

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

<p>findings by applying pathophysiological concepts appropriate to patient presentation. (Direct Comprehensive Care)</p> <ol style="list-style-type: none"> <li>4. Interpret diagnostic tests. (Direct Comprehensive Care)</li> <li>5. Identify common differentials. (Direct Comprehensive Care)</li> <li>6. Document health assessment findings, diagnoses, and plans of care in a timely, consistent manner. (Direct Comprehensive Care)</li> <li>7. Write a clear, appropriate, and legal prescription for a patient. (Direct Comprehensive Care)</li> <li>8. Classify pharmacological options to treat common diagnoses. (Direct Comprehensive Care)</li> <li>9. Examine the therapeutic application of narcotics and controlled substances along with the legal and professional competencies and responsibilities required by prescribers in the population(s) being studied. (Direct Comprehensive Care)</li> <li>10. Safely perform procedures common to a primary care setting. (Direct Comprehensive Care).</li> <li>11. Apply agency policy, legislation, regulation, and ethical standards to clinical practice. (Supportive Systems)</li> <li>12. Communicate effectively with other health-care providers to ensure best patient outcomes. (Professional Leadership)</li> </ol>	<ol style="list-style-type: none"> <li>1. Reviews information relevant to the patient encounter.</li> <li>2. Uses appropriate communication strategies (written &amp; verbal) to create a safe therapeutic environment for patient care.</li> <li>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.</li> <li>4. Prioritizes patient care concerns and systematically collects relevant data.</li> <li>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.</li> <li>6. Safely performs invasive/non-invasive procedures.</li> <li>7. Optimizes diagnostic accuracy by using appropriate cognitive processes and healthy skepticism throughout the phases of diagnostic reasoning.</li> <li>8. Orders appropriate tests to screen, confirm or rule out diagnostic hypotheses considering patient context and/or system resources</li> <li>9. Selects appropriate therapeutic interventions based on the patient’s diagnosis and life context according to agreed management plan.</li> <li>10. Safely prescribes and/or dispenses drugs in accordance with provincial, territorial, and/or federal standards and legislative requirements.</li> <li>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.</li> <li>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.</li> </ol> <p><b>B. Support of Systems</b></p> <ol style="list-style-type: none"> <li>1. Recognize how colonization and social constructs affect Indigenous patient populations.</li> <li>2. Recognize how social constructs affect the visible minority, LGBTQI2SA+ and other vulnerable populations.</li> <li>3. Practices in accordance with legislation, professional and ethical standards, and policies relevant to NP practice.</li> </ol> <p><b>C. Evidence Informed Practice &amp; Research</b></p> <ol style="list-style-type: none"> <li>1. Integrates evidence to develop a management plan that is sensitive to the patient's situation, goals, preferences, health status and outcomes.</li> <li>2. Integrates evidence to influence practice changes for health care improvement.</li> </ol> <p><b>D. Educative Practice</b></p> <ol style="list-style-type: none"> <li>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.</li> </ol> <p><b>E. Leadership</b></p> <ol style="list-style-type: none"> <li>1. Collaborates with members of the health-care team to provide and promote interprofessional patient-centered care</li> <li>2. Collaborates with members of the health-care team to influence continuous quality improvement at the individual and/or organizational levels.</li> <li>3. Interacts professionally with patients, health care colleagues and other personal. Applies conflict management strategies as required.</li> </ol>	<p>observe student 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

Hours: 24

*(Note: This placement is completed with a licensed Community pharmacist)*

Practice Education Course Objectives	Practice Education Performance Indicators	Preceptor Information
<p>Upon successful completion of the MNUR 805 practice education experience (pharmacy), the student will:</p> <ol style="list-style-type: none"> <li>1. Understand the principles of dispensing medication in accordance with provincial, territorial and/or federal standards and legislative requirements. (Direct Comprehensive Care)</li> <li>2. Demonstrate and role model the principles of interprofessional collaboration as related to pharmacists. (Professional Leadership)</li> <li>3. Apply principles of the controlled drugs and substances act (CDSA). (Direct Comprehensive Care)</li> </ol>	<p><b>Practice Education Performance Indicator Achieved by the End of Experience</b></p> <ol style="list-style-type: none"> <li>1. Student engaged in the experience.</li> <li>2. Student professional in appearance and conduct.