UNIVERSITY OF FLORIDA

COLLEGE OF NURSING

COURSE SYLLABUS

SUMMER 2016

COURSE NUMBER NGR 6244 (Section 7710)

COURSE TITLE Complex Adult-Gerontology Health Problems

CREDITS 2

PLACEMENT DNP Program: Adult-Gerontology Primary Care Nurse Practitioner Track

PREREQUISITES NGR 6052C Adult Nursing: Diagnostics & Procedures

 NGR 6241 Common Adult Health Problems

# COREQUISITES None

FACULTY

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COURSE DESCRIPTION This course provides the student with in-depth knowledge of advanced nursing practice management of complex health care problems, including wellness promotion, and illness prevention and treatment of young, middle and older adults from diverse backgrounds. Emphasis is on utilization of theory, critical thinking, and evidence-based practice to formulate differential diagnoses, clinical impressions, diagnoses, and treatment and evaluation plans for young, middle and older adults with multi-system complex illnesses in acute care and out-patient settings.

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

1. Integrate knowledge from health, physiological, psychological, and social sciences in the care of adult-gerontology populations from diverse backgrounds with selected multi-system complex health problems.

2. Develop appropriate diagnoses and differential diagnoses based on analysis and interpretation of the history, presenting symptoms, physical findings, and diagnostic information for selected multi-system complex young, middle, and older adult health problems.

3. Select appropriate diagnostic and therapeutic interventions with emphasis on safety, cost, and efficacy in the care of selected multi-system complex young, middle, and older adult health problems.

4. Formulate plans for illness prevention and treatment, wellness promotion, and health problem management based on current scientific rationale and research, evidence-based practice guidelines and standards of care for clients with selected multi-system complex health problems.

5. Formulate strategies to evaluate the effectiveness of management plans in achieving optimal client outcomes for young, middle, and older adults with selected multi-system complex health problems.

6. Integrate knowledge of the collaborative processes of the interdisciplinary health care team in facilitating the client’s progress toward maximum functional health.

7. Integrate ethical principles and legal requirements related to advance nursing practice with adults and young, middle, and older adults.

COURSE SCHEDULE

E-Learning in Canvas is the course management system that you will use for this course. E-Learning in Canvas is accessed by using your Gatorlink account name and password at <https://lss.at.ufl.edu/>. There are several tutorials and student help links on the E-Learning login site. If you have technical questions call the UF Computer Help Desk at 352-392-HELP or send email to helpdesk@ufl.edu.

It is important that you regularly check your Gatorlink account email for College and University wide information and the course E-Learning site for announcements and notifications.

Course websites are generally made available on the Friday before the first day of classes.

TOPICAL OUTLINE

A. General Approach

Complex health problems for young, middle, and older adults in each general area listed below are addressed using the following approach:

1. Symptom Cluster Presentation
2. Objective Findings: Physical exam, history, diagnostic testing
3. Diagnosis/Differential Diagnoses
4. Therapeutic Plan
5. Evidence-based Practice
6. Standards of Care (Practice Guidelines)
7. Wellness Promotion/Illness Prevention, including screening tests
8. Safety
9. Cost
10. Evaluation of Treatment Results (Efficacy)
11. Use of Interdisciplinary Collaboration and Referral
12. Ethical principles
13. Legal requirements
14. Case management
15. Health Disparities
16. Genomics

B. Complex Health Problems in Young, Middle, and Older Adults

 1. Mental Health Problems

 a. Alcoholism

 b. Substance Abuse

 c. Tobacco addiction

 2. Neurological Health Problems

a. Stroke

1. Neuropathies
2. Multiple Sclerosis

 3. Complex Cardiovascular Health Problems, including

 a. Valvular Heart Disease

1. Vascular Diseases
2. Arrhythmias

 4. Multisystem End-stage Pulmonary Health Problems, including COPD

 5. Stages of Renal Failure

 6. Metabolic Health Problems, including

1. Obesity
2. Metabolic Syndrome
3. Malnutrition

 7. Infectious Diseases

 8. Allergic Reactions

1. Women’s Health Problems, including Cancers
2. Rheumatoid Arthritis and Chronic joint disease

TEACHING METHODS

 Lecture, instructional media presentations, analysis of assigned readings, directed projects, guided case discussions of case exemplars.

