**PURDUE UNIVERSITY**

REQUEST FOR ADDITION, EXPIRATION, OR REVISION OF A GRADUATE COURSE

(500-500 LEVEL)

DEPARTMENT: Nursing

EFFECTIVE SESSION: Fall 2009

**INSTRUCTIONS:** Please check the items below which describe the purpose of this request.

1. New course with supporting documents (complete proposal form)
2. Add existing course offered at another campus
3. Expiration of a course
4. Change in course number
5. Change in course title
6. Change in course credit type

7. Change in course attributes
8. Change in instructional hours
9. Change in course description
10. Change in course requisites
11. Change in semesters offered
12. Transfer from one department to another

**PROPOSED:**

<table>
<thead>
<tr>
<th>Subject Abbreviation</th>
<th>Subject Abbreviation</th>
<th>Course Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR</td>
<td></td>
<td>543</td>
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**EXISTING:**

<table>
<thead>
<tr>
<th>Course Number</th>
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<tbody>
<tr>
<td>543</td>
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**TERMS OFFERED**

<table>
<thead>
<tr>
<th>Check All That Apply</th>
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<tbody>
<tr>
<td>Semmer</td>
</tr>
<tr>
<td>Fall</td>
</tr>
<tr>
<td>Spring</td>
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</tbody>
</table>

**CAMPUS(ES) INVOLVED**

- Calumet
- Cont Ed
- Tech Slatewide
- Ft. Wayne
- Indianapolis
- W. Lafayette

**ABBREVIATED TITLE WILL BE ENTERED BY THE OFFICE OF THE REGISTRAR IF OMITTED. (22 CHARACTERS ONLY)**

**CREDIT TYPE**

<table>
<thead>
<tr>
<th>1. Fixed Credit: Cr. Hrs.</th>
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<tbody>
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<td></td>
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</table>

| 2. Variable Credit Range: |
| Minimum Cr. Hrs. (Check One) To |
| Maximum Cr. Hrs. |

<table>
<thead>
<tr>
<th>3. Equivalent Credit: Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</table>

<table>
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<tr>
<th>4. Thesis Credit: Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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**INSTRUCTIONAL TYPE**

<table>
<thead>
<tr>
<th>Lecture</th>
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<tbody>
<tr>
<td>Recitation</td>
</tr>
<tr>
<td>Presentation</td>
</tr>
<tr>
<td>Laboratory</td>
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<tr>
<td>Lab Prep</td>
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<tr>
<td>Studio</td>
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<tr>
<td>Distance</td>
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<tr>
<td>Clinic</td>
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<tr>
<td>Experiential</td>
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<td>Research</td>
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<tr>
<td>Ind. Study</td>
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<tr>
<td>Pract/Observ</td>
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**MINUTES PER MIN |

<table>
<thead>
<tr>
<th>Meeting Per Week</th>
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**WEEKS OFFERED**

<table>
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<tr>
<th>% of Credit Allocated</th>
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<tr>
<th>Delivery Method (Asyn. Or Syn.)</th>
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<tr>
<th>Delivery Medium (Audio, Internet, Live, Text-Based, Video)</th>
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**CROSS-LISTED COURSES**

**OFFICE OF THE REGISTRAR**

Calumet Department Head: [Signature] Date: 9/28/09

Calumet College Dean: [Signature] Date:

Calumet Undergrad Curriculum Committee: [Signature] Date:

Calumet Chancellor: [Signature] Date:

Ft Wayne Department Head: [Signature] Date:

Ft Wayne School Dean: [Signature] Date:

Ft Wayne Chancellor: [Signature] Date:

Indy Department Head: [Signature] Date:

Indy School Dean: [Signature] Date:

Undergrad Curriculum Committee: [Signature] Date:

North Central Department Head: [Signature] Date:

North Central Chancellor: [Signature] Date:

Date Approved by Graduate Council:

Graduate Council Secretary: [Signature] Date:

West Lafayette Department Head: [Signature] Date:

