

Collaborative Nurse Practitioner Program (CNPP)



Practice Education Experience Performance Indicators

MNUR 802 Advanced Health Assessment and Diagnostic Reasoning		Hours: 16
Practice Education Course Objectives	Practice Education Performance Indicators	Preceptor Information
<p>Upon completing the clinical practice education and lab experience, the student will:</p> <ol style="list-style-type: none"> 1. Communicate effectively with a patient (Direct Comprehensive Care) 2. Perform a health assessment using tools and techniques based on patient needs and stage of life, including physical, psychosocial, emotional, ethnic, cultural, and spiritual dimensions of health. (Direct Comprehensive Care) 3. Document health assessment findings and/or diagnosis. (Direct Comprehensive Care) 4. Maintain patient, cultural, and nurse safety. (Support of Systems) 5. Safely perform procedures common to a primary care setting. (Direct Comprehensive Care) 6. Demonstrate clinical diagnostic reasoning in a simulated setting. (Direct Comprehensive Care) 	<p>Practice Education Performance Indicator Achieved by the End of Experience</p> <ol style="list-style-type: none"> 1. Student engaged in the experience. 2. Student professional in appearance and conduct 3. Student demonstrates an understanding of the nurse practitioner role and can articulate it. 	<ol style="list-style-type: none"> 1. This is an observational experience, students may: <ol style="list-style-type: none"> a. assist with health history and physical exam components under the direct supervision of the preceptor.
MNUR 805 Advanced Pathophysiology and Pharmacology II		Hours: 129
Practice Education Course Objectives	Practice Education Performance Indicators	Preceptor Information
<p>Upon completing MNUR 805 <i>practice education experience (primary care)</i> the student will:</p> <ol style="list-style-type: none"> 1. Communicate effectively with patient. (Direct Comprehensive Care and Educative Practice) 2. Perform a health assessment using tools and techniques based on patient needs and stage of life, including physical, psychosocial, emotional, ethnic, cultural and spiritual dimensions of health. (Direct Comprehensive Care) 3. Identify and interpret normal and abnormal findings by applying pathophysiological concepts appropriate to patient presentation. (Direct 	<p>Practice Education Performance Indicator Achieved by the End of Experience</p> <ol style="list-style-type: none"> 1. Sees 4-6 patients per day, must be face to face visits (~57-86 patients total). 2. Consult the preceptor for all patients and identify if they have not received the theory on the presenting patient complaint. 3. Competent at history taking and physical exams. 4. Developing competence at providing a differential diagnosis 5. Developing competence at ordering and interpreting diagnostic tests. 6. Developing competence at developing management plan. 7. Developing competence at choosing appropriate pharmacological and non-pharmacological options. 8. Competent at writing a SOAP note. <p>Practice Education Experience Performance Indicator</p> <ol style="list-style-type: none"> 9. <i>Direct Patient Care</i> 10. Reviews information relevant to the patient encounter 	<ol style="list-style-type: none"> 1. Direct instruction from preceptor is needed to guide student action. 2. Student consults preceptor for each patient. 3. Preceptor should observe student health history and physical exam until they are satisfied that the student is collecting required data. 4. Preceptor should regularly observe student

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<p>Comprehensive Care)</p> <ol style="list-style-type: none"> 4. Interpret diagnostic tests. (Direct Comprehensive Care) 5. Identify common differentials. (Direct Comprehensive Care) 6. Document health assessment findings, diagnoses, and plans of care in a timely, consistent manner. (Direct Comprehensive Care) 7. Write a clear, appropriate, and legal prescription for a patient. (Direct Comprehensive Care) 8. Classify pharmacological options to treat common diagnoses. (Direct Comprehensive Care) 9. Safely perform procedures common to a primary care setting. (Direct Comprehensive Care). 10. Apply agency policy, legislation, regulation, and ethical standards to clinical practice. (Supportive Systems) 11. Communicate effectively with other health-care providers to ensure best patient outcomes. (Professional Leadership) 	<ol style="list-style-type: none"> 11. Uses appropriate communication strategies (written & verbal) to create a safe therapeutic environment for patient care. 12. Performs a complete or focused health history including physical, psychosocial, emotional, ethnic, cultural, and spiritual dimensions of health as well as the determinants of health. 13. Prioritizes patient care concerns and systematically collects relevant data. 14. Performs a complete or focused physical examination based on subjective and objective data and interprets normal from abnormal findings identifies red flags and prioritizes interventions. 15. Safely performs invasive/non-invasive procedures. 16. Optimizes diagnostic accuracy by using appropriate cognitive processes and healthy skepticism throughout the phases of diagnostic reasoning. 