LEARNING ACTIVITIES

 Online discussions and case analyses, completion of online offerings, writing scholarly papers, reviewing and analyzing scholarly works congruent with class topics and assignments.

EVALUATION METHODS/COURSE GRADE CALCULATION

\*Students are required to submit all documents through the “turn-it-in” website site prior to posting them on E-learning.

**Deductions of 5 points a day (beginning the day following the deadline) will occur for ALL late assignments.**

A 1-2 week grading turnover period is expected following the assignment due date.

1. Failure to take an exam on the scheduled day and/or time will result in a re-weighting of the comprehensive final exam to include the percentage from the exam that was not taken.

2. Failure to take the final exam by students that have not missed any test on the scheduled day will result in a loss of 30% of the course grade.

3. Failure to take the final exam by students that have missed any test(s) on scheduled day(s) will result in a loss of 30% plus re-weighted percentage pertaining to the test that was missed.

EXAMS

Exams will be offered through ProctorU. (Note instructions below) Exams I & II are non-cumulative. Material tested for each will include assigned readings, lectures & presentations offered prior to the exam day. The Comprehensive Exam will include ALL material covered from the beginning of the semester to the end.

PROCTORU INSTRUCTIONS

* + Major course examinations will be administered via ***ProctorU***, a live proctoring service, to ensure a secure testing environment.
	+ Each student computer must be in compliance with Policy S1.04, *Student Computer Policy* (<http://nursing.ufl.edu/students/student-policies-and-handbooks/>) and must contain a web cam, microphone, and speakers.
	+ Each examination will be charged equally to each student.
	+ Students go to the website <http://www.proctoru.com/> and click on “How To Get Started”. This will permit students to create an account and test out their system.
	+ Once the instructor makes an exam available, students go online to ***ProctorU*** to schedule and pay for the exam session. Students must provide a valid email address and phone number where they can be reached during an exam.
	+ CON IT (CONITSupport@health.ufl.edu) Support office will oversee this process and provide technical assistance.

MAKE UP POLICY

Late assignments will be accepted for emergency situations only & following approval by the course coordinator.

GRADING SCALE/QUALITY POINTS

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| --- | --- | --- |
| **Assignment** | **Individual %** | **Total %** |
| Exams I & II | 20% Each Exam |  40% |
| Comprehensive Exam | 30% |  30% |
| Evidence-Based Case Presentation \*(Verbal Voiceover PPT = 15% & Discussion Response = 5%) | 20%  |  20% |
| Online Research Journal \* (2) | 5% Each |  10% |
| Total |  | 100% |

A 95-100 (4.0) C 74-79\* (2.0)

 A- 93-94 (3.67) C- 72-73 (1.67)

B+ 91- 92 (3.33) D+ 70-71 (1.33)

 B 84-90 (3.0) D 64-69 (1.0)

 B- 82-83 (2.67) D- 62-63 (0.67)

 C+ 80-81 (2.33) E 61 or below (0.0)

 \* 74 is the minimal passing grade

 For more information on grades and grading policies, please refer to University’s grading policies: <http://gradcatalog.ufl.edu/content.php?catoid=4&navoid=907#grades>

PROFESSIONAL BEHAVIOR

The College of Nursing expects all Nursing students to be professional in their interactions with patients, colleagues, faculty, and staff and to exhibit caring and compassionate attitudes. These and other qualities will be evaluated during patient contacts and in other relevant settings by both faculty and peers. Behavior of a Nursing student reflects on the student's individual’s ability to become a competent professional Nurse. Attitudes or behaviors inconsistent with compassionate care; refusal by, or inability of, the student to participate constructively in learning or patient care; derogatory attitudes or inappropriate behaviors directed at patients, peers, faculty or staff; misuse of written or electronic patient records (e.g., accession of patient information without valid reason); substance abuse; failure to disclose pertinent information on a criminal background check; or other unprofessional conduct can be grounds for disciplinary measures including dismissal.

