NR602 Syllabus

Course Code: NR602

Course Title: Primary Care of the Childbearing and Childrearing Family

Syllabus

Top Information

- Course Number: NR602
- Course Title: Primary Care of the Childbearing and Childrearing Family
- Course Credit: 3 (Theory 0.5; Clinical 2.5)
- Prerequisite: NR503, NR507, NR508, NR509, NR510, NR511

Course Text

Textbook 1


Textbook 2


Required across all FNP courses

Textbook 3


Recommended across all FNP courses

Textbook 4

Retrieved on 2/2/16 hf
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 healthcare needs of women and families throughout reproductive and childrearing years. Students will further develop their skills related to health promotion, prevention of illness, diagnosis, and management of health problems commonly experienced. Care strategies will include 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 family-centered focus to promote quality advanced practice nursing. (PO 2)
2. Identify current ethical and legal issues concerning the care of infants, children, adolescents, women, and child-bearing families. (PO 6)
3. Apply current evidence in health promotion, health protection, disease prevention, and primary care for infants, children, adolescents, women, and child-bearing families. (PO 1)
4. Apply developmental, cultural, and family theory to health promotion, health protection, disease prevention, and primary care for infants, children, adolescents, women, and child-bearing families. (PO 1)
5. Promote safe and quality patient outcomes in a teaching-coaching function through integration of developmentally appropriate anticipatory guidance in care of infants, children, adolescents, women, and child-bearing families. (PO 2)
6. Identify professional organizations active in the promotion of health for women and children. (PO 10)
7. Utilize principles of nursing informatics and technologies to plan, document, and professionally communicate in the care of infants, children, adolescents, women, and child-bearing families. (PO 11)
8. Incorporate patients’ cultural preferences, values, health beliefs, spirituality, and behaviors into a unique and relationship-based, holistic plan of care for infants, children, adolescents, women, and child-bearing families. (PO 1)
9. Create an appropriate and holistic plan of care for common primary care presentations in infants, children, adolescents, women, and child-bearing families. (PO 1)
10. Engage in routine appropriate inter-professional collaboration in caring for infants, children, adolescents, women, and child-bearing families. (PO 10)
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:

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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**

| Title: Caring for the family within the nurse practitioner paradigm: Applicable concept/ theories |
| COs: 1, 3, 4, 6, 9, 10 |

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Assignments: Clinical Encounter Log in eLogs (required, but not graded)
Case Study Discussions Yes
Other

Week 2

Title: Family assessment by the nurse practitioner: Assessment of the infant, child, and adolescent.
COs: 2, 3, 4, 5, 6, 8, 9, 10

- Chapter 1: Obtaining an Initial History
- Chapter 2: Obtaining an Interval History
- Chapter 3: Performing a Physical Examination
- Chapter 6: Two-Week Visit
- Chapter 7: One-Month Visit
- Chapter 8: Two-Month Visit
- Chapter 9: Four-Month Visit
- Chapter 10: Six-Month Visit
- Chapter 11: Nine-Month Visit
- Chapter 12: Twelve-Month Visit
- Chapter 13: Fifteen- to Eighteen-Month Visit
- Chapter 14: Two-Year Visit
- Chapter 15: Three-Year Visit (Preschool)
- Chapter 16: Six-Year Visit

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(School Readiness)
- Chapter 17: Seven- to Ten-Year Visit (School Age)
- Chapter 18: Eleven- to Thirteen-Year Visit (Preadolescent)
- Chapter 19: Fourteen- to Eighteen-Year Visit (Adolescent)


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

Please go in and look at each of these websites and become familiar with them. You will use them this week and throughout the remainder of the course. Please open and download the CDC growth charts as you will need them to work this week and in future weeks.

