical Evaluation  Satisfactory
- Module 1             20%
- Module 2             20%
- Module 3             20%
- Module 4             20%
- Project/presentation 20%
                      100%
Class/Clinical Expected Behaviors

1. Preparation – You are expected come to class prepared. Prior to coming to class, you should have read the assigned material, reviewed any additional material provided, and completed any assignments that are due.

2. To be prepared for class, you should expect to spend a minimum of 3 class hours for each 1 credit hour of the course. You are expected to be self-directed in appraising your learning needs and to use a variety of instructional resources.

3. Pagers and cell phones must be placed on the silent mode. Classroom disturbances from these devices will not be tolerated.

4. If you have a disability and must seek accommodations, make your request by contacting The Program for Students With Disabilities located at 1244 Haley Center or call 844-2096. A faculty member will grant reasonable accommodations upon notification from this office.


6. Attendance Policy – Students are expected to attend all classes and clinical experiences. Students must successfully complete all clinical hours in order to complete course requirements.
Grading Criteria for IOM Discussion Questions

Students will select one chapter from the IOM text and generate 2-3 discussion questions. The questions will be posted at least 2 weeks before responses are due. Every student will respond to one question from each chapter. Guidelines for responses are listed below. Responses to the discussion questions are to be submitted in the assignment drop box by the due date listed in each module.

Complete, relevant, accurate answer 30%
  o Accurate information that pertains to topic
  o Demonstrates critical thinking by providing logical & clear rationales
  o Comprehensive response to the question – all elements of the question are addressed
  o Presents relevant examples
  o Cites relevant and current scholarly work to support answer

Depth and Breadth of Conceptual Understanding 25%
  o Thorough conceptual understanding of knowledge
  o Logical application of concepts
  o Includes rationale for choices
  o Presents opposing viewpoints
  o Cites relevant and current scholarly work to support answer

Depth of Critical Thinking 20%
  o Contributes insightful analyses, original connections or insights
  o Effectively analyzes, synthesizes and/or evaluates information

Logic and Organization 15%
  o Response is well-organized and logical
  o Easy to follow

APA/Writing Style 10%
  o Accurate grammar 100%
  o Minimal spelling errors (no more than 2)
  o Uses APA format with minimal errors (no more than 3)
Criteria for Case Study
Development and Presentation

In groups of 2-3, develop a case study based on a patient with multiple chronic illnesses. Include the following:

- Significant health history
- Medical diagnoses
- Physical assessment findings
- Diagnostic studies
- Medications most commonly used for treatment
- Triggers that would indicate a need for some intervention
- Evidence-based interventions
- Identification of any and/or all of the six aims for improvement (safe, effective, patient-centered, timely, efficient and equitable health care) identified by the Advisory Commission on Consumer Protection and Quality in the Health Care Industry (1998). You must be able to identify those that are present and offer recommendations for those that are not present. (There is an excellent example beginning on page 41 in *Crossing The Quality Chasm*).

Grading Criteria

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Introduction of Case Study</td>
<td>5%</td>
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<tr>
<td>Health History</td>
<td>10%</td>
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<tr>
<td>Assessment Data</td>
<td>10%</td>
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<tr>
<td>Triggers</td>
<td>15%</td>
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<tr>
<td>Evidence-based Interventions</td>
<td>15%</td>
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<tr>
<td>6 aims for improvement (either present or recommendations)</td>
<td>20%</td>
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<tr>
<td>Evaluation</td>
<td>10%</td>
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<tr>
<td>References</td>
<td>5%</td>
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<tr>
<td>Logical Presentation</td>
<td>10%</td>
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<tr>
<td>- Presentation Style</td>
<td>100%</td>
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<td>- Handouts</td>
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<td>- Use of Technology</td>
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<tr>
<td>- Group Participation</td>
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## Criteria for Case Study Development and Presentation