UNIVERSITY POLICY ON ACADEMIC MISCONDUCT

Academic honesty and integrity are fundamental values of the University community. Students should be sure that they understand the UF Student Honor Code at <http://www.dso.ufl.edu/students.php>. Students are required to provide their own privacy screen for all examination’s administered to student laptops. No wireless keyboards or wireless mouse/tracking device will be permitted during examinations.

University and College of Nursing Policies:

 Please see the College of Nursing website for a full explanation of each of the following policies - <http://nursing.ufl.edu/students/student-policies-and-handbooks/course-policies/>.

Attendance

UF Grading Policy

Accommodations due to Disability

Religious Holidays

Counseling and Mental Health Services

Student Handbook

Faculty Evaluations

Student Use of Social Media

REQUIRED TEXTBOOKS

McPhee, S.J. & Papdakis, M.A. (2016). C*urrent Medical Diagnosis & Treatment* (55th ed.*).* New York: McGraw-Hill. (Available electronically through UF Health Center Library “Access Medicine”)

<http://www.library.health.ufl.edu/resources/eBooks1.html>

and all texts from previous and current required courses in current graduate program.

SUGGESTED TEXTS

Longo, D.L., Fauci, A.S., Kasper, D.L., Hauser, S.L., Jameson, J.L., & Loscalzo, J. (2015). *Harrison's Principles of Internal Medicine* (19th Ed.)*.* New York: McGraw-Hill. (Available electronically through UF Health Center Library “Access Medicine”)

<http://www.library.health.ufl.edu/resources/eBooks1.html>

Ham, R., Slone, P., Warshaw, G., Potter, J., & Flaherty, E. (2014). *Primary Care Geriatrics:*

 *A Case-Based Approach* (6th Ed.).Mosby: Elsevier

**Highly recommended to begin purchasing various Adult-Gerontology Nurse Practitioner Certification Review Books**

Approved: Academic Affairs Committee: 07/03; 01/05; 11/05; 12/07 (Edits 04/08); 11/12

 Faculty: 07/03; 01/05; 01/08; 01/13

 UF Curriculum: 05/04; 10/08; 03/13

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| **WEEKLY CLASS SCHEDULE** |
| DATES2016 | TOPICS | READINGS CMDT Chapters Online/Text | EVIDENCE-BASED CASEPRESENTATIONS | ONLINE RESEARCH JOURNAL |
| Week 1May 9  | Course Introduction/ OrientationConcepts & Frameworks of Complex Health Problems  | 4**Bottom of Form****Mason, Carolyn H. (2005) "Addressing Complex Health Issues: Developing Contextual Knowing through Sequenced Writing and Presentations ," *International Journal of Nursing Education Scholarship*: Vol. 2: Iss. 1, Article 16.** You will need to be on campus or logged in to the UF VPN if off campus in order to access it. [**http://www.degruyter.com/view/j/ijnes.2005.2.1/ijnes.2005.2.1.1149/ijnes.2005.2.1.1149.xml**](http://www.degruyter.com/view/j/ijnes.2005.2.1/ijnes.2005.2.1.1149/ijnes.2005.2.1.1149.xml) |  |
| Week 2May 16 | Complex Cardiovascular Health Problems (Valvular Heart Disease, Vascular Diseases & Arrhythmias) | 10 | CHF/Peripheral Vascular & Artery Disease  | Online Research Journal #1- Due May 16th |
| Week 3May 23 | Multisystem End-Stage Pulmonary Health Problems (COPD) | 9 | COPD/Lower Respiratory Infections |  |
| Week 4 May 31(Holiday 30th) | Neurological Health Problems (Stroke, Neuropathies & Multiple Sclerosis) | 24 | Neuropathies/Strokes-Gero Population  |  |
| Week 5June 6 | **Exam #1**  **ProctorU (Open 0700 – 2200)**-------------------------------------------Mental Health Problems (Alcoholism, Substance Abuse & Tobacco Addiction) | 25 |  NO STUDENT PRESENTATIONS |  |
| Week 6June 13 | Metabolic Health Problems (Malnutrition, Obesity & Metabolic Syndrome) | 29<http://www.youtube.com/watch?v=fF0lAlo80fU&feature=em-share_video_user>  | Malnutrition & Feeding Disorders/Obesity |   |
| **SUMMER BREAK JUNE 20 – 24, 2016 MC900016031[1]** |

