

Program: Department of Nursing – MS

Date: _____

Completed by: Donna WoffordAssessment contributors (other faculty involved in this program's assessment): Joe Franta, Susan Williams, Peg Rooney, Kaleen Cullen

Please complete this form for each undergraduate, minor, certificate, and graduate program (e.g., B.A., B.S., M.S.) in your department. Please copy any addenda (e.g., rubrics) and paste them in this document, and submit it to the dean of your college/school as per the deadline established. The dean will forward it to me as an email attachment before June 2, 2014. You'll also find the form at the assessment website at <http://www.colostate-pueblo.edu/Assessment/ResultsAndReports/Pages/default.aspx>.

Please describe the 2013-2014 assessment activities for the program in Part I. Use Column H to describe improvements planned for 2014-2015 based on the assessment process. In Part II, please describe activities engaged in during 2013-2014 designed to close-the-loop (improve the program) based on assessment activities and the information gathered in 2012-2013. Thank you.

I. Program student learning outcomes (SLOs) assessed in this cycle, processes, results, and recommendations.

A. Which of the program SLOs were assessed during this cycle?	B. When was this SLO last assessed? Please indicate the semester and year.	C. What method was used for assessing the SLO? Please include a copy of any rubrics used in the assessment process.	D. Who was assessed? Please fully describe the student group(s) and the number of students or artifacts involved.	E. What is the expected achievement level (EAL) and how many or what proportion of students should be at it?	F. What were the results of the assessment?	G. What were the department's conclusions about student performance?	H. What changes/improvements to the <u>program</u> are planned based on this assessment?		
1. Integrate evidence-based practice, ethical decision making and technology into advanced nursing practice	New SLOs as of fall 2013	Final comprehensive oral exam	8 nurse practitioner students who will be graduating summer 2014	100% of students will score 4 or better on evidence-based practice section of rubric (attached).	Pending Summer 2014	Pending summer 2014 results with new curriculum			
		Focused Physical Exam	29 students enrolled in NSG 562L Advance Assessment Lab Spring 2014	100% of students will be observed by faculty to satisfactorily complete a checklist (attached) stressing major safety components.	EAL met: <table><tr><td>1st time</td><td>2nd time</td></tr><tr><td>89%</td><td>100%</td></tr></table>	1 st time	2 nd time	89%	100%
1 st time	2 nd time								
89%	100%								

		Ethical dilemma case study discussion	30 students enrolled in NSG 506 Roles, Ethics, and Issues fall 2013	100% of students will score 84% or better on case study rubric (attached).	EAL met: 100% of students scored 84% = 59 points or better on case study. <table><tr><td>N</td><td>30</td></tr><tr><td>Minimum Value</td><td>60.00.</td></tr><tr><td>Maximum Value</td><td>70.00.</td></tr><tr><td>Range</td><td>10.00</td></tr><tr><td>Average</td><td>68.23</td></tr><tr><td>Median</td><td>69.50</td></tr><tr><td>Standard Deviation</td><td>2.33</td></tr><tr><td>Variance</td><td>5.45</td></tr></table>	N	30	Minimum Value	60.00.	Maximum Value	70.00.	Range	10.00	Average	68.23	Median	69.50	Standard Deviation	2.33	Variance	5.45	Students demonstrated expected level of expertise for an advance beginner.	Continue to monitor for consistency
N	30																						
Minimum Value	60.00.																						
Maximum Value	70.00.																						
Range	10.00																						
Average	68.23																						
Median	69.50																						
Standard Deviation	2.33																						
Variance	5.45																						
2. Utilize interprofessional collaboration to provide safe, quality, patient-centered care	New SLOs as of fall 2013	Group paper that develops a treatment plan for the case presented	10 NSG 633L Family Practicum III students/____ groups 3 NSG 683L Psych/Mental Health Practicum III students/____ groups Summer 2014	100% of groups will score 84% or better on paper rubric (attached).	Pending Summer 2014																		
		Simulation Survey	10 students enrolled in NSG 622L Summer 2014	Pending	Pending	Pending	Pending																

II. Follow-up (closing the loop) on results and activities from previous assessment cycles. In this section, please describe actions taken during this cycle that were based on, or implemented to address, the results of assessment from previous cycles.

