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Nursing Syllabi Spring 2017

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2017

### 773-P Pediatric and Adolescent Health Care Practicum

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#### Recommended Citation

Goeke, Lucy, "773-P Pediatric and Adolescent Health Care Practicum" (2017). *Nursing Syllabi Spring 2017*. 37.

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**Xavier University College of Professional Health Sciences  
School of Nursing FNP Program  
Spring Semester 2017**

**Course Number & Title: NURS 773: Pediatric and Adolescent Health Care Practicum**

**Number of Credits: 1 cr.**

**Number of laboratory hours: 120 hours**

**Pre requisites: NURS 501, NURS 502, NURS 658, NURS 680, NURS 756,**

**NURS 770 ( or Co-requisite) Co requisites: NURS 774**

**Course Description:**

The purpose of this course is to prepare the Family Nurse Practitioner (FNP) student to apply concepts of holistic family-centered, community-based care to families with infants, children, and adolescents. Students will engage in comprehensive assessment, development of differential diagnoses, and management of common health variations including the prescription of appropriate medications. Students will work collaboratively with other healthcare providers and professional disciplines to provide family-centered care to infants, children, adolescents, and their families using primary, secondary, and tertiary prevention strategies. Focused areas of study will include relevant pediatric pathophysiology, advanced physical assessment, and management of common health concerns specific to newborns, infants, children, and adolescents, including pharmacodynamics and pharmacokinetics. Students will apply the components of an artistic and scientific nursing practice to infants, children, adolescents and their families within an Ignatian and holistic worldview.

**Course Objectives:**

1. Assess the influence of family and psychosocial factors on population illness and conditions related to infants, children and adolescents.
2. Formulate comprehensive differential diagnoses, considering epidemiology, environmental and community characteristics, and life stage development in infants, children and adolescents within the context of the family.
3. Demonstrate competence in developing and implementing a holistic management plan of care related to pediatric, adolescent, and family health including appropriate prescription medications.
4. Evaluate outcomes related to holistic care provided to children and adolescents and their families.
5. Apply differential diagnostics in prescribing medications related to altered pharmacodynamics and pharmacokinetics to infants, children, and adolescents.
6. Demonstrate effective developmentally appropriate communication techniques with children, adolescents, and families.

**Time & Location: TBD**

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**Required Textbooks: (Same as 774)**

1. Burns, C. E., Dunn, A. M., Brady, M. A., & Starr, N. B. (2016). *Pediatric Primary Care* (6<sup>th</sup> ed.). Elsevier/Saunders.
2. Richardson, B. (2017). *Pediatric Primary Care* (2nd ed.). Sudbury, MA: Jones and Bartlett or 3<sup>rd</sup> edition

**Resources:**

1. Nelson Textbook of Pediatrics: Expert Consult Premium Edition - Enhanced Online Features and Print, 19e by Robert M. Kliegman MD, Bonita M.D. Stanton MD, Joseph St. Geme and Nina F Schor MD PhD (Jun 24, 2011)
2. Redbook: <http://aapredbook.aappublications.org/>
3. Bright Futures: <http://brightfutures.aap.org/>
4. Immunization Resource- Pinkbook:  
<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
5. Immunization Schedules: <http://www.cdc.gov/vaccines/schedules/>
6. Guidelines for the Diagnosis and Management of Asthma (EPR-3)  
<http://www.nhlbi.nih.gov/guidelines/asthma/>
7. CDC STI Treatment Guidelines: [www.cdc.gov/std/treatment/](http://www.cdc.gov/std/treatment/)
8. AAP Obesity resources <http://www2.aap.org/obesity/SOOb/index.html>:
9. Pediatric dermatology book

10. Pediatric Pharm handbook such as *Pediatric & Neonatal Dosage Handbook w/International Trade Names Index*, obtained at <http://webstore.lexi.com/Store/Pharmacology-Books>
11. The Harriet Lane Handbook: Mobile Medicine Series, Expert Consult: Online and Print, by Johns Hopkins Hospital, Kristin Arcara and Megan Tschudy MD

**Teaching/Learning Strategies:**

A variety of learning activities and evaluation methods will be used in this portion of the course. The learning activities are designed to engage the student in synthesis and application of material.

