

PRACTICUM I FOR THE AGACNP (NURS 7383)

Term: Summer 2025

Professor: Dr. Teresa Griffin, DNP, APRN, AGACNP-BC, FNP-C

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Office Hours: Wednesday 5:00-8:00 PM CST and by appointment

Course Dates: May 5 – August 9, 2025

Course Times & Classroom: Hybrid online course with Objective Structured Clinical Examinations (OSCEs) and/or skills checkoff on-campus during Week 14

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Co-Faculty:

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Best way to contact: Do not hesitate to reach out to your faculty for any needs.

First, send an inbox message through the associated Canvas course to your assigned faculty. Follow-up with secondary method if no response within two (2) business days through the following pathway: inbox->email->text->call.

If you do not get a response or resolution from your assigned faculty, then proceed through the following pathway: course lead faculty->program coordinator.

Course Overview

This is the first of six clinical courses in which students implement the AGACNP role across healthcare settings. Serving as a member of the interprofessional team, students will evaluate, diagnose, and manage adult and geriatric patients experiencing acute, chronic, and critical illness. Students complete 125 hours of precepted clinical experience and are expected to develop and implement evidence-based, person-centered care plans. Limited seminar time is incorporated in the class to prepare the student for role transition upon graduation.

Prerequisites

NURS 7354

Student Learning Outcomes

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

1. Implement the role of the AGACNP as an interprofessional team member in managing adults and older adults with acute, chronic, and critical illnesses.
2. Interpret clinical data to guide evidence-based evaluation, diagnosis, and management of chronic, acute, and critical conditions, promoting health, safety, and risk reduction.
3. Perform comprehensive and focused assessments to support evidence-based, person-centered care plans for adults with acute, chronic, and complex conditions.
4. Demonstrate communication and education techniques to support shared decision-making, health promotion, and self-management, tailoring approaches to the individual's health literacy, cognitive status, and life stage.
5. Exemplify ethical decision-making, professional integrity, and awareness of health policy in the provision of person-centered care.
6. Select healthcare technologies, clinical decision support tools, and electronic health records to enhance decision-making, documentation, and coordination of care.

Required Resources

- **Question Bank:** Access to an online question bank through *Advanced Practice Education Associates (APEA)* is required during your first practicum course and will extend for three months following graduation from the AGACNP program. The QBank provides 800 questions focused on acute care conditions and illnesses encountered in adult-gerontology acute care settings and prepares the student for board certification exams. The questions and rationales build knowledge and create a deeper understanding of the acute care illnesses and conditions encountered from late adolescence through older adulthood. Question content aligns with the exam blueprints for AGACNP certification.
- Total Estimated costs of required course materials: \$450.00 one-time access fee for entire duration of the program

Recommended Resources (Optional):

- Publication Manual of the American Psychological Association: The Official Guide to APA Style, 7th ed.; American Psychological Association; ISBN: 978-1433832161; eBook ISBN: 978-1433832154
- Other resources may be suggested throughout the semester.

Special Course Notes:

- **Proctoring Notice:** The exam question banks will utilize a proctoring service for all exams. This will be provided through APEA and is included in the student bundle fee for the exam banks.
- **Artificial Intelligence:** UT Tyler is committed to exploring and using artificial intelligence (AI) tools as appropriate for the discipline and task undertaken. We encourage discussing AI tools' ethical, societal, philosophical, and disciplinary implications. All uses of AI should be acknowledged as this aligns with our

commitment to honor and integrity, as noted in UT Tyler's Honor Code. Faculty and students must not use protected information, data, or copyrighted materials when using any AI tool. Additionally, users should be aware that AI tools rely on predictive models to generate content that may appear correct but is sometimes shown to be incomplete, inaccurate, taken without attribution from other sources, and/or biased. Consequently, an AI tool should not be considered a substitute for traditional approaches to research. You are ultimately responsible for the quality and content of the information you submit. Misusing AI tools that violate the guidelines specified for this course (see below) is considered a breach of academic integrity. The student will be subject to disciplinary actions as outlined in UT Tyler's Academic Integrity Policy.