A. What SLO(s) did you address? Please include the outcome(s) verbatim from the assessment plan.	B. When was this SLO last assessed? Please indicate the semester and year.	C. What were the recommendations for change from the previous assessment?	D. Were the recommendations for change acted upon? If not, why?	E. What were the results of the changes? If the changes were not effective, what are the next steps or the new recommendations?
Follow Standards and Guidelines in Providing Safe, Patient-centered Care	Annually spring	Change assessment method to focused physical exam using a check list	Yes. Spring 2014 students observed by faculty to satisfactorily complete a focused physical exam checklist stressing major safety components	Moved safety components from 585 (which no longer exists) to 562L Advanced Assessment in the 2 nd semester of the program.
Utilize Best Current Evidence	Annually during last semester of the program	Piloted use of rubric that measures evidence-based practice during comprehensive oral exam summer 2013 and December 2013.	Yes. Rubric was used and critiqued by faculty as recommended.	Faculty continue to have discussion about the usefulness of the rubric, however, general consensus is to use revised version for Summer 2014 and then reevaluate usefulness.
Communicate/ Collaborate	End of final practicum	Spring 2014 pilot tool and train preceptors for use	Unable to complete pilot tool	Will initiate fall 2014
Integrate Role	End of final semester	Add question related to 'role integration' on 5-minute employer survey. Associate dean will negotiate with EBI to reinstate question on exit survey	No, SLOs change and 'integrate role' is no longer a SLO.	NA

I:Nursing/grad/assessment/2013-2014/NSG MS Assessment Rept 2013-2014

Colorado State University-Pueblo
Department of Nursing
Masters Comprehensive Oral Examination Evaluation Rubric

The comprehensive oral examination provides an opportunity for the student to demonstrate synthesis of the knowledge and skills required of an advanced practice nurse. The examination is based on the following questions:

1. What significant problem would you identify in your area of practice and how would you use evidence-based practice, ethical decision making, technology, and patient centered care to address the problem as an advanced practice nurse?
2. What theoretical framework have you found to be most useful in your practice? Describe this framework and how it guides you in practice.

Scoring Procedure:

- ✓ Mark each criterion with a rating of 5,4,3,2, or 1. Criterion scores for passing the oral exam should be predominately 4's and 5's. The overall average needs to be greater than 3.5. A score of poor (2) or lower in any criterion will result in an unsuccessful attempt for the oral examination.
- ✓ 5 = excellent
- ✓ 4 = good
- ✓ 3 = fair
- ✓ 2 = poor
- ✓ 1 = very poor or absent

Each presenter will be graded by at least 3 faculty. Faculty scores will be compiled. A compiled final score of 84% or higher out of a possible 100% is required to pass the exam.

Presenter: _____ Faculty: _____ Final Score: _____		
Quality of Presentation (15%)		
Criteria	Comments	Score 5 – 4 – 3 – 2 – 1
<ul style="list-style-type: none"> • Grammar and Spelling • Use of Multimedia • Organization of Presentation • Presentation Skills • APA Format/ References 		

Practice Problem (15%)		
Criteria	Comments	Score 5 – 4 – 3 – 2 –1
<ul style="list-style-type: none"> • Identification of Practice Problem • Identification of Population Affected • Significance of Problem • Clarity of Roles and Intra-Professional and Inter-professional Relationships 		

Evidenced-Based Practice (27%)		
Criteria	Comments	Score: 5 – 4 – 3 – 2 –1
<ul style="list-style-type: none"> • Interpretation and Use of Research and/or Guidelines • Hierarchy of Evidence and/or Guidelines to Identified Practice Problem • Identification of Gaps in Research and/or Guidelines • Implications of Research and/or Guidelines for Advanced Practice Nursing • Identification of Legislative, Regulatory (scope) or Standards of Practice that Guide Advanced Practice Nursing and Affect the Identified Practice Problem • Description of Chosen Theory or Theoretical Framework and How It Guides Practice • Application of a Theory or Theoretical Framework to the Identified Practice Problem and the Advanced Practice Role 		

