NURSING 5552
WOMEN’S HEALTH CARE II
COURSE SYLLABUS
SPRING 2005
COURSE SYLLABUS

Course: Nursing 5552: Women’s Health Care II

Placement in Curriculum: Graduate Level

Pre-requisites: N5351 (Grade of B or better)

Credit: 5 (3-0-6); Includes 90 hours clinical practicum

Course Description: Secondary and tertiary prevention in women with acute and chronic reproductive health problems. Emphasis on collaborative management approaches to attain, regain, and maintain health. Includes practicum.

Course Objectives: Upon completion of this course, the learner should be able to:

1. Collaborate with members of the health care team in developing, implementing and evaluating a clinical plan of care for women with acute and chronic health deviations.
2. Analyze developmental, psychological, and spiritual factors that affect outcomes in women with acute and chronic health deviations.
3. Utilize assessment findings, laboratory data, treatment modalities, and referral criteria in managing the care of women with acute and chronic health problems.
4. Evaluate management protocols for the diagnosis and treatment of acute and chronic health deviations with emphasis on obstetric complications and gynecologic disorders.
5. Synthesize research findings in the management of acute and chronic health problems in women.
6. Identify cultural and socioeconomic factors that affect the delivery of health care to women along the U.S.-Mexico border.
7. Refine critical thinking skills by investigating clinical problems using case studies and vignettes.

Student Responsibilities: Students are to notify the faculty if there are problems that interfere with their ability to fulfill the obligations of the course. Alternate due dates for assignments may be negotiated at the discretion of the faculty. This should be done in advance of the announced due date.

Academic Honesty: Students are accountable for all work that is submitted or presented for evaluation. While collaboration with others prior to completing an assignment is encouraged, unauthorized collaboration will be considered cheating or plagiarism. Use of information from publications or media productions without proper acknowledgment and citation is also considered plagiarism. Penalties for plagiarism and/or cheating will be imposed according to the regulations of the College of Health Sciences and UTEP. See your student handbook and graduate catalog for specific details.

Americans with Disabilities Act: Students who require accommodations for class assignments due to disabilities should initiate and maintain the processes as designated by University policy. Accommodations will not be made until these procedures have been followed. Call Disabled Student Services (ext. 5148) for additional information.
Teaching Methods: Faculty Lecture; Formal and informal group discussion; In-class student presentations; Independent study; Internet and e-mail interactions.

Attendance and participation: The student is expected to be in attendance at all scheduled classes and clinical practica. It is the responsibility of the student to inform the instructor of absences in advance. When, in the judgment of the instructor, a student has been absent to such a degree as to impair his/her status relative to credit for the course, the instructor may drop the student from the class with a grade of W before the course drop deadline and with a grade of F after the course drop deadline.

Clinical Practicum: Ninety (90) clinical hours are required. Clinical focus is on increasing independence, skill development and refinement of clinical judgements. Emphasis is on women experiencing acute and chronic health problems. Clinical experiences will include direct patient care.

Evaluation and Grading:
A. Grade Scale: A=90-100  B=80-89  C=70-79  < 70=D or F

B. Evaluation Criteria:

Examinations (6) 30%
Clinical Performance Evaluations 30%
Class Presentations 20%
Research Paper 20%

100%

C. Incomplete grades: Assignment of the grade I (incomplete) is made only in exceptional circumstances and requires the instructor to file with the Director of Graduate Student Services and outline of the work to be completed and the time span (in no case longer than one calendar year) allowable for the work’s completion. In no case may repetition of the course be assigned as work to be completed. If the work has not been completed at the end of the specified time, the I will be changed to an F. Students will not be cleared for graduation until all incompletes, regardless of whether or not the courses are required for the degree, have been eliminated from their record.

Required Texts:


Optional Texts:


Additional Readings may be assigned.