West Lafayette College/School Dean: [Signature] Date:

West Lafayette Registrar: [Signature] Date:

Office of the Registrar: [Signature] Date:

OFFICE OF THE REGISTRAR
To: Purdue University Graduate Council

From: Faculty Member: Dr. Susan L. Ahrens

Department: Nursing
Campus: IPFW

Date: April 8, 2009

Subject: Proposal for New Graduate Course Documents Supporting Registrar's Form 40

Contact information if questions arise

Name: Dr. Susan L. Ahrens
Phone Number: 260-481-6278
E-mail: ahrens@ipfw.edu

Course Number: NUR 543
Campus Address: Neff B50-U

Course Title: Chronic Illness Adult Health Preceptorship

A. Justification for the Course
   Explain how this course relates to other courses offered in the department or other departments and how this course fulfills a recognized need.

   [This course is intended primarily for students] Choose one:

B. Level of the course:
   Justify request for graduate course level by indicating anticipated enrollments of undergraduate and graduate students.
   Anticipated Undergraduate Student Enrollment:
   Anticipated Graduate Student Enrollment:

C. Prerequisites: (If none, please explain reasons for absence)

D. Course Instructor:
   [Instructor's Name]

E1. Course Outline:
   (An outline of topics to be covered and an indication of the relative emphasis or time devoted to each topic is necessary. If laboratory or field experience is involved, the nature of this component should be explained as well).

E2. Method of Evaluation or Assessment:

F. Reading List:
   A reading list or bibliography should be limited to material the students will be required to read in order to successfully complete the course. It should not be a compilation of general reference material.
Course Subject Abbreviation and Number:  NUR 543

Course Title: Chronic Illness and Commonly Recurring Conditions: Adult Health Preceptorship

A. Justification for the Course:

1. Explanation of the need for the course: This course is required by accrediting agencies to fulfill requirements for students to be eligible to take the certification examination for Adult Nurse Practitioner upon graduation. Certification is required for Nurse Practitioners to practice in most states. This course provides the students with the concepts needed to understand the health care needs of the adolescent and adult.

2. Contribution of the course to existing fields of study: This clinical requirement provides the students the opportunity to implement the strategies learned in the didactic co-requisite course, NUR 542 Chronic Illness and Commonly Recurring Conditions.

3. This course is intended primarily for students (choose one):
   □ From within this department  OR  □ From other departments

B. Learning Outcomes and Method of Evaluation or Assessment:

Describe the course objectives and student learning outcomes that address the objectives.

Upon successful completion of this course, the student is able to:

1. Apply epidemiology, family, community, and health promotion theories in the care of adolescents and adults with chronic conditions.
2. Use appropriate diagnostic modalities in assessing the chronic healthcare needs of adolescents and adults.
3. Synthesize clinical data to formulate, implement and evaluate care for chronically ill clients and their families.
4. Use appropriate standards of practice in the management of chronic physical and mental health problems in adolescents and adults.
5. Demonstrate comprehensive management of primary care needs of adolescents and adults from diverse backgrounds who are experiencing chronic illness and recurring conditions.
6. Utilize community resources in the primary care of individuals and families with chronic conditions.
7. Integrate the teaching-coaching role into the management of chronic illnesses of adolescents and adults.
8. Analyze the collaborative role and scope of practice of the Adult Nurse Practitioner in the treatment of chronic conditions.
9. Address the unique needs of the rural population in the provision of care to adolescents and adults.

Outcomes:

Students must complete 210 total clinical hours.

1. Clinical Journal – 20%
The purpose of the clinical journal is to allow the faculty member to follow and evaluate your clinical progress. The journal is evaluated on the presence and quality of the following criteria (see also Weekly Journal Format and Clinical Journal Criteria and Evaluation Tool).

