



## **PRACTICUM II FOR THE AGACNP/CRNA (NURS 7392)**

**Term:** Summer 2026

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

**Office Phone:** 903-360-5896 (mobile) Dr. Griffin

**Email:** [tgriffin@uttyler.edu](mailto:tgriffin@uttyler.edu)

**Office Hours:** Wednesday 9 am- 12 Noon CST and by appointment

**Course Dates:** May 11, 2026- August 15, 2026

**Course Times & Classroom:** Hybrid online course

**Best way to contact:** Email

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.

**Note:** Dr. Griffin is available via mobile at 903-360-5896 in the event of clinical emergency. During week 3 & 4 of the course, Dr. Warren will be back-up for clinical emergencies while Dr. Griffin is on international student course trip with limited intermittent connectivity May 23-June 5.

---

## Course Overview

This is the final clinical course in which students implement the AGACNP role across healthcare settings. This course builds upon the experiences obtained in NURS 7391. Students continue to serve as a member of the interprofessional team. Clinical experiences focus on the evaluation, diagnosis, and management of adult and geriatric patients experiencing acute, chronic, and critical illness. Students will complete 375 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 7391 class to prepare the student for role transition upon graduation.

## Prerequisites

NURS 7392

## Student Learning Outcomes

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

1. Lead the interprofessional healthcare team as an AGACNP in managing adults and older adults with acute, chronic, and critical illnesses.
2. Manage clinical data to guide evidence-based evaluation, diagnosis, and management of chronic, acute, and critical conditions, promoting health, safety, and risk reduction.
3. Assess comprehensive and focused assessments to support evidence-based, person-centered care plans for adults with acute, chronic, and complex conditions.
4. Evaluate the effectiveness of 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. Review ethical decision-making, professional integrity, and awareness of health policy in the provision of person-centered care.
6. Evaluate 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: No new costs associated with NURS 7393. A \$450.00 one-time access fee for entire duration of the program previously purchased prior to NURS 7391.

### Recommended Resources (Optional):

- Publication Manual of the American Psychological Association: The Official Guide to APA Style, 7<sup>th</sup> 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 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:** If required for this course, Objective Structured Clinical Examinations (OSCEs) will take place in the Braithwaite Building School of Nursing at the main UT Tyler campus at 3900 University Blvd., Tyler, Texas, 75799. See syllabus for requirements and course schedule for dates.

## 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 Teams that can be scheduled with advanced notice. In practicum courses, typically there is one initial class meeting during Week 1 to review course syllabus and expectations for clinical rotations.

## 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 professors. Participation can also help you articulate your thoughts and develop critical thinking skills.
2. **Manage your time wisely.** Residents 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.
3. **Login regularly.** I recommend that you log in to Canvas several times a week to view updates, and check your email daily.
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.

## Clinical Practicum Attendance and Professionalism Policy

Consistent attendance at clinical practicum is a core professional expectation for APRN students and is essential to meeting course outcomes, ensuring continuity of patient care, and maintaining effective collaboration with preceptors and faculty. Attendance reflects accountability, reliability, and professional role development consistent with AACN expectations for professional nursing practice.

### Attendance Expectations

- At the onset of the course, students are required to enter their planned clinical schedule into the Exxat timesheet, reflecting the days they have committed to attending clinical with their preceptor.
- Students are expected to attend all scheduled clinical days as entered and agreed upon with the preceptor.
- Students may reschedule up to five (5) student-initiated clinical days per academic term due to unforeseen circumstances (e.g., illness, personal emergency).
- Clinical days missed at the request of the preceptor (e.g., clinic closure, preceptor illness, scheduling changes) do not count toward the five allowable rescheduled days.
- All missed clinical time must be made up within the same academic term, when feasible, and coordinated with the preceptor.

### Communication and Professional Conduct

- Students must notify both the preceptor and faculty in advance of any absence whenever possible.
- Timely, clear, and professional communication regarding clinical attendance and schedule changes is required and is considered part of the student's professional role development.

### No-Call/No-Show

- A no-call/no-show (failure to notify the preceptor and faculty prior to a scheduled clinical day) constitutes a serious violation of professional expectations.
- A no-call/no-show may result in:
  - Loss of clinical hours for that day,
  - A professionalism concern and/or remediation plan,
  - Impact on course progression, and/or
  - Failure of the clinical course consistent with program policy.