For this course, **AI is permitted only for specific assignments or situations, and appropriate acknowledgment is required.** This course has specific assignments where artificial intelligence (AI) tools (such as ChatGPT or Copilot) are permitted and encouraged. When AI use is permissible, it will be clearly stated in the assignment directions, and all use of AI must be appropriately acknowledged and cited following the APA guidelines, including the specific version of the tool used. The submitted work should include the exact prompt you used to generate the content and the AI's complete response as an appendix. Because AI-generated content is not necessarily accurate or appropriate, you must assess the validity and applicability of any submitted AI output. You will not earn full credit if inaccurate, invalid, or inappropriate information is found in your work. APA Style Citation Information: <https://apastyle.apa.org/blog/how-to-cite-chatgpt>

Unless specified in the course assignment directions, the default is that AI is not allowed during any stage of an assignment. Using AI tools outside of these parameters violates UT Tyler's Honor Code, constitutes plagiarism, and will be treated as such. Students shall not use AI tools during examinations.

- **Alternate Locations:** During Objective Structured Clinical Examinations (OSCEs), the class will meet in the Braithwaite Building School of Nursing at the main UT Tyler campus at 3900 University Blvd., Tyler, Texas, 75799. OSCEs are typically scheduled during Week 14 of the course. Please refer to the course calendar for specific dates.
- **External Resources:** The AGACNP program incorporates question banks from APEA (Advanced Practice Education Associates) for assessments of board examination readiness during the six practicum courses. AGACNP diagnostic skill practice through virtual reality (VR) will be incorporated through *InciteVR*. During the last semesters of the program, Fundamental Critical Care Support (FCCS) certification will be obtained through the *Society of Critical Care Medicine*. Detailed instructions will be provided in class for each of these assignments.

Course Structure

This course is structured as an online hybrid learning environment with some asynchronous and synchronous content delivery. This course has live office hour sessions via ZOOM that are designed to review course material and assignments and provide question-and-answer (Q&A) sessions. Attendance requirements will be specified in the grading criterion, and it is highly recommended to achieve your academic success; however, sessions are recorded and available for students to review who are unable to attend. Please notify your assigned faculty if you are unable to attend. This does not require you to be in a specific location to participate; however, it is recommended to be in a quiet location with distractions minimized to enhance your learning experience.

The online nature of this course will push you to take an active role in the learning process. You will do this by engaging and collaborating with other students and the instructor regularly through live sessions, assignments, and group activities. Please review the course content before attending online meetings to enhance the learning experience for all participants.

Tips for Success in this Course

1. **Participate.** I invite you to engage deeply, ask questions, and talk about the course content with your classmates. You can learn a great deal from discussing ideas and perspectives with your peers and professor. Participation can also help you articulate your thoughts and develop critical thinking skills.
2. **Manage your time.** I get it—students usually juggle a lot, and I know you have commitments beyond this class. Still, doing your best often means carving out enough dedicated time for coursework. Try scheduling specific blocks of time and ensure you have enough room to finish assignments, allowing extra space for any tech issues that might pop up. *For each 3-hour didactic course, it is recommended to allot a minimum of 9-10 hours of content study time to successfully pass the course. For every 3-hour clinical course, it is recommended to allot 20 hours per week of clinical time along with content review.*
3. **Login regularly.** I recommend that you log in to Canvas several times a week to view announcements, discussion posts and replies to your posts.
4. **Do not fall behind.** This class moves at a quick pace and each week builds on the previous class content. If you feel you are starting to fall behind, check in with the instructor as soon as possible so we can troubleshoot together. It will be hard to keep up with the course content if you fall behind in the pre-work or post-work.
5. **Use Canvas notification settings.** Pro tip! Canvas can ensure you receive timely notifications in your email or via text. Be sure to enable notifications to be sent instantly or daily. ([Canvas Notification Guide](#))
6. **Ask for help if needed.** If you are struggling with a course concept, reach out to me and your classmates for support.

Graded Course Requirements Information

Role Application Project (15%)

- The role of the AGACNP extends beyond clinical bedside skills to encompass many facets of healthcare delivery. Various activities will be assigned throughout the program to assist the student with development of the specific role and professional practice of the AGACNP and will serve several key purposes:
 1. **Practical Application:** These projects allow students to apply theoretical knowledge to real-world clinical or practice scenarios, bridging the gap between classroom learning and practical experience.
 2. **Professional Role Understanding:** These projects help students understand the responsibilities and expectations of their role as acute care NPs, preparing them for future careers.
 3. **Interdisciplinary Collaboration:** Role application projects often involve working with other healthcare professionals, fostering teamwork and collaboration skills.
 4. **Influence on Practice:** These projects enable students to understand and engage with policy-making processes, thereby equipping them to advocate for and implement healthcare policies that enhance patient outcomes and healthcare delivery.