**Content Delivery:**

- Primary text readings
- Current professional literature
- Electronic resources (web sites, video demonstration, webcast, etc.)

**Learning Activities – Applied Learning:**

- Clinical practicum experiences
- Reflective Journaling
- Student Clinical Portfolio in Typhon
- Formative/Summative Evaluations
- Weekly Patient Management Plans

**Clinical Practicum – Applied Learning:**

This course is the clinical component of pediatric/adolescent health that includes a **minimum of 8 hours of precepted clinical time per week** (8 hrs. X 15 wks. = 120 hrs. for the semester). Successful completion of the course rests on clinical skill attainment at an appropriate level. By the completion of the course, a student must attain a **minimum rating score of 3** in all areas documented on the summative clinical evaluation tool in order to pass this course. **A student may not advance to another sequential clinical course without successful completion of the current clinical course.**

**Students are expected to read and comply with written Clinical Practicum guidelines including:**

- Contacting and arranging for any clinical site orientation necessary per preceptor
- Signing any required student or HIPAA forms for agency
- Contacting appropriate XU SON contact and obtaining any required health documents that need to be on file prior to participating in clinical experiences
- Coming to clinical prepared for the clinical day including having daily clinical objectives, appropriate equipment, etc.
- Participating in post conference with preceptor at the completion of each clinical day to complete formative evaluations
- Completion and submission of Formative and Summative Clinical Evaluations

- Professional behavior and attire at clinical

### **Reflective Journal**

Each student will maintain a reflective journal on Canvas with a **weekly entry regarding that week's clinical experience and the week's goals. Journal entries are due on Sunday 11:59 pm for the previous week's clinical experience. The student will describe what occurred that week at clinical including whether the student met the previous week's goals, any challenges and successes, and lessons learned.** Each week students will list their individual goals for the following week (the next week). Journals **must be turned in weekly** to the instructor via Canvas. Students should not enter personal information about employment, family, or other information unless it directly relates to the clinical experience. **Journal entries should be in depth and will be graded according to the rubric below.** Examples of other issues to discuss in journals are:

- Clinical issues with patient or family (de-identified)
- Ethical/legal issues in practice
- Applying personal nursing theory or philosophy in practice
- Application of nursing leadership skills
- Effective or ineffective interprofessional communication/collaboration skills
- Application and evaluation of holistic practice
- Evaluation of healthcare outcomes in context of patient and family
- Impact of environmental influences
- How various roles are integrated within the organization

**There is no special template for the journal. Do not enter a message to professor that student did not have clinical that week under journal assignment.** If students are not in clinical (illness or preceptor not available), they need to contact the instructor regarding the journal for that week.

### **Student Clinical Practicum Experience Portfolio (Typhon)**

Each student will maintain a **Student Clinical Experience Portfolio in Typhon** to document **patient experiences, and hours.** The document will be used to demonstrate appropriate progress towards course objectives and program competencies. **Entries must be updated weekly by Sunday at 11:59 pm.**

### **Student Clinical Goals/Objectives**

Students are expected to develop 3-5 specific, measurable semester goals for practicum along with weekly objectives (goals) to meet the student's course goals. **The course goals must be approved by the preceptor and faculty by the end of week 2 and uploaded to CANVAS.** These goals should reflect and correlate with the course objectives. Weekly clinical objectives should guide the student towards accomplishment of the practicum goals and are to be submitted weekly in the journal **for the coming week by each Sunday evening by 11:59 pm.** The student should share and discuss goals and objectives with the preceptor through the reflective journal and/or face-to-face meetings. Students are expected to demonstrate achievement of these goals by the end of the semester.