Name _______________________________

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<thead>
<tr>
<th>COMPONENT</th>
<th>POSSIBLE POINTS</th>
<th>POINTS EARNED</th>
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<tbody>
<tr>
<td>Introduction of Case Study</td>
<td>5</td>
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<tr>
<td>Health History</td>
<td>10</td>
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<tr>
<td>Assessment Data</td>
<td>10</td>
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<tr>
<td>Triggers</td>
<td>10</td>
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<tr>
<td>Evidence-based Interventions</td>
<td>15</td>
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<tr>
<td>6 Aims for Improvement (safe, effective, patient-centered,</td>
<td>15</td>
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<td>timely, efficient, equitable health care)</td>
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<tr>
<td>Role of the CNS</td>
<td>10</td>
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<td>Evaluation</td>
<td>10</td>
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<td>References</td>
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<td>o Group Participation</td>
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<tr>
<td><strong>FINAL COURSE GRADE</strong></td>
<td><strong>100</strong></td>
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# TOPICAL OUTLINE

<table>
<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
<th>ACTIVITY/ASSIGNMENT</th>
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<tbody>
<tr>
<td></td>
<td>• Orientation</td>
<td>• Review Advanced Nursing Practice Act</td>
</tr>
<tr>
<td></td>
<td>• History Taking</td>
<td>• (on-line link)</td>
</tr>
<tr>
<td></td>
<td>• SOAP Notes</td>
<td>• NACNS Statement</td>
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<tr>
<td></td>
<td>• Clinical Reasoning</td>
<td>• Review Head to Toe</td>
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<td></td>
<td>• CPT</td>
<td>• Physical exam (CD)</td>
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<tr>
<td></td>
<td>• Sign-up for system, chapter, project</td>
<td>• Dains pp. 1-7</td>
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<tr>
<td></td>
<td></td>
<td>• Dillon Chapters 1, 2, 3</td>
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<tr>
<td></td>
<td>• Demonstrate assigned system</td>
<td>• 1-2 page response to discussion question for Chapter 1 due NO LATER THAN 11:59 pm</td>
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<tr>
<td></td>
<td>• Complete head-to-toe validation</td>
<td>• 1-2 page response to discussion question for Chapter 2 due NO LATER THAN 11:59 pm</td>
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</table>

- IOM Chapters 3-4
- HEENT and Integumentary
- Dains Chapters 2-8
- Dillon Chapters 10-12
- Arcangelo Chapters 10-17

- Cardiac
- Dains Chapters 9-10
- Dillon Chapters 14-15
- Arcangelo Chapters 18-22

- IOM Chapters 5-6
- Respiratory
- Dains Chapters 11-12
- Dillon Chapters 13
- Arcangelo Chapters 23-27

- Neurological
- Dains Chapters 28-32
- Dillon Chapters 21
- Arcangelo Chapters 41-48

**Objectives, contract and clinical schedule due by 12 Noon**

**Module 1 Assignments due no later than 11:59 pm**

**Module 2 Assignments due no later than 11:59 pm**
IOM Chapters 7-8

Gastrointestinal
Dains Chapters 13-16
Dillon Chapters 8,17
Arcangelo Chapters 28-32

Genitourinary
Dains Chapters 17-20
Dillon Chapters 18-19
Arcangelo Chapters 33-37

IOM Chapter 9

Musculoskeletal
Dains Chapters 26-27
Dillon Chapters 20
Arcangelo Chapters 38-40

Cancer
Dains Chapters
Dillon Chapters
Arcangelo Chapters 54-56

Project presentations

Module 3 Assignments due no later than 11:59 pm

Module 4 Assignments due no later than 11:59 pm
Clinical

Auburn University/Auburn University at Montgomery
Graduate Studies

Preceptorship Process Planning

Students will:

1. Review materials in Preceptorship Process Planning Packet:
   *A Preceptor Form is due each semester even if you remain with the same preceptor.

   **Ascertain if a clinical contract is current with the facility. Remember if going to a new site, it may take 8-12 weeks to complete a contract. Thus, new contracts should be initiated three months in advance.

