NR601 Syllabus

Syllabus

Course Code: NR601

Course Title: Primary Care of the Maturing and Aged Family

Top Information

- Course Number: NR601
- Course Title: Primary Care of the Maturing and Aged Family
- Course Credit: 3 credits (Theory 0.5; Clinical 2.5)
- Pre-requisite: NR503, NR507, NR508, NR509, NR510, and NR511

Course Text

Textbook 1


Textbook 2


Textbook 3


Textbook 4


Required across all FNP courses:

Retrieved on 2/2/16 hf
Textbook 5


Recommended across all FNP courses:

Textbook 6


**Course Description**

This course continues to expand the knowledge of health-assessment principles specific to the role of the FNP, with a focus on the common health problems and healthcare needs of the middle-aged and older adult and family. The student will explore, analyze, apply, and evaluate chronic health conditions frequently encountered in the primary care of older adults. Students will further develop their skills related to patient education, protocol development, follow-up, and referral through a clinical practicum experience in a precepted primary-care setting.

**Cos**

1. Demonstrate effective leadership skills that support relationship-based caring with a patient-centered focus to promote quality advanced practice nursing. (PO 1, 10)

2. Incorporate relationship-based caring and ethical-legal principles within the nursing metaparadigm to benefit a culturally diverse society and advanced practice nursing. (PO 6)

3. Synthesize health promotion, health protection, disease prevention, and treatment for mature and aging individuals and families. (PO 1)

4. Demonstrate patient-centered care through the nurse practitioner-patient relationship for mature and aging individuals and families. (PO 1, 2)

5. Promote safety and quality patient outcomes through integration of the teaching-coaching function for mature and aging individuals and families. (PO 2)

6. Exemplify a commitment to the professional role of the family nurse practitioner when providing care for mature and aging individuals and families. (PO 2, 7)

7. Apply management and leadership concepts in diverse healthcare delivery systems to improve health outcomes for mature and aging individuals and families. (PO 4, 8, 10)

8. Utilize continuous quality improvement strategies to promote healthcare quality and safety for mature and aging individuals and families. (PO 1, 2)

9. Incorporate cultural preferences, values, health beliefs, and behaviors into healthcare for mature and aging individuals and families. (PO 4)
10. Integrate theory and best evidence appropriate to the care of patients and their families in advanced practice nursing. (PO 7)

11. Reflect on personal and professional growth toward achieving competence as a family nurse practitioner. (PO 5, 10)

**Program Outcomes**

The MSN program outcomes are aligned with the American Association of Colleges of Nursing publication, *The Essentials of Master’s Education in Nursing* (2011). Upon completion of the MSN degree program, the graduate will be able to:

1. Practice safe, high-quality advanced nursing care based on concepts and knowledge from nursing and related disciplines.
2. Construct processes for leading and promoting quality improvement and safety in advanced nursing practice and healthcare delivery.
3. Use contemporary communication modalities effectively in advanced nursing roles.
4. Evaluate the design, implementation and outcomes of strategies developed to meet healthcare needs.
5. Develop a plan for lifelong personal and professional growth that integrates professional values regarding scholarship, service and global engagement.
6. Apply legal, ethical and human-caring principles to situations in advanced nursing practice.
7. Design patient-centered care models and delivery systems using the best available scientific evidence.
8. Manage human, fiscal and physical resources to achieve and support individual and organizational goals.
9. Compose a plan for systematic inquiry and dissemination of findings to support advanced nursing practice, patient-care innovation, and the nursing profession.
10. Collaborate interprofessionally in research, education, practice, health policy and leadership to improve population health outcomes.
11. Apply principles of informatics to manage data and information in order to support effective decision making.