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| **WEEKLY CLASS SCHEDULE (continued page 2)** |
| Week 7June 27 | Infectious Diseases  | 30 & 31 | HIV/Alcoholism, Substance Abuse & Tobacco Addiction in the Elderly |  |
| Week 8July 5(Holiday 4th) | **Exam # 2 ProctorU (Open 0700 – 2200)****---------------------------------------------**Allergic Reactions | 20 | NO STUDENT PRESENTATIONS |  |
| Week 9July 11 | Stages of Renal Failure | 22 & 23 | Benign Prostatic Hypertrophy (BPH)/Urinary Tract Infections | Online Research Journal #2- Due July 11th |
| Week 10July 18 | Musculoskeletal Conditions(Rheumatoid Arthritis & Chronic Joint Disease) | 20  | Osteoporosis/Degenerative Joint Disease |  |
| Week 11July 25 | Women’s Health Problems & Associated Cancers | 18 | Ovarian & Uterine Cancers/Women’s Health Issues-Gero Focused |  |
| Week 12August 1 | **Comprehensive Final August 1, 2016****ProctorU (Open 0700 – 2200)** |

**ADDITIONAL COURSE INFORMATION**

***Evidence-Based Case Presentation: Adult-Gerontology Focus***

Each student is responsible for one (1) formal evidenced-based presentation in verbal format, to be presented as a voiceover power point presentation, posted on the Canvas site under “Discussion”. (Refer to assignment topic & student list posted on your Canvas site for this course, NGR 6244. Topics/Names chosen randomly).

**\*\*Presentations Posted by Monday 12 Noon (Tuesday if Monday falls on a holiday)**

***\*Students NOT presenting must:*** Propose a question or practice issue *associated with presentations* that may be considered as a potential topic for a DNP project.

All students are to respond to **one (1)** of the presentations (see Syllabus for details). If there are two scheduled presentations for the week, you respond to only one.

During the week that a student is to submit a presentation, that student is not required to post a question. **\*\*Responses posted by Friday of that week PRIOR to 12 Noon.**

***\*Students Presenting***

The following are criteria for the evidence-based case analysis presentations:

1. Case Scenario presented **as a voiceover power point presentation to class (10 minutes for case scenario).**

**A “case scenario” is an overview of the case presented with only the significant pertinent findings.**

1. Case Source: Actual clinical experience or simulation (made-up). A published case study may be used or modified. The source should be credited and referenced.
2. Content: Focus on treatment of a selected **health care problem related to the adult-gerontology population.** Content should be reflective of the current understanding of the approach to a particular health care problem including the most current evidence-based treatment according to published research, guidelines or standards. The evidence presented must be ranked according to level of evidence (LOE) Center for Evidence-Based (CEBM) ranking guidelines (Use: <http://www.cebm.net/levels_of_evidence.asp>.) The limitations of the evidence and implications for practice should be included.

**At least 3 references must be research** and one of these research references must be a POEM (see explanation below). The POEM research must be discussed and referenced in the verbal presentation in a synopsis style.

The acronym ***POEM*** stands for **P**atient **O**riented **E**vidence that **M**atters. The outcomes of POEM research are usually discussed in terms of such outcomes as mortality, morbidity, costs, readmissions, ER admissions, or quality of life. Ideally, these types of research evidence deal with problems that are faced in practice, demonstrate improved patient-oriented outcomes, and would change current practice. It may be contrasted with **disease-oriented evidence (DOE),** which deals with pathophysiological, pharmacological or etiological results.