Your weekly clinical journal entries should include the following:

a. **Documentation of actual clinical experience.** Document each client encounter. Include the following information: confidential client identifiers, chief complaint/subjective and objective data, nursing and medical diagnoses, screening, and treatment plan. Include client education and meds.

b. **SOAP Notes.** One SOAP note is required each time you submit your clinical journal. The notes must be related to your clinical experiences and should include generalized history and physical exam and one focused visit. Evaluation of SOAP notes will be based on organization, completeness of objective and subjective data, nursing and medical diagnoses, a management plan with rationale that addresses actual and potential health problems, inclusion of Health Promotion screening and teaching, and follow-up.

c. **Clinical & Personal Objectives.** (See also Clinical Evaluation Form to be filled out by both your faculty member and your preceptor. Your tentative personal objectives must be submitted to your faculty member the first week of class. These objectives may evolve as you begin your clinical practice. You are responsible for making sure that your faculty member has approved your personal goals before giving both a copy of the course objectives and your finalized personal goals to your clinical preceptor. You should document your progress toward fulfilling your personal and course objectives/goals each week in your journal and should include examples of activities in your clinical setting to support your claims.

d. **Weekly Observations/Self-Reflection.** Each week you are to record your observations and reflections about healthcare delivery used in your clinical sites; access to care issues; relationships among staff, including relationships between APNs and other nursing, medical, and clerical staff; or any other issues you’d like to discuss. These will not be shared with your preceptors or faculty outside the course, but may be useful to discuss with other students in class as well as to increase your ability to evaluate different systems of provision of health care. This is a confidential section of your log, to be shared with your instructor.

Due Dates: Logs will be turned in at each Seminar.

2. Clinical Performance 40%

3. Written Case Study 15%

4. Seminar participation 15%

5. E-portfolio Submission 10%

Identify methods of instruction:

- Lecture
- Recitation
- Presentation
- Laboratory
- Lab Prep
☐ Studio
☐ Distance
☒ Clinic
☐ Experiential
☐ Research
☐ Ind. Study
☐ Practicum/Observation
☒ Seminar

A. Level of the Course:
1. Justify the level of the proposed graduate course including statements on, but not limited to, the target audience, rigor of the course, and expected learning outcomes. This course is designed for the Advanced Practice Nurse, providing the foundation of knowledge for the advance practice nurse to provide care of clients with chronic illness. This course will also assist the student to identify strategies needed to assist clients meet their health care needs in the clinical setting.

2. Indicate the anticipated number of undergraduate and graduate students who will enroll in the course. 10-15

B. Prerequisites:
1. List prerequisite courses by subject abbreviation, number, and title.
   ☒ C: NUR 542 Chronic Illness and Commonly Recurring Conditions: Adult Health
2. List other prerequisites and/or experiences required.

3. Graduate of an accredited nursing program with a 3.0 GPA; Licensed to Practice in Indiana; If no prerequisites-explain their absence. n/a

C. Course Instructor
1. Name, Rank, and department/program affiliation
   Department of Nursing Adult Nurse Practitioner Faculty member/ not yet identified

2. Is the instructor currently a member of the Graduate Faculty? ☒ yes ☐ no
   (If no, indicate when it is expected that a request will be submitted.)

D. Reading List:
1. Required primary reading list.
E. Library Resources:
Students will be completing a scholarly paper which will require library searches. They may need assistance from the librarian.

Reserve readings will be requested from librarian

F. Course Syllabus: attach at this point.
Indiana University-Purdue University Fort Wayne
College of Health and Human Services
Parkview Department of Nursing

Course Number and Title: NUR 543 Chronic Illness and Commonly Recurring Conditions: Adult Health Preceptorship

Pre- or Corequisite: P: NUR 502, NUR 503, NUR 507, NUR 533 C: NUR 542

Course Credits and Hours: Credits: 3   Lecture: 0   Clinical: 3 (210 hrs) and Seminar: 15 hrs

Course Instructor:

Course Description:
This course assists students to develop and broaden clinical judgment and skills. Content includes the study of chronic illness and recurring conditions in adolescents and adults and the impact of those conditions on family members. Focus is on the differential diagnosis, clinical decision making and management, as well as patient and family education within the context of primary care. The Adult Nurse Practitioner role is analyzed in the context of caring for persons with chronic conditions. Professional issues, collaboration, scope of practice and advocacy are emphasized.