### **Clinical Practicum Experiences**

Students should try to obtain a variety of pediatric (birth-18 years old) primary care experiences that include well child care for a variety of age groups, newborn assessment, management of acute and chronic illness of infants, children, and adolescents, STI screening &/or treatment, and pediatric behavioral and developmental assessment. **These experiences should be documented concisely in a de-identified manner in Typhon weekly by Sunday at 11:59 PM. Points will be deducted for late documentation of clinical experience, unless arrangements are made with course instructor.**

### **Clinical Practicum Evaluations**

Evaluations are an educational tool and an opportunity for students to identify areas of strength as well as areas of opportunity and needed growth. **Formative Evaluations must be uploaded to Canvas at least every 2 weeks. Formative Evaluations are due on Sunday 11:59 pm for the previous 2 week's clinical experience. A Summative evaluation is due at the end of the semester and must be uploaded to Canvas.**

### **Weekly Patient Management Plan (PMP)**

Students will complete a comprehensive patient management plan on a patient of their choice every week from their current clinical experience using the pediatric/adolescent PMP form (see below). **Narrative summaries will not be accepted.** The student will try to select patients with varying diagnoses &/or age groups. Patients are to be “real” not virtual.

The weekly patient management plan is an activity designed to encourage synthesis and application of current evidence-based information on a diagnosis/patient of student interest. The PMP should be written in a professional, organized, and objective manner. The student should include at a minimum:

- Chief Complaint (cc)
- History of Present Illness (HPI) if encounter is for illness or injury
- Past medical history, birth history for children under 5 years, developmental, and social history, and family history as it relates to patient's chief complaint.
- Focused/Comprehensive Review of Systems (ROS) and Physical Examination depending on diagnosis
- The presumed primary and secondary diagnoses
- Differential diagnoses and rationale for or against each differential
- Comprehensive management plan with rationale for or against each treatment option as well as recommended referrals and follow up if indicated. Includes complete list of diagnostic studies (labs, imaging, and other testing) and rationale for or against ordering the studies/testing.

**All PMPs must be labeled as such: Your Last Name Weekly Patient Management Plan # (Example: Kerber Weekly PMP #1). The weekly PMP are due on Sunday at 11:59 pm.**

**Evaluation Strategies:**

<b>STRATEGY</b>	<b>PERCENT</b>	<b>DESCRIPTION</b>
<b>Reflective Journal</b>	<b>20%</b>	Each week students will complete a reflective journal on the week's <b>clinical experience</b> including weekly goals, successes and challenges, and lessons learned. Grading for reflective journal will be according to the rubric found below.
<b>Patient Management Plans (PMP)</b>	<b>40%</b>	Each week students will complete a <b>PMP</b> using the provided template on a patient of their choice from their current clinical experience using the provided form. <b>Plans are to be submitted on Canvas.</b> Grading for PMPs will be according to the rubric found below.
<b>Student portfolio</b>	<b>40%</b>	The student will maintain a clinical portfolio using Typhon. The student will record weekly clinical hours and patients seen. Formative and summative evaluations are to be uploaded to Canvas. Semester goals are to be posted in CANVAS.
<b>Clinical Practicum</b>	<b>Pass/Fail</b>	Students must <b>PASS</b> the clinical component of the course with at least a "3" out of "5" points for each item on the evaluation sheet in order to pass the course.
<b>TOTAL</b>	<b>100%</b>	

**Grading Scale: Graduate Courses**

100 – 94	A
93 – 90	A-
89 – 87	B+
86 – 84	B
83 – 80	B-
79 – 76	C+
70 – 75	C
≤69	F

**Late assignments:**

**5 points will be deducted per day for each late assignment unless prior arrangements are made with the instructor/professor.**

**Caveat:**

The schedule and procedures in this course are subject to change in the event of extenuating circumstances as well as student learning needs and preceptor availability.

**Attendance Policy**

Reasonable attendance & promptness are expected for all clinical experiences. If the student must be absent for scheduled clinical hours due to illness or family circumstances, the student must notify the instructor and preceptor as soon as possible. If a student is unable to attend a clinical, the responsibility of making up the missed clinical is the sole responsibility of the student.

**Academic Honesty:**

Please refer to the Xavier University catalog (on line) and the Department of Nursing Student Handbook. Plagiarism will not be tolerated and is subject to disciplinary action.

**Civility:**

Civility and respect are expected in all correspondence (verbal and written) with professor, preceptors, and peers. Incivility or disrespect to preceptor, professor or peers will not be tolerated and will be subject to disciplinary action.

**Cell Phones, Laptops, IPADS, Notebooks:**

Are to be turned off during clinical unless being used for pharmacology/disease look-up or documentation with approval of preceptor. No social media sites may be accessed during practicum or class.