5. **Navigating the Healthcare System:** Role application projects equip students with the skills to assist patients in navigating complex healthcare systems, including support with insurance, billing, and accessing necessary services, with a focus on advocating for vulnerable populations who may face barriers to care.

- The assigned role application project will be weighted as 15% of the course grade.

For NURS 7383, the role application project will be: **Evidence Table – Impact of SDOH on Acute Care Health Outcomes**

Objective: Critically analyze and synthesize recent peer-reviewed literature that explores the influence of SDOH on outcomes in acute care settings.

Instructions:

1. Perform a literature review exploring how one or more SDOH influences patient health outcomes in acute care settings.
 - Start your literature search early using databases like PubMed or CINAHL available through library resources. Ask for the librarian for the School of Nursing if assistance is needed.
 - Use keywords like: “social determinants of health” + “acute care outcomes” + “access to care” + “readmission rates”, etc.
 - Use a citation manager to stay organized such as EndNote.
2. Identify and review five (5) peer-reviewed articles or government/organizational reports related to SDOH and acute care within the last 5 years.
 - All sources must be from reputable journals or organizations (e.g., CDC, AHRQ, JAMA, AJN, etc.)
 - At least three (3) sources must be empirical research studies. Do not use systemic reviews or meta-analyses. You may use them to guide your search but do not include them in the table.
 - Focus should be on U.S. healthcare systems, but inclusion of one international article for comparison is acceptable.
 - Each source should directly relate to one or more SDOH (e.g., socioeconomic status, housing, food insecurity, education, access to healthcare, etc.) and their measured impact on outcomes in acute care (e.g., hospital readmissions, length of stay, mortality, ED utilization, treatment adherence, etc.).
3. Create an evidence table (Word format) with the following columns to summarize your findings:
 - *Citation:* Use APA 7th format.
 - *Study Purpose:* One to two sentences summarizing the aim of the study.
 - *Study Design & Sample:* State the study design (e.g., retrospective cohort, RCT, qualitative, etc.), care setting (e.g., tertiary hospital rural East Texas), and population characteristics with size (e.g., adult males 35-65, n=54).
 - *SDOH Focus:* What SDOHs are addressed (e.g., income level, housing, access, etc.)?
 - *Outcome Measured:* What clinical or system-level outcomes were measured (e.g., readmission rates, ICU utilization, in-hospital mortality)?
 - *Key Findings:* Concise summary of major results relevant to SDOH and outcomes.
 - *Limitations:* Note any limitations mentioned in the article (e.g., sample bias, generalizability, data quality).
 - *Relevance:* Explain how the source contributes to understanding SDOH in acute care.

4. **Submission:** Upload the completed evidence table as a Word file to the assignment portal by the submission deadline. Include a cover and reference page. **Please refer to APA 7th formatting of tables.** The below table is **NOT** in APA7 formatting and is for content example only. Please see grading rubric for submission criteria.
5. **Content Example Entry:**

Citation	Study Purpose	Study Design & Sample	SDOH Focus	Outcome Measured	Key Findings	Limitations	Relevance
Hoyler et al. (2021)	To assess the relationship between SDOH and unplanned 30-day readmissions after acute myocardial infarction (AMI).	Retrospective cohort study using a nationally representative 20% sample of Medicare beneficiaries; patients hospitalized for AMI between 2014-2016; <i>n</i> =180,256	Neighborhood-level socioeconomic factors: income, education, employment, racial composition, and residential segregation.	Unplanned hospital readmission within 30 days post-discharge from AMI hospitalization.	Patients living in socially disadvantaged neighborhoods had significantly higher 30-day readmission rates after AMI, even after adjusting for clinical and hospital factors. The Area Deprivation Index (ADI) was a strong predictor of readmissions.	Use of administrative claims data limits clinical detail; SDOH measured at neighborhood level, not individual level; limited generalizability beyond Medicare population.	Highlights the importance of incorporating SDOH into risk models and care transition planning; suggests targeted interventions for at-risk population may reduce readmissions.