17. Orders appropriate tests to screen, confirm or rule out diagnostic hypotheses considering patient context and/or system resources 18. Selects appropriate therapeutic interventions based on the patient's diagnosis and life context according to agreed management plan. 19. Safely prescribes and/or dispenses drugs in accordance with provincial, territorial, and/or federal standards and legislative requirements. 20. Consults with and/or refers patients to other health-care providers at any point in the care continuum when the patient's condition management is not within the preceptor's scope of practice or knowledge. 21. Collaboratively with the patient develops self-care strategies relevant to life-context or health/illness concerns that enables patients to participate in decision-making. 22. Support of Systems 23. Recognize how colonization and social constructs affect Indigenous patient populations. 24. Recognize how social constructs affect the visible minority, LGBTQ2SA+ and other vulnerable populations. 25. Practices in accordance with legislation, professional and ethical standards, and policies relevant to NP practice. 26. Evidence Informed Practice & Research 27. Integrates evidence to develop a management plan that is sensitive to the patient's situation, goals, preferences, health status and outcomes. 28. Integrates evidence to influence practice changes for health care improvement. 29. Educative Practice 30. Acts as a role model, resource person and educator to create a trusting team environment to advocate for patient care that considers unique life contexts. 31. Leadership 32. Collaborates with members of the health-care team to provide and promote interprofessional patient-centered care 33. Collaborates with members of the health-care team to influence continuous quality improvement at the individual and/or organizational levels. 34. Interacts professionally with patients, health care colleagues and other personal. Applies conflict management strategies as required. 	<p>providing the management plan to patients to provide feedback.</p>
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	4. Analyzes and critically questions current policies, resources and practice guidelines when seeking to improve health care services.	
MNUR 805 Advanced Pathophysiology and Pharmacology II <i>(Note: This placement is completed with a licensed Community pharmacist)</i>		Hours: 24
Practice Education Course Objectives	Practice Education Performance Indicators	Preceptor Information
<p>Upon completion of MNUR 805 practice education experiences (pharmacy), the student will:</p> <ol style="list-style-type: none"> Understand the principles of dispensing medication in accordance with provincial, territorial and/or federal standards and legislative requirements. (Direct Comprehensive Care) Demonstrate and role model the principles of interprofessional collaboration as related to pharmacists. (Professional Leadership) Apply principles of the controlled drugs and substances act (CDSA). (Direct Comprehensive Care) 	<p>Practice Education Performance Indicator Achieved by the End of Experience</p> <ol style="list-style-type: none"> Student engaged in the experience. Student professional in appearance and conduct. Student developed understanding of the pharmacist role and pharmacist team member roles. Student developed/deepened knowledge of available products i.e. Schedule I, II & III drugs. Student understands the legal/ethical aspects of dispensing medications. Student observes pharmacist dispensing process and participates in patient teaching opportunities related to pharmacotherapeutics. <p>Practice Education Experience Performance Indicator</p> <p>Identify the role of NP in dispensing drugs:</p> <ol style="list-style-type: none"> Identifies legal requirements Identifies location of Schedule I, II, III and unscheduled drugs and responsibilities related to each category Identifies monitoring parameters Identifies errors related to validity, clarity, completeness of a prescription Prepares a drug for distribution Prepares a legal prescription label Records distribution of drug on the patient profile Completes safety checks using a systematic approach Identifies and addresses possible diversion and misuse of drugs Promotes proper handling and disposal of drugs <p>Meet the patient's health and drug-related needs to achieve patient health goals:</p> <ol style="list-style-type: none"> Develops professional relationship with patient Assess patient's ability to self-administer drug Provides appropriate patient education regarding the drug(s) dispensed <p>Apply principles of team functioning that support interprofessional collaboration</p> <ol style="list-style-type: none"> Identifies professional differences between pharmacist and NP roles. Integrates principles of team dynamics/conflict resolution to establish a collaborative relationship with the pharmacy team. <p>Technology Resources for the dispensing of medications</p> <ol style="list-style-type: none"> Incorporates technologies that support the dispensing and prescribing functions. 	<ol style="list-style-type: none"> This is an observational experience. Direct instruction from preceptor is needed to guide actions.