### Excessive or Patterned Absences

- Missing more than five (5) student-initiated clinical days, or demonstrating a pattern of absences—even if within the allowable limit—may prompt a professionalism review.
- Excessive absences may prevent the student from meeting course and program outcomes and may result in remediation or unsuccessful course completion.

## Grading Structure

Assignment	Percentage %
<b>Role Application Project (Parts 4, 5, 6)</b> <b>Part 4 due by January 24 by 2359 CST</b> <b>Part 5 due by April 6 by 2359 CST</b> <b>Part 6 due by January 31 // February 5 by 2359 CST</b>	15%
<b>Exams (80% average required)</b> <b>Due weekly on Saturday by 2359 CST</b>	15%
<b>Student Self-Reflection of Growth into APRN Role</b>	10%
<b>Clinical Practicum:</b>  <b>Clinical Performance--&gt;40%</b> --Clinical Site Visit (C/I) <b>TBA with faculty/preceptor/student prior to July 5</b> --Student Evaluation of Self (C/I) <b>due July 19 by 2359 CST</b> --Preceptor Evaluation of Student (C/I) <b>due by August 2 by 2359 CST</b> --Faculty Evaluation of Student (40%) <b>due by August 15 by 2359 CST</b>  <b>Clinical Logs &amp; Documentation--&gt;Pass/Fail</b> --Student Evaluation of Preceptor & Clinical Site <b>due by August 2 by 2359 CST</b> --375 Clinical Hours entered in Log <b>completion report upload due by August 15 by 2359 CST</b>  <b>Case Report--&gt;20% due by August 9 by 2359 CST</b>	60%
<b>Total</b>	<b>100%</b>

## Grading Scale

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

## Graded Course Requirements Information

### Role Application Project— Parts 4, 5, 6 (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 7392, the role application project will consist of 3 parts and will build upon Parts 1-3 which were completed in NURS 7391. Details can be found in Canvas under the Role Application Project module assignments.

### Exams (15%)

- Q-bank exams will be due each week 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 are essential for their academic and professional development.

For NURS 7392, the following exams will be accessed through APEA. Confirmation of the test and grade result will be uploaded to the assignment portal (take a screen shot and upload it). Exams may be taken more than once, or until 80% or greater is achieved. Weekly exams are due on Saturday (of each week) at 2359 CST.

1. Week 1- PROR (28)
2. Week 2- CV (27)
3. Week 3- GI (40)
4. Week 4- ENDO (40)
5. Week 5- GU (24)
6. Week 6- PROR (28)
7. Week 7- GU (24)
8. Week 8- HEM (39)
9. Week 9- MSK (32)
10. Week 10- INT (15) + DERM (1)
11. Week 11- PROR (28)
12. Week 12- MULTI (40)
13. Week 13- MULTI (41)
14. Week 14- Practice & Predictor Exams (150) AGACNP Board ready assessments

### **Student Reflection of Self (10%)**

Purpose: To promote structured reflection on academic, clinical, and professional growth across the course.

Instructions: Students will complete an AGACNP end-of-course self-reflection form by the assigned due date. This self-reflection is formative and developmental. It is not used to evaluate clinical competence or assign a clinical performance grade. Information from this reflection may be reviewed longitudinally by faculty to support advising and program improvement.

Submission: Submit this reflection of course and growth in the AGACNP role in Canvas by the assigned due date. It is 100 points and is weighted 10% of the course grade in Canvas. See rubric for assessment details.

### **Clinical Practicum (60%)**

- 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 375 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 their 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 60% of the course grade and is reflected in both clinical performance assignments (40%) and the case study application (20%). Below is a breakdown of how the percentage is calculated:

### Clinical Performance (40%)

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:

Clinical Site Visit (Complete/Incomplete) – Faculty will arrange a site visit to observe the clinical performance of the student and engage in collaboration with the preceptor. Site visits will be arranged around mid-term. Visits may be either in-person or via online zoom session. The purpose of the clinical site visit is to:

- *Observe and assess student clinical performance* in a real-world practice setting, with emphasis on role development, clinical reasoning, professionalism, and progression toward APRN competencies.
- *Provide formative feedback to the student* to support clinical growth, identify strengths, and address areas for improvement at the mid-term point of the clinical experience.
- *Facilitate collaboration and communication with the preceptor* to ensure shared understanding of course objectives, student expectations, and evaluation criteria.
- *Ensure alignment of clinical learning experiences* with course outcomes, program expectations, and national APRN competency standards.
- *Evaluate the clinical learning environment* for appropriateness in supporting the students' learning needs and scope of practice.
- *Support quality assurance and academic oversight* of clinical education through direct faculty involvement.

