



## UNIVERSITY OF MARY GRADUATE COURSE SYLLABUS

**Prefix/Course Number/Section:** NUR 567

**Course Title:** Advanced Health Assessment

**Course Length:** 15 weeks

**Credit Hours:** 4

**Course Format:** blended

### Course Description

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Basic nursing skills serve as a foundation for development of complex interviewing and advanced physical examination techniques. Through comprehensive history, physical, psychosocial, and cultural assessments students gain experience interpreting and integrating findings from the health history and physical assessment of individuals across the lifespan to establish initial diagnostic testing considerations. Emphasis on appropriate and adequate collection of data from the patient history and physical examination relevant to well and ill presentations guides the student's emerging skills associated with differential diagnosis development and clinical reasoning.

### Course's Role in the Curriculum

This course is required for these graduate nursing major Family Nurse Practitioner.

### Mission and Vision

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#### University of Mary

##### *Mission Statement*

The University of Mary exists to serve the religious, academic, and cultural needs of the people in this region and beyond. It takes its tone from the commitment of the Sisters of Annunciation Monastery. These Sisters founded the University in 1959 and continue to sponsor it today. It is Christian, it is Catholic, and it is Benedictine.

#### Saint Gianna School of Health Sciences

##### *Mission Statement*

Prepare health care professionals, anchored in moral courage, who respect and defend the dignity of the human person.

##### *Vision*

In the spirit of St. Gianna, we envision a thriving center of excellence that prepares servant leaders who will transform healthcare for everyone at all stages of life.

### Nursing Division

##### *Mission Statement*

The Nursing Division prepares nurses, with a foundation in moral courage, to protect the dignity of the human person and to provide safe, quality, compassionate, patient-centered healthcare to the people in the region and beyond.

##### *Vision*

Graduates of the St. Gianna School of Health Sciences, Nursing Division, will be successful leaders, effective collaborators, sophisticated consumers of research, and compassionate providers of care. These graduates will be socially and ethically accountable, culturally sensitive, value the sanctity of life, respectful of diverse populations, and responsive to the changing healthcare environment.

### Relationship of the Course to UMary's Mission and Values

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#### Benedictine Values

Modeling the values of hospitality, service, community, moderation, respect for persons, and prayer. A definition of each of the Benedictine Values is available for review [online](#). The Benedictine Values that are

addressed in this course include community, hospitality, and respect for others. A positive learning environment is created as faculty and students collaborate to acquire knowledge and expertise in the advanced health assessment of all ages and cultures. Tools utilized include the active participation in discussion boards related to weekly topics and through interactive, real time presentations. Respect for persons is essential so that the students can gain knowledge in an open safe environment. Service is evidenced by the commitment to class participation in case studies, presentations, and discussion boards which serve to increase the depth of knowledge of the advanced health assessment to improve the delivery of patient care.

### Servant Leadership

A definition of servant leadership is available for review [online](#). In this course, students will experience Servant leadership as they collaborate with faculty and fellow students in developing the knowledgebase required for evidence-based advanced health assessment of all patients with consideration of age specific and cultural dynamics. These Servant skills will enhance the provider-patient experience and promote cost effect, safe, up to date, and societal health care.

### Competence Experience

Course Outcomes	Doctoral Essentials	Program Outcomes	University of Mary Graduate Outcomes	QSEN	NONPF Specialty Standards	Method of Assessment
Differentiate problem-focused, screening and comprehensive history and physical assessment components.	I, III, VI	2, 3	Professional Distinction	NA	1	Shadow Health Assignments • COM 1.2  Discussion • COM 1.2  Exams and Quizzes
Master the psychomotor and communication skills necessary to perform problem-focused and comprehensive history and physical assessments.	III, VII	2, 3, 4	Communication, Moral Courage	NA	4	Exams and Quizzes  Discussion • COM 1.2
Perform an advanced comprehensive health assessment, which accommodates for developmental and cultural variations as well as individual	I, V, VII, VIII	1, 2, 3, 5	Scholarship, Moral Courage	Patient-centered Care	1, 4	Homework  Discussion • COM 1.2  Focused Exam & History Assignment • COM 1.1

needs and abilities of an infant, adolescent, and adult.						
Conduct problem focused health assessments for common health complaints.	I, III, VII	2, 3, 4	Scholarship	NA	1, 2	Shadow Health Assignments • COM 1.2  Competency Testing  Focused Exam & History Assignment • COM 1.1
Critically evaluate problem-focused and comprehensive history and physical assessment findings to begin differential diagnoses development.	VI, VIII	1, 4, 5, 6	Professional Distinction, Scholarship	Safety	3, 8	Oral Presentation  Competency Testing  Discussion • COM 1.2
Demonstrate a professional level of oral & written communication of patient data critical to decision-making and planning for therapeutic and healing interventions.	III, IV, VI	3, 4, 5	Professional Distinction, Communication	Evidence-Based Practice	1, 4, 5	Homework  Quizzes and Exams  Discussion • COM 1.2
Serve a leadership role for assigned discussion board topic.	II	2, 6	Communication	Teamwork and Collaboration	4	Discussion • COM 1.2

### Doctoral Essentials in Education for Advanced Nursing Practice

- I. Scientific Underpinnings for Practice
- II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking
- III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice
- IV. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

- V. Health Care Policy for Advocacy in Health Care
- VI. Inter-professional Collaboration for Improving Patient and Population Health Outcomes
- VII. Clinical Prevention and Population Health for Improving the Nation's Health
- VIII. Advanced Nursing Practice