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MNUR 806 Health and Illness Across the Lifespan I		Hours: 117
Practice Education Course Objectives	Practice Education Performance Indicators	Preceptor Information
<p>Upon completion of the practice education experience the student will:</p> <ol style="list-style-type: none"> 1. Perform pediatric health assessments applying principles of childhood development. (Direct Comprehensive Care) 2. Assess the capacity of the family to improve health outcomes. (Direct Comprehensive Care) 3. Rationalize possible screening and diagnostic investigations. (Direct Comprehensive Care) 4. Develop differentials (Direct Comprehensive Care) 5. Develop management goals, both long and short term, collaboratively with the patient and family. (Direct Comprehensive Care) 6. Identify appropriate pharmacological options for common patient presentations. (Direct Comprehensive Care) 7. Support and educate patients. (Direct Comprehensive Care, Educative Practice) 8. Manage preconception, prenatal, postnatal, and newborn wellness (Direct Comprehensive Care) 9. Manage pediatric wellness (Direct Comprehensive Care) 10. Actively engage self and others, including the patient and family, to constructively address interprofessional conflict (Professional Leadership) 11. Safely perform procedures common to a primary care setting. (Direct Comprehensive Care) 	<p>Practice Education Performance Indicator Achieved by the End of Experience</p> <ol style="list-style-type: none"> 1. Sees 6-8 patients per 8-hour day (~88-117 total patients). 2. Competent health history taking and physical exams of pediatric and women of all ages including prenatal. <p>Related to population(s) being studied</p> <ol style="list-style-type: none"> 3. Competent at articulating a differential diagnosis based on the presenting complaint 4. Competent at identifying red flags. 5. Competent at researching and applying point of care resources 6. Competent at ordering and interpreting diagnostic tests. 7. Competent at management plan development: <ol style="list-style-type: none"> a. choosing appropriate pharmacological and non-pharmacological options b. patient education c. referrals d. follow-up 8. Competent at writing a SOAP note. <p>Practice Education Experience Performance Indicator</p> <p>A. Direct Patient Care</p> <ol style="list-style-type: none"> 1. Reviews information relevant to the patient encounter. 2. Uses appropriate communication strategies (written & verbal) to create a safe therapeutic environment for patient care. 3. Performs a complete or focused health history including physical, psychosocial, emotional, ethnic, cultural, and spiritual dimensions of health as well as the determinants of health. 4. Prioritizes patient care concerns and systematically collects relevant data. 5. Performs a complete or focused physical examination based on subjective and objective data and interprets normal from abnormal findings identifies red flags and prioritizes interventions. 6. Safely performs invasive/non-invasive procedures. 7. Optimizes diagnostic accuracy by using appropriate cognitive processes and healthy skepticism throughout the phases of diagnostic reasoning. 8. Orders appropriate tests to screen, confirm or rule out diagnostic hypotheses considering patient context and/or system resources 9. Selects appropriate therapeutic interventions based on the patient's diagnosis and life context according to agreed management plan. 10. Safely prescribes and/or dispenses drugs in accordance with provincial, territorial, and/or federal standards and legislative requirements. 11. Consults with and/or refers patients to other health-care providers at any point in the care continuum when the patient's condition management is not within the preceptor's scope of practice or knowledge. 	<ol style="list-style-type: none"> 1. Student should present to practice education experience prepared for the practice environment. 2. Student should seek out learning experiences. 3. Student should independently complete health history and physical exam. 4. Student will consult the preceptor for all patients and identify if they have not received the theory on the presenting patient complaint. 5. Preceptor should on occasion observe student providing management plan to patient, to provide feedback. 6. Student level of responsibility should progress according to the student benchmark chart. 7. Student must use point of care resources appropriately. 8. Student will maintain patient safety. 9. Any near misses, misses or critical incidents will be reported to the Clinical Faculty. Educational institutional and practice education agency process will be followed for reporting. 10. Clinical Faculty will arrange midterm (and final as needed)

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	<p>12. Collaboratively with the patient develops self-care strategies relevant to life-context or health/illness concerns that enables patients to participate in decision-making.</p> <p>B. Support of Systems</p> <ol style="list-style-type: none"> 1. Recognize how colonization and social constructs affect Indigenous patient populations. 2. Recognize how social constructs affect the visible minority, LGBTQI2SA+ and other vulnerable populations. 3. Practices in accordance with legislation, professional and ethical standards, and policies relevant to NP practice. <p>C. Evidence Informed Practice & Research</p> <ol style="list-style-type: none"> 1. Integrates evidence to develop a management plan that is sensitive to the patient's situation, goals, preferences, health status and outcomes. 2. Integrates evidence to influence practice changes for health care improvement. 