Bright Futures:
# Week 3

**Title:** Health promotion, health protection, disease prevention, and treatment considerations in primary care pediatric assessment

**COs:** 1, 2, 3, 7, 9, 10


- Chapter 6 Two-Week Visit
- Chapter 7 One-Month Visit
- Chapter 8 Two-Month Visit
- Chapter 9 Four-Month Visit
- Chapter 10 Six-Month Visit
- Chapter 11 Nine-Month Visit
- Chapter 12 Twelve-Month Visit
- Chapter 13 Fifteen- to Eighteen-Month Visit
- Chapter 14 Two-Year Visit
- Chapter 15 Three-Year Visit (Preschool)
- Chapter 16 Six-Year Visit (School Readiness)
- Chapter 17 Seven- to Ten-Year Visit (School Age)
- Chapter 18 Eleven- to Thirteen-Year Visit (Preadolescent)
- Chapter 19 Fourteen- to Eighteen-Year Visit (Adolescent)
- Chapter 34-Behavioral Disorders
- Chapter 35-Mental Health Disorders


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

Website Exploration:

Please read the ACOG opinion on adolescent contraception found below:

*Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices*

*IUDs and Contraceptive Implants Safe for Teens*

Please go in and look at each of these websites and become familiar with them. You will use them this week and throughout the
Week 4

| Title: | Health promotion, health protection, disease prevention, and treatment of selected pediatric diagnoses in primary care of children |
| COs: | 1, 3, 7, 9, 10 |
| | • Chapter 20: Dermatologic Problems |
| | • Chapter 21: Eye Disorders |
| | • Chapter 22: Ear Disorders |
| | • Chapter 23: Sinus, Mouth, Throat, and Neck |
| | • Chapter 26: Gastrointestinal Disorders |
| | • Chapter 27: Genitourinary Disorders |

Case Study Discussions

Yes

Other

CDC Adolescent Health:

CDC Pediatric Developmental Screening

Contraception

National Eating Disorder Association

NAMI

Immunizations

Office of Adolescent Health

Adolescent health goals of Healthy People 2020

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

Case Study Discussions
Yes

**Week 5**

**Title:** Health promotion, health protection, disease prevention, and treatment of unique childhood chronic, allergic, inherited, and autoimmune diseases.

**COs:** 1, 3, 7, 9, 10

**Reading:**
  - Chapter 24- Respiratory Disorders
  - Chapter 25- Cardiovascular Disorders
  - Chapter 29- Endocrine Disorders
  - Chapter 30- Musculoskeletal Disorders
  - Chapter 33- Pediatric Obesity
- Hopkins, K., DeCristofaro, C., & Elliot, L.
Retrieved on 2/2/16 hf


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

Case Study Discussions Yes

Other

**Week 6**

**Title:** Health promotion, health protection, disease prevention, and treatment of selected women’s health, gynecologic, and obstetric diagnoses in primary care

**COs:** 1, 2, 3, 4, 5, 6, 7, 8, 9, 10


- Chapter 1: Well Woman Exam
- Chapter 5: Weight Management
- Chapter 6: Guidelines for Assessing Victims of Abuse and Violence
- Chapter 7: Methods of Family Planning
- Chapter 10: Cervical Aberrations
- Chapter 12: Genitourinary Conditions
- Chapter 13: Infertility
- Chapter 21: Vaginal Conditions


**Assignments:**

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

Website Exploration:

Please go in and look at each of these
Week 7

| Title: | Health promotion, health protection, disease prevention, and treatment of unique issues of the pregnant female and her family |
| COs: | 2, 3, 4, 5, 8, 9, 10 |

- Chapter 8: Preconception Care
- Chapter 11: Emotional/Mental Health Issues
- Chapter 14: Loss of Integrity of Pelvic Floor Structures
- Chapter 15: Medical Abortion


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

Find solid prenatal and gestational diabetes screening and guideline resources from reputable sources. You will use them this week and throughout the remainder of the course.

Case Study Discussions

Yes

Other

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**Week 8**

**Title:** Health promotion, health protection, disease prevention, and treatment of selected emergent conditions impacting the childbearing family

**COs:** 1, 7, 8, 9, 10, 11

**Reading:**


- Chapter 18: Peri and Post Menopause


<table>
<thead>
<tr>
<th>Assignments:</th>
<th>Clinical Encounter Log in eLogs &amp; Clinical Performance Evaluation (graded)</th>
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<td>Final Exam</td>
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<tr>
<td>Case Study Discussions</td>
<td>Yes</td>
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<td>Other</td>
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**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>
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Retrieved on 2/2/16 hf
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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<tr>
<td>A</td>
<td>940–1,000</td>
<td>94–100%</td>
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### Grading Rubric

<table>
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<th>Criteria</th>
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<tr>
<td></td>
<td><strong>Outstanding or highest level of performance</strong></td>
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NOTE: To receive credit for a week's discussion, students may begin posting no earlier than the Sunday immediately before each week opens. Unless otherwise specified, access to most weeks begins on Sunday at 12:01 a.m. MT, and that week's assignments are due by the next Sunday by 11:59 p.m. MT. Week 8 opens at 12:01 a.m. MT Sunday and closes at 11:59 p.m. MT Wednesday. Any assignments and all discussion requirements must be completed by 11:59 p.m. MT Wednesday of the eighth week.