### FNP Program Outcomes

1. Demonstrates competence in health promotion, disease prevention, & illness management of individuals, families, and communities.
2. Utilizes servant leadership principles and expanded knowledge in health policy, advocacy, and healthcare quality to promote positive change in the delivery of care along the healthcare continuum
3. Applies Benedictine values to foster a collaborative nurse practitioner-patient relationship that fosters respect, protection, and enhancement of spiritual integrity, human dignity, as well as cultural diversity to improve patient and population health outcomes.
4. Acts as a leader in knowledge translation and application of evidence based practice from nursing and related fields through critical evaluation, synthesis, and integration of health information data and research findings-
5. Influences, negotiates, and manages change among an inter-professional team for purposes of advancing healthcare quality among patients, populations, and systems.
6. Practices reflectively as an advanced practice nurse who is aware of and responsive to environmental contexts that shape healthcare decision-making.

### Quality and Safety in Nursing Education (QSEN) Competencies

Quality Improvement (QI):	Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems.
Safety:	Minimize risk of harm to patients and providers through both system effectiveness and individual performance.
Teamwork and Collaboration:	Function effectively within nursing and interprofessional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.
Patient-centered Care:	Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values, and needs.
Evidence-Based Practice (EBP):	Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
Informatics:	Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.

### University of Mary Graduate Competencies

The University of Mary graduate programs offer its students preparation in the following four areas of competence:

- **Communication [COM]:** Graduates demonstrate excellence in communication. Students are engaging and effective communicators demonstrated by employing collaborative dialogue and adapting language to resonate with multiple audiences and/or cultures. Their communication reflects a strong command of their field(s) due to the accurate application of disciplinary standards and infusion of disciplinary frameworks and evidence into oral and written works.
- **Moral Courage [MC]:** Graduates clarify, support, or defend what is right and true, whether reached by faith or reason, when confronted by opposing actions or viewpoints in order to serve an understanding of the truth and to promote a culture of human dignity, justice, and virtue. Students, motivated by serving truth, evaluate and respond to actions or viewpoints opposed to what is right or true. Based on faith or reason, they clarify, support, or defend truth and a culture of human dignity, justice, and virtue.
- **Professional Distinction [PD]:** Graduates are servant leaders committed to excellence in their professions and communities. Students integrate knowledge and skills in the applicable discipline for

professional service and/or contributions to society. They integrate applicable ethical principles and synthesize supporting reasons/evidence for decision-making. Students pursue the common good by prioritizing the needs of, and cultivating the growth of, others above their own circumstances and aspirations.

- **Scholarship [SCH]:** Graduates conduct research or evidence-based practice to develop degree-appropriate knowledge of scholarship. Students display the skills and dispositions essential to effectively conduct evidence-based practice or research and produce scholarship. They develop a professional philosophy grounded in scholarship.

For students to acquire proficiency in these competencies, continual assessment of learning in an atmosphere of openness and free inquiry is promoted.

### **NONPF Nurse Practitioner Core Competencies**

1. Patient Care
2. Knowledge of Practice
3. Practice-Based Learning & Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice
7. Interprofessional Collaboration
8. Personal and Professional Development

## **BOOKS AND SUPPLIES**

### **Required Texts, Resource Materials, and Other Materials/Activities that will Incur Student Costs**

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Text Name: Bates' Pocket Guide Phys Exam + History

ISBN: 978-1975109875

Edition: 9th

Author: Bickley

Publisher: Lipp/W+W

Text Name: Differential Diagnosis of Common Complaints

ISBN: 9780323512329

Edition: 7th

Author: Seller

Publisher: Elsevier

Text Name: Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology

ISBN: 9781259642197

Edition: 8th

Author: Wolff

Publisher: Elsevier

Text Name: Publication Manual of American Psych Association

ISBN: 978-1433832178

Edition: 7th

Author: American Psychology Association

Publisher: AM PSYCHOL

Text Name: Physical Examination and Health Assessment Online for Seidel's Guide to Physical Examination  
Seidel's Guide to Physical Examination: An Interprofessional Approach

ISBN: 978-0323481953

Edition: 9th **(10th edition comes out 2/22)**

Author: Seidel  
 Publisher: Elsevier

Text Name: Guide to Clinical Documentation  
 ISBN: 978-0803666627  
 Edition: 3rd  
 Author: Sullivan  
 Publisher: FA Davis Company

Bright Futures Guidelines for Healthcare Supervision. <http://www.brightfutures.org>

**Shadow Health** (2021) - available from <https://app.shadowhealth.com/>

Shadow Health is an interactive program gives you a chance to connect with virtual patients to practice and improve your history taking and physical exam skills.

- 1) **Go to** <http://app.shadowhealth.com/enrollments/new> and enter the PIN for each course
  - a) **DCE PIN: 4407-9981-7519-2291**
  - b) If you already have an account, login and click “[add a course](#)” and enter the course PIN.
- 2) **[Include cost and payment method]- One time cost of \$99 for three years; Beginning 1/1/19 there is a one time \$4.99 support fee from Shadow Health.**
- 3) **Watch** the student orientation video if you are new to Shadow Health:  
<https://vimeo.com/161783954/9869f7c0c1>
- 4) **Use a supported browser:** Shadow Health recommends using Chrome to access your work. However, [there are many browsers that you can use](#) to access your assignments in Shadow Health.
- 5) **Review** the [technical specifications](#) to make sure your computer can run the DCE.
- 6) **Login** at [app.shadowhealth.com](http://app.shadowhealth.com) to complete your work.