3. Seeks out own answers using evidence-based resources. <p>D. Educative Practice</p> <ol style="list-style-type: none"> 1. Acts as a role model, resource person and educator to create a trusting team environment to advocate for patient care that considers unique life contexts. <p>E. Leadership</p> <ol style="list-style-type: none"> 1. Collaborates with members of the health-care team to provide and promote interprofessional patient-centered care 2. Collaborates with members of the health-care team to influence continuous quality improvement at the individual and/or organizational levels. 3. Interacts professionally with patients, health care team members and other personal. Applies conflict management strategies as required. 4. Analyzes and critically questions current policies, resources and practice guidelines when seeking to improve health care services. 	<p>assessment meetings with preceptor. The student will ensure appropriate documentation is submitted to the course dropbox.</p>
MNUR 807 Health and Illness Across the Lifespan II		Hours: 117
Practice Education Course Objectives	Practice Education Performance Indicators	Preceptor Information
<p>Upon successful completion of MNUR 807 <i>practice education experience</i> the student will:</p> <ol style="list-style-type: none"> 1. Complete independent health assessments including relevant health history and physical exam on adult patients. (Direct Comprehensive Care) 2. Rationalize appropriate diagnostic tests to assist in diagnosis taking both system and patient needs into consideration. (Direct Comprehensive Care) 3. Develop priority differential diagnoses. (Direct Comprehensive Care) 	<p>Practice Education Performance Indicator Achieved by the End of Experience</p> <ol style="list-style-type: none"> 1. Sees 6-8 patients per 8-hour day (~88-117 total patients). 2. Competent health history taking and physical exams of adult patients. 3. Related to population(s) being studied 4. Competent at articulating a differential diagnosis based on the presenting complaint 5. Competent at identifying red flags. 6. Competent at researching and applying point of care resources 7. Competent at ordering and interpreting diagnostic tests. 8. Competent at management plan development: <ol style="list-style-type: none"> a. choosing appropriate pharmacological and non-pharmacological options b. patient education c. referrals 	<ol style="list-style-type: none"> 1. Student should present to practice education experience prepared for the practice environment. 2. Student should seek out learning experiences. 3. Student should independently complete health history and physical exam. 4. Student will consult the preceptor for all patients and identify if they have not received

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<ol style="list-style-type: none"> 4. Utilize motivational interviewing techniques (Direct Comprehensive Care) 5. Safely perform procedures common to a primary care setting. (Direct Comprehensive Care) 6. Provide a broad range of non-pharmacological interventions. (Direct Comprehensive care) 7. Refer and consult appropriately. (Direct Comprehensive Care) 8. Provide appropriate health promotion education. (Direct Comprehensive Care, Educative Practice) 9. Manage adult patients with episodic disease conditions. (Direct Comprehensive Care) 10. Evaluate the effectiveness of treatment plan outcomes. (Direct Comprehensive Care) 11. Participate in programming to support gender and sexual wellness. (Educative Practice, Support of Systems) 12. Actively participate in effective interprofessional team functioning. (Professional Leadership) 	<ol style="list-style-type: none"> d. follow-up 9. Competent at writing a SOAP note. <p>Practice Education Experience Performance Indicator</p> <p>A. Direct Patient Care</p> <ol style="list-style-type: none"> 1. Reviews information relevant to the patient encounter 2. Uses appropriate communication strategies (written & verbal) to create a safe therapeutic environment for patient care. 3. Performs a complete or focused health history including physical, psychosocial, emotional, ethnic, cultural, and spiritual dimensions of health as well as the determinants of health. 4. Prioritizes patient care concerns and systematically collects relevant data. 5. Performs a complete or focused physical examination based on subjective and objective data and interprets normal from abnormal findings identifies red flags and prioritizes interventions. 6. Safely performs invasive/non-invasive procedures. 7. Optimizes diagnostic accuracy by using appropriate cognitive processes and healthy skepticism throughout the phases of diagnostic reasoning. 8. Orders appropriate tests to screen, confirm or rule out diagnostic hypotheses considering patient context and/or system resources 9. Selects appropriate therapeutic interventions based on the patient's diagnosis and life context according to agreed management plan. 10. Safely prescribes and/or dispenses drugs in accordance with provincial, territorial, and/or federal standards and legislative requirements. 11. Consults with and/or refers patients to other health-care providers at any point in the care continuum when the patient's condition management is not within the preceptor's scope of practice or knowledge. 12. Collaboratively with the patient develops self-care strategies relevant to life-context or health/illness concerns that enables patients to participate in decision-making. <p>B. Support of Systems</p> <ol style="list-style-type: none"> 1. Recognize how colonization and social constructs affect Indigenous patient populations. 2. Recognize how social constructs affect the visible minority, LGBTQI2SA+ and other vulnerable populations. 