Topical Outline

I. Gynecologic Disorders
   a. POD
   b. DUB
   c. PMS
   d. Chronic pelvic pain
   e. Endometriosis
   f. Adenomyosis
   g. Leiomyomas
   h. Galactorrhea
   i. PID
   j. Toxic Shock Syndrome

II. Contraception in Chronic illness
   a. Sickle Cell Disease
   b. Juvenile Diabetes
   c. Autoimmune diseases
   d. Infectious diseases
   e. Cardiovascular diseases
f. Organ failure

III. Complicated Pregnancy
   a. Perinatal infections
   b. STI's & HIV
   c. Hypertensive disorders & HELLP Syndrome
   d. Gestational Diabetes
   e. Preterm & Post-term labor
   f. Emergency delivery
   g. Multiple gestation
   h. Bleeding
      i. ABO-Rh hemolytic disease
   j. IUD in situ
   k. Spontaneous abortion
   l. Molar pregnancy
   m. Abnormal fetal growth
   n. Adolescent pregnancy
   o. Substance abuse
   p. Ectopic pregnancy
   q. Puerperal infections
   r. Postpartum depression & postpartum psychosis

IV. Peri-Menopausal and Post-Menopausal Transition
   a. Health maintenance
      i. Screening
      ii. Risk assessment
      iii. Early diagnosis & primary prevention
      iv. Contraception
      v. HRT
      vi. Osteoporosis
      vii. Hyperlipidemia
      viii. Complementary therapies

V. Neoplastic Diseases
   a. Abnormal Pap Smear
   b. Malignant & Benign Neoplasms
      i. Cervical
      ii. Ovarian
      iii. Uterine
      iv. Vulva & vagina
      v. Breast
      vi. Placental

VI. Male & Female Infertility
VII. Genetic Disorders

VIII. Elective Abortion
SPRING 2005 CLASS SCHEDULE (revised 1-19-05)
CHS Building Room 604

**Thursday, Jan 13, 2005**
9-12:00 Perinatal Infections; STI's & HIV in Pregnancy

**Thursday, Jan 20, 2005**
9-12:00 Hypertensive disorders of Pregnancy; HELLP Syndrome
Gestational Diabetes; Contraception in chronic illness

**Thursday, Jan 27, 2005**
9-12:00 Preterm & Post-term labor; Emergency delivery
Exam 1

**Thursday, Feb 3, 2005**
9-12:00 Bleeding, Spontaneous Abortion, Ectopic Pregnancy; Elective Abortion

**Thursday, Feb 10, 2005**
Independent research

**Thursday, Feb 17, 2005**
9-12:00 Multiple Gestation; Molar Pregnancy; IUD in situ
Exam 2

**Thursday, February 24, 2005**
9-12:00 Abnormal Fetal Growth; ABO-Rh Hemolytic Disease

**Thursday, March 3, 2005**
9-12:00 Puerperal Infections; Postpartum Depression & Post-partum Psychosis
Exam 3

**Thursday, March 10, 2005**
9-12:00 DUB, POD, Galactorrhea, PMS

**Thursday, March 17, 2005**
9-12:00 Endometriosis, Adenomyosis, Leiomyomas; Chronic Pelvic Pain
Exam 4

**Thursday, March 24, 2005**
Spring Break

**Thursday, March 31, 2005**
Cesar Chavez Day

**Thursday, April 7, 2005**
9-12:00 PID, Toxic Shock Syndrome
Cancer of the Reproductive Tract

**Thursday, April 14, 2005**
9-12:00 Menopause: HRT, Contraception, Osteoporosis
Exam 5

**Thursday, April 21, 2005**
9-12:00 Menopause: Hyperlipidemia, Complementary Therapies

**Problem Review Paper due**

**Thursday, April 28, 2005**
9-12:00 Male/Female Infertility; Genetic Disorders
Final Exam
Criteria for Lecture Presentation

Name: _________________________       Date: ________

Topic ________________________________________________________

Provide the instructor with a copy of this form prior to your presentation.

1. Description of epidemiologic factors, natural history, & other background information    15 points  ____
2. Complete discussion of clinical management & follow-up    25 points  ____
3. Use of information from various sources    15 points  ____
4. Objectives & readings    15 points  ____
5. Quality of the presentation (eg Powerpoint)    15 points  ____
6. Quality of the handouts or materials    15 points  ____

Total Points Earned _______________________

Comments:
GUIDELINES FOR RESEARCH PROBLEM REVIEW PAPERS

This two-semester project gives the student an opportunity to synthesize and apply research findings in the management of women’s health care through implementation of original research. Part I of the project is preparation of the basic proposal.