1. Total verbal presentation time limit from 20 to 30 minutes.
2. Verbal voiceover power point presentation style: Style should be conducive to stimulating critical thinking.
3. Since content from the presentation will be included on exams, the power point presentation is to be **accompanied by two related multiple choice questions with justified and referenced answers. \***
4. **The presentation is to be posted by each student on the Canvas site under “Discussion” by Monday 12 noon (Tuesday if Monday falls on a holiday).**
5. **Responses must be completed & posted by Friday of that week, prior to 12 Noon.**

\*NOTE: “All of the above, none of the above” & “True/False” type questions are

NOT acceptable.

***Online Clinical Research Journal***

Each student will post **two** (see Course Weekly Schedule) clinical research summaries to the “Research Journal” 1 & 2 under “Assignments” on the course Canvas site **(Max. 400 word count).** Each posting will be an application to advanced practice critique of a **clinical** research article published within the last five years. Students are required to identify, critique, and discuss a **relevant** research article **related to the topic of the week**. The posting should contain the following:

1. The reference (list)
2. The funding source (list)
3. The clinical question addressed (list)
4. Population (list)
5. Setting & Geographic location (list)
6. Study design (list)
	1. Level of Evidence (Use: <http://www.cebm.net/levelsofevidence.asp>)
	2. Either POEM (Patient-oriented evidence that matters) or DOE (Disease oriented evidence) research is acceptable.
7. Synopsis (discuss/summarize)
8. Bottom-line: Statement on limitations and/or application to practice.

The Research Journal posting is **due by 12 NOON** on listed submission dates.

**Online Research due Dates: Refer to Course Weekly Schedule**

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**CLINICAL RESEARCH JOURNAL (SAMPLE)**:

[Stone P.H., Gratsiansky N.A., Blokhin A., Huang I.Z., Meng L.; ERICA Investigators. (2006). Antianginal efficacy of ranolazine when added to treatment with amlodipine: the ERICA (Efficacy of Ranolazine in Chronic Angina) trial. *Journal of the American College of Cardiology, 148,* 566-575.](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=16875985&dopt=Abstract)

Funding: **Industry**

Clinical Question:

In patients with frequent angina symptoms, does the addition of Ranolazine to maximum therapy with Amlodipine and Nitroglycerin improve symptoms?

**Population:** 565patients with symptomatic coronary artery disease

**Setting & Geographic location**: Outpatient, Eastern Europe

**Study Design**: Randomized controlled trial (double-blinded)

**Level of Evidence: 1b**

**POEM**

Synopsis (discuss/summarize)

Bottom-line: Statement on limitations and/or application to practice.

**Synopsis:**

Ranolazine is thought to allow more energy to be produced for every molecule of oxygen delivered to the cells of the heart. The mainly eastern European investigators conducting this study enrolled 565 patients with pronounced symptomatic coronary artery disease and at least 3 episodes of angina weekly despite treatment with 10 mg Amlodipine (Norvasc) daily. This is a fairly select group, since patients could not be taking any other anti-anginal drugs, except long-acting or sublingual Nitroglycerin. Almost all patients were white; their average age was 62 years. The participants were randomized, using concealed allocation, to receive either placebo or extended-release Ranolazine at a dose of 500 mg twice daily for 1 week, then 1000 mg twice daily for 6 weeks. The addition of either placebo or Ranolazine to maximum doses of Amlodipine resulted in a pronounced drop in the number of weekly angina episodes, from an average baseline rate of 5.6 episodes per week to an average of 3.3 in the placebo group and 2.9 in the treated group. The difference in rates between placebo and Ranolazine, a treatment effect of 0.43 episodes per week, was statistically significant (P = .028). Weekly sublingual Nitroglycerin use similarly decreased in both groups and was more pronounced in the treatment group (2.03 vs. 2.68 doses per week; P = .014).

**Bottom Line:**

Ranolazine (Ranexa), added to maximum dosing of Amlodipine, decreases angina episodes and Nitroglycerin doses slightly more than placebo does; patients taking Ranolazine experienced approximately 1 fewer episode, on average, every 2 weeks. These results occurred in patients with frequent symptoms -- at least 4 anginal episodes per week -- and its effect is likely to be less pronounced in patients with less frequent symptoms.