</li> <li>3. Student developed understanding of the pharmacist role and pharmacist team member roles.</li> <li>4. Student developed/deepened knowledge of available products i.e. Schedule I, II &amp; III drugs.</li> <li>5. Student understands the legal/ethical aspects of dispensing medications.</li> <li>6. Student observes pharmacist dispensing process and participates in patient teaching opportunities related to pharmacotherapeutics.</li> </ol> <p><b>Practice Education Experience Performance Indicator</b></p> <ol style="list-style-type: none"> <li>1. <b>Identify the role of NP in dispensing drugs:</b> <ol style="list-style-type: none"> <li>a. Identifies legal requirements.</li> <li>b. Identifies location of Schedule I, II, III and unscheduled drugs and responsibilities related to each category.</li> <li>c. Identifies monitoring parameters.</li> <li>d. Identifies errors related to validity, clarity, completeness of a prescription.</li> <li>e. Prepares a drug for distribution.</li> <li>f. Prepares a legal prescription label.</li> <li>g. Records distribution of drug on the patient profile.</li> <li>h. Completes safety checks using a systematic approach.</li> <li>i. Identifies and addresses possible diversion and misuse of drugs.</li> <li>j. Promotes proper handling and disposal of drugs.</li> </ol> </li> <li>2. <b>Meet the patient's health and drug-related needs to achieve patient health goals:</b> <ol style="list-style-type: none"> <li>a. Develops professional relationship with patient</li> <li>b. Assess patient's ability to self-administer drug</li> <li>c. Provides appropriate patient education regarding the drug(s) dispensed</li> </ol> </li> <li>3. <b>Apply principles of team functioning that support interprofessional collaboration</b> <ol style="list-style-type: none"> <li>a. Identifies professional differences between pharmacist and NP roles.</li> <li>b. Integrates principles of team dynamics/conflict resolution to establish a collaborative relationship with the pharmacy team.</li> </ol> </li> <li>4. <b>Technology Resources for the dispensing of medications</b> <ol style="list-style-type: none"> <li>a. Incorporates technologies that support the dispensing and prescribing functions.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. This is an observational experience.</li> <li>2. Direct instruction from preceptor is needed to guide actions.</li> </ol>

MNUR 806 Health and Illness Across the Lifespan I		Hours: 117
Practice Education Course Objectives	Practice Education Performance Indicators	Preceptor Information
<p>Upon successful completion of the MNUR 806 practice education experience, the student will:</p> <ol style="list-style-type: none"> <li>1. Perform pediatric health assessments applying principles of childhood development. (Direct Comprehensive Care)</li> <li>2. Perform prenatal and postnatal history and physical exams. (Direct Comprehensive Care)</li> <li>3. Perform newborn health history and physical exams. (Direct Comprehensive Care)</li> <li>4. Assess the capacity of the family to improve health outcomes. (Direct Comprehensive Care)</li> <li>5. Rationalize possible screening and diagnostic investigations. (Direct Comprehensive Care)</li> <li>6. Develop differentials (Direct Comprehensive Care)</li> <li>7. Develop management goals, both long and short term, collaboratively with the patient and family. (Direct Comprehensive Care)</li> <li>8. Identify appropriate pharmacological options for common patient presentations. (Direct Comprehensive Care)</li> <li>9. Examine the therapeutic application of narcotics and controlled substances along with the legal and professional competencies and responsibilities required by prescribers in the population(s) being studied. (Direct Comprehensive Care)</li> <li>10. Support and educate patients. (Direct Comprehensive Care, Educative Practice)</li> <li>11. Manage preconception, prenatal, postnatal, and newborn wellness (Direct Comprehensive Care)</li> <li>12. Manage pediatric wellness (Direct Comprehensive Care)</li> <li>13. Actively engage self and others, including the</li> </ol>	<p><b>Practice Education Performance Indicator Achieved by the End of Experience</b></p> <ol style="list-style-type: none"> <li>1. Sees 6-8 patients per 8-hour day (~88-117 total patients).</li> <li>2. Consult the preceptor for all patients and identify if they have not received the theory on the presenting patient complaint.</li> <li>3. Competent health history taking and physical exams of pediatric and women of all ages including prenatal.</li> </ol> <p>Related to population(s) being studied</p> <ol style="list-style-type: none"> <li>4. Competent at articulating a differential diagnosis based on the presenting complaint</li> <li>5. Competent at identifying red flags.</li> <li>6. Competent at researching and applying point of care resources</li> <li>7. Competent at ordering and interpreting diagnostic tests.