Ethical Decision Making (12%)		
Criteria	Comments	Score: 5 – 4 – 3 – 2 –1
<ul style="list-style-type: none"> • Identification of Ethical Dilemmas and/or Potential Consequences in the Identified Practice Problem • Implications of Ethical Dilemmas for Advanced Practice Nursing • Identification of Quality Improvement for Patient Safety 		

Technology (15%)		
Criteria	Comments	Score: 5 – 4 – 3 – 2 –1
<ul style="list-style-type: none"> • Identification of Current Technology for Communication and Resources When Dealing with the Identified Practice Problem • Application of Identified Current Technology • Identification of Gaps in Technology 		

Patient Centered Care (25%)		
Criteria	Comments	Score: 5 – 4 – 3 – 2 –1
<ul style="list-style-type: none"> • Management Strategies for Patient and Family • Treatment Strategies • Application of Cultural Considerations • Care Plan and Implications for Advanced Practice Nursing • Identification of Health Resource Utilization and Consultation 		

Final Score Calculation			
	Percent of Final Score	Points Received	Percent of Your Score
Quality of Presentation	15	/5	
Practice Problem	15	/5	
Evidence-Based Practice	27	/5	
Ethical Decision-Making	12	/5	
Technology	12	/5	
Patient-Centered Care	19	/5	
Total	100		

Ethical Decision Making

Discussion questions:

Please review the 20 minute slideshow and lecture on Racial Health Disparities and read the two articles posted for this week. Consider the following as you discuss those materials:

- 1) Utilize Christopher Johns' Ethical Mapping tool and the ANA Code of Ethics to frame your discussion.

a.

Patient's/Family's Perspective	Who had the authority to make the decision/act within the situation?	The doctor's perspective.
If there is a conflict of perspectives/values, how might these be resolved?	The situation/dilemma	What ethical principles inform this situation? 'Beneficence, malevolence, autonomy, utilitarianism, duty and virtue, moral imperative'
The nurse[s]' perspective	Consider the power of relationships/factors that determined the way the decision/action was actually taken	The organization's perspective
John's, C. (2004). <i>Becoming a reflective practitioner</i> . (2 nd ed.). Malden, MA:Blackwell Publishing		

- b. Link to ANA Code of Ethics with Interpretive Statements.

<http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf>

- 2) What role does choice, availability and ethical judgment play in defining and addressing health disparities?
- 3) Consider various definitions of disparity found on pp. 430-431 of the Carter-Pokras and Baquet (2002) article -- do definitions impact upon the issue and its solutions? Do they capture issues presented by Kara James in her lecture?

Evaluation Rubric

CATEGORY	Excellent (4 points)	Well Done (3 points)	Good Job (2 points)	Unsatisfactory (1 points)
Contributions <hr/> Points-30%	-Always provides useful ideas when participating in the group or classroom discussion. -A definite leader who contributes a high quality effort. - Contributes thorough critique of appropriate outside sources - Responds accurately and respectfully to other's input documenting sources with critique -Goes beyond required readings and provides APA citation of outside sources	-Usually provides useful ideas when participating in the group or classroom discussion. -A strong group member who contributes well. - Uses minimal substantive information and documentation -Responds to others' input utilizing documented sources with minimal critique of the sources	-Sometimes provides useful ideas when participating in the group or classroom discussion. -A satisfactory group member who does what is required. -Contributes primarily personal opinion or personal observation -Primarily poses questions to other group members	-Rarely provides useful ideas when participating in the group or classroom discussion. -Reluctant or refuses to participate. -No contribution by due date -Disrespectful contribution
Quality of Work <hr/> 30%	Consistently Contributes and Provides work of the excellent / Superior quality.	Provides high quality work.	Provides work that occasionally needs to be checked/redone by other group members to ensure quality.	Provides work that usually needs to be checked/redone by others to ensure quality.
Focus on the task <hr/> 15%	Consistently stays focused on the task and what needs to be done. Very self-directed.	Focuses on the task and what needs to be done most of the time. Other group members can count on this person.	Focuses on the task and what needs to be done some of the time. Other group members must sometimes prod, and remind to keep this person on-task.	Rarely focuses on the task and what needs to be done. Lets others do the work.
Preparedness <hr/> 15%	Brings needed materials into discussion or class and is always ready to interact / contribute to learning activities.	Often brings needed materials to class and is ready to contribute to learning activities.	Almost always brings needed materials but sometimes is off task or lacks contribution to learning activities.	Often forgets needed materials or is rarely ready to contribute to learning activities.
Monitors Group Effectiveness <hr/> 10%	Routinely monitors the effectiveness of the group, and makes suggestions to make it more effective.	Routinely monitors the effectiveness of the group and works to make the group more effective.	Occasionally monitors the effectiveness of the group and works to make the group more effective.	Rarely monitors the effectiveness of the group and does not work to make it more effective.
Total Points:				