Student Evaluation of Self (Complete/Incomplete) – Students will complete a self-reflection and upload the provided form into *Exxat* 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 (Complete/Incomplete) – Students should request their preceptor complete and upload an evaluation of their clinical performance into *Exxat* 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.

Faculty Evaluation of Student (40%) – Faculty will schedule a meeting to evaluate student performance in the clinical setting and their ability to meet course objectives. Faculty evaluations will be scheduled and completed using the form/rubric located in *Exxat* 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.

### **Clinical Logs & Documentation (20%)**

Clinical Hours completed in Clinical Log (Complete/Incomplete) – All clinical schedules must be entered into *Exxat* clinical log to inform faculty of when students will be in clinical sites. Documentation of each patient's encounter must be completed within 72 hours of the clinical date. 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.

AGACNP clinical education follows AACN, CCNE, and NONPF standards which require that practicum hours be documented specifically as **direct patient care hours**. Under these standards, hours must be clearly supported by documentation showing how time was spent in active patient care activities. Timesheet hours alone are not sufficient unless they are fully accounted for as direct patient care time.

Please document AGACNP clinical time using the following:

1. The total hours entered on your *Exxat* timesheet for a given day must equal the sum of direct patient care time documented across all patient encounters for that day.

2. You may log up to a maximum of 2 hours per individual patient per day.
3. Observation-only activities do not count as direct patient care and should not be logged. Avoid checking observation only as your level of involvement unless you are offered to observe a procedure or case without any chart review, etc.
4. You must document a sufficient number of patients per shift to account for your full clinical time.
5. In longer shifts, this often involves assisting with additional patients, chart reviews, assessments, care planning, EBP research, or other qualifying direct patient care activities, even when those patients are not formally assigned to you.

### **Examples:**

#### Example 1: Acceptable 12-hour shift documentation

Timesheet: 0700–1900 = 12 hours

Patient logs: Patient A – 2 hours

Patient B – 2 hours

Patient C – 2 hours

Patient D – 2 hours

Patient E – 2 hours

Patient F – 2 hours

Total direct patient care time = 12 hours

#### Example 2: Acceptable varied-acuity day

Timesheet: 0700–1900 = 12 hours

Patient logs: Patient A – 2 hours

Patient B – 2 hours

Patient C – 2 hours

Patient D – 1.5 hours

Patient E – 1.5 hours

Patient F – 1.5 hours

Patient G – 1.5 hours

Total direct patient care time = 12 hours

#### Example 3: Documentation that does not meet AGACNP requirements

Timesheet: 0700–1900 = 12 hours

Patient logs: Patient A – 2 hours

Patient B – 2 hours

Total documented direct patient care time = 4 hours

**In this example, even though a 12-hour shift occurred, only 4 hours are clearly supported as direct patient care from an AACN/CCNE/NONPF standpoint.**

Student Evaluation of Preceptor (Complete/Incomplete) – Student evaluation of preceptor should be completed and uploaded using the form provided in *Exxat* by the assigned due date. The student’s evaluation of preceptor 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 (Complete/Incomplete)– Student evaluation of the clinical site should be completed and uploaded using the form provided in *Exxat* by the assigned due date. The student’s evaluation of the clinical site 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 (20%) - Opioid & Pain Management Clinical Application Case**

#### Assignment Purpose

This assignment confirms application of learning from an approved 8-hour opioid and pain management continuing education (CE) activity. Students will apply key principles from the CE to one supervised practicum patient encounter, demonstrating evidence-based clinical judgment, patient safety, and ethical decision-making in preparation for advanced practice.

This assignment is not a comprehensive case report and does not replace practicum clinical evaluations, which assess all course student learning outcomes.

#### Assignment Requirements

Students must complete all components below.