</li> <li>8. Competent at management plan development:             <ol style="list-style-type: none"> <li>a. choosing appropriate pharmacological and non-pharmacological options</li> <li>b. patient education</li> <li>c. referrals</li> <li>d. follow-up</li> </ol> </li> <li>9. Competent at writing a SOAP note.</li> </ol> <p><b>Practice Education Experience Performance Indicator</b></p> <p><b>A. Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Reviews information relevant to the patient encounter.</li> <li>2. Uses appropriate communication strategies (written &amp; verbal) to create a safe therapeutic environment for patient care.</li> <li>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.</li> <li>4. Prioritizes patient care concerns and systematically collects relevant data.</li> <li>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.</li> <li>6. Safely performs invasive/non-invasive procedures.</li> <li>7. Optimizes diagnostic accuracy by using appropriate cognitive processes and healthy skepticism throughout the phases of diagnostic reasoning.</li> <li>8. Orders appropriate tests to screen, confirm or rule out diagnostic hypotheses considering patient context and/or system resources</li> <li>9. Selects appropriate therapeutic interventions based on the patient's diagnosis and life context according to agreed management plan.</li> <li>10. Safely prescribes and/or dispenses drugs in accordance with provincial, territorial, and/or federal standards and legislative requirements.</li> <li>11. Consults with and/or refers patients to other health-care providers at any point in the care continuum when the patient's</li> </ol>	<ol style="list-style-type: none"> <li>1. Student should present to practice education experience prepared for the practice environment.</li> <li>2. Student should seek out learning experiences.</li> <li>3. Student should independently complete health history and physical exam.</li> <li>4. Student will consult the preceptor for all patients and identify if they have not received the theory on the presenting patient complaint.</li> <li>5. Preceptor should on occasion observe student providing management plan to patient, to provide feedback.</li> <li>6. Student level of responsibility should progress according to the student performance indicator chart.</li> <li>7. Student must use point of care resources appropriately.</li> <li>8. Student will maintain patient safety.</li> <li>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.</li> </ol>

<p>patient and family, to constructively address interprofessional conflict (Professional Leadership)</p> <p>14. Safely perform procedures common to a primary care setting. (Direct Comprehensive Care)</p>	<p>condition management is not within the preceptor’s scope of practice or knowledge.</p> <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>B. Support of Systems</b></p> <ol style="list-style-type: none"> <li>Recognize how colonization and social constructs affect Indigenous patient populations.</li> <li>Recognize how social constructs affect the visible minority, LGBTQI2SA+ and other vulnerable populations.</li> <li>Practices in accordance with legislation, professional and ethical standards, and policies relevant to NP practice.</li> </ol> <p><b>C. Evidence Informed Practice &amp; Research</b></p> <ol style="list-style-type: none"> <li>Integrates evidence to develop a management plan that is sensitive to the patient's situation, goals, preferences, health status and outcomes.</li> <li>Integrates evidence to influence practice changes for health care improvement.</li> <li>Seeks out own answers using evidence-based resources.</li> </ol> <p><b>D. Educative Practice</b></p> <ol style="list-style-type: none"> <li>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.</li> </ol> <p><b>E. Leadership</b></p> <ol style="list-style-type: none"> <li>Collaborates with members of the health-care team to provide and promote interprofessional patient-centered care</li> <li>Collaborates with members of the health-care team to influence continuous quality improvement at the individual and/or organizational levels.</li> <li>Interacts professionally with patients, health care team members and other personal. Applies conflict management strategies as required.</li> <li>Analyzes and critically questions current policies, resources and practice guidelines when seeking to improve health care services.</li> </ol>	<p>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.</p>
<p><b>MNUR 807 Health and Illness Across the Lifespan II</b></p>		<p><b>Hours: 117</b></p>
<p><b>Practice Education Course Objectives</b></p>	<p><b>Practice Education Performance Indicators</b></p>	<p><b>Preceptor Information</b></p>