Student Name: _____ **Date** _____

Asthma:

Focused Exam (20 minutes max.) Start Time _____ Finish Time _____

_____ 5 pts Hand washing

_____ 10 pts Chief Complaint:

_____ 30 pts History of Present Illness/Pertinent past medical history, surgical history, allergies, etc.

History of Present Illness: see above (5 pts)

Pertinent past medical history: Lives with a smoker, asthma since age 2 (5 pts)

Surgical history: None (5 pts)

Allergies: NKDA (2 pts)

Medications: Albuterol inhaler prn; Singulair 10 mg daily; Flovent 44 mcg 2 puffs BID (5 pts)

Social History: lives with grandmother (smoker) since she was 2 years old (5 pts)

Family History: Grandmother – COPD; Parents deceased MVA (3 pts)

_____ 10 pts Review of Systems (Focused based on most likely diagnosis)

General: Fatigue, worse with activity, sleep disturbance etc. (2 pts)

HEENT: Recent illness (cold symptoms 2 wks resolving), exposure to allergens, etc., cough (2 pts)

Respiratory: Shortness of breath, breathing faster than usual (2 pts)

Cardio: Chest tightness, feels like pulse is fast, night time symptoms, not had peak flows for a long time (2 pts)

Abdomen: Nausea, diminished appetite (2 pts)

_____ 10 pts Physical Exam (Focused based on most likely diagnosis, pertinent systems assessed)

General, HEENT, Resp, Cardiac, Abdomen (2 pts each system)

_____ 10 pts Physical Exam- Appropriate techniques (5 pts); Patient comfort/safety (5 pts)

_____ 15 pts Differential diagnosis- at least 3 (10 pts); Use of appropriate resources (5 pts)

_____ 5 pts Treatment (at least one pharmacological and/or one non-pharmacological if appropriate) (4 pts); Use of appropriate resources (1 pt)

_____ 5 pts Patient Education related to diagnosis: Grandmother smoking cessation, peak flows, Medications (Diagnosis 1 pt; Health Promotion 1 pt; Peak flow 1 pt; Medications 1 pt; Follow-up 1 pt)

Total _____/100

Evaluator _____

Date _____

Student Name _____

Date _____

GERD/DYSPEPSIA:

Focused Exam (20 minutes max.)

Start Time _____

Finish Time _____

_____ 5 pts **Hand Washing**

_____ 10 pts **Chief Complaint:**

_____ 30 pts **History of Present Illness:** (Pertinent PMH, surgical history, allergies, etc.)

History of Present Illness: see above (5 pts)

Past Medical History: (5 pts)

Surgical History: None (5 pts)

Allergies: NKDA (2 pts) **Medications:** (5 pts)

Social History: (5 pts) **Family History:** (3 pts)

_____ 10 pts **Review of Systems:** (Focused based on most likely diagnosis)

General: Denies depressive symptoms, any chills, fever, vomiting. (2 pts)

Skin: Dry, itching; no lesions (2 pts)

EENT: Denies sore throat; Reports dry cough (2 pts)

Chest/Cardio: Denies SOB; BP went up during labor but no meds needed & normal now (2 pts)