Participation & Engagement (5%)

- Online live classroom sessions and asynchronous classroom participation assignments will be scheduled in Canvas for students to engage with faculty and peers through the active learning process and serves several key purposes:
 1. **Interactive Learning:** These sessions provide an opportunity for real-time or asynchronous interactions with instructors and peers, enhancing the learning experience through discussions, Q&A sessions, and collaborative activities.
 2. **Clarification of Concepts:** Students can seek clarification on complex topics, ensuring a deeper understanding of the material covered in the program.
 3. **Skill Development:** Through live demonstration and clinical case scenarios, students can develop and refine their clinical skills in a faculty-guided environment.
 4. **Networking:** Online classrooms allow students to build professional relationships with classmates and faculty, fostering a sense of community and support.
 5. **Flexibility:** Online classrooms offer the flexibility to attend sessions from any location, making it easier for students to balance their studies with other commitments.
- Recognizing the challenges of online classroom participation, students are required to attend and actively engage in at least 50% of the scheduled online meetings to receive participation credit for the course.
- Participation and engagement assignments are weighted as 5% of the course grade.

For NURS 7383, the classroom participation assignment will be: **Discussion Board Post**

Objective: To foster critical thinking and collaborative learning, students will select one article from their SDOH evidence table and share a concise synthesis with peers. The focus will be on understanding how SDOH impact acute care outcomes and exploring how AGACNPs can address these factors in clinical practice.

Instructions:

1. Initial Post: Choose **one citation** from your evidence table and post a brief synthesis to the discussion board (200-300 words), including:
 - Full APA 7th citation of the article. Include hyperlink to article (DOI) if available for ease in accessing.
 - Briefly summarize the study's purpose, design, population, and key findings.
 - Highlight one or more SDOH addressed in the article.
 - Describe how the identified SDOH influenced acute, chronic, or critical illness outcomes.
 - Explore the role of the AGACNP in addressing these SDOH – what specific actions, advocacy, or care coordination strategies might be applicable?
2. Peer Engagement: In thoughtful responses (100-150 words each), provide insights, ask questions, or build on their reflections considering the following prompts:
 - Have you encountered similar challenges in clinical practice?
 - How might AGACNPs work across disciplines to address the SDOH identified?
 - What policies or resources could support the AGACNP in mitigating these health disparities?

Submission: The initial post should be posted to the discussion board **by Wednesday 11:59 PM** of the assigned week and the peer engagement should be completed on two peers' initial posts **by Sunday 11:59 PM** of the assigned week. Please see grading rubric for submission criteria.

Objective Structured Clinical Examination (OSCE) & Skills Checkoff (Pass/Fail)

- Objective Structured Clinical Examinations (OSCEs) in advanced practice nursing education serves several important purposes:
 1. **Assessment of Clinical Competence:** OSCEs provide a standardized method to evaluate students' clinical skills, including patient assessment, diagnosis, and treatment planning, ensuring they meet the required competencies.
 2. **Realistic Clinical Scenarios:** These exams simulate real-life clinical situations, allowing students to demonstrate their ability to apply theoretical knowledge in a practical, controlled environment.
 3. **Immediate Feedback:** Students receive immediate feedback from examiners, helping them identify strengths and areas for improvement, which is crucial for their professional development.
 4. **Skill Development:** OSCEs help students refine their clinical skills through repeated practice and exposure to a variety of clinical scenarios, enhancing their readiness for real-world practice.
 5. **Stress Management:** By exposing students to high-pressure situations in a simulated environment, OSCEs help them develop the ability to manage stress and perform effectively under pressure.
 6. **Interpersonal Skills:** These exams also assess students' communication and interpersonal skills, ensuring they can effectively interact with patients, families, and healthcare team members.
- OSCE stations will be arranged on-campus through the School of Nursing simulation lab and may include:
 - Clinical interactions (in-person or virtual reality) with standardized patients: counseling, examination, history taking
 - Examination of mannequins and interpretation of findings
 - Computerized cases

- Test interpretation
- Order writing
- Documentation
- OSCEs will be held during Week 14, unless otherwise specified. Final dates will be announced shortly after the course begins pending total student enrollment. Please refer to each course calendar for specific dates.
- OSCEs and any specified procedural skills checkoffs will be graded as Pass/Fail. A minimum score of 80% must be achieved on the OSCEs faculty evaluation to pass the course. Remediation is at the discretion of the faculty.