Students are expected to do the necessary exploratory work to identify and synthesize a research problem. You are encouraged to confer with the instructor often.

The paper is to be prepared using APA format. The Research Design & Methods section, including the references cited, should not exceed 10 to 12 double spaced pages.

Criteria for Evaluation:

1. Specific Aims – overall purpose of the research; Brief overview of the entire project (30%)

2. Background & Significance – includes the Literature Review (20%)

3. Research Design & Methods (50%)
   1. Hypotheses (related to specific aims)
   2. Instrumentation (tools, surveys, etc.)
   3. Sampling & recruiting plan
   4. Data collection plan
   5. Data analysis & management
   6. Limitations & alternative strategies
   7. References cited
SOAP NOTES FORMAT

I. Presenting Problem - brief statement in patient’s own words of what the problem is and its duration. *(Attach corresponding assessment form used to develop this SOAP note)*

II. HPI (see Analysis of a Symptom Guide)

   A. Onset - acute, gradual, precipitating/predisposing factors
   B. Characteristics - quality, quantity, consistency, location/radiation, intensity/severity, timing of symptoms, aggravating and relieving factors, associated symptoms, impact on daily activities, patient’s perception of the problem.
   C. Course - progress since onset, treatment attempted and results

III. PMH directly related to chief complaint for episodic note. Do a complete PMH including gravida, para, menstrual history, hospitalizations, allergies, transfusions, STDs, etc. for a new client

IV. FH directly related to chief complaint, complete for a comprehensive visit

V. ROS for comprehensive visit

VI. Social information including alcohol and drug use, family situation, job/work information, work and home environment and exposures for comprehensive visit. Include only pertinent data for episodic note.

Objective:

I. Appropriate physical exam - positive findings, pertinent negatives
II. Appropriate laboratory data

Assessment:

I. Health Problems - diagnosis

Plan:

I. Diagnostic tests done today
II. Diagnostic tests scheduled
III. Treatment plans
IV. Patient education
V. Follow-up care; referrals
Clinical Objectives:

1. Perform accurate and comprehensive health assessment as relevant to client problem and clinical setting.

2. Order appropriate laboratory/diagnostic tests and distinguish between normal and abnormal values.

3. Synthesize assessment data utilizing a clinical decision making model.

4. Calculate the EDD and gestation data given the date of the LNMP, both with and without ultrasound data.

5. Accurately estimate the EDD utilizing data from the health history and physical examination.

6. Assess clients’ prenatal health status by collecting and evaluating data appropriate to each of the three trimesters of pregnancy.

7. Assess the nutritional status of clients and intervene as necessary.

8. Evaluate prenatal clients for common pregnancy discomforts utilizing history, physical and laboratory exam data to differentiate between complications, and develop a plan of management based on a theoretical framework and current literature.

9. Diagnose, manage, and/or refer obstetrical and gynecologic problems using signs, symptoms, and assessment data.

10. Perform pelvic exams on obstetrical and gynecologic patients independently with 95% accuracy in assessing uterine size, position and the presence of abnormalities.

11. Diagnose and manage common gynecologic infections and sexually transmitted diseases integrating pertinent research findings.

12. Provide age appropriate general health screening and health education for clients.

13. Provide pertinent counseling and anticipatory guidance to patients and significant others.

14. Plan client care in collaboration with other members of the multi-disciplinary team.

15. Develop succinct and organized case presentations.
16. Document complete and concise SOAP notes, including informed consent.