1. CE Completion: Complete an approved 8-hour opioid and pain management CE (free CE options/online links will be provided in Canvas) and upload the CE completion certificate.
2. Practicum Patient Selection: Select ONE de-identified patient encounter from final practicum. The encounter does not need to involve opioid prescribing and appropriate examples include:
  - Acute pain or analgesia management
  - Sedation or monitoring considerations
  - High-risk patients (older adults, OSA, renal disease, polypharmacy, substance use history)
  - Pain assessment challenges

3. Brief Reflective Clinical Application

Length: 500–750 words (approximately 1–1.5 pages)

Format: Narrative reflection in APA7 formatting with scholarly references (no SOAP note, no formal case report)

Address the following four prompts:

- 1) Patient Context: Briefly describe the clinical context and why pain or opioid considerations were relevant (2–3 sentences; no identifiers).
- 2) Application of CE Learning: Identify one key opioid or pain-management principle from the CE and explain how it applied to this patient.
- 3) Safety and Risk Mitigation: Identify one patient-specific risk and describe one strategy used or recommended to reduce harm or promote safety.
- 4) Ethical or Professional Consideration: Discuss one ethical, regulatory, or professional responsibility consideration related to pain or opioid management and its relevance to advanced practice.

Student Learning Outcomes Addressed

This assignment is aligned to the following Final Practicum SLOs:

- SLO 2: Evidence-based clinical judgment, safety, and risk reduction
- SLO 3: Focused assessment supporting person-centered care
- SLO 5: Ethical decision-making and professional responsibility

All other practicum outcomes are evaluated through clinical performance assessments.

Grading Rubric (100%)

Criterion	Highly Developed	Developed	Developing	Weight
1. Evidence-Based Application of CE Content	Clearly and accurately applies one key opioid or pain-management principle from the CE to the selected patient encounter. Demonstrates strong clinical judgment and clear linkage between CE content and patient-specific decision-making.	Appropriately applies a CE principle to the patient encounter with generally sound clinical reasoning, though depth or specificity may be limited.	Application of CE content is superficial, unclear, or poorly connected to the patient encounter.	40%
2. Safety & Risk Mitigation	Clearly identifies a patient-specific risk related to pain or opioid management and describes an appropriate, evidence-based strategy to reduce harm and promote patient safety.	Identifies a relevant risk and describes a basic safety or risk-mitigation strategy.	Risk identification or mitigation strategy is vague, incomplete, or inappropriate.	40%
3. Ethical & Professional Considerations	Thoughtfully discusses an ethical, professional, or regulatory consideration related to pain or opioid management and clearly articulates its relevance to advanced practice.	Identifies an ethical or professional consideration with basic explanation of relevance.	Ethical or professional considerations are minimal, unclear, or inaccurately described.	20%

---

Total: 100%

## Important Notes

- This assignment replaces the traditional practicum case report.
- The focus is on application and reflection, not documentation replication.
- Concise, thoughtful responses are expected.
- Appropriate citations are expected for anything not your original thought.
- Artificial Intelligence is NOT allowed for this assignment, and submission must reflect your own work.

Submission -Your final submission should include both the uploaded CE file in the comments section and your reflection in the submission section as in the assignment portal in APA format by the due date. Please refer to grading rubric for submission criterion. The case reports are weighted as 20% of the overall course grade.

## **Late Work and Make-Up Exams:**

All assignments, quizzes, and examinations are due by 11:59 PM Central Standard Time (CST) on the assigned due date. A **5% deduction per calendar day** will be applied to late assignments for **up to three (3) days**, unless prior approval has been granted by course faculty. Assignments submitted more than three days after the due date will receive a grade of zero (0).

As this is a doctoral-level APRN post-master's certificate program, students are expected to demonstrate professional accountability and advanced time-management skills. Due dates are intentionally consistent across courses and provided in advance to allow students to plan work and clinical schedules accordingly. Therefore, employment obligations, shift changes, on-call responsibilities, or routine professional duties are not considered acceptable reasons for late submissions.

Extenuating circumstances (e.g., serious illness, family emergency) may be considered at the discretion of course faculty and may require documentation. Extensions are not guaranteed and must be requested prior to the assignment deadline whenever possible.

## **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.**

## **University Policies & Student Resources:**

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

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