Exams (15%)

- Q-bank exams will be dispersed throughout course as noted on the course schedule and will serve several key purposes:
 1. **Knowledge Assessment:** These exams evaluate students' understanding of the material covered in each unit, ensuring they have a solid grasp of essential concepts and information.
 2. **Progress Monitoring:** Unit exams help both students and instructors track progress throughout the program, identifying areas where students may need additional support or review.
 3. **Preparation for Certification:** By regularly testing students' knowledge, unit exams help prepare them for the comprehensive certification exams they will need to pass to become licensed AGACNPs.
 4. **Critical Thinking:** These exams challenge students to apply their knowledge to clinical scenarios, enhancing their critical thinking and problem-solving skills.
 5. **Retention of Information:** Regular assessments encourage students to review and retain information, promoting long-term learning and mastery of the subject matter.
 6. **Feedback and Improvement:** Unit exams provide valuable feedback to students, highlighting their strengths and areas for improvement, which is essential for their academic and professional development.
- Please review all required content including module readings, PowerPoint presentations, and recorded office hours to be prepared for examinations.
- An average score of 80% or higher (grades are not rounded up) must be achieved on all module or unit exams to pass the course and progress through the program and are weighted at 15% of course grade.

For NURS 7383, the following exams will be accessed through APEA. Confirmation of the test and grade result will be uploaded to the assignment portal. An 80% or higher grade must be achieved to receive assignment credit. You may retake your exam as necessary to achieve a score of 80 or above.

APEA #1 – Pre-predictor exam

APEA #2 – Professional Role & Responsibility (PROR) 28 questions

APEA #3 – Neurology (NEURO) 28 questions

APEA #4 – Neurology (NEURO) 28 questions

APEA #5 – Psychology Behavioral Cognitive 32 questions

Clinical Practicum (65%)

- Clinical practicums will allow the student to implement the AGACNP role across healthcare settings. Serving as a member of the interprofessional team, students will evaluate, diagnose, and manage adult and geriatric patients experiencing acute, chronic, and critical illness.
- Students complete 125 hours of precepted clinical experience per practicum course and are expected to develop and implement evidence-based, person-centered care plans.
- Clinical practicums in the AGACNP program serve several essential purposes:
 1. **Hands-on Experience:** They provide students with real-world clinical exposure to apply theoretical knowledge in acute and critical care settings.
 2. **Skill Development:** Practicums help AGACNP students develop advanced skills such as diagnostic reasoning, patient assessment, and procedural techniques.
 3. **Interdisciplinary Collaboration:** Students work alongside physicians, nurses, and other healthcare professionals to enhance teamwork and communication.
 4. **Patient Management:** Practicums allow students to manage acute and complex health conditions, including emergency and critical care cases, under supervision.
 5. **Decision-Making and Critical Thinking:** Students refine their ability to make quick, evidence-based decisions in high-pressure environments.
 6. **Professional Readiness:** They prepare students for independent practice by gradually increasing responsibilities in patient care.
 7. **Certification and Licensure Requirements:** A minimum number (750) of total clinical hours are required for graduation and certification eligibility.
- Grading of the clinical practicum consists of multiple components that assess a student's clinical competency, professionalism, and academic performance. Practicum is weighted as 65% of the course grade. Below is a breakdown of how the percentage is calculated:

Clinical Performance (35%)

Clinical performance will be evaluated through three separate evaluations to offer a well-rounded view of the student's performance, promote growth through multiple perspectives, and strengthen the educational quality and accountability of the clinical training programs. The purpose of each evaluation is outlined below:

Faculty Evaluation of Student (25%) – Faculty will schedule a site visit to evaluate student in the clinical setting. Faculty evaluations will be scheduled and completed using the form located in *InPlace* by the assigned due date. The purpose of the faculty evaluation is to provide:

- *Academic oversight:* Ensures that the student is meeting the academic and clinical objectives set by the program.
- *Standardization:* Provides a consistent framework to assess students across different rotations and preceptors.
- *Summative assessment:* Often used as a formal component of the student's grade or performance report.
- *Big-picture perspective:* Faculty may integrate multiple sources of input (e.g. case reports, presentations, written work) into the evaluation.

Student Evaluation of Self (10%) – Students will complete a self-reflection and upload the provided form into *InPlace* by the assigned due date. The purpose of the student self-evaluation is to:

- *Encourage reflection*: Helps students critically assess their own strengths, weaknesses, and growth.
- *Promote lifelong learning*: Develops habits of self-assessment and self-directed improvement, which are key traits of effective clinicians.
- *Identify gaps*: May reveal mismatches between student perception and external feedback from faculty and preceptor, which can guide further development.
- *Empowerment*: Gives students ownership over their learning journey and performance.