17. Integrate culture-specific concepts into all aspects of patient care.

18. Demonstrate increased independence in the nurse practitioner role.

8. Continue to maintain the clinical log.

9. Participate in the clinical evaluation process.

Clinical Log Form (SAMPLE)

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient#</th>
<th>Diagnosis</th>
<th>Mini SOAP note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/31/02</td>
<td>#1</td>
<td>Gest. GERD</td>
<td>S:25 YO G2 P1 @ 34 wks gest. by sono. C/O substernal burning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>p.c. w/ regurgitation that worsens upon recumbency. States no relief from lifestyle/diet changes or MOM after 6 wks. States symptoms increasingly severe. Noted dk red blood in stool yesterday.</td>
</tr>
</tbody>
</table>

O: Hemoccult positive; 

A: Gestational GERD

P: Schedule endoscopy; Refer to gastroenterologist
<table>
<thead>
<tr>
<th>Date</th>
<th>Patient ID</th>
<th>Diagnosis</th>
<th>Mini SOAP Note</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Women’s Health Nurse Practitioner Program
Clinical Guidelines

Family Planning:

Counseling Requirements: Instructors will evaluate interpersonal skills and data gathering techniques on selected well clients and clients with problems below. A minimum of 2 family planning client encounters will be documented on the appropriate clinical form by the end of N5351. The balance of the counseling areas will be evaluated from chart documentation, case discussion, and review of specific clinical evaluation tools. Students should counsel at least one client from each category below (or check parenthesis for number) by the end of N5552. **Note the addition of clients with problems.** **SOAP notes should reflect management of clients with problems.** Instructors will focus on counseling content and client management as reflected in the interview and documentation of the following client encounters.

New Family planning
Contraceptive Overview
Contraceptive Problem (2)
Postpartum visit
Complicated Postpartum visit (3)

Annual well-woman revisit

Gyn problem visit (3)
IUD Insertion
IUD Check
IUD Removal
Norplant Removal
Diaphragm Fit
Post Abortion
Symptom Analysis
Initiation of oral contraception
Refills of oral contraception (5)
OCP Problem (2)
Pregnancy tests (one positive and one negative)
New OB visit
Prenatal revisit
Complicated OB revisit (3)

Client Evaluation: Students will apply proper techniques for performing physical assessments and documenting examination findings and information. As each student demonstrates satisfactory physical examination technique and organization, the instructor will no longer observe the student performing physical assessments. Student will begin to independently counsel, examine clients, and record findings on the appropriate clinical form. After each interview and exam, the student will present a thorough client profile to the preceptor who will
then recheck the exam to confirm the findings. This process will continue until a minimum of 15 exams have been evaluated by the instructor or until the instructor determines that the student is competent and ready for increased autonomy. The instructor will work closely with each student to encourage increased autonomy.

After satisfactory completion of N5351, the student may begin to function more independently. Instructors/preceptors will evaluate at least one exam per clinic session, all abnormalities, and review and co-sign all records. In each client encounter, the instructor/preceptor will evaluate the student’s ability to: 1) utilize the nursing process to accurately assess, plan and manage client care; 2) integrate didactic information into safe clinical practice; 3) make safe clinical judgments that are based on sound theoretical knowledge; and 4) demonstrate satisfactory progress toward effective role integration. Students will seek consultation on those exams not rechecked by the instructor. Once the minimum program requirements have been met, the student will enter a preceptorship.

To ensure that program requirements are met, a log will be kept by the student on all physical assessments performed and the type of care provided. This log must be brought to each clinical session.

A 90% accuracy rate for determining uterine position must be achieved by the end of N5351, and a 95% accuracy rate by the end of N5552. The uterine accuracy rate is calculated by dividing the number of correct uterine positions assess by the total number of uterine positions assessed:

\[
\frac{\text{# of correct uterine positions}}{\text{Total # of uterine positions assessed}}
\]

If the uterine accuracy rate falls below the requirement, all uterine positions will be re-checked until the minimum requirement is achieved.

In summary, clinical supervision is individualized to meet each student’s particular learning needs, the ability to satisfactorily meet weekly clinical objectives, and to demonstrate consistent and safe clinical performance of the objectives. Instructors will meet regularly to evaluate individual student performance and progress.

**Prenatal Care:**

**Counseling Requirements:** Instructors will evaluate interpersonal skills and data gathering techniques on at least 1 prenatal client. The encounters will be documented on the appropriate clinical form.