Abdomen: Denies GU symptoms; LMP 2 wks ago; had a tubal ligation with C-section delivery 4 months ago. (2 pts)

Remaining ROS negative

_____ 10 pts **Physical Exam:** (Focused based on most likely diagnosis; pertinent systems assessed)

General, Skin, EENT, Chest, Abdomen (2 pts each system)

_____ 10 pts **Physical Exam:** (Appropriate techniques (5 pts); patient comfort/safety (5 pts))

Murphy's sign **negative**, mild epigastric tenderness; mild erythema in posterior pharynx

_____ 15 pts **Differential diagnosis** -at least 3 (10 pts); Appropriate use of resources (5 pts)

_____ 5 pts **Treatment** (at least one pharmacologic and/or one non-pharmacologic if appropriate) (4 pts); Appropriate use of resources (1 pt)

_____ 5 pts **Patient Education:** (related to diagnosis; related to medications) elevate head of bed, low fat diet, weight loss, frequent small meals, don't eat 2 hours before bedtime. (Diagnosis 1 pt; Health Promotion 1 pt; Diet, Weight Loss, Small meals, etc. 1 pt; Medication 1 pt; Follow-up 1 pt)

Total _____/100

Evaluator _____

Date _____

Student Name _____

Date _____

PHARYNGITIS/TONSILLITIS

Focused Exam (20 minutes max.)

Start Time _____

Finish Time _____

_____ 5 pts Hand washing

_____ 10 pts Chief Complaint:

_____ 30 pts History of Present Illness/Pertinent past medical history, surgical history, allergies, etc.

History of Present Illness: see above (5 pts)

Pertinent past medical history: None (5 pts)

Surgical history: Appendectomy, 2010 (5 pts)

Allergies: NKDA (3 pts)

Medications: None (5 pts)

Social History: Single; College student; Drinks 1-2 beers per week; No tobacco or drugs; Not sexually active (5 pts)

Family History: Non-contributory (2 pts)

_____ 10 pts Review of Systems (Focused based on most likely diagnosis)

General: Fatigued; decreased appetite (1 pts)

HEENT: Sore throat with difficulty swallowing; ear pressure (3 pts)

Skin: No lesions (1 pts)

Neck: Denies "stiff neck"; reports swollen "nodes" (3)

Abdomen: GI upset past few days; Nausea, no Vomiting; last BM today (2 pts)

_____ 10 pts Physical Exam (Focused based on most likely diagnosis, pertinent systems assessed)

General (1), HEENT (3), Skin (1), Neck (3), Abdomen (2)

_____ 10 pts Physical Exam- Appropriate techniques (5 pts); Patient comfort/safety (5 pts)

Strep test negative

_____ 15 pts Differential diagnosis- at least 3 (10 pts); Use of appropriate resources (5 pts)

_____ 5 pts Treatment (at least one pharmacological and/or one non-pharmacological if appropriate) (4 pts); Use of appropriate resources (1 pt)

_____ 5 pts Patient Education related to diagnosis, rest, hydration, hand hygiene, medication, & follow up (Diagnosis 1 pt; Health Promotion 1 pt; Non-pharmacological treatment 1 pt; Medications 1 pt; Follow-up 1 pt)

Total _____/100

Evaluator _____

Date _____

Student Name: _____

Date: _____

Cluster Headaches:

Focused Exam (20 minutes max.)

Start Time _____

Finish Time _____

_____ 5 pts Hand washing

_____ 10 pts Chief Complaint:

_____ 30 pts History of Present Illness/Pertinent past medical history, surgical history, allergies, etc.

History of Present Illness: see above (5 pts)

Pertinent past medical history: Arthritis; Fractured Left ankle (5 pts)

Surgical history: None (5 pts)

Allergies: NKDA (2 pts)

Medications: Ibuprofen 800 mg prn; Tylenol 325 mg, 2 tablets prn;(5 pts)

Social History: Married; Construction worker; 2 children; Chews tobacco 3-4 x day (5 pts)

Family History: Parents alive; Father has similar headaches (3 pts)

_____ 10 pts Review of Systems (Focused based on most likely diagnosis)

General: Appetite good; no weight changes; sleep patterns norma (1 pt)