2. Meet with Clinical Faculty Member to discuss preceptorship and potential preceptors.

3. Schedule appointment with potential preceptor. Confirm appointment with letter (see sample in packet) and include copies of Expected Student Behaviors and Preceptor Guidelines.

4. Meet with Preceptor.
   a) Review Preceptor Guidelines with preceptor.
   b) Review the Expected Student Behaviors.
   c) Obtain information for Preceptorship Planning Form.
   d) Obtain preceptor signature.
   e) A Preceptorship Planning Form is necessary for each semester.*

5. Review completed Preceptor Planning Form with Clinical Faculty Member who will sign form.
Auburn School of Nursing – Graduate Studies
Preceptorship Planning Form

Instructions: There are three parts (Part A, B, & C) of this planning form. Please read all instructions carefully and fill out each part that applies to your preceptorship.

Parts A & B must be completed in full.

Part C: The first two (2) must be completed in full even if there is a current contract. All items of Part C must be completed if there is no current contract. (Note: This applies to entirely new contracts and in cases where the legal name of an agency has been charged and is not exactly what was listed on the original contract.)

NOTE: Planning forms should be processed prior to the beginning of the semester. A new form must be submitted to your clinical instructor each semester and must be signed by the preceptor even if the preceptorship information remains the same.

Please print all information.

PART A – STUDENT INFORMATION

Student Name: ____________________________ SS#: __________________
Address: __________________________________________________________
          Street or P.O. Box           City                  State           Zip Code
Telephone: Work: ___________________           Home:  __________________
          (Area code & number)         (Area code & number)
Cell phone: _______________________
E-Mail Address: _____________________ Beeper:  ___________________
Semester & Year for Clinical Preceptorship

☐ Fall 20___           ☐ Spring 20___           ☐ Summer 20___

_______________________________________  ________________
Student’s Signature      Date
_______________________________________  ________________
Faculty’s Signature      Date
Part B – Preceptor Information

Preceptor Name: ________________________   Credentials: ________________________
            (Dr., Ms., Mr.)               (MD, CRNP, etc.)

_______________________________________  ____________
Preceptor’s Signature      Date

Clinic Name: _______________________________________________________

Mailing Address: ____________________________________________________
            Street or P.O Box

___________________________________________  ____________
            City      State   Zip Code       County

Preceptor’s Numbers:

Telephone: __________________________
            Area code & number

Beeper Number: ______________________

Fax Number: _________________________

E-Mail Address: ______________________
Part C – Preceptor’s Practice Information

*The Legal Name of the clinic, group or physician owning the practice that appears on the existing contract or that should appear on the new contract is

__________________________________________________________
(Note: Legal name and clinic name may or may not be the same.)

*Effective Date of Contract With Preceptor or With the Agency:

__________________________
(Same as first day of semester)

Complete the items below the following line only if:

a) this is a NEW contract or
b) if the legal name and the clinic name written in on Part B are different.

________________________________________________________________

Name & Title of Person
Authorized to Sign Contract: ________________________________________

Mailing Address: __________________________________________________
                          Street or P.O. Box

                          City          State          Zip Code          County

Telephone Number: ___________________
                    Area code & number

Fax Number: _________________________
            Area code & number

Name of Office
Manager/Administrator: _____________________________________________

Telephone Number: ___________________
                    Area code & number

*Must be completed even if contract is in place.
Preceptor Guidelines

The purpose of the preceptorship is to provide the graduate nursing student with an opportunity to participate in: 1) health assessment of patients, 2) counseling and guidance in accordance with identified needs, and 3) managing, in consultation with a preceptor, the care of patients.

If you agree to serve as a preceptor, you will receive a letter confirming the preceptorship, a list of expected student behaviors, and a clinical evaluation form. The student is expected to consult with you regarding each patient seen and to record the visits in SOAP format. At all times, the student will function under your supervision.

To meet learning needs of the student, you should, in addition to providing direct clinical supervision, be able to spend 15-20 minutes with the student at the end of each clinical day to review the student’s progress.