<p>Upon successful completion of the MNUR 807 practice education experience the student will:</p> <ol style="list-style-type: none"> <li>Complete independent health assessments including relevant health history and physical exam on adult patients. (Direct Comprehensive Care)</li> <li>Rationalize appropriate diagnostic tests to assist in diagnosis taking both system and patient needs into consideration. (Direct Comprehensive Care)</li> <li>Develop priority differential diagnoses. (Direct</li> </ol>	<p><b>Practice Education Performance Indicator Achieved by the End of Experience</b></p> <ol style="list-style-type: none"> <li>Sees 6-8 patients per 8-hour day (~88-117 total patients).</li> <li>Competent health history taking and physical exams of adult patients.</li> </ol> <p>Related to population(s) being studied</p> <ol style="list-style-type: none"> <li>Competent at articulating a differential diagnosis based on the presenting complaint</li> <li>Competent at identifying red flags.</li> <li>Competent at researching and applying point of care resources</li> <li>Competent at ordering and interpreting diagnostic tests.</li> <li>Competent at management plan development:             <ol style="list-style-type: none"> <li>choosing appropriate pharmacological and non-pharmacological options</li> <li>patient education</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Student should present to practice education experience prepared for the practice environment.</li> <li>Student should seek out learning experiences.</li> <li>Student should independently complete health history and physical exam.</li> <li>Student will consult the preceptor for all patients and</li> </ol>

<p>Comprehensive Care)</p> <ol style="list-style-type: none"> <li>4. Utilize motivational interviewing techniques (Direct Comprehensive Care)</li> <li>5. Safely perform procedures common to a primary care setting. (Direct Comprehensive Care)</li> <li>6. Provide a broad range of non-pharmacological interventions. (Direct Comprehensive care)</li> <li>7. Examine the therapeutic application of narcotics and controlled substances along with the legal and professional competencies and responsibilities required by prescribers in the population(s) being studied. (Direct Comprehensive Care)</li> <li>8. Refer and consult appropriately. (Direct Comprehensive Care)</li> <li>9. Provide appropriate health promotion education. (Direct Comprehensive Care, Educative Practice)</li> <li>10. Manage adult patients with episodic disease conditions. (Direct Comprehensive Care)</li> <li>11. Evaluate the effectiveness of treatment plan outcomes. (Direct Comprehensive Care)</li> <li>12. Participate in programming to support gender and sexual wellness. (Educative Practice, Support of Systems)</li> <li>13. Actively participate in effective interprofessional team functioning. (Professional Leadership)</li> </ol>	<ol style="list-style-type: none"> <li>c. referrals</li> <li>d. follow-up</li> <li>8. Competent at writing a SOAP note.</li> </ol> <p><b>Practice Education Experience Performance Indicator</b></p> <p><b>A. Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Reviews information relevant to the patient encounter</li> <li>2. Uses appropriate communication strategies (written &amp; verbal) to create a safe therapeutic environment for patient care.</li> <li>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.</li> <li>4. Prioritizes patient care concerns and systematically collects relevant data.</li> <li>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.</li> <li>6. Safely performs invasive/non-invasive procedures.</li> <li>7. Optimizes diagnostic accuracy by using appropriate cognitive processes and healthy skepticism throughout the phases of diagnostic reasoning.</li> <li>8. Orders appropriate tests to screen, confirm or rule out diagnostic hypotheses considering patient context and/or system resources</li> <li>9. Selects appropriate therapeutic interventions based on the patient’s diagnosis and life context according to agreed management plan.</li> <li>10. Safely prescribes and/or dispenses drugs in accordance with provincial, territorial, and/or federal standards and legislative requirements.</li> <li>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.</li> <li>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.</li> </ol> <p><b>B. Support of Systems</b></p> <ol style="list-style-type: none"> <li>1. Recognize how colonization and social constructs affect Indigenous patient populations.</li> <li>2. Recognize how social constructs affect the visible minority, LGBTQI2SA+ and other vulnerable populations.</li> <li>3. Practices in accordance with legislation, professional and ethical standards, and policies relevant to NP practice.</li> </ol> <p><b>C. Evidence Informed Practice &amp; Research</b></p> <ol style="list-style-type: none"> <li>1. Integrates evidence to develop a management plan that is sensitive to the patient's situation, goals, preferences, health status and outcomes.</li> <li>2. Integrates evidence to influence practice changes for health care improvement.</li> <li>3. Seeks out own answers using evidence-based resources.</li> </ol> <p><b>D. Educative Practice</b></p> <ol style="list-style-type: none"> <li>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.</li> </ol>	<p>identify if they have not received the theory on the presenting patient complaint.</p> <ol style="list-style-type: none"> <li>5. Preceptor should on occasion observe student providing management plan to patient, to provide feedback.</li> <li>6. Student level of responsibility should progress according to the student performance indicator chart.</li> <li>7. Student must use point of care resources appropriately.</li> <li>8. Student will maintain patient safety.</li> <li>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.</li> <li>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.</li> </ol>