**Client Assessments:** Students are expected to demonstrate proper techniques for performing physical assessment and documenting examination findings and information. When satisfactory physical exam technique and organization has been demonstrated, the student may begin to more
independently counsel and examine clients, and record findings on the appropriate form. After each interview and examination, the student will present a thorough patient profile to the preceptor who will then recheck the findings to confirm the assessment. This process will continue until a minimum of 15 well and 15 complicated prenatal clients have been evaluated by the preceptor. The preceptor will recheck at least one examination per clinic session, all abnormalities, and review and co-sign all prenatal records. The student will seek consultation on those exams not rechecked by the instructor/preceptor and log prenatal encounters as described above.

Summary:

Phase I: The initial family planning, well-woman, and prenatal assessments will be observed & rechecked by the instructor and documented on the appropriate clinical form. By the end of this phase the student should demonstrate increasing autonomy, confidence, and skill.

Phase II: Preceptors do not observe students during exams. All exams are rechecked until the student has satisfactorily completed the required number of OB & GYN assessments (well woman & complicated) with at least 90% uterine position/sizing accuracy rate. All abnormal exams will be rechecked until the student has satisfactorily completed approximately 50 exams on complicated problems. The appropriate forms will be completed on all clients in this phase.

Phase III: Preceptors will recheck at least one exam per clinic session, all abnormalities, and review and co-sign all patient records. The preceptor or physician is to be consulted for confirmation and consultation on all problems. Students must demonstrate an appropriate level of independence and skill refinement by the end of the clinical courses.

Preceptorship: During this designated period of time (three sections of N5356) the student will function in the clinic setting without direct supervision. During preceptorship, all client records will be reviewed and co-signed by a designated nurse practitioner or physician preceptor. The goal of the internship is to facilitate role transition.

Evaluation: Students are required to complete and turn in evaluation forms when they are due. Students will maintain their clinical log throughout the program. At the completion of each course, the instructor will complete a formal evaluation to address the following:

1. Course of clinical progression
2. Current level of clinical expertise
3. Deficits in clinical abilities
4. Barriers encountered to clinical performance
5. Status of role integration
6. Specific areas of focus in the next course
Counseling Requirements

1. You need to know the following information for each of the following methods of contraception:

   - How method works
   - Theoretical effectiveness
   - Advantages/Disadvantages
   - Common side effects
   - Absolute/Relative contraindications
   - Warning signs of problems
   - When to begin use of each method
   - Special contraceptive precautions for post-partum & post-abortion patients
   - Specific patient teaching unique to each method
   - How intercourse affects the initiation/use of different methods

2. You need to know the general and specific components of counseling for the following types of visits:
   - New Family Planning
   - Annual Exam
   - Post-Partum
   - Problem visit
   - Post-abortion
   - OCP Refill
   - IUD Check-up/Removal
   - Diaphragm Check
   - Pregnancy Test
Analysis of a Symptom

I. Onset
   A. Date of Onset: “When did you first notice the problem?”
   B. Manner of onset: “Was it gradual or sudden?”
   C. Precipitating or predisposing factors related to onset
      (Emotional disturbance, physical exertion, fatigue, bodily function, pregnancy,
      environment, injury, infection toxins, allergens, medications, etc.)
      “What seemed to start the problem?”
      “What were you doing at the time?”
      “Had you been out of the country?”

II. Characteristics
   A. Character (quality, consistency, color, etc.)
      “Was the pain sharp or more like a dull ache?”
      “Was there a lot or just a little?”
      “Did it soak you underwear?”
      “Was it sticky, water, thin, thick?”
   B. Location and radiation of pain
      “Show me with one finger exactly where it hurts”
      “Does the pain seem to travel anywhere else?”
   C. Intensity or severity
      “How bad is it?”
      “Does it keep you from walking? Working? Standing?”
   D. Timing (continuous, intermittent, duration of each episode, time relationship to other
      events):
      “Does anything happen right before or after you notice this?” (Aura)
   E. Aggravating and relieving factors:
      “What makes it worse?”
      “What helps?”
   F. Associated symptoms:
      “Have you noticed any other symptoms that seem to go along with this problem?”

III. Course
   A. Incidence (time)
      1. Single acute attack
      2. Recurrent acute attacks
      3. Daily occurrences
      4. Periodic occurrences
      5. Continuous chronic episode
   B. Progress: “Is it better, worse, or the same?”