**Dress Code:**

Business casual or professional dress is expected on clinical and when giving a presentation in class. The student will check with the preceptor for appropriate dress at the clinical site. Name badges must be visible at all times.

**Professional Behavior:**

Respectful and professional decorum and demeanor is expected. This includes being attentive, timely, and putting forth your best efforts regarding all assignment. Cell phone or laptop use, internet use, or preparing materials for other classes, is not permitted during class time. Class may not be recorded unless permission from professor is obtained. Please feel free to eat and drink in class but do so in a way that is not disruptive to the class.

**Social Media Policy:**

Social media and the internet provide an important medium for sharing information and offers easily accessible methods for mass communication. Nursing students must be aware of the risks and consequences associated with social networking. On-line social networking (e.g., Face book, MySpace, Twitter, blogs, etc.) must be considered public information and postings containing certain information are illegal. On line content and behavior has the ability to enhance or undermine not only an individual but also Xavier University, and the profession of nursing. Violations may expose the offender to criminal and civil liability. It is important to avoid disclosing any HIPAA or academic protected information regarding patients, clinical sites, or peers. Any student found to have violated this policy will be subject to disciplinary action as set forth in school of nursing student handbook. For example infractions may result in utilization of the Professional Conduct Policy. The following are taken from the American Nurses Association Social Networking Recommendations and modified to serve as a guide to students to avoid potential problems.

1. Standards of professionalism are the same on-line as in any other circumstance.
2. Never post photographs or any information gained in a nurse-patient relationship.
3. Maintain professional boundaries in the use of electronic media. Online contact with patients blurs these boundaries.
4. Do not post inflammatory or unflattering information about peers, patients, clinical sites and/or their employees on any social media site. Make every effort to present yourself as mature, responsible, and professional.
5. Do not take photos or recordings of a patient in your clinical setting or peers in their clinical or classroom learning environment without obtaining special permission utilizing the appropriate forms.
6. Promptly report any breach of confidentiality or privacy to your faculty member.
7. Do not share any protected health information. (HIPAA)

Source: <http://www.nursingworld.org/functionalmenucategories/aboutana/social-media/social-networking-principles-toolkit>

Please refer also to Xavier University Student Handbook:

- Respect for Others 13.3, page 19;
- Harassment Policy 19.18 page 53 & 54;
- Online Communities 20.3, page 70

<http://www.xavier.edu/deanofstudents/documents/studenthandbook.pdf>

For potential consequences of inappropriate use of social and electronic media and common myths and misunderstandings refer to the below site:

[https://www.ncsbn.org/Social\\_media-guidelines.pdf](https://www.ncsbn.org/Social_media-guidelines.pdf)

More information can be found at American Nurses Association Social Media /Social Networking

[HTTP://WWW.NURSINGWORLD.ORG/FUNCTIONALMENUCATEGORIES/ABOUTANA/SOCIAL-MEDIA/SOCIAL-NETWORKING-PRINCIPLES-TOOLKIT](http://www.nursingworld.org/functionalmenucategories/aboutana/social-media/social-networking-principles-toolkit)

**Students with Disabilities-Learning and Testing Accommodations:**

Qualified students with disabilities who will require disability accommodations in this class are encouraged to make their requests to me by sharing their Accommodation Letters with me at the beginning of the semester either during office hours or by appointment. Disability related information is confidential. If you have not previously contacted Disability Services, I encourage you to do so by phone at 513-745-3280, in person on the Fifth Floor of the Conaton Learning Commons, Room 514, or via e-mail to Cassandra Jones at [jonesc20@xavier.edu](mailto:jonesc20@xavier.edu) , to coordinate reasonable accommodations as soon as possible as accommodations are not retroactive.

Anyone requiring special needs for test taking must follow set procedures prior to applying to take the NCLEX. There is a time requirement so this must be attended to immediately. Please see Mrs. Gomez with questions.

**Office of Student Success:** The Staff in the Office of Student Success is available to assist students to make the most of their Xavier experience. Personal staff consultations, success coaching, referrals to on-campus Solution Centers, and guiding students to effectively navigate their college experience are central to our work. Please visit [www.xavier.edu/student-success](http://www.xavier.edu/student-success) to learn more or visit us in the Conaton Learning Commons.