3. Practices in accordance with legislation, professional and ethical standards, and policies relevant to NP practice. <p>C. Evidence Informed Practice & Research</p> <ol style="list-style-type: none"> 1. Integrates evidence to develop a management plan that is sensitive to the patient's situation, goals, preferences, health status and outcomes. 2. Integrates evidence to influence practice changes for health care improvement. 3. Seeks out own answers using evidence-based resources. <p>D. Educative Practice</p> <ol style="list-style-type: none"> 1. Acts as a role model, resource person and educator to create a trusting team environment to advocate for patient care that considers unique life contexts. 	<p>the theory on the presenting patient complaint.</p> <ol style="list-style-type: none"> 5. Preceptor should on occasion observe student providing management plan to patient, to provide feedback. 6. Student level of responsibility should progress according to the student benchmark chart. 7. Student must use point of care resources appropriately. 8. Student will maintain patient safety. 9. Any near misses, misses or critical incidents will be reported to the Clinical Faculty. Educational institutional and practice education agency process will be followed for reporting. 10. Clinical Faculty will arrange midterm (and final as needed) assessment meetings with preceptor. The student will ensure appropriate documentation is submitted to the course dropbox.
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	<p>E. Leadership</p> <ol style="list-style-type: none"> 1. Collaborates with members of the health-care team to provide and promote interprofessional patient-centered care 2. Collaborates with members of the health-care team to influence continuous quality improvement at the individual and/or organizational levels. 3. Interacts professionally with patients, health care colleagues and other personal. Applies conflict management strategies as required. 4. Analyzes and critically questions current policies, resources and practice guidelines when seeking to improve health care services. 	
MNUR 808 Health and Illness Across the Lifespan III		Hours: 117
Practice Education Course Objectives	Practice Education Performance Indicators	Preceptor Information
<p>Upon successful completion of the MNUR 808 practice education experience (primary care) the student will:</p> <ol style="list-style-type: none"> 1. Perform holistic assessments on older adults. (Direct Comprehensive Care) 2. Perform health assessments on patients with chronic disease. (Direct Comprehensive Care) 3. Adapt prescriptions, as required, addressing pharmacodynamics and pharmacokinetic principles in the population being studied. (Direct Comprehensive Care) 4. Manage patients with common chronic diseases. (Direct Comprehensive Care) 5. Provide safe compassionate care for the frail elderly patient. (Direct Comprehensive Care) 6. Participate in team-based chronic disease management. (Direct Comprehensive Care) 7. Participate in the development of strategies and services to address community and/or population health concerns. (Evidence-Informed Practice) 8. Integrate the principles of resource allocation (i.e., beneficial versus adverse outcomes and costs) into clinical decision-making. (Support of Systems) 9. Apply leadership principles that support a collaborative practice model. (Professional 	<p>Practice Education Performance Indicator Achieved by the End of Experience</p> <ol style="list-style-type: none"> 1. Sees 6-8 patients per 8-hour day (~88-117 total patients). 2. Competent health history taking and physical exams of older adult patients. 3. Related to population(s) being studied 4. Competent at articulating a differential diagnosis based on the presenting complaint 5. Competent at identifying red flags. 6. Competent at researching and applying point of care resources 7. Competent at ordering and interpreting diagnostic tests. 8. Competent at management plan development: <ol style="list-style-type: none"> a. choosing appropriate pharmacological and non-pharmacological options b. patient education c. referrals d. follow-up 9. Competent at writing a SOAP note. <p>Practice Education Experience Performance Indicator</p> <p>A. Direct Patient Care</p> <ol style="list-style-type: none"> 1. Reviews information relevant to the patient encounter 2. Uses appropriate communication strategies (written & verbal) to create a safe therapeutic environment for patient care. 3. Performs a complete or focused health history including physical, psychosocial, emotional, ethnic, cultural, and spiritual dimensions of health as well as the determinants of health. 4. Prioritizes patient care concerns and systematically collects relevant data. 5. Performs a complete or focused physical examination based on subjective and objective data and interprets normal from abnormal findings identifies red flags and prioritizes interventions. 6. Safely performs invasive/non-invasive procedures. 7. Optimizes diagnostic accuracy by using appropriate cognitive processes and healthy skepticism throughout the phases of diagnostic reasoning. 	<ol style="list-style-type: none"> 1. Student should present to practice education experience prepared for the practice environment. 2. Student should seek out learning experiences. 3. Student should independently complete health history and physical exam. 4. Student will consult the preceptor for all patients and identify if they have not received the theory on the presenting patient complaint. 5. Preceptor should on occasion observe student providing management plan to patient, to provide feedback. 6. Student level of responsibility should progress according to the student benchmark chart. 7. Student must use point of care resources appropriately. 8. Student will maintain patient safety.