If you have any questions about Shadow Health throughout the semester, please review the articles in their [help desk](#) or contact Shadow Health’s fantastic Support Center by emailing [support@shadowhealth.com](mailto:support@shadowhealth.com) or by calling 800.860.3241. Please be sure to leave a voicemail if you are unable to reach someone. Their phone support contact hours are:

Monday-Friday 9am-9pm Eastern Time  
 Saturday-Sunday 12pm-9pm Eastern Time

## POLICIES

### Attendance and Excessive Absence Policy

#### Class Attendance

Graduate study not only focuses on individual study, but also hinges on discussion and exchange of ideas between faculty and students and non-faculty professionals and students. Therefore, it is the expectation of the Division of Nursing that all graduate nursing students regularly attend scheduled lectures, discussion boards, seminars, conferences, clinical/practical experiences, presentations, and other required educational offerings.

Instructors are required to maintain reports of student attendance and to report absences for each course. For purposes of determining if a student is in attendance, she/he must be physically present in seated classes, and she/he must be participating in online classes on at least a weekly basis. Online course participation includes participating in discussion boards, submitting assignments on time, and/or interacting with the instructor through electronic means.

Attendance is required for all face-to-face and online synchronous meetings. This expectation includes Institute weeks for FNP students. Synchronous meetings may include but are not limited to institute meetings, online lectures, seminars, conferences, presentations, and webinars. It is the student’s responsibility to obtain time off

from work to accommodate class attendance. Any absence may subject the student to credit loss for associated coursework. Special unforeseen or unavoidable circumstances will be taken under consideration and may include such examples as significant student illness or hospitalization, extreme family emergencies, flight cancellation or road closures due to inclement weather, subpoenas, jury duty, military service, bereavement, and religious observances. In these, or like, situations the program coordinator may excuse the student absence. Examples that will not be excused include but are not limited to absences related to employment responsibilities, vacations, childcare issues, attending or presenting at conferences, and special events.

Instructors are not obligated to accommodate examinations or required course meetings to meet students' preferences. If a student determines there may be a special unforeseen or unavoidable circumstance resulting in an inability to participate in a required course meeting, that student must communicate with the course faculty and program coordinator immediately.

#### Failure to Adhere to Attendance Requirements

Consequences of a single unexcused absence for a scheduled synchronous class meeting may result in any of the following:

- Dismissal from the course
- 5% reduction in overall course grade
- A zero for the related assignment

Absence from scheduled clinical experiences and/or class without prior approval will be recorded as an unexcused absence. One unexcused absence will place student on academic warning. Notification of this status will be given in writing. Further unexcused absences may result in academic suspension from the program.

#### Excused Absence Policy

The University has a policy on excused absences related to sponsored/sanctioned activities and events. The policy is available for review online <https://bit.ly/2UuCUYe>. Students participating in such activities and events are expected to review this policy and comply with it. As long as appropriate prior notification is given according to this policy, students and faculty reach a mutual agreement concerning make-up work, and students complete the work in question, faculty shall not penalize a student for missing a class or exam when they were granted an excused absence from the university. Any questions concerning the policy may be referred to the course instructor who may refer the question to the athletic director, student activities director, or academic affairs for response.

#### Assignment & Exam Policy/ies

The timeliness of assignments will be a factor in the grading process. Assignments are to be submitted at the time that has been specified by the course instructor unless there are special circumstances, and the instructor has approved these circumstances **prior** to the assignment deadline. **Late assignments will have 10% PER DAY deducted from the assignment before grading.** Assignments that are submitted **five** days after the posted due date, without faculty approval, will receive the grade of **zero**. No extensions will be granted for discussion questions, synchronous learning activities or interactive assignments, and no posts will be accepted beyond Sunday of the week they are due.

#### Channel for Communication Relating to this Course

For questions or concerns related to this course, students should communicate them to the following individuals in the order listed below. Students should also review the university's policy on [academic grievances](#) to learn more about the university's process for responding to academic concerns.

Instructor > Dr. Jenna Herman, FNP Program Coordinator [jmherman@umary.edu](mailto:jmherman@umary.edu) > Dr. Billie Madler, Associate Dean [bmader@umary.edu](mailto:bmader@umary.edu) > Dr. Mary Dockter, Dean [mdockter@umary.edu](mailto:mdockter@umary.edu)



### Statement Regarding Academic Honesty

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Students are expected to read the University of Mary's Academic Honor Code and Honor System and abide by all the standards of conduct and requirements contained therein. When a student is in doubt about whether or not an action might constitute an Academic Honor Code violation, s/he should request clarification from the instructor **before** the action in question is undertaken. The Academic Honor Code is available for review [here](#) or on my.umary.edu under the General University Policies.

### Statement Regarding Reasonable Accommodations

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The University of Mary, in compliance with the Americans with Disabilities Act and in the spirit of our mission, offers support for disabled students who provide required documentation. Students with disabilities who need accommodations should apply to the Office of Student Accessibility Services. For further information, contact Dr. Lynn Dodge, coordinator of Student Accessibility Services, in the Student Success Center (lower level of Welder Library) at (701) 355-8264 or [ljododge@umary.edu](mailto:ljododge@umary.edu).

### Course Specific Policies/Procedures/Information

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The University Policy, [Student Conduct in Instructional Settings](#), and the [Dress Code Policy](#) outlined in the Graduate Nursing Handbook will both be adhered to in this course.

