

Check Appropriate Boxes: Undergraduate credit Graduate credit Professional credit 95

1. School/Division NURD/DNHP 2. Academic Subject Code NURS

3. Course Number F572 (must be cleared with University Enrollment Services) 4. Instructor T. Dobrzykowski

5. Course Title Primary Health Care Nursing of Children

Recommended Abbreviation (Optional) Primary Care Children
(Limited to 32 Characters including spaces)

6. First time this course is to be offered (Semester/Year): Spring 2010

7. Credit Hours: Fixed at 3 or Variable from -----to---

8. Is this course to be graded S-F (only)? Yes No

9. Is variable title approval being requested? Yes No

10. Course description (not to exceed 50 words) for Bulletin publication: This course enables students to develop a knowledge base for clinical decision-making in assessment and provision of primary health care nursing for children and families. Topics include health promotion/maintenance, disease prevention, diagnosis and treatment of common acute and stable chronic illnesses in children.

11. Lecture Contact Hours: Fixed at 2/week or Variable from ----to---

12. Non-Lecture Contact Hours: Fixed at 5/week or Variable from -----to---

13. Estimated enrollment: 15 of which 100 percent are expected to be graduate students.

14. Frequency of scheduling: 1/year Will this course be required for majors? Yes

15. Justification for new course: Required course for new MSN Family Nurse Practitioner major

16. Are the necessary reading materials currently available in the appropriate library? Yes

17. Please append a complete outline of the proposed course, and indicate instructor (if known), textbooks, and other materials.

18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant.

19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by: Miriam M. Walczak Date 2/11/09
Department Chairman/Division Director

Approved by: Meghan Kubinski Date 2/11/09
Dean

Date _____
Dean of Graduate School (when required)

Date _____
Chancellor/Vice-President

Date _____
University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.

INDIANA UNIVERSITY SOUTH BEND
MASTER OF SCIENCE IN NURSING, Family Nurse Practitioner Program

COURSE NUMBER/TITLE: F572: Primary Health Care Nursing of Children

TOTAL CREDIT HOURS: 3 cr. (2 cr didactic, 1 cr clinical)

CURRICULUM PLACEMENT: Substantive course in FNP Major

PRE-REQUISITE COURSES: Y535: Dynamics of Family Health Care; Y515: Pathophysiology; F570: Advanced Nursing Assessment of Individuals, Families, and Communities

COMPUTER SKILLS REQUIRED: E-mail, Word processing, Windows

FACULTY: Teresa M. Dobrzykowski, DNS, APRN-BC; NS 444, 520-4569
Clinical instructors TBA

COURSE DESCRIPTION: This course enables students to develop a knowledge base for clinical decision-making in assessment and provision of primary health care nursing for children and families. Topics include health promotion/maintenance, disease prevention, diagnosis and treatment of common acute and stable chronic illnesses in children.

DIDACTIC COMPONENT COURSE OUTCOMES:

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

1. Analyze complex clinical problems related to the health of children within families, using knowledge of human development, pediatric health, and pathophysiological processes.
2. Using selected paradigm clinical case studies, develop nursing interventions directed toward health promotion, disease prevention, and management of common acute and stable chronic illness in children.
3. Develop strategies for consultation and collaboration with consumers, professionals, and other groups in the planning delivery of primary health care nursing to children in a community context.
4. Advance the practice of nursing through the use of appropriate theory and research.

CLINICAL COMPONENT OUTCOMES:

Upon completion of the clinical component of the course, students will be able to:

1. Improve the health and illness status of children by assessing, diagnosing, monitoring, providing, and coordinating direct primary health care services.
2. Incorporate advanced nursing practice roles and skills, including organization and leadership, into clinical encounters with pediatric clients and other health care providers.
3. Monitor and ensure the quality of health care practice with children and families by performing advanced nursing practice within professional, legal, and ethical rules, regulations, and standards.
4. Demonstrate beginning competence in the healing role of the advanced practice nurse by ensuring a safe and therapeutic environment within which to deliver effective health care to children and their families.
5. Demonstrate beginning competence in the teaching and coaching aspects of advanced nursing practice.
6. Evaluate nursing interventions directed toward health promotion, disease prevention, and symptom management for children experiencing common acute and stable chronic illnesses.
7. Implement appropriate self-care education strategies with children and families.
8. Collaborate with consumers, professionals, and other groups in the delivery of primary health care nursing to children within a community context.

LEARNING STRATEGIES:

Faculty members in this course use a **Narrative-Centered Curriculum**. Narrative pedagogy challenges traditional thinking about teaching and learning in nursing. Important components of the Narrative-Centered Curriculum are reading, writing, thinking, and dialogue to connect teachers and learners in a way that promotes the learning needs of the student and enables learners to achieve their own goals. We learn mainly from various forms of narrative: stories, cases, films, poetry. In class, students identify their own learning issues and develop ways to resolve these issues with the help of the guiding faculty. Lectures are rare, and occur mainly at the request of the learners as a way of resolving learning issues. Components of teaching and learning in the Narrative-Centered Curriculum are described below:

Problem Oriented Recording (POR) formed the earliest inductive approach to clinical reasoning. First suggested in the early 1970s, POR has become standard in nursing education as well as in clinical recording of patient progress.