**Course Schedule**

**Week 1**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Theories and Concepts Critical to the Maturing Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>COs:</td>
<td>10</td>
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</tbody>
</table>

Retrieved on 2/2/16 hf
Week 2

Title: Health Promotion, Health Protection, Disease Prevention, and Treatment of Selected Diagnoses Commonly Affecting the Adult in Primary Care

COs: 3, 5, 9

Chapter 11: Cardiovascular Disorders


- Cardiovascular Disease pp. 39-68
- Endocrine Disorder pp. 95-107
- Gastrointestinal Disorder pp. 124-137
- Hematologic Disorders pp. 143-150


- Chapter 6: Chest Pain
- Chapter 11: Dizziness/Lightheadedness and Vertigo
- Chapter 17: Headache
- Chapter 27: Palpations


- Chapter 2: Health and Wellness
- Chapter 4: Physiological Changes
- Chapter 5: Culture, Gender, and Aging
- Chapter 6: Communicating with Older Adults


Zhiwei, W., Lijuan, Z., Zhi, G., Lei, L., Jun, J., Jianian, Z.,... Yingyan, Y.

Assignments: Clinical Encounter Log in eLogs (required, but not graded)

Case Study Discussions  Yes

- Other

**Week 3**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Health Promotion, Health Protection, Disease Prevention, and Treatment Considerations in the Primary Care Geriatric Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COS:</strong></td>
<td>2, 3, 8</td>
</tr>
<tr>
<td></td>
<td>• Chapter 2: The Geriatric Patient: Demography, Epidemiology, and Health Services Utilization</td>
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<tr>
<td></td>
<td>• Chapter 3: Evaluating the Geriatric Patient</td>
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<td></td>
<td>• Chapter 5: Prevention</td>
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<td>• Chapter 6: Confusion: Delirium and Dementia</td>
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<td></td>
<td>• Chapter 7: Diagnosis and Management of Depression</td>
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<td></td>
<td>• Chapter 12: Decreased Vitality</td>
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<td>• Chapter 13: Sensory Impairment</td>
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<td></td>
<td>• Chapter 15: Health Services</td>
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<td></td>
<td>• Incontinence- Urinary and Fecal pp. 151-159</td>
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<tr>
<td></td>
<td>• Malnutrition pp. 188-193</td>
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<tr>
<td></td>
<td>• Chapter 8: Constipation</td>
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<td></td>
<td>• Chapter 10: Diarrhea</td>
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<td></td>
<td>• Chapter 36: Weight Gain and Weight Loss</td>
</tr>
</tbody>
</table>

- Chapter 7: Health Assessment
- Chapter 14: Nutrition and Hydration


Recommended:


- Chapter 239: Approach to Frailty in Older Adults

Assignments: Clinical Encounter Log in eLogs (required, but not graded)

Case Study Discussions: Yes

Other:

Week 4

Title: Health Promotion, Health Protection, Disease Prevention, and Treatment of Selected Geriatric Diagnoses in Primary Care

COs: 3, 4

Reading: Kane, R., Ouslander, J., Abrass, I., & Resnick, B. (2013). Essentials of clinical geriatrics. (7th ed.). China:
McGraw Hill.

• Chapter 4 - Chronic Disease Management (pp. 79-92)
• Chapter 8 - Incontinence


• Kidney Disorders pp. 178-187
• Musculoskeletal Disorders pp. 194-213
• Neurologic Disorders pp. 214-225
• Pain pp. 232-246
• Respiratory Diseases pp. 278-292
• Sleep Disorders pp. 308-314


• Chapter 28 - Shortness of Breath
• Chapter 35 - Voiding Disorders and Incontinence


• Chapter 15 - Chronic Conditions
• Chapter 17 - Pain and Comfort
• Chapter 18 - Mental Health


**Assignments:**

<table>
<thead>
<tr>
<th>Assignments</th>
<th>Clinical Encounter Log in eLogs (required, but not graded)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Quiz (required but not graded)</td>
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</table>