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	<p><b>E. Leadership</b></p> <ol style="list-style-type: none"> <li>1. Collaborates with members of the health-care team to provide and promote interprofessional patient-centered care</li> <li>2. Collaborates with members of the health-care team to influence continuous quality improvement at the individual and/or organizational levels.</li> <li>3. Interacts professionally with patients, health care colleagues and other personal. Applies conflict management strategies as required.</li> <li>4. Analyzes and critically questions current policies, resources and practice guidelines when seeking to improve health care services.</li> </ol>	
<b>MNUR 808 Health and Illness Across the Lifespan III</b>		<b>Hours: 117</b>
<b>Practice Education Course Objectives</b>	<b>Practice Education Performance Indicators</b>	<b>Preceptor Information</b>
<p>Upon successful completion of the MNUR 808 practice education experience (primary care) the student will:</p> <ol style="list-style-type: none"> <li>1. Perform holistic assessments on older adults. (Direct Comprehensive Care)</li> <li>2. Perform health assessments on patients with chronic disease. (Direct Comprehensive Care)</li> <li>3. Adapt prescriptions, as required, addressing pharmacodynamics and pharmacokinetic principles in the population being studied. (Direct Comprehensive Care)</li> <li>4. Examine the therapeutic application of narcotics and controlled substances along with the legal and professional competencies and responsibilities required by prescribers in the population(s) being studied. (Direct Comprehensive Care)</li> <li>5. Manage patients with common chronic diseases. (Direct Comprehensive Care)</li> <li>6. Provide safe compassionate care for the frail elderly patient. (Direct Comprehensive Care)</li> <li>7. Participate in team-based chronic disease management. (Direct Comprehensive Care)</li> <li>8. Participate in the development of strategies and services to address community and/or population health concerns. (Evidence-Informed Practice)</li> </ol>	<p><b>Practice Education Performance Indicator Achieved by the End of Experience</b></p> <ol style="list-style-type: none"> <li>1. Sees 6-8 patients per 8-hour day (~88-117 total patients).</li> <li>2. Competent health history taking and physical exams of older adult patients.</li> </ol> <p>Related to population(s) being studied</p> <ol style="list-style-type: none"> <li>3. Competent at articulating a differential diagnosis based on the presenting complaint</li> <li>4. Competent at identifying red flags.</li> <li>5. Competent at researching and applying point of care resources</li> <li>6. Competent at ordering and interpreting diagnostic tests.</li> <li>7. Competent at management plan development:             <ol style="list-style-type: none"> <li>a. choosing appropriate pharmacological and non-pharmacological options</li> <li>b. patient education</li> <li>c. referrals</li> <li>d. follow-up</li> </ol> </li> <li>8. Competent at writing a SOAP note.</li> </ol> <p><b>Practice Education Experience Performance Indicator</b></p> <p><b>A. Direct Patient Care</b></p> <ol style="list-style-type: none"> <li>1. Reviews information relevant to the patient encounter</li> <li>2. Uses appropriate communication strategies (written &amp; verbal) to create a safe therapeutic environment for patient care.</li> <li>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.</li> <li>4. Prioritizes patient care concerns and systematically collects relevant data.</li> <li>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.</li> <li>6. Safely performs invasive/non-invasive procedures.</li> <li>7. Optimizes diagnostic accuracy by using appropriate cognitive processes and healthy skepticism throughout the phases of diagnostic reasoning.</li> </ol>	<ol style="list-style-type: none"> <li>1. Student should present to practice education experience prepared for the practice environment.</li> <li>2. Student should seek out learning experiences.</li> <li>3. Student should independently complete health history and physical exam.</li> <li>4. Student will consult the preceptor for all patients and identify if they have not received the theory on the presenting patient complaint.</li> <li>5. Preceptor should on occasion observe student providing management plan to patient, to provide feedback.</li> <li>6. Student level of responsibility should progress according to the student performance indicator chart.</li> <li>7. Student must use point of care resources appropriately.</li> <li>8. Student will maintain patient safety.</li> </ol>