The POR system emphasizes that data must be complete, concise, internally consistent, and comprehensive. The data are organized inductively, starting with subjective and objective findings foundational to any proposed assessment and plan. We review this form of recording for use in **Paradigm Clinical Case Studies**. These case studies are part of the clinical component of the course.

Personal Clinical Stories help students reflect on their own experiences as nurses, as nurse practitioners, and as patients. Student clinical stories may be about current experiences, or about experiences from years past. These stories usually are written and shared aloud during class sessions, with time for review, reflection, and interpretation to help us learn about what it means to be a nurse and a nurse practitioner.

Home Study Cases are provided to give students practice with assessment, diagnosis, and planning care for children. Three will be handed in for feedback; students may do more cases if they wish additional practice. These cases are less formal and less complex than the Paradigm Clinical Case analyses required for the clinical component of the course.

Practice-Based Learning (PBL, also referred to as Problem-Based Learning). PBL represents an entirely inductive and prospective approach to clinical problem-solving. It is an innovative, active, student-driven process. Students, not faculty, are responsible for the learning that takes place in and out of the classroom. PBL emphasizes a clinical context for learning, focuses on developing skills in working with a group, and encourages self-directed study. Faculty members do not "teach" in the traditional sense; instead, they guide discussion and direct students toward instructional resources to meet identified learning issues/needs. In this course, PBL cases are designed to help students learn the critical skills required to provide high quality health care to children and their families.

DIDACTIC COMPONENT EVALUATION:

Take home examinations (Midterm and Final @ 30% each)	60%
Home study cases (2 @ 15% each)	30%
Active group participation and learning team membership	10%

Note:

Self-evaluation includes a proposed letter grade and explanation for why the student believes the grade is justified. If the faculty member agrees with the grade, it will stand. If the faculty disagrees (the proposed grade is either too high or too low), the student and faculty will confer to decide on the grade.

CLINICAL COMPONENT:

The course consists of weekly clinical experience with a health care provider, usually a certified Advanced Practice Nurse (PNP, FNP). Students are evaluated on evidence of their critical and diagnostic thinking and on steady progress toward informed advanced nursing care of pediatric clients and their families. Students are assigned to a clinical site that best meets their individual learning needs. The clinical focus is on assessment, self-care teaching, and symptom management for children, from infancy to adolescence. Clinical preceptors include master's-prepared nurse practitioners (PNPs, FNPs) and other qualified primary health care providers.

CLINICAL EVALUATION:

Students prepare for clinical experiences by reading any appropriate texts or journal articles. Since each clinical experience is different, each student will need to determine for themselves what reading needs to be done. Faculty preceptors evaluate students during site visits. Students demonstrate evidence of critical and diagnostic thinking through the use of detailed, written clinical case analyses prepared by students during their clinical experiences. These case studies are evaluated by preceptors and faculty for conciseness, consistency, comprehensiveness, and completeness. Clinical work, observed clinical behaviors, and Paradigm Clinical Case analyses comprise the grade. The Formal **Paradigm Clinical Cases** are written according to the guidelines provided. Each includes a reference list and is written in APA style. The cases must include health promotion and education for self-care. Students will choose TWO Paradigm Clinical Cases from their clinical practice to write up.

Pick two of the following areas to address, if possible:

A complete physical on a well child, including developmental assessment

A focused visit on a child with an acute illness

An extended visit with a chronically-ill child

Grading for the clinical component is based on:

Formal written Paradigm Clinical Case Studies (1 @ 30%)	30%
Clinical evaluation on site; case write-ups, clinical updates submitted in Oncourse	60%
Self-evaluation	10%

Grading Scale: Grades earned in this course will be based upon the IUSB Graduate Nursing School Grading Scale. An attainment of at least a B-, or 80%, is required to successfully pass a course. Failure to receive a final grade of "B-" will require the MSN student to retake the course.

100-97	A+	89-87	B+	79-77	C+	69-67	D+
96-93	A	86-83	B	76-75	C	66-63	D
92-90	A-	82-80	B-	74-70	C-	62-60	D-
						60 & below	F