It is an expectation that graduate nursing students demonstrate professional conduct in all interactions. Please refer to the Behavioral Standards and Professional Conduct section outlined in the Graduate Nursing Student Handbook.

It is the faculty's responsibility to provide a structure and framework for learning and give guidance and direction in all learning experiences. Using a variety of teaching strategies, faculty will help students meet the outcomes of the course. However, learning is the responsibility of the student, so active participation is expected. This course will be conducted via Internet, using a variety of methods. All students must have access to a computer with Internet capability and course software required. Students must be able to use the Internet to access course documents to send and receive emails and attachments and to conduct Internet searches. Students may work together on assignments, projects, papers, etc., only when directed by faculty.

### Student Responsibilities for Own Learning

1. Required assignments should be read before the concept is presented in class (competencies, syllabus assignments, reading assignments, etc.). Attend class regularly via Internet discussion, complete reading requirements and participate actively. Participation requires reading extensively on topics for each session, asking and answering questions, participating in discussion board items and completing assignments located within each week's module content.
2. Students are to be timely in discussion board responses and in email responses. The discussion boards/assignments are meant to be a resource for all class members, and students consent to this as a condition of class participation.
3. Library and Internet resources beyond the required readings are to be used. This includes locating and using references specific to this course.

## WORKLOAD AND GRADING

### Workload Expectations

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Since this is a 4 semester credit graduate level course offered over 15 weeks, you can expect on average to spend a minimum of 4 hours per week interacting on-line and another 8 hours per week studying outside of class time. Given the rigor, amount of course content, and professional expectations upon graduation, the time students likely will need to commit to courses in FNP program of study exceed this credit hour definition.



## Major Assignments

Assignment	Number student will complete	Location of Assignment Expectations	% of Grade
Unit Examinations	2		25%
Final Comprehensive Examination	1		15%
Homework and Activities	Module specific	online	10%
Focused History and Physical Examination (SOAP Notes with Video Recording)	Three	Appendix A	15%
Shadow Health Digital Clinical Experience	<ul style="list-style-type: none"> <li>• Health History</li> <li>• HEENT</li> <li>• Respiratory</li> <li>• Cardiovascular</li> <li>• Gastrointestinal</li> <li>• Musculoskeletal</li> <li>• Neurological</li> <li>• Mental Health</li> </ul>	Appendix B	15%
Shadow Health Concept Labs	<ul style="list-style-type: none"> <li>• Respiratory Concept Lab</li> <li>• Cardiovascular Concept Lab</li> <li>• Abdominal Concept Lab</li> </ul>	Appendix B	Pass/Fail
Shadow Health Comprehensive Assessment	<ul style="list-style-type: none"> <li>• Comprehensive Assessment</li> </ul>	Appendix B	10%
Discussion participation		Appendix C	10%
NUR 567 Competency Testing	Held during May Institute	Appendix D	Pass/Fail
<b>Professional Portfolio</b> The Professional Portfolio assignment is not part of this course grade. However, this assignment is placed here as a reminder so that you can begin to work on your professional portfolio early in your program of study. There may be activities/assignments in this course that you may identify that facilitated your achievement of your program's graduate education essentials, competencies, outcomes, and/or professional standards. The Professional Portfolio guidelines are located on the Home Page of every course and are located under the Portfolio tab. This tab contains guidelines, the grading rubric, and examples of portfolios. <b>Please note:</b> It is an expectation that students create a webpage to house the contents of their Professional Portfolio. The assignment guidelines offer clear directions to help the student's success with this endeavor. Portfolios completed within Canvas will not be accepted.			N/A

## Methods for Evaluation and Grading Scale

Graduate students must perform at a level that exceeds undergraduate expectations. All course assignments are required. To pass the course students must fulfill all assignment requirements. Assignment guidelines and grading rubrics are outlined in the appendices of this document for each major assignment.

**Grading Scale**

Letter Grade	Percentage
A	94-100
A-	92-93
B+	90-91
B	86-89
B-	84-85
Below 84	Failing

Students are encouraged to review the University Catalog and the Program Handbook for policies regarding successful academic progression. **The Graduate Nursing Student Handbook indicates a letter grade of less than B- is not passing. Grades will not be rounded.**

## Appendix A

### Focused History and Physical Examinations (SOAP Notes with Video Recording) (3)

#### Assignment Objectives

1. Distinguish appropriate elements of a focused history and examination.
2. Obtain an accurate, focused history.
3. Perform a practical focused but thorough physical exam.
4. Differentiate subjective and objective data into writing a SOAP note.
5. Utilize technology to demonstrate history taking and physical examination competence of select systems.

Three focused history and physical exams will be conducted throughout the semester, each one being focused on one or two health problems, symptoms, or complaints provided in one of 6 possible categories. Each of the 3 assignments must be completed on a different system. For example, you can complete a focused history and physical exam for chief complaint of sore throat, but then would not be able to use a chief complaint of ear pain for one of the next four exams since both complaints would fall under the HEENT Systems. If any doubt, contact your instructor. 10 points deducted if repetitive systems used.

The student will select another student in the course, partner, or friend to be interviewed and examined. Each history and examination will be recorded (audio and video) and should not exceed **20 minutes**. A typed soap note will be submitted for each exam. If possible, a client with the actual symptom should be selected. If this is not possible, the student must develop a script with responses related to the symptom for the client to use during the staged examination. The video recording must be uploaded and SOAP note dictation posted onto the assigned Canvas Discussion Board for Review by course-mates and faculty.