Additional considerations to guide you in your decision to precept are listed below:

A. Acceptance of responsibility for a student for a specified time.

B. Development of a learning environment for the student which should include the following opportunities:

1. Sufficient exam rooms should be available so that the student may function at his or her own pace without interrupting patient flow.

2. The student should have the opportunity to do histories and physical exams, obtain the necessary laboratory tests, make a tentative assessment, propose appropriate diagnostic and/or therapeutic plans, and write up the encounter as part of the permanent chart/record.

3. The preceptor should be available to hear the student’s case presentation; then see the patient with the student and critique the proposed assessment and plan of care.

4. If, in the opinion of the preceptor, there is a patient with demonstrable pathology or of general educational interest for any reason, consideration should be given to allowing the student an opportunity to observe or participate in the management.

5. The student should have the opportunity to perform clinical procedures that are consistent with the student’s learning objectives while under supervision of the preceptor.
6. The staff should understand that the student will function as a health care provider.

7. At the conclusion of the rotation, the preceptor should review the evaluation form with the student as part of the student's learning experience.

Your participation as a preceptor for the graduate program is an essential component of the curriculum. Clinical practice rotations offer a unique opportunity for the graduate nursing student to observe and practice the art and science of managing patient care. Students develop their ability to safely perform clinical problem-solving through their participation in the clinical decision-making process and learn the value of collaboration among health care providers. Please call the student's faculty facilitator (name and telephone number provided by the student) if you have any questions or need additional information).
SAMPLE LETTER TO PRECEPTOR

This is a suggested format only. Use your own wording to convey the information. **DO TYPE** in business letter format.

Name  
Address

Dear _____________

Thank you for agreeing to meet with me on __________ to discuss the clinical preceptorship I am to begin. I am currently taking course work in the masters program in nursing at Auburn University/Auburn University at Montgomery. Upon completion of the program, I will be awarded a Master of Science in Nursing degree and will be eligible to take the examination that certifies __________. (Please discuss this with your clinical faculty member. Examination eligibility varies with each clinical focus.)

The clinical preceptorship is a central component of the program. I look forward to meeting you and discussing the preceptorship.

Sincerely,
Auburn University/Auburn University at Montgomery
Graduate Studies

Expected Student Behaviors

In collaboration with the supervising preceptor, the student will be able to:

1. Perform complete histories and physical examinations in a manner appropriate for the patient.

2. Differentiate normal and abnormal findings based on the physical examination, history, laboratory findings, and other tests and procedures.

3. Develop a working diagnosis, differential diagnosis, or a problem list and a preliminary plan of care.

4. Identify and explain significant pathophysiology related to the patient’s clinical problem.

5. Problem solve through:
   - evaluation of history and physical examination
   - establishment of criteria for management, and
   - collaboration with preceptor on a plan of care.

6. Present and record concise, accurate, and organized findings.

7. Institute and provide continuity of care, work with the patient to insure understanding of, and compliance with the therapeutic regimen.

8. Provide instruction and counseling regarding health promotion, patient teaching, discharge planning, family care, etc., as appropriate to the patient and/or family.

9. Consider the cost implications of care provided and recommended.

10. Recognize when to refer to a physician or other health care provider.

11. Coordinate care with other health professionals and agencies.

12. Demonstrate appropriate interpersonal relationships with staff, patients, families, and other health professionals.
Clinical Objectives

You are required to have at least one objective in each area. Your objectives must be approved by your facility advisor. You must provide a copy of approved objectives to your preceptor prior to beginning your clinical experience. A copy of completed objectives signed by preceptor must be returned to course coordinator by end of the semester. Objectives must be stated in behavioral terms. You must have at least 1 objective for each area.

1. Education/Teaching –

2. Leadership/Management –

3. Clinical Expert –

4. Scholar –

5. Leader –

________________________________________________________________

Student Signature        Date

Preceptor Signature        Date

Faculty Advisor Signature       Date
Clinical Evaluation Tool N 7110
Joint Auburn University and Auburn University Montgomery MSN Program

This tool is designed to build on competencies that students develop during the three practicum experiences. Certain skills must be passed at the average level in the first course, second course and third course. Items on this evaluation must be passed in NURS 7110. These skills must be passed at the satisfactory level in the final evaluation in order to pass the course.