<p>9. Integrate the principles of resource allocation (i.e., beneficial versus adverse outcomes and costs) into clinical decision-making. (Support of Systems)</p> <p>10. Apply leadership principles that support a collaborative practice model. (Professional Leadership)</p> <p>11. Safely perform procedures common to a primary care setting. (Direct Comprehensive Care)</p>	<p>8. Orders appropriate tests to screen, confirm or rule out diagnostic hypotheses considering patient context and/or system resources</p> <p>9. Selects appropriate therapeutic interventions based on the patient’s diagnosis and life context according to agreed management plan.</p> <p>10. Safely prescribes and/or dispenses drugs in accordance with provincial, territorial, and/or federal standards and legislative requirements.</p> <p>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.</p> <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>B. Support of Systems</b></p> <ol style="list-style-type: none"> <li>Recognize how colonization and social constructs affect Indigenous patient populations.</li> <li>Recognize how social constructs affect the visible minority, LGBTQI2SA+ and other vulnerable populations.</li> <li>Practices in accordance with legislation, professional and ethical standards, and policies relevant to NP practice.</li> </ol> <p><b>C. Evidence Informed Practice &amp; Research</b></p> <ol style="list-style-type: none"> <li>Integrates evidence to develop a management plan that is sensitive to the patient's situation, goals, preferences, health status and outcomes.</li> <li>Integrates evidence to influence practice changes for health care improvement.</li> <li>Seeks out own answers using evidence-based resources.</li> </ol> <p><b>D. Educative Practice</b></p> <ol style="list-style-type: none"> <li>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.</li> </ol> <p><b>E. Leadership</b></p> <ol style="list-style-type: none"> <li>Collaborates with members of the health-care team to provide and promote interprofessional patient-centered care</li> <li>Collaborates with members of the health-care team to influence continuous quality improvement at the individual and/or organizational levels.</li> <li>Interacts professionally with patients, health care colleagues and other personal. Applies conflict management strategies as required.</li> <li>Analyzes and critically questions current policies, resources and practice guidelines when seeking to improve health care services.</li> </ol>	<p>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.</p> <p>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.</p>
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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>Upon successful completion of MNUR 810 the student will:</p> <ol style="list-style-type: none"> <li>1. Demonstrate theory learned throughout the program into practice. (Direct Comprehensive Care)</li> <li>2. Independently complete health history, physical examinations, determine differential diagnoses, and develop a management plan including diagnostics, pharmacological and non-pharmacological interventions, education, referral, and follow-up. (Direct Comprehensive Care)</li> <li>3. Demonstrate continuous consolidation and further development of competencies related to clinical decision-making to improve patient health outcomes. (Direct Comprehensive Care)</li> <li>4. Initiate strategies and services to address community and/or population health concerns. (Professional Leadership)</li> <li>5. Assume accountability for the quality of his or her advanced nursing practice. (Professional Leadership)</li> <li>6. Demonstrate professional attitudes and the approach to care that envelop and influence the domains of advanced nursing practice. (Professional Leadership)</li> <li>7. Integrate continuous quality improvement strategies and effective patient outcomes within a collaborative practice model. (Support of Systems)</li> <li>8. Demonstrate knowledge translation of scholarly project. (Evidence-informed Practice)</li> </ol>	<p><b>Practice Education Performance Indicator Achieved by the End of Experience</b></p> <ol style="list-style-type: none"> <li>1. Sees 10-12 patients per 8-hour day (~227-273 total patients).</li> <li>2. Consult the preceptor for all patients and identify if they have not received the theory on the presenting patient complaint.</li> <li>3. Competent health history taking and physical exams of older adult patients.</li> </ol> <p>Related to population(s) being seen</p> <ol style="list-style-type: none"> <li>4. Competent at articulating a differential diagnosis based on the presenting complaint</li> <li>5. Competent at identifying red flags.</li> <li>6. Competent at researching and applying point of care resources</li> <li>7. Competent at ordering and interpreting diagnostic tests.