The three SOAP notes with a video recorded focused history and physical examination will be completed on a problem(s) in one of the systems noted below:

1. HEENT Systems
2. Musculoskeletal System
3. Abdomen and GU System
4. Pulmonary System
5. Cardiovascular System

Late assignments will receive a 10 point reduction for every day or portion of a day that the assignment is late. If a failing grade (< 84) is made on the initial SOAP write-up or Video, one redo will be allowed and graded. The redo must be submitted within a week of notice of the failing grade in order to be regraded by your instructor. The final grade for the assignment will be based on an average of the two grades.

Students may not use notes or the criteria sheet while performing and videotaping the history and physical examination assignments. If notes are evident, the student will receive a 0 on the assignment. Partners or clients are not permitted to assist or cue the student examiner. If this occurs, the student will receive a 0 on the video assignment.

The grading rubric criteria below will be applied to each focused SOAP write-up and Video Recording.

History and Physical SOAP Note/Video Rubric

SOAP NOTE- SUBJECTIVE DATA						
Criterion	Exceptional	Very Good	Acceptable	Poor	Unacceptable	Data not Present
CC and HPI are targeted toward the reason for presentation without inclusion of extraneous information.	5	4	3	2	1	0
HPI is fully developed and includes location, duration, timing, character, severity, provocative/palliative factors, pertinent positives and pertinent negatives.	5	4	3	2	1	0
Elements of the PMH that expand on the CC and HPI are included, yet irrelevant information is excluded.	5	4	3	2	1	0
Elements of FH and SH that expand on the CC and HPI are included, yet irrelevant information is excluded.	5	4	3	2	1	0
Elements of the ROS that expand on the CC and HPI are included, yet irrelevant information is excluded.	5	4	3	2	1	0
SOAP NOTE- OBJECTIVE DATA						
General survey includes vital signs, height and weight, BMI, and other relevant data related to CC.	5	4	3	2	1	0
All systems assessed focus on the CC.	5	4	3	2	1	0
Appropriate descriptors are used to articulate the physical findings.	5	4	3	2	1	0
Pertinent lab and diagnostic recommendations are included.	5	4	3	2	1	0
SOAP NOTE- ASSESSMENT						
Differential diagnosis is listed and broad, but pertinent to CC.	5	4	3	2	1	0
Most probable diagnosis identified with rational to support assessment including how findings would support diagnostic criteria for diagnosis.	5	4	3	2	1	0
SOAP NOTE- PLAN						
Brief plan with rationale if suspected diagnosis is confirmed. Include education, treatment, and any future prevention recommendations. <b>Include supportive reference for recommendations.</b>	5	4	3	2	1	0
SOAP NOTE- ORGANIZATION AND GRAMMAR						
Documentation is clear and well organized without spelling errors. Correct medical terminology is used. Redundant words, phrases, and other distracting information are omitted. Record has a logical flow	5	4	3	2	1	0
VIDEO RECORDING- PRESENTATION/COMMUNICATION						
Introduces himself/herself and elicits pertinent information in the focused interview (focused	5	4	3	2	1	0

CC, HPI, PMH, FH, SH, ROS) Conducts self professionally.						
Appropriate descriptors are verbalized to describe physical findings throughout the exam.	5	4	3	2	1	0
Verbally identifies and points out correct landmarks throughout the exam.	5	4	3	2	1	0
Verbalizes pertinent negative and positive findings throughout the exam. Findings are summarized at the end of the exam.	5	4	3	2	1	0
VIDEO RECORDING-ORGANIZATION AND INCLUSION OF CRITICAL ELEMENTS						
All examination equipment is utilized appropriately during the exam	5	4	3	2	1	0
Assessment is organized and follows a logical sequence.	5	4	3	2	1	0
Correct technique is demonstrated while performing procedures	5	4	3	2	1	0
Exam includes all critical elements.	10	9	8	7	5	0
VIDEO RECORDING-TECHNICAL						
Camera is focused on patient. Patient, student and exam equipment are in plain view without obstruction. Sound is clear and volume is appropriate.	10	9	8	7	5	0

TOTAL: \_\_\_\_\_/120 POINTS

**History and Physical SOAP Note/Video:**  
Completion of this assignment will be evaluated by points and any related grading rubric. However, the assignment also help faculty determine student progression toward achievement of various University of Mary Graduate Competencies. The table below highlights the rubrics faculty will use to assess each student’s level of mastery for associated subcomponents of respective Graduate Competencies. These rubrics will not affect the student’s grade yet will be used by faculty and program leadership to determine aggregate student outcomes.

COMMUNICATION						
COMPONENT 1 Students are engaging and effective communicators demonstrated by employing collaborative dialogue and adapting language to resonate with multiple audiences and/or cultures.						
Criteria	Unacceptable 0	Master's Entry 1	Master's Midpoint 2	Master's Exit/Doctoral Entry 3	Doctoral Midway 4	Doctoral Exit 5
COM 1.1 Student communicates collaboratively.	Student does not participate in collaborative dialogue.	Student transmits ideas in linear fashion which may result in a deepened understanding of the discipline for self.	Student participates in collaborative communication that results in a deepened understanding of the discipline for self and sometimes others.	Student initiates collaborative communication by offering new insights that result in a deepened understanding of the discipline for self and others.	Student stimulates collaboration through engaged questioning that results in a deepened understanding of the discipline for self and others.	Student builds community by offering and encouraging, in others, new insights that deepen communicators' understanding of the discipline.