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.

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<tr>
<td>Total Points Possible=100</td>
<td>24 Points</td>
<td>21 Points</td>
<td>19 Points</td>
<td>9 Points</td>
<td>0 Points</td>
</tr>
<tr>
<td>Application of Course Knowledge</td>
<td>Post contributes unique perspectives or insights applicable to the results from the 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</td>
<td>Post contributes unique perspectives or insights, but may lack some applicability 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.</td>
<td>Post has limited perspective, insights and/or applicability to presented case study 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.</td>
<td>Post perspectives are not consistent with current practice.</td>
<td>Post offers no insight or application to the case study presentation</td>
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<tr>
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<td>Exceeds: Very good or high level of performance</td>
<td>Meets: Satisfactory level of performance</td>
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<td>Developing: Unsatisfactory level of performance</td>
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<td>appropriate and evidence based for each case study patient.</td>
<td>Confirmed diagnosis and treatment plan partially applicable and evidence based for each case study patient.</td>
<td>and Three: Confirmed diagnosis and treatment plan are not applicable or may not be evidence-based.</td>
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<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 practice reference or citation.</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</td>
<td>Citations to non-scholarly websites given as rationale to support differential diagnoses and/or treatment plan.</td>
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<td>Based, peer reviewed journal article cited but may not fully support the treatment plan.</td>
<td>or missing.</td>
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**Organization**

Discussion posts and SOAP notes presents 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 may not be addressed individually for each patient. SOAP note contains all elements but may not be written following SOAP note format.

Discussion posts and 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.

Discussion posts and SOAP notes 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.

Discussion post presents case findings and plan or intervention that are sometimes unclear to follow and may not always be relevant to topic.

Discussion post is not relevant to case study.
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<td>Interactive Dialogue</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 all direct faculty questions posted in parts one and two.</td>
<td>Presents case study findings and responds substantively to at least one topic-related post of a peer. Does not include evidence from appropriate sources. Responds to some direct faculty questions posted in parts one and two.</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>
<td>Does not respond to a topic-related peer post and/or does not respond to faculty questions posted by Sunday.</td>
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<tr>
<td>Grammar, Syntax, APA</td>
<td>APA format, grammar, spelling,</td>
<td>Two to four errors in APA format,</td>
<td>Five to seven errors in APA</td>
<td>Eight to nine errors in APA format,</td>
<td>Post contains greater than ten errors in</td>
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24 Points 21 Points 19 Points 9 Points 0 Points
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<td>and/or punctuation are accurate, or with zero to one errors.</td>
<td>grammar, spelling, and syntax noted.</td>
<td>format, grammar, spelling, and syntax noted.</td>
<td>grammar, spelling, and syntax noted.</td>
<td>APA format, grammar, spelling, and/or punctuation or repeatedly makes the same errors after faculty feedback.</td>
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<tr>
<td>Participatio n</td>
<td>0 Points Deducted</td>
<td>-10 Points per Discussion Part</td>
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<td>Enters first post to part one by 11:59 p.m. MT on Tuesday; First post to part two by 11:59 p.m. MT on Thursday; and submits written summation by Sunday 11:59 p.m. MT. Written submission (SOAP notes) will</td>
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<td>10 points deducted per discussion part if this criteria is not met.</td>
<td>Written submission will not be accepted after Sunday 11:59 p.m. MT.</td>
<td>33 points deducted for missing SOAP note.</td>
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<td>NOT be accepted after Sunday 11:59 p.m. MT.</td>
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<td><em>10 points deducted per discussion part if this criteria is not met.</em></td>
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**Webliography Disclaimer**

The purpose of the Webliography is to provide students with annotated bibliographies of world wide 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