The ranking of not able to evaluate will result in the need to plan specific experiences for the student after the midterm evaluation so those areas can be evaluated.

Student:_____________________________________
Preceptor:____________________________________
Supervising Faculty:____________________________
Facility/Plan Experience: _______________________ 
Midterm Evaluation Date: ______________________ 
Final Evaluation Date:_________________________

<table>
<thead>
<tr>
<th>CNS Essential Characteristics/Competencies/Behaviors/APN Role Behaviors</th>
<th>RATING</th>
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<tbody>
<tr>
<td>AREA</td>
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<tr>
<td>Clinical Expertise</td>
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<tr>
<td>* Performs evidence-based assessments and treatment of illness.</td>
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<tr>
<td>* Identifies health promotion activities that reduce risk behaviors.</td>
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**AREA: Clinical Expertise (cont.)**

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<tr>
<th>Rating</th>
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<tbody>
<tr>
<td>* Distinguishes and prioritizes client care between immediate needs and less immediate needs.</td>
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<tr>
<td>* Identifies the APN competences needed to provide care to selected aggregates/populations.</td>
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**Leadership Skills**

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<tbody>
<tr>
<td>* Demonstrates appropriate/therapeutic communications skills [includes listening, validating, reflecting, providing constructive feedback, and conveying a caring attitude].</td>
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<tr>
<td>* Utilizes nursing science and other bodies of knowledge in providing evidence-based care.</td>
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**AREA: Leadership (cont.)**

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<td>* Demonstrates accountability for behaviors and actions.</td>
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**Collaboration Skills**

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<tr>
<td>* Demonstrates the ability to effectively collaboration with all members of the healthcare team.</td>
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**Professional Attributes**

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<tr>
<td>* Demonstrates honesty and personal integrity.</td>
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<tr>
<td>* Demonstrates personal mastery of managing and expressing personal feelings and emotions in various interactions within all spheres of influence.</td>
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<tr>
<td>* Demonstrates positive self-regard and confidence.</td>
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Student Name ___________________________________

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<tr>
<th>AREA: Professional Attributes (cont.)</th>
<th>RATING (cont.)</th>
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<tr>
<td>* Demonstrates the ability to value and support diversity.</td>
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<tr>
<th>Ethical Conduct</th>
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<tr>
<td>* Demonstrates respect for individual uniqueness.</td>
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<tr>
<td>* Demonstrates the ability to foster autonomy and truth-telling.</td>
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<tr>
<td>* Maintains personal and professional ethical standards.</td>
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Signatures

Student Midterm_______________  Faculty Midterm________
Student Final_______________  Faculty Final __________
Focused Chief Complaint H&P

I. Biographic Data

Client’s Initials _______     Sex _____
Date of Birth _________    Present Age ____
Race, Cultural Background, Nationality ______________________
Marital Status ___________   Education______________
Occupation ______________ __________  Allergies ______________
Current Medications __________________________

II. Chief Complaint (history of present illness)

_________________________________________________________

Onset:  When did the client first notice?  Was onset gradual or sudden? Has this symptom occurred at other times in the past? What circumstances precipitated this symptom?

Location:  (Record physical findings of affected symptom)

Description of system:  (How did you feel when symptom occurred?)

● Intensity of chief complaint

● Did chief complaint interfere with client’s usual activities?

● How frequently did the chief complaint occur? How long did the chief complaint last?

● What makes chief complaint worse or better?

● What other changes have occurred?

● How has chief complaint changed or progressed over time?
III. Plan of care

- Diagnostic tests
- Medications
- Health education teaching
- Follow-up
Guidelines for “SOAP” Notes

Include a patient’s age, race, and sex on all notes (e.g., 37 y/o BF). Identify whether this is a new visit or a follow-up visit.