**Case Study Discussions**

Yes

**Other**
<table>
<thead>
<tr>
<th>Title:</th>
<th>Health Promotion, Health Protection, Disease Prevention, and Treatment of Unique Geriatric Diagnoses in Primary Care</th>
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<tbody>
<tr>
<td>COs:</td>
<td>3, 5</td>
</tr>
</tbody>
</table>
- Chapter 9: Falls  
- Chapter 10: Immobility  
- Chapter 14: Drug Therapy  
- Anxiety pp. 35-38  
- Delirium pp. 69-72  
- Dementia pp. 73-80  
- Depression pp. 81-86  
- Chapter 16: Forgetfulness  
- Chapter 19: Insomnia  
- Chapter 9: Geopharmacology  
- Chapter 11: Elimination, Sleep, Skin, and Foot Care  
- Chapter 12: Mobility  
- Chapter 19: Cognitive Impairment  


<table>
<thead>
<tr>
<th>Assignments:</th>
<th>Clinical Encounter Log in eLogs (required, but not graded)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Study Discussions</td>
<td>Yes</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**Week 6**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Health Promotion, Health Protection, Disease Prevention, and Treatment Considerations in Long-Term Care</th>
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</thead>
<tbody>
<tr>
<td>COs:</td>
<td>3, 8</td>
</tr>
</tbody>
</table>
  * Chapter 16: Nursing Home Care  
  * Dermatologic Condition pp. 87-94  
  * Skin Ulcers pp. 298-307  
  * Chapter 29: Skin Problems |

- Chapter 11: Elimination, Sleep, Skin, and Foot Care


**Assignments:**
- Clinical Encounter Log in eLogs (required, but not graded)

**Week 7**

<table>
<thead>
<tr>
<th>Title:</th>
<th>Health Promotion, Health Protection, Disease Prevention, and Treatment Considerations in End-Of-Life Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>COs:</td>
<td>2, 3, 7</td>
</tr>
</tbody>
</table>
- Chapter 17: Ethical Issues in the Care of Older Persons  
  - Malnutrition pp. 188-193  
  - Palliative Care and Hospice pp. 247-255  
• Chapter 16: Care Across the Continuum
• Chapter 22: Relationships, Roles, and Transitions
• Chapter 23: Loss, Death, and Dying in Late Life


Assignments: Clinical Encounter Log in eLogs (required, but not graded)

Case Study Discussions: Yes

**Week 8**

| Title: | Health Promotion, Health Protection, Disease Prevention, and Treatment of Selected Emergent Conditions Impacting the Maturing Family |
| COs: | 1, 2, 3, 6, 11 |
  
  - Chapter 13- Environment Safety and Security
  - Chapter 20- Economic, Legal and Ethical Issues


Assignments: Clinical Encounter Log in eLogs & Clinical Performance Evaluation (graded)

Reflection (graded)

Quiz (required but not graded)

**Late Assignment Policy**

Students are expected to submit assignments by the time they are due. Assignments submitted after the due date and time will receive a deduction of 10% of the total points possible for that assignment for each day the assignment is late. Assignments will be accepted, with penalty as described, up to a maximum of three days late, after which point a zero will be recorded for the assignment.

In the event of an emergency that prevents timely submission of an assignment, students may petition their instructor for a waiver of the late submission grade reduction. The instructor will review the student’s rationale for the request and make a determination based on the merits of the student’s appeal. Consideration of the student’s total course performance to date will be a contributing factor in the determination. Students should continue to attend class, actively participate, and complete other assignments while the appeal is pending.

This Policy applies to assignments that contribute to the numerical calculation of the course letter grade.

**Evaluation Methods**

The maximum score in this class is **1,000 points**. The categories, which contribute to your final grade, are weighted as follows.

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Points</th>
<th>Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Study Discussions (100 points, Weeks 1–7)</td>
<td>700</td>
<td>70%</td>
</tr>
<tr>
<td>Reflection (due Week 8)</td>
<td>50</td>
<td>5%</td>
</tr>
<tr>
<td>Quiz (required, but not graded due)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Week 4 & 8)

Clinical Encounter Log  
(due Weeks 1–8)

Clinical Performance Evaluation*  
(Week 8)

*Final clinical performance evaluation pass and documentation of 125 hours = 250 points

*Fail or unsatisfactory on clinical performance evaluation and/or less than 125 hours documented = 0 points

Total Points  
1,000  
100%

*A passing grade, or S, must be achieved on the clinical performance evaluation. If this is achieved and the 125 clinical hours are documented, the 250 points will be added to the remainder of the course points to calculate the final course grade. If the student does not achieve a passing grade (fail) for the clinical performance evaluation, then the final course grade assigned will be F.