OTHER COURSE POLICIES

- Attendance & Timeliness:** Graduate students are expected to attend all scheduled classes, and be prepared to engage in lively, informed, and professional discussions. The *only* excused reason for absence is health-related concern in self or close family member (parents, sibling, child, significant other). **Students will forfeit 10% of total grade with each unexcused or submission of late work. Students who experience more than 2 excused absences will forfeit 10% of total grade. If extenuating circumstances (such as catastrophic or prolonged illness or work-related emergency situation occurs, student is expected to discuss situation immediately with faculty and clinical preceptor if appropriate to determine if alternate arrangements need to be made).**
- Computer Literacy:** Students are expected to be proficient in using the computer to access course information, send and receive electronic messages, complete information searches, and word processing prior to enrolling in this class. If assistance is needed, the faculty respectfully request that the student contact the IT and Library departments for classes and assistance.
- Honesty & Integrity:** All completed assignments and course requirements must be of the student's *own* work. Students are expected to reference another person's thoughts, ideas and concepts appropriately in their written and presented work. **Plagiarism will not be tolerated.** Student conduct must conform to the expectations as stated in the Indiana University Code of Student Rights and Responsibilities, found at www.dsa.indiana.edu/Code. Students found guilty of plagiarism will earn a grade of "F" for the course, and can face other disciplinary actions, such as dismissal from the School of Nursing and the university.
- American Disabilities Act:** If you have a disability and need assistance, special arrangements can be made to accommodate most needs. Students who have special needs for consideration and require accommodation must contact the IUSB ADA Office (574-520-4832) and the faculty at their own discretion.
- Cell Phones:** Please set cell phones to "vibrate" mode prior to class start.
- Tape Recording:** Students are not permitted to tape record class without prior approval from the faculty.
- Canceling classes Due to Adverse Weather or Non-Weather Related Emergencies:** Adverse weather and certain non-weather related emergencies may cause university classes to be cancelled. Class cancellations will be announced by means of area television and radio. Please understand that none of these options will address individual courses. Be sure to keep your phone number current and check your IUSB e-mail for announcements from individual faculty who may not be able to make it to campus. This information may appear on the web via Oncourse or other course pages. In some cases the information might be maintained by the department teaching the course.

TEXTS:

There is no single required text for this course. The faculty will discuss the textbooks on the first day of class. The following have been highly recommended by faculty members and graduates. These are recommended; look at all of them, buy the ones you find most helpful. In any case, buy AT LEAST one pediatric management text, like Hay or Boynton.

You will need a Drug Book, such as:

Turkoski, BB, Lance, BR & Bonfiglio, MF (2008). Drug information handbook for advanced practice nursing (9th Ed), Lexi-Comp.

OTHER CURRENT PHARMACOLOGY BOOKS ARE ACCEPTABLE

You will also need a Laboratory Book, such as:

Dufour, RD (current edition). Clinical use of laboratory data. Baltimore: Williams & Wilkins.

VanLeeuwen, AM, Kranpitz, TR, & Smith, L (2006). Davis' comprehensive handbook of laboratory & diagnostic tests with nursing implications (2nd Ed). FA Davis.

OTHER CURRENT LABORATORY BOOKS ARE ACCEPTABLE

Specialty Texts:**REQUIRED TEXTBOOK:**

Uphold, C.R. and Graham, M.V. (2003). Clinical guidelines in family practice. Fourth Edition. Gainesville, FL: Barmarrae Books. This book will be useful in every clinical course; good idea to buy it now.

Recommended Texts:

Boynton, R., Dunn, E. & Stephens, G. (newest edition). Manual of ambulatory pediatrics, 4th Edition. Philadelphia: J.B. Lippincott.

Broome, ME, Knafl, K, Pridham, K, and Feetham, S (Eds.). Children and families in health and illness. Thousand Oaks, CA: Sage.

Dixon, S. & Stein, M. (2000). Encounters with children. St. Louis: Mosby Yearbook. (You should already have this one.)

Fox, et al (most recent). Primary care of children. New York: Mosby Yearbook.

Green-Hernandez, C, Singleton, JK, and Aronzon, DZ (2001). Primary care pediatrics. Philadelphia: Lippincott.

Hay, W. H., Groothuis, J. R., Hayward, A. R., and Levin, M. J. (most recent). Current pediatric diagnosis and treatment. Edition 13. Norwalk, CT: Appleton and Lange.

U.S. Department of Health and Human Services. Bright futures [On-line] Available: <http://www.brightfutures.org>,

Additional references include theoretical and current empirical research articles updated each semester.

MSN Policy: Graduate Credit-Contact Hour Calculation

The IU South Bend School of Nursing MSN Family Nurse Practitioner (FNP) program has adopted the same graduate credit-contact hour calculation formula that has traditionally been used at IUPUI. The laboratory and clinical credit-contact hour formula is necessary to ensure that graduates accumulate sufficient number of hours necessary to meet the requirements for certification upon graduation.

1. Didactic and seminar credit-contact hour calculation is based on a 1:1 ratio per 15-week academic semester. Example: 3 credit hour didactic= 3 contact hours per week (15-week semester) or 45 contact hours per semester.
2. Laboratory hour credit-contact calculation is based on a 1:4 ratio per 15-week academic semester. Example: 1 credit hour laboratory= 4 contact hours per week (15- week semester) or 60 contact hours per semester.
3. Clinical hour credit-contact calculation is based on a 1:5 ratio per 15-week academic semester. Example: 1 credit hour clinical= 5 contact hours per week (15-week semester) or 75 contact hours per semester.
4. Didactic and seminar contact hours are based upon a 50-minute hour, per IU and IUSB policy.
5. Laboratory and clinical contact hours are based upon a 60-minute hour. Direct patient contact and activities that can readily impact patient care (such as attendance at a Patient Care Conference).

Approved MSN Credit-Contact Hour Calculation Policy.20709.docx