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<p>Leadership)</p> <p>10. Safely perform procedures common to a primary care setting. (Direct Comprehensive Care)</p>	<ol style="list-style-type: none"> 8. Orders appropriate tests to screen, confirm or rule out diagnostic hypotheses considering patient context and/or system resources 9. Selects appropriate therapeutic interventions based on the patient’s diagnosis and life context according to agreed management plan. 10. Safely prescribes and/or dispenses drugs in accordance with provincial, territorial, and/or federal standards and legislative requirements. 11. Consults with and/or refers patients to other health-care providers at any point in the care continuum when the patient’s condition management is not within the preceptor’s scope of practice or knowledge. 12. Collaboratively with the patient develops self-care strategies relevant to life-context or health/illness concerns that enables patients to participate in decision-making. <p>B. Support of Systems</p> <ol style="list-style-type: none"> 1. Recognize how colonization and social constructs affect Indigenous patient populations. 2. Recognize how social constructs affect the visible minority, LGBTQI2SA+ and other vulnerable populations. 3. Practices in accordance with legislation, professional and ethical standards, and policies relevant to NP practice. <p>C. Evidence Informed Practice & Research</p> <ol style="list-style-type: none"> 1. Integrates evidence to develop a management plan that is sensitive to the patient's situation, goals, preferences, health status and outcomes. 2. Integrates evidence to influence practice changes for health care improvement. 3. Seeks out own answers using evidence-based resources. <p>D. Educative Practice</p> <ol style="list-style-type: none"> 1. Acts as a role model, resource person and educator to create a trusting team environment to advocate for patient care that considers unique life contexts. <p>E. Leadership</p> <ol style="list-style-type: none"> 1. Collaborates with members of the health-care team to provide and promote interprofessional patient-centered care 2. Collaborates with members of the health-care team to influence continuous quality improvement at the individual and/or organizational levels. 3. Interacts professionally with patients, health care colleagues and other personal. Applies conflict management strategies as required. 4. Analyzes and critically questions current policies, resources and practice guidelines when seeking to improve health care services. 	<ol style="list-style-type: none"> 9. Any near misses, misses or critical incidents will be reported to the Clinical Faculty. Educational institutional and practice education agency process will be followed for reporting. 10. Clinical Faculty will arrange midterm (and final as needed) assessment meetings with preceptor. The student will ensure appropriate documentation is submitted to the course dropbox.