Preceptor Evaluation of Student – Students should request their preceptor complete and upload an evaluation of their clinical performance into *InPlace* by the assigned due date. The preceptor evaluation is not graded; however, completion is encouraged to serve the following purposes:

- *Real-time clinical assessment*: Preceptors observe the student in actual clinical settings and can evaluate practical skills, professionalism, communication, and patient care.
- *Contextual feedback*: Offers insight into how the student functions in a specific clinical environment, including adaptability and team interactions.
- *Mentorship evaluation*: Assesses how well the student integrates feedback and improves over the course of the rotation.
- *Formative and summative*: Can be used to provide ongoing guidance as well as final assessments.

Clinical Logs & Documentation (20%)

Clinical Hours completed in Clinical Log (10%) – All clinical schedules must be entered into *InPlace* clinical log to inform faculty of when students will be in clinical sites. Documentation of each patient encounter must be completed by Friday of the following week. Clinical logs serve the following purpose:

- *Track clinical exposure*: Documents the types and numbers of patient encounters, procedures, and conditions the student is exposed to.
- *Ensure competency*: Helps confirm that students are meeting required learning objectives and gaining experience in essential clinical areas.
- *Accountability*: Verifies student attendance and active participation in clinical duties.
- *Data collection*: Assists faculty in identifying gaps in training and adjusting curriculum or rotations accordingly.

Student Evaluation of Preceptor (5%) – Student evaluation of preceptor should be completed and uploaded using the form provided in *InPlace* by the assigned due date. The student's evaluation of preceptor is weighted at 5% of the course grade and serves the following purposes:

- *Assess teaching effectiveness*: Provides feedback on the preceptor's ability to educate, mentor, and support student learning.
- *Identify strengths and weaknesses*: Highlights what preceptors are doing well and where improvement may be needed.
- *Quality assurance*: Ensures that students are receiving consistent, high-quality instruction and support across clinical sites.
- *Faculty development*: Informs training and support efforts for clinical educators.

Student Evaluation of Clinical Site (5%)– Student evaluation of the clinical site should be completed and uploaded using the form provided in *InPlace* by the assigned due date. The student’s evaluation of the clinical site is weighted at 5% of the course grade and serves the following purposes:

- *Evaluate learning environment*: Assesses whether the site provides adequate resources, patient variety, supervision, and learning opportunities.
- *Monitor site quality*: Helps the program determine if the site continues to meet standards for clinical education.
- *Improve future placements*: Informs decisions about whether to continue using the site or how to improve the student experience there.
- *Capture student perspective*: Provides insights into student satisfaction, safety, and professional development opportunities at the site.

Case Report (10%)

Objective: You will collect and document a full clinical history and develop a comprehensive treatment plan addressing both medical and social needs.

Instructions:

1. Ensure Patient Confidentiality: De-identify all personal information using only patient initials. Avoid any specific demographic or location details that may compromise confidentiality.
2. Document a Comprehensive History and Physical (H&P) include the following sections:
 - Chief Complaint (CC) - Document in the patient’s own words when possible.
 - History of Present Illness (HPI) - Provide a clear, chronological narrative of the patient’s current problem.
 - Past Medical History (PMH) - Include chronic illnesses, past surgeries, hospitalizations, medications, and allergies.
 - Social History (SH) - *Focus on SDOH factors such as*:
 - Housing situation
 - Employment and income
 - Education level
 - Access to healthcare (transportation, insurance, primary care availability)
 - Substance use, lifestyle factors
 - Family History (FH) - Document relevant hereditary conditions and familial support systems.
 - Review of Systems (ROS) - Conduct a full ROS across all major systems.
 - Physical Examination (PE) - Document findings by system (e.g., General, HEENT, Cardiovascular, Respiratory, GI, Neuro, etc.).
3. Develop a Comprehensive Treatment Plan - Your plan should address both medical and social aspects of care and include the following components:
 - Medical Interventions
 - Diagnosis and differential
 - Medications and other treatments
 - Recommended tests or follow-up
 - Any specialist referrals
 - SDOH Interventions - Address each identified social challenge (e.g., housing referrals, food security programs, transportation assistance)

- Community Resources - List specific local resources or organizations that the patient could access (name and purpose)
- Interdisciplinary Collaboration - Identify how you will involve other professionals (e.g., social worker, nutritionist, mental health provider) and explain each collaborator's role in supporting the patient
- Patient Education - Provide culturally sensitive, language-appropriate education materials or strategies including education about condition management, available resources, and how to navigate care

Submission -Your final submission should include both the H&P and the comprehensive treatment plan and be submitted to the assignment portal as a Word document in APA 7th format by the due date. Please refer to grading rubric for submission criterion. The case report is weighted as 10% of the overall course grade.