No extra credit assignments are permitted for any reason.

All of your course requirements are graded using points. At the end of the course, the points are converted to a letter grade using the scale in the table below. Percentages of 0.5% or higher are not raised to the next whole number. A final grade of 76% (letter grade C) is required to pass the course.

<table>
<thead>
<tr>
<th>LETTER GRADE</th>
<th>POINTS</th>
<th>PERCENTAGE</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>940–1,000</td>
<td>94–100%</td>
</tr>
<tr>
<td>A-</td>
<td>920–939</td>
<td>92–93%</td>
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<tr>
<td>B+</td>
<td>890–919</td>
<td>89–91%</td>
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<tr>
<td>B</td>
<td>860–889</td>
<td>86–88%</td>
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<tr>
<td>B-</td>
<td>840–859</td>
<td>84–85%</td>
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</table>
Students agree that, by taking this course, all required papers may be subject to submission for textual similarity review to Turnitin.com for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Terms and Conditions of Use posted on the Turnitin.com site.

Participation Guidelines

The weekly case study discussion is worth up to 100 points. Students are expected to participate a minimum of four times (once in part one by Tuesday, 11:59 p.m. MT, once in part two by Thursday, 11:59 p.m. MT, provide a written summary in SOAP format to the Dropbox by Sunday, 11:59 p.m. MT, and one post to a student peer as required in the interactive dialogue criterion). The student must provide answers to the graded case study questions from part one, post a treatment plan for part two and provide a written summation of their case in SOAP format to the Dropbox for part three.

Grading Rubric

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Exceptional</th>
<th>Exceeds</th>
<th>Meets</th>
<th>Needs Improvement</th>
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<td><strong>Outstanding or highest level of performance</strong></td>
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<td><strong>Total Points Possible= 100</strong></td>
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<td><strong>24 Points</strong></td>
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<td><strong>9 Points</strong></td>
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<td><strong>0 Points</strong></td>
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**Application of Course Knowledge**

- Post contributes unique perspectives or insights applicable to the results from the
- Post contributes unique perspectives or insights, but may lack some applicability
- Post has limited perspective, insights and/or applicability to presented case study
- Post perspectives are not consistent with current practice.
- Post offers no insight or application to the case study presentation
<table>
<thead>
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- physical exam differential diagnoses. Part One: Initial post includes at least three (3) differential diagnoses with rationale for each problem-based learning case study patient and answers all questions presented in the case. Parts Two and Three: Presumptive diagnosis and treatment plan are appropriate and evidence based for each case study patient.

- to presented case study patients. Part One: Initial post includes at least two (2) differential diagnoses with rationale for each problem-based learning case study patient and answers most of the questions presented in the case.

- patients. Part One: Initial post does not address each patient or does not include at least two (2) differential diagnoses for each patient. Some evidence-based rationale may be missing. Does not answer questions presented in the case. Parts Two and Three: Confirmed diagnosis and treatment plan partially applicable and evidence based for each case study patient.