Format for New Patient Visit

S. (Subjective data)
PP: (Present Problem): (reason for patient visit)
H.P.P. (History of Present Problem): For each symptom pertinent to the present problem include the relevant variables: i.e. timing, location, quality, quantity or severity, setting, alleviating and exacerbating factors, associated symptoms or manifestations.
P.M.H. (Past Medical Hx: Include serious illnesses, accidents, hospitalization; surgeries; Gyn hx.: include parity, problems during pregnancy, data and results of last Pap, hx of BSE, contraceptive use. Sexual hx.: include hx of HIV risk factors (STDs, # of lifetime partners, IV drug use), use of condoms
Current medications: (name & dosage)
Allergies: include drug allergy (state drug and nature of reaction)
Immunization hx:
F.H. (Family Hx.): Include hx. of chronic diseases and risk factors (M.I.<age 50; cancer, glaucoma, etc. in first degree relatives)
P/S (Personal/Social hx.): include marital status, household members, habits, nutrition, exercise, occupational hx., other health care providers
ROS (Review of Systems): include last eye exam, last dental visit

O. (Objective data)
General Appearance
Vital Signs (include temp. and BP)
Physical Exam (P.E.) Should be complete, with special attention to areas suggested by history.
Lab Data (results available during visit such as H & H., wet prep)

A. (Assessment)
Problem list (numbered list of identified problems with Health maintenance listed as #1)

P. (Plan)
Numbered according to problem list. The following should be identified for each problem as applicable:
Dx: diagnostic/screening test pending or ordered (e.g. SMAC, Pap, referrals)
Tx: Rx or supportive treatment
Ed: Patient teaching (health counseling, medication, follow-up visit, when to call, etc.)
Guidelines for “SOAP” Notes (continued)

Format for Follow-Up Visit

S. (Subjective data)
PP: (reason for visit)
I.H. (Interval Hx.): Health or psychosocial problems since last visit. If visit is a follow-up for a recent or chronic problem:
Patient’s perception or health status (better, worse, or no change)
If patient is worse or the same, further history may be needed.
Were the treatment suggestions followed? Was the medication taken?

OR

If patient is returning with a new problem:
HPI: record variables of new problem. Briefly include significant chronic problems, current medications, and allergies.

O. (Objective data)
General Appearance
Vital Signs (include temp. and BP)
Physical Examination: (sufficient to evaluate the patient’s progress if the follow-up is on a recent, new or known chronic problem). Record heart and lung findings on all visits.
Lab.

A. (Assessment)
Assessment of patient status (e.g. Controlled HTN)
   OR
New Diagnoses (numbered)

P. (Plan)
Numbered according to A. Each plan should include, as applicable:
Dx: diagnostic/screening tests pending or ordered (e.g. SMAC, Pap, referrals)
Tx: Rx or supportive treatment
Ed: Patient teaching (health counseling, medication, follow-up visit, when to call, etc.)
Reflective Log for Clinical Experience

Student Name: ___________________________

Date of Experience: _______________  Clinical Site: ________________

1. Identify focus of care for this experience.
   (focus of care – the population receiving care, services offered to
   population e.g. health promotion, illness/disease care, teaching).

2. Describe the role(s) of masters prepared nurses in this setting (caregiver,
   educator, researcher, advocate, case manager, leader). Provide an
   example for each role identified in this area.

3. Profile one patient telling his/her story. The story should include:
   age _____  gender ______  description of current health status ______
       a) description of patient’s condition
       b) discuss onset of condition
       c) medical diagnosis
       d) current treatments
       e) discuss two (2) of their medications, include appropriateness, drug
          class, list the drug forms, some major side effects, contraindications/
          precautions, implications for patient, nursing responsibilities, teaching
          needs
4. Discuss the impact of an advanced practice nurse in this setting or with this client. Support with evidence.