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MNUR 810 Transition to Advanced Practice Nursing II		Hours: 117
Practice Education Course Objectives	Practice Education Performance Indicators	Preceptor Information
<p>The student will:</p> <ol style="list-style-type: none"> Independently, within 24 hours of starting the practice experience, complete health assessments, determine a differential diagnosis, and develop a management plan including diagnostics, therapeutics, non-pharmacological interventions, education, referral, and follow-up. (Direct Comprehensive Care) Demonstrate continuous consolidation and further development of competencies related to clinical decision-making to improve patient health outcomes. (Direct Comprehensive Care) Initiate strategies and services to address community and/or population health concerns. (Professional Leadership) Assume accountability for the quality of his or her advanced nursing practice. (Professional Leadership) Demonstrate professional attitudes and the approach to care that envelop and influence the domains of advanced nursing practice. (Professional Leadership) Integrate continuous quality improvement strategies and effective patient outcomes within a collaborative practice model. (Support of Systems) Modify the comprehensive evaluation and synthesis of the literature for publication in an identified peer-reviewed scholarly nursing journal, following journal guidelines. (Evidence-informed Practice) 	<p>Practice Education Performance Indicator Achieved by the End of Experience</p> <ol style="list-style-type: none"> Sees 10-12 patients per 8-hour day (~227-273 total patients). Competent health history taking and physical exams of older adult patients. Related to population(s) being seen Competent at articulating a differential diagnosis based on the presenting complaint Competent at identifying red flags. Competent at researching and applying point of care resources Competent at ordering and interpreting diagnostic tests. Competent at management plan development: <ol style="list-style-type: none"> choosing appropriate pharmacological and non-pharmacological options patient education referrals follow-up Competent at writing a SOAP note. Modifies treatment plan to fit patient needs. Manages difficult interactions. Seeks out own answers using evidence-based resources. Collegial and professional relationship with preceptor and health care team. Reflects on own performance and identifies gaps. identifies system issues that impact health. <p>Practice Education Experience Performance Indicator</p> <ol style="list-style-type: none"> Direct Patient Care Reviews information relevant to the patient encounter Uses appropriate communication strategies (written & verbal) to create a safe therapeutic environment for patient care. Performs a complete or focused health history including physical, psychosocial, emotional, ethnic, cultural, and spiritual dimensions of health as well as the determinants of health. Prioritizes patient care concerns and systematically collects relevant data. Performs a complete or focused physical examination based on subjective and objective data and interprets normal from abnormal findings identifies red flags and prioritizes interventions. Safely performs invasive/non-invasive procedures. Optimizes diagnostic accuracy by using appropriate cognitive processes and healthy skepticism throughout the phases of diagnostic reasoning. 	<ol style="list-style-type: none"> Student should present to practice education experience prepared for the practice environment. Student should seek out learning experiences. Student should independently complete health history and physical exam. Student will consult the preceptor for all patients and identify if they have not received the theory on the presenting patient complaint. Preceptor should on occasion observe student providing management plan to patient, to provide feedback. Student level of responsibility should progress according to the student benchmark chart. Student must use point of care resources appropriately. Student will maintain patient safety. Any near misses, misses or critical incidents will be reported to the Clinical Faculty. Educational

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	<ol style="list-style-type: none"> 24. Orders appropriate tests to screen, confirm or rule out diagnostic hypotheses considering patient context and/or system resources 25. Selects appropriate therapeutic interventions based on the patient’s diagnosis and life context according to agreed management plan. 26. Safely prescribes and/or dispenses drugs in accordance with provincial, territorial, and/or federal standards and legislative requirements. 27. Consults with and/or refers patients to other health-care providers at any point in the care continuum when the patient’s condition management is not within the preceptor’s scope of practice or knowledge. 28. Collaboratively with the patient develops self-care strategies relevant to life-context or health/illness concerns that enables patients to participate in decision-making. 29. Support of Systems 30. Recognize how colonization and social constructs affect Indigenous patient populations. 31. Recognize how social constructs affect the visible minority, LGBTQI2SA+ and other vulnerable populations. 32. Practices in accordance with legislation, professional and ethical standards, and policies relevant to NP practice. 33. Evidence Informed Practice & Research 34. Integrates evidence to develop a management plan that is sensitive to the patient's situation, goals, preferences, health status and outcomes. 35. Integrates evidence to influence practice changes for health care improvement. 36. Seeks out own answers using evidence-based resources. 37. Educative Practice 38. Acts as a role model, resource person and educator to create a trusting team environment to advocate for patient care that considers unique life contexts. 39. Leadership 40. Collaborates with members of the health-care team to provide and promote interprofessional patient-centered care 41. Collaborates with members of the health-care team to influence continuous quality improvement at the individual and/or organizational levels. 42. Interacts professionally with patients, health care colleagues and other personal. Applies conflict management strategies as required. 43. Analyzes and critically questions current policies, resources and practice guidelines when seeking to improve health care services. 	<p>institutional and practice education agency process will be followed for reporting.</p> <ol style="list-style-type: none"> 10. Clinical Faculty will arrange midterm (and final as needed) assessment meetings with preceptor. The student will ensure appropriate documentation is submitted to the course dropbox.
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