Location: 514 Conaton Learning Commons

Phone: 513-745-3036

Email: [studentretention@xavier.edu](mailto:studentretention@xavier.edu)

**Reflective Journal Grading Rubric**

Reflective journaling is a powerful tool that provides an opportunity to process experiences. This process offers the opportunity for continued personal and professional growth. Use this journal to document your weekly goals and experiences using the following format as a guide. Each week:

1. **Goals for the upcoming week** – measurable personal learning goals that you can reasonably achieve each week.
2. **Successes** - the things you did well and felt good about (skills, decision making, personal interaction, new insight gained, etc.) and whether you met the week’s goals.
3. **Challenges** – things you struggled with, or did not turn out as expected, or unmet goals.
4. What did you learn from your experiences this week? How will you apply your new learning/understanding to the development of future goals?

Examples of other issues/topics to discuss in journals are:

- Clinical issues with patient or family (de-identified)
- Ethical/legal issues in practice
- Applying personal nursing theory or philosophy in practice
- Application of nursing leadership skills
- Effective or ineffective interprofessional communication/collaboration skills
- Application and evaluation of holistic practice
- Evaluation of healthcare outcomes in context of patient and family
- Impact of environmental influences
- How various roles are integrated within the organization

**Journal entries will be evaluated based on the following rubric:**

<b>CRITERIA</b>	<b>PTS POSSIBLE</b>	<b>PTS EARNED</b>
1. Personal learning goals articulated clearly that are achievable and measurable for upcoming week.	<b>3</b>	
2. Evaluation of goals from previous week and whether met or unmet	<b>3</b>	
3. Successes identified and reflect the ability to build on new insight gained, skill attainment, or interprofessional communication/interaction	<b>3</b>	
4. Challenges identified as well as how the challenge was dealt with and personal learning/insight that occurred	<b>3</b>	
5. Demonstrates personal growth as a result of deep reflection on successes and challenges for the week and provides basis for continued growth.	<b>3</b>	
<b>TOTAL</b>	<b>15</b>	

0: Not addressed      1: Addressed, but minimally    2: Addressed well, but could have been more detailed    3: Outstanding reflection or insight

**Student Clinical Portfolio Grading Rubric (Typhon and Canvas)**

Each student will document clinical experiences, patients seen by student, and clinical hours in Typhon weekly by Sunday at 11:59 pm. Formative and summative evaluations will be uploaded to Canvas. The Typhon database will be maintained throughout the entire program and can be used to demonstrate appropriate progress towards program competencies as well as provide documentation of required clinical hours and experiences.

**Student Clinical Goals/Objectives**

Students are expected to develop 3-5 specific, measurable goals (on goal sheet uploaded to Canvas) for practicum along with weekly objectives in the student’s journal to meet the student’s specific goals. These goals should reflect and correlate with the course objectives.

**Portfolios will be evaluated based on the following rubric:**

<b>CRITERIA</b>	<b>PTS POSSIBLE</b>	<b>PTS EARNED</b>
1. Clinical hours documented each week with ICD-10 codes and differential diagnoses	<b>10</b>	
2. Patient experiences documented each week	<b>10</b>	
3. Formative evaluation completed every 2 weeks by student & preceptor	<b>10</b>	
4. Summative evaluation completed at end of semester by student & preceptor	<b>10</b>	
5. Demonstrates personal growth as a result of pediatric/adolescent experiences for the week	<b>10</b>	
<b>TOTAL</b>	<b>50</b>	

0: Not addressed 3: Addressed, but minimally & often late 5: Addressed well & consistently on time 10: Outstanding reflection or insight and always on time

### FNP Formative Clinical Evaluation Tool

Student \_\_\_\_\_ Preceptor \_\_\_\_\_

Course # \_\_\_\_\_ Site \_\_\_\_\_

Term/Year \_\_\_\_\_ Date \_\_\_\_\_

Formative Evaluation Clinical Week# \_\_\_\_\_

**Formative to be completed after two weeks of clinical and every two weeks thereafter. This tool is student-generated. Preceptor should verify, amplify, and rate student’s performance.**