5. What clinical nurse specialist roles did you demonstrate in this setting or with this patient?

6. What did you do well? What would you like to change? What aspects of this encounter would you repeat? Describe.

7. What is your plan for your next encounter with this patient or setting? What research should you include in your plan (submit copy of any research articles)?
P.E. Validation

- Each student will select 1-2 systems and demonstrate appropriate assessment techniques to the group.

- Each student will perform a head-to-toe assessment in the simulation lab. Each student must perform 85% of the identified critical behaviors.

- Each student will have two attempts to be successful.
### Physical Assessment Check-Off Criteria

**HOLISTIC ASSESSMENT VALIDATION CRITERIA**

**STUDENT ____________________________ DATE ________________**

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<thead>
<tr>
<th>SYSTEM</th>
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<th>COMMENTS</th>
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<tbody>
<tr>
<td><strong>General Survey</strong></td>
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<tr>
<td>Observe:</td>
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<tr>
<td>- level of consciousness;</td>
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<tr>
<td>- appropriateness of behavior; dress; hygiene</td>
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<td>- physical development appropriate for gender/age</td>
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<td>- skin for generalized color and condition</td>
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<td>- overall condition</td>
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<tr>
<td>- speech</td>
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<tr>
<td><strong>HEENT, Neck</strong></td>
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<tr>
<td><strong>Head:</strong> Inspect for size, shape, symmetry</td>
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<tr>
<td>- Palpate skull</td>
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<tr>
<td><strong>Neck:</strong> Inspect, palpate neck muscles</td>
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<td>- Evaluate ROM</td>
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<tr>
<td>- Palpate thyroid</td>
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<tr>
<td>- Palpate lymph nodes</td>
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<td>-- occipital</td>
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<td>-- postauricular</td>
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<td>-- preauricular</td>
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<td>-- tonsilar</td>
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<td>-- submandibular</td>
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<td>-- submental</td>
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<tr>
<td>-- superficial anterior cervical chain</td>
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<td>-- deep cervical chain</td>
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<tr>
<td>-- supraclavicular</td>
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<tr>
<td><strong>Ears:</strong> Inspect, palpate external ear</td>
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<tr>
<td>- Assess hearing with normal voice test; Weber; Rinne</td>
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<tr>
<td><strong>Eyes:</strong> Inspect eyebrows, eyelashes, eyelids symmetry/lesions</td>
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<tr>
<td>- Inspect, palpate lacrimal sac and nasolacrimal duct</td>
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<tr>
<td>- Assess visual acuity: Snellen chart; newspaper test</td>
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<tr>
<td>- Test for PERRLA</td>
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<tr>
<td>SYSTEM</td>
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<td>COMMENTS</td>
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</table>
| **Nose:** Inspect for symmetry, lesions, flaring, discharge - Determine patency of both nares  
-Palpate frontal/maxillary sinuses  
**Mouth and Throat:** Inspect lips, gums, teeth, oropharynx  
-Inspect tonsils for color, discharge, size  
-Inspect uvula for position and mobility |

| **Respiratory System**  
-Identifies anatomic landmarks:  
  Axillary line, clavicle, scapula, vertebral line  
-Palpates tactile fremitus  
-Auscultates lungs/records adventitious sounds (anterior and posterior) |

| **Cardiovascular System**  
Auscultates 5 areas – counts apical pulse ___  
  Aortic ___  
  Pulmonic ___  
  Pulmonic 2: ___  
  Tricuspid ___  
  Mitral ___  
-Palpates (with caution) and auscultates Carotid arteries ___  
-Palpates and compares peripheral pulses  
  Brachial___  
  Radial ___  
  Femoral ___  
  Tibial ___  
  Pedal ___ |