Appendix B  
Shadow Health

History and physical documentation is a cornerstone of advance practice nursing. Over the course of the semester, you will complete several activities in two categories utilizing Shadow Health to hone your history taking and physical assessment documentation skills.

Shadow Health Digital Clinical Experience™:

Shadow Health provides a clinical simulation designed to improve your assessment skills in a safe learning environment. You will examine digital patients throughout the course that are accessible online 24/7. We will be completing Shadow Health assignments throughout the course. See your course calendar for when these assignments are due.

The Digital Clinical Experience is free of many of the constraints and interruptions you face in a hospital or clinical setting. This unique simulation experience allows you to conduct in-depth patient exams and interviews at your own pace.

System-by-System Assignments Overview

With Tina Jones, you can practice taking a detailed health history and performing physical assessments in system-by-system assignments.

System-by-System Grading

The system-by-system assignments (DCE) with Tina Jones will be worth 15% of your final grade.

System-by-System Goals

You will practice relevant skills and apply content knowledge prior to our hands-on practice sessions or lab in order to reinforce content knowledge and improve communication and physical assessment skills. You will complete the system-by-system assignments after reviewing course content, reading the course textbook, and attending lecture or watching demonstrative videos.

**Important:** You will be allowed to turn in an assignment attempt of your choosing for the DCE experience. Here is a [link](#) explaining how students can turn in an attempt of their choice.

Concept Lab Overview

The Conversation Concept Lab with Rachel Adler is a guided activity which reviews interviewing best practices and moving from open to closed questions. The system Concept Labs allow you to review the anatomy and physiology of three complex systems of the body and listen to a library of normal and abnormal sounds. In each system Concept Lab, you will complete an identification activity where you will have to find and identify an abnormal sound.

Concept Lab Grading

The Concept Labs are pass/fail.

Comprehensive Assessment Assignment Overview

The Comprehensive Assessment provides a fresh start with Tina Jones where you can perform a head-to-toe examination on Tina Jones in one assignment.

Comprehensive Assessment Grading

This assignment will be graded using your DCE Score. The Comprehensive Assessment will be worth 10% of your final grade.

Comprehensive Assessment Goal

The Comprehensive Assessment is a way for you to demonstrate mastery of a head-to-toe examination.

**Important:** You are allowed only one attempt for the Comprehensive Assessment Assignment and the first submission you make is the one considered for grading and feedback.

Below are the estimated times for each assignment and the rubrics for the Single System Exams and the Comprehensive Exam.

Assignment	Estimated Time for Patient Exam*
DCE Orientation	20 min
Conversation Concept Lab	40 min
Health History	190 min
HEENT	115 min
Respiratory Concept Lab	25 min
Respiratory	95 min
Cardiovascular Concept Lab	25 min
Cardiovascular	95 min
Abdominal Concept Lab	25 min
Gastrointestinal	95 min
Musculoskeletal	95 min
Neurological	115 min
Mental Health	115 min
Comprehensive Assessment	180 min

Shadow Health Single System Exam Rubric

Categories	Above Average	Average	Below Average	Unsatisfactory
DCE Score	≥90%  45 PTS	80%-89%  42 PTS	65%-79%  40 PTS	<65%  30 PTS
Communication (Transcript)	Comprehensive introduction with expectations of exam verbalized; questions worded in a non-judgmental way; professional language exercised; questions well-organized; appropriate closing with summary of findings verbalized to patient. 10 PTS	Adequate introduction; some questions worded in a non-judgmental way; professional language mostly exercised; questions generally organized; somewhat complete closing.  8 PTS	Incomplete introduction; many questions worded in a judgmental way; some professional language exercised; questions somewhat organized; incomplete closing.  7 PTS	Introduction missing; questions worded in a judgmental way; little professional language; questions unorganized; closing missing.  5 PTS
Documentation	Documentation detailed and well-organized with all abnormals and pertinent normals noted in professional language.  25 PTS	Documentation with sufficient details and basic organization; many abnormals and normals noted in mostly professional language.  20 PTS	Documentation with some adequate details and loose organization; only a few abnormals and normals noted in somewhat professional language.  15 PTS	Documentation with inadequate details and/or organization; inadequate identification of abnormals and pertinent normals noted; little use of professional language. 10 PTS
Self-Reflection	Reflections written clearly with relevant analysis related to the assignment and the student's experience; self-criticism exercised.  10 PTS	Reflections somewhat unclear with relevant analysis related to the assignment and the student's experience; minimum self-criticism exercised.  8 PTS	Reflections somewhat unclear with minimal relevant analysis related to the assignment and the student's experience; self-criticism not exercised. 7 PTS	Reflections unclear with irrelevant analysis related to the assignment and the student's experience; self-criticism not exercised.  3 PTS