HEENT: Headache, 2 yrs (Daylight Savings); Duration 45 min. to 3 hours for 5 nights in a row; nasal stuffiness/tearing R eye; alcohol makes HA worse; mild hearing loss (unrelated); Tylenol prn for headache (5 pts)

MSK: Complains of mild joint pain/stiffness at end of day; no change in headaches; takes Ibuprofen prn for pain; "stiff neck" a week ago but no fever or headache with this (1 pts)

Neuro: Denies dizziness, gait imbalance, weakness; drooping of right eyelid with headache(3 pts)

_____ 10 pts Physical Exam (Focused based on most likely diagnosis, pertinent systems assessed)

General (1), HEENT (5), MSK (1), Neuro (3)

_____ 10 pts Physical Exam- Appropriate techniques (5 pts); Patient comfort/safety (5 pts)

_____ 15 pts Differential diagnosis- at least 3 (10 pts); Use of appropriate resources (5 pts)

_____ 5 pts Treatment (at least one pharmacological and/or one non-pharmacological if appropriate) (4 pts); Use of appropriate resources (1 pt)

_____ 5 pts Patient Education related to diagnosis, awareness of triggers, rest, medication, & follow up (Diagnosis 1 pt; Health Promotion 1 pt; Non-pharmacological treatment 1 pt; Medications 1 pt; Follow-up 1 pt)

Total _____/100

Evaluator _____

Date _____

Student Name _____

Date _____

LOW BACK PAIN:

Focused Exam (20 minutes max.)

Start Time _____

Finish Time _____

_____ 5 pts Hand washing

_____ 10 pts Chief Complaint:

_____ 30 pts History of Present Illness/Pertinent past medical history, surgical history, allergies, etc.

History of Present Illness: see above (5 pts)

Pertinent past medical history: Gallstones 2010, Fx R wrist, fall (5 pts)

Surgical history: Cholecystectomy (5 pts) Allergies: PCN/rash (3 pts)

Medications: Ibuprofen 400-800 mg prn; Calcium 500 mg daily; Multivitamin daily (5 pts)

Social History: Divorced; Admin. Assist.; no children; Drinks 1-2 beers monthly (5 pts)

Family History: Non-contributory (2 pts)

_____ 10 pts Review of Systems (Focused based on most likely diagnosis)

General: Sedentary activity with no regular exercise; sleeps 6 hours per night, etc. (2 pts)

MSK: Low back pain radiating down right leg (not constant); lying worse than standing; hurts to bend over (3 pts)

Neuro: Tingling R leg after lying down or walking; sensation to R leg intact (3 pts)

Abdomen: GI upset past few days; N, no V; last BM today (2 pts)

_____ 10 pts Physical Exam (Focused based on most likely diagnosis, pertinent systems assessed)

General (2), MSK (3), Neuro (3), Abdomen (2)

_____ 10 pts Physical Exam- Appropriate techniques (5 pts); Patient comfort/safety (5 pts)

Straight leg test positive R

_____ 15 pts Differential diagnosis- at least 3 (10 pts); Use of appropriate resources (5 pts)

_____ 5 pts Treatment (at least one pharmacological and/or one non-pharmacological if appropriate) (4 pts); Use of appropriate resources (1 pt)

_____ 5 pts Patient Education related to diagnosis, safe lifting, ice/heat & exercise; medication, & follow up (Diagnosis 1 pt; Health Promotion 1 pt; Non-pharmacological treatment 1 pt; Medications 1 pt; Follow-up 1 pt)

Total _____/100

Evaluator _____

Date _____

Evidence-Based Practice/ Family II Synthesis Paper Online Group

Guidelines and Grading Rubric

Purpose: To incorporate evidenced based practice using a patient experience (case study). This assignment is designed to help you identify and communicate in writing the most important (concise) points of history, assessment and APN interventions (pharmacology, CAM and other treatment options) using the highest level of evidence (practice guidelines, research, and other ways of knowing) available to support your practice as a leader to identify and reduce healthcare disparities in a vulnerable population as a Family Nurse Practitioner.