Rating		
Clinical Objective	Student	Preceptor
<b>A. Data Base Collection-</b> Gathers necessary information in a safe, accurate, complete manner to form an appropriate assessment in any setting. This also includes the ability to identify changing information as it occurs in a dynamic clinical experience.		
<b>B. Assessment-</b> Comes to an accurate diagnosis or conclusion based on data collected. Able to form reasonable differential diagnosis based on evidence-based practice.		
<b>C. Management Plan-</b> Develops a plan of action that is safe, individualized, comprehensive, and based on evidence-based practice. Can present plan with rationale.		
<b>D. Implementation of Plan-</b> Carries out plan correctly, safely, sensitively, & clearly. This includes specific skill accomplishments as well as coordination, preparation, & organization in carrying out plans. This also includes implementation of psychosocial skills such as client support, cultural care, and individual client requests or desires.		
<b>E. Professionalism-</b> Demonstrates appropriate communication with clients, preceptor, and others. Documentation is clear & complete in medical records as well as other required forms. Demonstrates appropriate initiative.		
<b>F. Evaluation of Management-</b> Evaluates plan to determine effectiveness. Able to adjust & and change assessment & management based on accurate evaluation of the response to intervention. Individualizes patient response & demonstrates flexibility regarding outcomes.		
<b>TOTAL</b>		

**Clinical Dates/Hours:**

<b>DATE</b>						<b>WK TOTAL</b>
<b>HOURS</b>						
<b>DATE</b>						<b>WK TOTAL</b>
<b>HOURS</b>						

**\*\*Preceptor signature below attests that clinical hours documented were performed.**

**Comments/Reflection:** (Student and/or Preceptor)

**Learning goals for next session:**

**Student Signature:**

**Date** \_\_\_\_\_

**Preceptor Signature:**

**Date** \_\_\_\_\_

**Rating Scale**

N/A Not observed

- 0 **UNSAFE** -, unprofessional or unethical behavior at any time
- 1 Behavior is not unsafe, but is **inappropriate, incomplete**, or not accurate given the student’s experience
- 2 **UNSATISFACTORY PROGRESS** in demonstrating knowledge, skills, and initiative given the student’s previous learning experiences. This score should be used whenever there is serious concern about a student’s progress.
- 3 **Behavior is appropriate** for a student beginning a new clinical experience. This score is applicable to most students during the first 3 to 4 weeks of a clinical course. May be disorganized, but is able to obtain needed information and apply.
- 4 **Satisfactory progress** toward meeting course objectives; consistently demonstrates adequate knowledge base, skills, and initiative. This score is applicable during the mid-term weeks if the volume of experiences is adequate and performance indicates. Organized, usually complete, good evidence-based application of management.
- 5 **Behavior consistently** demonstrates knowledge, skills and initiative appropriate for a student ending a specific clinical experience. The student met the clinical objectives of the course and is ready to progress to the next level of clinical experiences.

## Pediatric/Adolescent Management Plan Grading Rubric

The purpose of the **Pediatric/Adolescent Management Plan** is to provide the student with the opportunity to encourage synthesis and application of current evidenced-based information in the context of advanced clinical practice of the FNP in the area of pediatric and adolescent health. The objectives for the management plan include the following:

1. Demonstrate appropriate documentation of subjective and objective patient assessment data obtained through a thorough (focused as appropriate) history and physical examination.
2. Demonstrate an understanding of the physiology/pathophysiology, clinical presentation, diagnostic criteria, treatment options, and evaluation of clinical condition.
3. Develop appropriate differential diagnoses given selected patient presentation and history, and identify presumed diagnoses.
4. Develop an appropriate management plan including treatment options (traditional/alternative/complimentary), pharmacological interventions, labs, imaging, and referrals.
5. Provide rationale for each step in management plan to include supporting evidence from current professional literature.