Shadow Health Comprehensive Assessment Rubric

Categories	Above Average	Average	Below Average	Unsatisfactory
DCE Score	≥90%  45 PTS	80%-89%  42 PTS	65%-79%  40 PTS	<65%  30 PTS
Communication (Transcript)	Comprehensive introduction with expectations of exam verbalized; questions worded in a non-judgmental way; professional language exercised; questions well-organized; appropriate closing with summary of findings verbalized to patient. 10 PTS	Adequate introduction; some questions worded in a non-judgmental way; professional language mostly exercised; questions generally organized; somewhat complete closing.  8 PTS	Incomplete introduction; many questions worded in a judgmental way; some professional language exercised; questions somewhat organized; incomplete closing.  7 PTS	Introduction missing; questions worded in a judgmental way; little professional language; questions unorganized; closing missing.  5 PTS
Documentation	Documentation detailed and well-organized with all abnormals and pertinent normals noted in professional language.  25 PTS	Documentation with sufficient details and basic organization; many abnormals and normals noted in mostly professional language.  20 PTS	Documentation with some adequate details and loose organization; only a few abnormals and normals noted in somewhat professional language.  15 PTS	Documentation with inadequate details and/or organization; inadequate identification of abnormals and pertinent normals noted; little use of professional language. 10 PTS
Self-Reflection	Reflections written clearly with relevant analysis related to the assignment and the student's experience; self-criticism exercised.  10 PTS	Reflections somewhat unclear with relevant analysis related to the assignment and the student's experience; minimum self-criticism exercised.  8 PTS	Reflections somewhat unclear with minimal relevant analysis related to the assignment and the student's experience; self-criticism not exercised. 7 PTS	Reflections unclear with irrelevant analysis related to the assignment and the student's experience; self-criticism not exercised.  3 PTS

**Shadow Health:**  
Completion of this assignment will be evaluated by points and any related grading rubric. However, the assignment also help faculty determine student progression toward achievement of various University of Mary Graduate Competencies. The table below highlights the rubrics faculty will use to assess each student's level of mastery for associated subcomponents of respective Graduate Competencies. These rubrics will not affect the student's grade yet will be used by faculty and program leadership to determine aggregate student outcomes.

COMMUNICATION						
COMPONENT 1 Students are engaging and effective communicators demonstrated by employing collaborative dialogue and adapting language to resonate with multiple audiences and/or cultures.						
Criteria	Unacceptable 0	Master's Entry 1	Master's Midpoint 2	Master's Exit/Doctoral Entry 3	Doctoral Midway 4	Doctoral Exit 5
COM 1.2 Student adapts language to effectively resonate with multiple audiences and/or cultures.	Student does not consider audience and/or cultures when communicating.	Student adapts language effectively for a singular audience and/or culture.	Student adapts language with varied effectiveness for multiple audiences and/or cultures.	Student adapts language effectively for multiple audiences and/or cultures.	Student adapts language fluently for multiple audiences and/or cultures.	Student adapts language fluently and simultaneously for multiple audiences and/or cultures.

## Appendix C Discussion Rubric

Each week of class begins on Monday and runs through Sunday. Modules will be open for student viewing, in preparation for the upcoming week, at 6am (central) the Saturday preceding the upcoming week. Discussion will conclude each week on Sunday at 11:59pm. The last week of every course will conclude on Friday at 11:59 pm.

Faculty will be assessing discussion timeliness, quality, and engagement according to the rubric criterion outlined below. Initial weekly discussion posts are due on Wednesday at 11:59pm. Components of a quality discussion post are carefully bulleted in the rubric. Degree of engagement is not merely assessed by number of responses. The response/s of an engaged discussion participant will evidence, for the faculty, the student's review of classmate contributions across the week. Students may make multiple responses on varying days of the week or they may make one response that is a synthesis of contributions from their classmates across the week. Moreover, an engaged discussion participant is aware of feedback and questions posed to them and responds appropriately.

Criterion	Exemplary	Proficient	Emerging	Unsatisfactory
<b>Completeness of Initial Post</b> <ul style="list-style-type: none"> <li>Addresses all components of the posted question.</li> </ul>	Criterion expectation is fully met. 1 pt.		Criterion not met 0 pts.	
<b>Quality of Initial Post</b> <ul style="list-style-type: none"> <li>Evidences analysis and synthesis to create a strong, substantive post that states the case.</li> <li>Shows use of sound argumentation and scholarly prose that evidences mastery of concepts and key points from readings and other scholarly sources.</li> <li>Demonstrates evidence of critical thinking.</li> <li>Exhibits excellent use and citation of scholarly references external to the course.</li> <li>Thoughtfulness and comprehensive understanding of the discussion topic is evident.</li> <li>Explores new lines of argument or different perspective which foster further discussion.</li> </ul>	The contribution displays an adeptness with criterion expectations and models graduate level work. 3 pts.	Expectations met 2 pts.	The specified expectation needs to be strengthened 1 pt.	Criterion not met 0 pts.
<b>Timeliness</b> <ul style="list-style-type: none"> <li>Initial discussion post is made no later than assigned deadline on Wednesday.</li> </ul>	Criterion expectation is fully met. 1 pt.		Criterion not met 0 pts.	
<b>Quality of Contribution to Class Discussion</b> <ul style="list-style-type: none"> <li>Thoughtfully evaluates and responds to classmates' postings using sound argumentation, scholarly prose, and tactfulness; the response is comprehensive and challenging. These responses serve to deepen the conversation.</li> <li>Contributes additional, substantive, thoughtful, and analytical, yet succinct responses to other classmates' postings.</li> <li>Strengths and weakness of classmates' discussion content are identified.</li> <li>Responses integrate course material and are supported by scholarly reference external to the course.</li> <li>Responses show evidence of critical thinking.</li> </ul>	The contribution displays an adeptness with criterion expectations and models graduate level work. 2 pts.	Expectations met 1 pt.	The specified expectation needs to be strengthened 0.5 pt.	Criterion not met 0 pts.
<b>Degree of Participation in Class Discussion and Engagement</b> <ul style="list-style-type: none"> <li>Builds on ideas from other classmates through frequent and ongoing cross talk and interaction.</li> <li>Responses to other learners include substantive feedback that extends the discussion by raising questions and sharing additional resource information.</li> </ul> Responds to feedback from other learners and/or faculty.	The contribution displays an adeptness with criterion expectations and models graduate level work. 2 pts.	Expectations met 1 pt.	The specified expectation needs to be strengthened 0.5 pt.	Criterion not met 0 pts.