A topic list will be posted in blackboard discussion board at least 2 weeks prior to the due date. Each student can reserve one topic to do their paper. Each student will complete a paper and post it in your group discussion board Tuesday at midnight of the online week. Each student will read each group members paper (3 students in a group) and add referenced substantive comments. The student who wrote the original paper has 7 days to submit their final group paper incorporating all of the changes and references suggested by group members. All group members receive an average grade of the 3 papers, this is a group paper.

Body of paper: Length is required to be between 8 and 10 pages double spaced (not including title, abstract, appendix and reference pages). Any additional pages added to the **body** of the paper, ***after page 10*** will not be included in the grading process using the rubric below. The paper should be in APA 6th edition format, except the title page. Use Times New Roman and 12 point font for the paper (100 points).

Elements must include but are not limited to:

- **(5 points) APA Format and Grammar** (Don't forget about the graduate writing center through RAGE)
 - Abstract: Get the reader's attention, only use specific numbers that will get a reader to want to read your paper. See the APA manual for word limits and what information should be included in an abstract
 - Reference (In text and reference page), see APA manual for order of paper, proper citation and plagiarism information
 - Post to the draft SafeAssign well before assignment due, make corrections and submit final to the discussion board for your group.
- **(10 points) Introduction (vulnerable population/treatment plan/interprofessional collaboration)**
 - Summarize direction of your paper; don't repeat Abstract but add more detail (i.e. mortality rate or prevalence etiology and/or epidemiology in the US) as to why the topic is important to the FNP role, healthcare, economics, family genetics/genomics, etc.

○ **(25 Points) Review of medical topic**

- Case Study (Concise): List all the significant history, cc, etc.- not all the normal information about the patient unless it substantiates the significance to the case to rule out differential diagnoses. The case study for the most key elements for the topic should be one to two paragraphs in length.

ADDITIONAL REQUIREMENT FOR THIS SECTION CONTINUED ON THE NEXT PAGE

- Concise review of Epidemiology & Pathophysiology for Diagnosis: include differentials with rationales and diagnostics; may use table or other in appendix and refer to in this section of the paper, see APA for page order.

○ **(25 Points) Review of Literature and Research (Theory and practice)**

Current research review (<5 years old or with instructor permission)

- Using a Practice guideline, Systematic Review **and** a minimum of 2 peer reviewed articles (should be referenced and summarized and concise) develop a plan of care.

Minimum elements that should be present in this part are: number of subjects, methodology, significant findings or pertinent significant findings with associated statistical values and the implications of the findings for the feasibility or non-feasibility for Advanced Practice Nursing

- Identify all the key treatment plan concepts for the patient; *vulnerable population, diagnosis, developmental, interprofessional collaboration, and Family theory* or conceptual model to describe your approach to *safe, quality, patient centered treatment plan and advocacy for this vulnerable population*. (patient in your case study) Demonstrate how using the theoretical framework you choose will enhance the care you provide, identify healthcare disparities and your role as an APN Implications in the treatment plan and reducing healthcare disparities for this population.

○ **(15 Points) Relevance and Implications for APN** (Must be a heading in your paper)

Describe the topic relevance for your practice as an APN in reference to your case

- Suggested significant (concise) elements that may be included are: Assessment, Differential Diagnoses, Holistic approaches, Interventions and Pharmacological and if applicable any alternative medicine treatments (including CAM), referrals utilizing research, evidenced based practice guidelines and theory.

○ **(20 Points) Summary/Conclusion- Case and Implications**

- Don't repeat the abstract or all the details in the body of your paper but summarize the entire paper into what you want the reader to remember (Significance of topic to APN, vulnerable population-patient, family and

summary of research including theory and APN role/competencies to collaborate interprofessionally and patient-centered care.

- Include few details about: (Concise Summary)
 - ✓ why the topic/case study is important
 - ✓ what specific patients are effected
 - ✓ what the APN should consider and/or do
 - ✓ why the APN should do it (most significant evidence to support practice)
 - ✓ how and when to apply to evidence (research and theory) into APN practice