The patient management plan should be submitted using the provided template (see below) on the ASSIGNMENT link. **Five points will be deducted for each day the assignment is late. The following rubric will be used to evaluate the management plan.**

<i>Category (points possible)</i>	<i>Does Not Meet</i>	<i>Nearly Meets Standard</i>	<i>Meets Standard</i>	<i>Exceeds Standard</i>
	<b>0</b>	<b>1-2</b>	<b>3-4</b>	<b>5</b>
<b>Chief Complaint/HPI</b>	The cc &/or HPI			
	<b>0</b>	<b>1-2</b>	<b>3-4</b>	<b>5</b>
<b>Subjective data/history taking related to patient presentation (5)</b>	The subjective data/history are not developed.	The subjective data/history are minimally developed.	The subjective data/history are developed and compared to typical clinical presentation.	The subjective data/history are completely (well) developed. Exemplary discussion of how patient presentation compares to typical clinical presentation.
	<b>0</b>	<b>1-2</b>	<b>3-4</b>	<b>5</b>
<b>Objective data/diagnostic criteria related to patient presentation (5)</b>	The objective data/diagnostic criteria are not developed.	The objective data/diagnostic criteria are minimally developed.	The objective data/diagnostic criteria are developed and compared to typical clinical presentation.	The objective data & diagnostic criteria are completely (well) developed. Exemplary discussion of how patient presentation compares to typical clinical presentation.
	<b>0</b>	<b>1-2</b>	<b>3-4</b>	<b>5</b>

<p><b>Differential diagnoses related to patient presentation. Presumed diagnoses identified (5)</b></p>	<p>The differential Diagnoses are not developed.</p>	<p>The differential diagnoses are minimally developed.</p>	<p>The differential diagnoses are developed and compared to typical clinical presentation. The presumed diagnosis is identified.</p>	<p>The differential diagnoses are completely (well) developed. The presumed diagnosis is identified. Exemplary discussion of how patient presentation compares to typical clinical presentation.</p>
	<b>0</b>	<b>1-2</b>	<b>3-4</b>	<b>5</b>
<p><b>Treatment/ Management plan including rationale (5)</b></p>	<p>Rationale not developed. Poor summarization of existing evidence and current management plan related to topic.</p>	<p>Rationale limited or poorly developed. Limited summarization of existing evidence and current management related to topic</p>	<p>Rationale clearly articulated. Satisfactory summarization of existing evidence and current management related to topic</p>	<p>Rationale thoroughly articulated. Exemplary summarization of the existing evidence and current management related to the topic</p>
	<b>0</b>	<b>1-2</b>	<b>3-4</b>	<b>5</b>
<p><b>Mechanics &amp; Word Usage (5)</b></p>	<p>Numerous and distracting errors in punctuation, capitalization, spelling, sentence structure or word usage.</p>	<p>Many errors in punctuation, capitalization, spelling, sentence structure or word usage.</p>	<p>Few errors in punctuation, capitalization, spelling, sentence structure or word usage.</p>	<p>Almost no errors in punctuation, capitalization or spelling, or in sentence structure or word usage.</p>
<p><b>Total Pts Possible: 25</b></p>				

Comments:

**Pediatric/Adolescent Patient Management Plan**

Subjective	Objective	Diagnosis/ Differentials	Management/ Treatment Plan	Rationale/ Evidence
<p><b>Age:</b></p> <p><b>CC:</b> (if an illness)</p> <p><b>HPI:</b> (if an illness)</p> <p><b>Birth Hx:</b> (if &lt;5)</p> <p><b>Med/Surg Hx (PMH):</b></p> <p><b>Family Hx:</b></p> <p><b>Social Hx:</b></p> <p><b>Developmental/ School/Work Hx:</b></p> <p><b>High Risk Behaviors:</b></p> <p><b>Medication Use:</b></p> <p><b>Allergies:</b></p> <p><b>ROS</b> General: Skin: HEENT: Neck/Lymph: Respiratory: CV: GI: GU: Musculoskeletal: Neuro:</p>	<p><b>V/S:</b></p> <p><b>HC/Wt (%) /Ht (%) /BMI</b></p> <p><b>PE</b> General: Skin: HEENT: Neck/Lymph: Respiratory: CV: GI: GU: Musculoskeletal: Neuro:</p> <p><b>Labs:</b></p> <p><b>Imaging</b></p> <p><b>Other Tests:</b></p> <p><b>Immunizations:</b></p>	<p>Presumed Diagnosis(es):</p> <p>1.</p> <p>2.</p> <p>Differential Diagnoses</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>