<ul style="list-style-type: none"> <li>Takes part in discussion in an ongoing basis over the course of the week as evidenced by contributions to discussion.</li> </ul>				
<b>Mechanics/Formatting</b> <ul style="list-style-type: none"> <li>Postings are without spelling, grammar, punctuation, or syntactical errors that distract the reader from the content. Word choice is consistently accurate and appropriate.</li> <li>Excellent use and proper APA citation of evidence based references that are used in the discussion.</li> </ul>	Criterion expectation is fully met. 1 pt.	Criterion is partially met 0.5 pts	Criterion not met 0 pts.	

Dev 7/16; Rev 4/17

### Discussion

Faculty, using the rubric on the previous page, will determine discussion forum grades each week. Faculty will also utilize a number of discussion forums in this course to assess student progress toward achievement of the University of Mary Graduate Competencies. The table below highlights which discussion forum questions aligned with which subcomponents of each Graduate Competence and offers the rubric utilized to document the degree of achievement. These rubrics will not affect the student's grades yet will be used by faculty and program leadership to determine aggregate student outcomes.

COMMUNICATION						
<b>COMPONENT 1</b> Students are engaging and effective communicators demonstrated by employing collaborative dialogue and adapting language to resonate with multiple audiences and/or cultures.						
Criteria	Unacceptable 0	Master's Entry 1	Master's Midpoint 2	Master's Exit/Doctoral Entry 3	Doctoral Midway 4	Doctoral Exit 5
COM 1.2 Student adapts language to effectively resonate with multiple audiences and/or cultures.	Student does not consider audience and/or cultures when communicating.	Student adapts language effectively for a singular audience and/or culture.	Student adapts language with varied effectiveness for multiple audiences and/or cultures.	Student adapts language effectively for multiple audiences and/or cultures.	Student adapts language fluently for multiple audiences and/or cultures.	Student adapts language fluently and simultaneously for multiple audiences and/or cultures.

## Appendix D

### Nursing 567 Advanced Health Assessment Competency Focused History and Physical Examination Evaluation Criteria

**STUDENT:** \_\_\_\_\_ **Chief Complaint** \_\_\_\_\_

**The student will demonstrate competency in the performance of a problem-focused history and physical examination for a common health complaint.**

#### **Health History (General Components of Therapeutic Communication)**

**OBJECTIVE:** Conduct a thorough health history related to the common health complaint presented by the patient.

	YES	NO
Introduction of self and address the client properly	_____	_____
Use questions appropriately to obtain the client's history	_____	_____
Use of open-ended questions appropriately	_____	_____
Use of verbal and nonverbal cues to encourage client communication	_____	_____
Use of direct question to obtain specific data I.e. color of stools, grading pain	_____	_____
Offer multiple choice questions to aid in client description of complain	_____	_____
Avoid leading questions	_____	_____
Use active listening techniques	_____	_____
Ask appropriate questions to determine if condition is a life-threatening problem i.e. determine the red flags of the condition	_____	_____
Ask appropriate questions to determine if the condition is acute or chronic	_____	_____

#### **History of Presenting Illness**

Obtain data relevant to the presenting complaint using the dimensions of  
of symptomatology

Timing/onset/duration/frequency	_____	_____
Location/radiation	_____	_____
Character or quality	_____	_____
Quantity/Severity	_____	_____
Associating Factors	_____	_____
Aggravating Factors	_____	_____
Alleviating Factors	_____	_____

**YES NO**

Determine what the client thinks this might be

\_\_\_\_\_

## Past Medical History

Illnesses/Hospitalizations/Injuries

\_\_\_\_\_

Medical Diagnoses

\_\_\_\_\_

Current Medications (OTC, Rx, Herbal)

\_\_\_\_\_

Allergies

\_\_\_\_\_

Health Maintenance (Nutrition, Sleep, Spirituality, Sexuality, Safety)  
(relevant to presenting complaint)

\_\_\_\_\_

**Family Medical History** (relevant to presenting complaint)

\_\_\_\_\_

**Personal and Social History**

\_\_\_\_\_

**Review of Systems** (relevant to presenting complaint and differential diagnoses)

\_\_\_\_\_

Summary of history findings

\_\_\_\_\_

## Focused Physical Exam

Choose systems appropriate to presenting complaint and history findings

\_\_\_\_\_

Conducts an organized sequence of exam to minimize position changes and  
Examiners efficiency

\_\_\_\_\_

Communicates to client the exam technique instructions and findings

\_\_\_\_\_

Order of exam techniques (inspection, auscultation, percussion, palpation)

\_\_\_\_\_

Performs techniques correctly

\_\_\_\_\_

Performs advanced assessment techniques and maneuvers as indicated by  
history findings

\_\_\_\_\_

Conclude the H&P by identifying a beginning list of differential diagnoses

\_\_\_\_\_

**Comments:**

**Date:** \_\_\_\_\_ **Faculty Signature:** \_\_\_\_\_