| **Integumentary System**  
**Skin:** Inspect skin, mucous membrane, conjunctiva  
- Color, vascularity  
-Inspect and palpate:  
  --temperature  
  --moisture  
  --turgor  
  --texture  
  --mobility  
  --lesions: note location, size, shape, color, drainage  
  --edema |
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<tr>
<th>SYSTEM</th>
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<th>U</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Hair</td>
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<tr>
<td>Inspect amount and distribution of body hair:</td>
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<tr>
<td>- evenness of growth, thickness, texture, oiliness</td>
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<tr>
<td>- note presence of infection or infestation</td>
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<tr>
<td>Nails</td>
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<tr>
<td>Inspect fingernail plate: curvature, angle</td>
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<tr>
<td>- inspect tissue surrounding nail, nail bed color</td>
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<td>- note capillary refill, clubbing</td>
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<tr>
<td>Nervous System</td>
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<tr>
<td>Level of consciousness etc. done with general survey</td>
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<tr>
<td>Cranial nerves</td>
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<tr>
<td>1. Olfactory: smell</td>
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<td>2. Optic: visual acuity, visual fields</td>
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<tr>
<td>TEST 3, 4, &amp; 6 AS GROUP</td>
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<td>3. Oculomotor: extraocular movement, nystagmus, elevation of upper eyelids, pupils</td>
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<td>4. Trochlear: downward, inward movement</td>
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<td>5. Trigeminal: move face &amp; jaw, clench jaw, corneal reflex; forehead sensation S&amp;D</td>
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<td>6. Abducens: (lateral eye movement)</td>
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<td>7. Facial: movement/expression; sensory – taste</td>
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<td>TEST 9 &amp; 10 AS GROUP</td>
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<td>9. Glossopharyngeal: swallow, speak, position of uvula, gag reflex</td>
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<td>Cranial nerves continued</td>
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<tr>
<td>10. Vagus: swallow, gag reflex</td>
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<td>11. Accessory: movement of head, shoulder shrug</td>
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<td>12. Hypoglossal: protrusion of tongue, move tongue side to side, fasciculation</td>
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<tr>
<td>Reflexes</td>
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<td>Biceps</td>
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<td>Triceps</td>
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<td>Brachioradialis</td>
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<td>Patellar</td>
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<tr>
<td>Achilles</td>
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</table>
### Motor function
Assess gait: posture, symmetry, steadiness, stagger, rigid arms
Romberg: stand arms at sides, then close eyes
Finger to examiner's finger test
Finger to nose to examiner's finger

### Sensory Function
Light-touch sensation: face, neck, dorsal aspect of hands
Pain: sharp-dull: face, neck, dorsal aspect of hands
Tactile discrimination:
- Stereognosis: client identifies common object

### Musculoskeletal System

#### Muscles
Inspect muscles for size, symmetry
Inspect muscles & tendons for contractures, fasciculation, tremors

##### Test muscle strength/symmetry by applying resistance: Scale: 0-5
- Sternocleidomastoid: neck
- Trapezius: shoulder shrug
- Deltoid: arms extended out
- Biceps: extends arms, tries to flex
- Wrist and fingers: spreads fingers
- Grip strength: grasps index and middle fingers

##### Test muscle strength/symmetry... continued
- Ankles and feet: flex, dorsiflex against resistance
- Hamstrings: supine, knees bent-attempt to straighten
- Quadriceps: supine, knees slightly bent, attempt to flex knee

#### Bones
Inspect for abnormal bone structure
Inspect for scoliosis
Palpate for edema, tenderness
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<tr>
<th>SYSTEM</th>
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<tbody>
<tr>
<td>Joints</td>
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<tr>
<td>Inspect for edema</td>
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<tr>
<td>Palpate for heat, tenderness, swelling, crepitation, nodules, smoothness of movement</td>
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<tr>
<td>Assess joint ROM</td>
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<td>TM___</td>
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<td>Cervical spine___</td>
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<td>Shoulders___</td>
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<td>Elbows___</td>
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<tr>
<td>Wrists___</td>
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<td>Hands and fingers___</td>
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<td>Thumbs___</td>
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<td>Hips___</td>
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<td>Knees___</td>
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<tr>
<td>Ankles___</td>
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<tr>
<td>Trunk (thoracic &amp; lumbar spine)___</td>
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Satisfactory________________Unsatisfactory_________________________

Faculty___________________Date________________________