- parts Two and Three: Confirmed diagnosis and treatment plan are not applicable or may not be evidence-based.
<table>
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<td>21 Points</td>
<td>19 Points</td>
<td>9 Points</td>
<td>0 Points</td>
</tr>
<tr>
<td><strong>Support from Evidence-Based Practice (EBP)</strong></td>
<td>Initial discussion posts in parts one, two and SOAP note are supported by evidence from appropriate sources published within the last 5 years. In-text citations and full references are provided</td>
<td>Initial discussion posts for parts one, two, and SOAP note are partially supported by evidence from appropriate sources published within the last 5 years. In-text citations and full references are provided. Evidence-based, peer reviewed journal article cited but may not fully support the treatment plan.</td>
<td>Initial discussion posts for parts one, two, and SOAP note are partially supported by evidence. Sources may not be scholarly in nature or may be older than 5 years. In-text citations and/or full references may be incomplete or missing.</td>
<td>Citations to non-scholarly websites given as rationale to support differential diagnoses and/or treatment plan.</td>
<td>Discussion posts contain no evidence-based practice reference or citation.</td>
</tr>
<tr>
<td><strong>Organizatio</strong></td>
<td><strong>n</strong></td>
<td><strong>Discussion posts and</strong></td>
<td><strong>Discussion posts and</strong></td>
<td><strong>Discussion post presents</strong></td>
<td><strong>Discussion post is not</strong></td>
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<td>SOAP notes present case study findings in a logical, meaningful, and understandable sequence. Each problem-based learning case study patient is presented individually in all discussion posts and SOAP notes. Part One: Discussion questions are addressed individually for each patient. SOAP notes are relevant to the topic but may be unclear or difficult to follow in places. Part One: Discussion questions may not be addressed individually for each patient. SOAP note contains all elements but may not be written following SOAP note format. SOAP notes are not fully relevant to the topic. May be unclear or difficult to follow in places. SOAP note does not contain all components and/or may be missing data. Case findings and plan or intervention that are sometimes unclear to follow and may not always be relevant to topic.</td>
<td>relevant to case study.</td>
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<tr>
<td><strong>Interactive Dialogue</strong></td>
<td>Presents case study findings and responds substantively to at least one topic-related post of a peer including evidence from appropriate sources, and</td>
<td>Presents case study findings and responds substantively to at least one topic-related post of a peer. Does not include</td>
<td>Responds to a student peer and/or faculty questions but the posts add limited content or insights to the discussion.</td>
<td>Responds to a student peer and/or faculty, but the nature of the response is not substantive.</td>
</tr>
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<tr>
<td></td>
<td>all direct faculty questions posted in parts one and two.</td>
<td>evidence from appropriate sources. Responds to some direct faculty questions posted in parts one and two.</td>
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<tr>
<th></th>
<th>4 Points</th>
<th>3 Points</th>
<th>2 Points</th>
<th>1 Point</th>
<th>0 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar, Syntax, APA</td>
<td>APA format, grammar, spelling, and/or punctuation are accurate, or with zero to one errors.</td>
<td>Two to four errors in APA format, grammar, spelling, and syntax noted.</td>
<td>Five to seven errors in APA format, grammar, spelling, and syntax noted.</td>
<td>Eight to nine errors in APA format, grammar, spelling, and syntax noted.</td>
<td>Post contains greater than ten errors in APA format, grammar, spelling, and/or punctuation or repeatedly makes the same errors after faculty feedback.</td>
</tr>
<tr>
<td></td>
<td>0 Points Deducted</td>
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<td></td>
<td>-10 Points per Discussion Part</td>
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<td>Participatio</td>
<td>Enters first</td>
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<td></td>
<td>10 points</td>
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<td></td>
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<td>deducted per discussion part if this criteria is not met. Written submission will not be accepted after Sunday 11:59 p.m. MT. 33 points deducted for missing SOAP note.</td>
</tr>
</tbody>
</table>

Webliography Disclaimer
The purpose of the Webliography is to provide students with annotated bibliographies of worldwide websites relevant to their courses. These websites are not meant to be all inclusive of what is available for each course’s subjects and have not been sanctioned as academically rigorous or scholarly by Chamberlain College of Nursing. Please exercise caution when using these websites for course assignments and references.

Professional Portfolio

Select assignments from courses across the FNP program will be compiled as artifacts within a Professional Portfolio to demonstrate your professional growth and expertise. Your final portfolio, which will be submitted in the final course NR661, will be assessed against the learning outcomes of the program. The Professional Portfolio will include the following:

- Reflections from Week 8 for all FNP courses
- Five exemplar case studies (student selects top five)
- eLogs portfolio
- Curriculum vitae
- Professional development plan paper from NR510