Course Objectives:
1. Apply epidemiology, family, community, and health promotion theories in the care of adolescents and adults with chronic conditions.
2. Use appropriate diagnostic modalities in assessing the chronic healthcare needs of adolescents and adults.
3. Synthesize clinical data to formulate, implement and evaluate care for chronically ill clients and their families.
4. Use appropriate standards of practice in the management of chronic physical and mental health problems in adolescents and adults.
5. Demonstrate comprehensive management of primary care needs of adolescents and adults from diverse backgrounds who are experiencing chronic illness and recurring conditions.
6. Utilize community resources in the primary care of individuals and families with chronic conditions.
7. Integrate the teaching-coaching role into the management of chronic illnesses of adolescents and adults.
8. Analyze the collaborative role and scope of practice of the Adult Nurse Practitioner in the treatment of chronic conditions.
9. Address the unique needs of the rural population in the provision of care to adolescents and adults.

Required texts:

Recommended Text:
Course Requirements:

1. Clinical Journal – 20%
   The purpose of the clinical journal is to allow the faculty member to follow and evaluate your
   clinical progress. The journal is evaluated on the presence and quality of the following criteria
   (see also Weekly Journal Format and Clinical Journal Criteria and Evaluation Tool). The
   Weekly Journal Format includes everything that you must include on a weekly basis in your
   journal. A copy of the format is attached. (Please note you can add additional space to any
   section as needed. This form will keep your journal records organized by weeks.)
   **Please remember that before you submit your journal to your instructor, you must have
   your clinical preceptor sign off on your journal in order to verify clinical hours and patient
   encounters.

   Your weekly clinical journal entries should include the following:

   a. Documentation of actual clinical experience. Document each client encounter. Include the
      following information: confidential client identifiers, chief complaint/subjective and objective data,
      nursing and medical diagnoses, screening, and treatment plan. Include client education and meds.
   b. SOAP Notes. One SOAP note is required each time you submit your clinical journal. The
      notes must be related to your clinical experiences and should include generalized history and
      physical exam and one focused visit. Evaluation of SOAP notes will be based on organization,
      completeness of objective and subjective data, nursing and medical diagnoses, a management
      plan with rationale that addresses actual and potential health problems, inclusion of Health
      Promotion screening and teaching, and follow-up.
   c. Clinical & Personal Objectives. (See also Clinical Evaluation Form to be filled out by both
      your faculty member and your preceptor. Your tentative personal objectives must be submitted
      to your faculty member the first week of class. These objectives may evolve as you begin your
      clinical practice. You are responsible for making sure that your faculty member has
      approved your personal goals before giving both a copy of the course objectives and your
      finalized personal goals to your clinical preceptor. You should document your progress
      toward fulfilling your personal and course objectives/goals each week in your journal and
      should include examples of activities in your clinical setting to support your claims.

      **Be sure that your preceptor has a copy of your personal and course goals, as well as any
      changes in your personal goals.
   d. Weekly Observations/Self-Reflection. Each week you are to record your observations and
      reflections about healthcare delivery used in your clinical sites; access to care issues;
      relationships among staff, including relationships between APNs and other nursing, medical,
      and clerical staff; or any other issues you’d like to discuss. These will not be shared with your
      preceptors or faculty outside the course, but may be useful to discuss with other students in
      class as well as to increase your ability to evaluate different systems of provision of health-
      care. This is a confidential section of your log, to be shared with your instructor.

   Due Dates: Logs will be turned in at each Seminar.

2. Clinical Performance 40%
   Consisting of:
   • Preceptor evaluation
   • Instructor evaluation
   • Student evaluation
3. Written Case Study 15%

4. Seminar participation 15%

5. e-portfolio Submission 10%
   Using the information gathered from the course, the student will determine a category from the
terminal objectives and write the rationale for item inclusion. This will be submitted to the faculty
for review and comment and then included in the student’s e-portfolio document.