</li> <li>8. Competent at management plan development:             <ol style="list-style-type: none"> <li>a. choosing appropriate pharmacological and non-pharmacological options</li> <li>b. patient education</li> <li>c. referrals</li> <li>d. follow-up</li> </ol> </li> <li>9. Competent at writing a SOAP note.</li> <li>10. Modifies treatment plan to fit patient needs.</li> <li>11. Manages difficult interactions.</li> <li>12. Seeks out own answers using evidence-based resources.</li> <li>13. Collegial and professional relationship with preceptor and health care team.</li> <li>14. Reflects on own performance and identifies gaps.</li> <li>15. identifies system issues that impact health.</li> </ol> <p><b>Practice Education Experience Performance Indicator</b></p> <p>A. <i>Direct Patient Care</i></p> <ol style="list-style-type: none"> <li>1. Reviews information relevant to the patient encounter</li> <li>2. Uses appropriate communication strategies (written &amp; verbal) to create a safe therapeutic environment for patient care.</li> <li>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.</li> <li>4. Prioritizes patient care concerns and systematically collects relevant data.</li> <li>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.</li> <li>6. Safely performs invasive/non-invasive procedures.</li> <li>7. Optimizes diagnostic accuracy by using appropriate cognitive processes and healthy skepticism throughout the phases of diagnostic reasoning.</li> </ol>	<ol style="list-style-type: none"> <li>1. Student should present to practice education experience prepared for the practice environment.</li> <li>2. Student should seek out learning experiences.</li> <li>3. Student should independently complete health history and physical exam.</li> <li>4. Student will consult the preceptor for all patients and identify if they have not received the theory on the presenting patient complaint.</li> <li>5. Preceptor should on occasion observe student providing management plan to patient, to provide feedback.</li> <li>6. Student level of responsibility should progress according to the student performance indicator chart.</li> <li>7. Student must use point of care resources appropriately.</li> <li>8. Student will maintain patient safety.</li> <li>9. Any near misses, misses or critical incidents will be reported to the Clinical</li> </ol>

<p>9. Examine the therapeutic application of narcotics and controlled substances along with the legal and professional competencies and responsibilities required by prescribers in the population(s) being studied. (Direct Comprehensive Care)</p>	<p>8. Orders appropriate tests to screen, confirm or rule out diagnostic hypotheses considering patient context and/or system resources</p> <p>9. Selects appropriate therapeutic interventions based on the patient’s diagnosis and life context according to agreed management plan.</p> <p>10. Safely prescribes and/or dispenses drugs in accordance with provincial, territorial, and/or federal standards and legislative requirements.</p> <p>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.</p> <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>B. Support of Systems</b></p> <ol style="list-style-type: none"> <li>1. Recognize how colonization and social constructs affect Indigenous patient populations.</li> <li>2. Recognize how social constructs affect the visible minority, LGBTQ2SA+ and other vulnerable populations.</li> <li>3. Practices in accordance with legislation, professional and ethical standards, and policies relevant to NP practice.</li> </ol> <p><b>C. Evidence Informed Practice &amp; Research</b></p> <ol style="list-style-type: none"> <li>1. Integrates evidence to develop a management plan that is sensitive to the patient's situation, goals, preferences, health status and outcomes.</li> <li>2. Integrates evidence to influence practice changes for health care improvement.</li> <li>3. Seeks out own answers using evidence-based resources.</li> </ol> <p><b>D. Educative Practice</b></p> <ol style="list-style-type: none"> <li>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.</li> </ol> <p><b>E. Leadership</b></p> <ol style="list-style-type: none"> <li>1. Collaborates with members of the health-care team to provide and promote interprofessional patient-centered care</li> <li>2. Collaborates with members of the health-care team to influence continuous quality improvement at the individual and/or organizational levels.</li> <li>3. Interacts professionally with patients, health care colleagues and other personal. Applies conflict management strategies as required.</li> <li>4. Analyzes and critically questions current policies, resources and practice guidelines when seeking to improve health care services.</li> </ol>	<p>Faculty. Educational institutional and practice education agency process will be followed for reporting.</p> <p>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.</p>
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