Late Work and Make-Up Exams:

All assignments, quizzes, and exams are due on or before midnight (Central Standard Time) of the assigned date. 5% will be deducted each day an assignment is past due unless prior arrangements have been made with your course faculty. Extenuating circumstances may apply.

Repeating a Course:

Students repeating this course may not use previously submitted assignments nor utilize the same patients for an assignment. **Submitting the same or slightly modified assignments from previous semesters is considered self-plagiarism and is subject to academic discipline, including failing the assignment or the course.**

Attendance Policy (optional):

Attendance/participation is expected. Make-up for exams, quizzes, assignments, clinical time missed is at the faculty's discretion.

University Policies & Student Resources:

University policies and student resources are available on the University website and in Canvas under "Syllabus."

- [University Policy](#)
- [Student Resources](#)

Grading Structure

Assignment	Percentage %
Participation and Engagement	5%
Role Application Project	15%
Exams (80% average required)	15%
Clinical Practicum: Clinical Performance-->35% --Faculty Evaluation of Student (25%) --Student Evaluation of Self (10%) --Preceptor Evaluation of Student Clinical Logs & Documentation-->20% --125 Clinical Hours entered in Log (10%) --Student Evaluation of Preceptor (5%) --Student Evaluation of Clinical Site (5%) Case Report-->10%	65%
OSCEs & Skills Checkoff	Pass/Fail
Total	100%

Grading Scale

- A - (90% or higher)
- B - (80 - 89%)
- C - (70 - 79%)
- D - (60 - 69%)
- F - (Below 60%)

Course Schedule		
Week	Date	Assignments Due
1	M 5/5 W 5/7	Classes and clinical rotations begin May 5 th Online live session Wednesday – Course Orientation, Q & A
2	M 5/12 F 5/16	APEA Exam #1 Complete entries for week 1 clinicals in logbook.
	M 5/19	CENSUS DATE
3	M 5/19 F 5/23	APEA Exam #2 Complete entries for week 2 clinicals in logbook.
	M 5/26 F 5/30	MEMORIAL DAY HOLIDAY – NO CLASSES/OFFICES CLOSED Mid-Term Grades Due
4	T 5/27 W 5/28 F 5/30	APEA Exam #3 Role Application Assignment: Evidence Table Complete entries for week 3 clinicals in logbook.
5	M 6/2 W 6/4 F 6/6 F 6/6	APEA Exam #4 Classroom Participation: Discussion Board Post & Response Faculty Evaluation of Student Clinical Rotation #1 Complete entries for week 4 clinicals in logbook.
6	M 6/9 W 6/11 F 6/13 F 6/13	APEA Exam #5 Case Report Student Evaluations of Preceptor & Site for Clinical Rotation #1 Complete entries for week 5 clinicals in logbook.
	Th 6/19	JUNETEENTH HOLIDAY – NO CLASSES/OFFICES CLOSED
7	F 6/20 F 6/20	Preceptor Evaluation of Student & Student Self-Reflection Rotation #1 Complete entries for week 6 clinicals in logbook.
8	M 6/23	Complete entries for week 7 clinicals in logbook.
9	M 6/30	Complete entries for week 8 clinicals in logbook.
	F 7/4 T 7/8	JULY 4TH HOLIDAY – NO CLASSES/OFFICES CLOSED Last Day to Withdrawal with a “W”
10	M 7/7	Complete entries for week 9 clinicals in logbook.
11	M 7/14	Complete entries for week 10 clinicals in logbook.
12	M 7/21	Complete entries for week 11 clinicals in logbook.
13	M 7/28	Complete entries for week 12 clinicals in logbook.
14	Th 8/7 F 8/8	OSCEs and/or Skills Check-off 9:00 – 4:00 All clinical logbook entries must be completed.
	T 8/12	Final Grades Due

Calendar of Topics, Readings, and Due Dates

Note: This is a tentative schedule, and subject to change as necessary – monitor the course page for current deadlines. In the unlikely event of a prolonged university closing, or an extended absence from the university, adjustments to the course schedule, deadlines, and assignments will be made based on the duration of the closing and the specific dates missed.