Evaluation Methods:
Clinical performance, written case study, seminar participation

Department Announcements:
Communication
The official university communication is by IPFW e-mail using the university student
E-mail address. E-mail includes information sent to the nursing listserv. Students’ must maintain the
mailbox, including sufficient space to receive e-mails. Students are responsible for information sent via
e-mail.

Services for Students with Disabilities
If you have a disability and need assistance, special arrangements can be made to accommodate most
needs. Contact the Director of Services for Students with Disabilities (Walb, room 113, telephone
number 481-6658), as soon as possible to work out the details. For more information, please visit the
web site for SSD at [http://www.ipfw.edu/ssp/](http://www.ipfw.edu/ssp/)

Classes in the nursing program will be canceled:
A. At all instructional sites if IPFW is officially closed by the administration of the university, or
B. At the practicum or clinic site if it is closed by officials of that institution.
Decisions to close IPFW and practicum/clinic sites are left to the chief administrators of those
respective facilities. In the event of inclement weather, listen to local radio or television
announcements, go to [www.ipfw.edu](http://www.ipfw.edu) (a notice will appear at the top of the page), or call the campus
weather emergency number, 481-6050 or 481-5770 for a recorded message.

Plagiarism
According to the American Psychiatric Association (2001), plagiarism is the representation of
another authors work as your own. Additional clarification of plagiarism is found in the
following statements, from the American Psychological Association (2001):
   Quotation marks should be used to indicate the exact words of another author. Each
time you paraphrase another author (i.e., summarize a passage or rearrange the order of
a sentence and change some of the words), you will need to credit the source in the
text. The key element of this principle is that an author does not present the work of
another author as if it were his or her own work (p.349).

The Plagiarism Policy of the nursing department indicates that any student who plagiarizes has
committed academic dishonesty and misconduct which may lead to dismissal from the
program or college. Any student, who has been identified to have plagiarized will receive a
zero for that assignment.

**Graduate Grading Scale:**

<table>
<thead>
<tr>
<th>Score</th>
<th>Grade</th>
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<tbody>
<tr>
<td>90 – 100</td>
<td>A</td>
</tr>
<tr>
<td>80 – 89</td>
<td>B</td>
</tr>
<tr>
<td>70 – 79</td>
<td>C</td>
</tr>
<tr>
<td>Below 70</td>
<td>F</td>
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**Resources:**

Resources available at IPFW are found on the IPFW website. A few resources are listed below.

**The Writing Center at IPFW** ([http://www.ipfw.edu/casa/writing/](http://www.ipfw.edu/casa/writing/))

You can improve your writing for any class by discussing your writing with a knowledgeable peer writing consultant in the Writing Center, Kettler G19. The staff will help you brainstorm, develop, and organize your ideas, work on issues of meaning and style, and learn to polish and edit your final draft. The Center is not a proofreading service; improving your writing takes time. To get the most from your visits: (a) sign up on the board outside KT G19 for 30 or 50 minute free appointments; (b) bring assignment, due dates, questions, ideas, and draft (if you have one); come early in the writing process, and (d) come regularly.

**Additional Resources for Writing**


APA Style Tips [http://www.apastyle.org/styletips.html](http://www.apastyle.org/styletips.html)

Electronic References [http://www.apastyle.org/elecref.html](http://www.apastyle.org/elecref.html)


**The Online Learning Environment**

To participate in an on-line course you must have Internet access. Before you start your course, it is expected that you are proficient with using basic Internet functions, such as using e-mail, searching the Web and using browsers. If you do not have a home computer and access to the Internet, you may use the IPFW student labs with a proper user ID, your local public library or a designated learning center, which are located around the state of Indiana.

To know the technical needs for using the IPFW Online Learning Environment, you can access this information at: [http://www.ipfw.edu/dleARNING/TECHNICAL.shtml](http://www.ipfw.edu/dleARNING/TECHNICAL.shtml)