HEALTH STATUS OUTCOMES: COMMUNITY/PRIMARY CARE
NUR 911 Sections 001
3 Credits
Tuesdays, 9:00 am – 11:50 pm
C388 Life Sciences
Fall 2013

Catalog Course Description: Measurement of health status outcomes for populations across the life span within the community based primary care systems. Measurement and evaluation issues related to the costs of intervention to impact outcomes.

Course Objectives: At the end of this course, students will:
1. Examine the long and short term measurement of health status and well-being outcomes for Population Health vs. individuals.
2. Explore how health systems patterns of care (interventions) can influence health status outcomes.
3. Analyze how aggregate data are used within the community based primary health care system.
4. Examine current aggregate measures used in primary care to assess outcomes.
5. Consider how systems of care can use population health to guide care strategies and to assess impacts on health status and well-being outcomes to determine quality of care.
6. Examine the cost of interventions to impact outcome(s).

Prerequisites: None

Co-requisites: None

Professional Standards & Guidelines: The curriculum is guided by the following documents:


Faculty: Bill Given
Professor
Dept of Family Medicine
Institute of Health Care Studies
965 Fee Road
A135 East Fee Hall
Tel: 517-353-8183
Cell: 517-281-4696
E-mail: givenc@msu.edu
Office Hours: Tuesdays, 2:00 to 3:00 pm.
Appointment times can be arranged.
Instruction:

a. Methodology: Your NUR911 course activities will include:
   a) classroom group seminar discussions, Please note meaning of SEMINAR as defined by Merriman Webster: a group of advanced STUDENTS studying under a professor with each doing original research and all exchanging results through reports and discussions 2a (1):
   a course of STUDY pursued by a seminar (2) : an advanced or graduate course often featuring informality and discussion
   b) topic-specific student presentations, and
   c) out-of-class articles and assigned reading seminar evaluation activities. All assigned text and article readings are expected to be completed prior to the indicated class time. Each student is responsible for understanding both the assigned readings and all content discussed in class. Each student is expected to actively participate during in-class group activities and classroom seminar discussions. Refers to definition of seminar above. I have no intention of lecturing.
   d) Key to development of your program of research are the following points:
      a. What is the issue, or problem; are they expressed as disparities in access, treatments, and costs? Is the problem defined within a comparative context against a gold standard? How convincing are the data or contentions that this is a problem and for whom is it a problem? What are the potential consequences of this problem for Health Structures, Processes and for Populations?
      b. In the studies being reviewed how are the issues being presented? What is the quality of the data to support the EXISTING arguments? What part of the argument is ignored or not addressed or you believe to be incorrect? Lay out your argument and defend it.
      c. This argument can proceed in at least the following directions: a) lay out the authors argument(s) and critique it, b) extend it c) refute it or parts of it and defend your refutation using evidence.

I believe that for each week we should initiate the weekly conversations around arguments. Perhaps I will assign articles to develop the argument, support it, extend it, refute it. To that end, each student will submit, at least 24 hours prior to the beginning of class no more than 2 pages, double-spaced summary considering some of the points in da db, dc, this then will begin to set the context for our discussions.

What follows is an introduction to building arguments for class. These are more detailed than will be needed for class, but the principles described here are valuable to prepare you to build a narrative argument. In other words, you need to translate these more formal arguments into a narrative.

**CONSTRUCTING A LOGICAL ARGUMENT**

**What is an argument composed of?**
Every argument consists of premises and a conclusion. The premises are particular statements that provide the reasons or evidence supporting your conclusion. The conclusion is, of course, the position that you are arguing for.
## Types of Argument

<table>
<thead>
<tr>
<th>Type</th>
<th>Definition</th>
<th>Example</th>
<th>What makes it strong?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deduction</td>
<td>This form of argument is based on the rules of logic, so if the premises are true, then the conclusion must also be true.</td>
<td>If you smoke, you might get lung cancer. You smoke. Therefore, you might get lung cancer.</td>
<td>Deduction is always strong because it is based on logical connections between premises and conclusion. It is important, however, to establish the truth of the premises.</td>
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<tr>
<td>Induction</td>
<td>This form of argument involves reasoning from particular facts or observations to draw conclusions about general principles.</td>
<td>Ann smoked and she has lung cancer. Emile smoked and he has lung cancer. In fact, every smoker I know now has lung cancer. Therefore, if you smoke you will have a good chance of getting lung cancer.</td>
<td>The strength of inductive arguments depends on the number of observations supporting the generalization. The more observations there are, the more likely the conclusion is true. Note that every counterexample reduces the likelihood that the conclusion is true.</td>
</tr>
<tr>
<td>Abduction</td>
<td>The conclusion is considered to be the best explanation of the available facts.</td>
<td>Several studies establish a high correlation between smoking and lung cancer. Additional studies demonstrate that incidence of lung cancer in ex-smokers and nonsmokers is much lower. Therefore, it is likely that smoking causes lung cancer.</td>
<td>The strength of abductive arguments depends on the degree to which the conclusion accounts for all evidence and data, including that which appears to be contradictory.</td>
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<tr>
<td>Analogy</td>
<td>The conclusion is derived from comparing the issue at hand with another, similar issue.</td>
<td>Breathing in a toxic substance like asbestos is known to cause lung cancer. Cigarette smoke is also toxic, so it likely causes lung cancer.</td>
<td>Arguments from analogy are only strong when the two issues are similar with respect to the key features that are significant to the conclusion.</td>
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</table>

### Constructing the Argument

The first step to creating an argument is to know what you are going to be arguing for. What thesis or conclusion will you defend? Often, you will need to research the differing positions on your subject before you can fully determine this.

The second step is to determine your premises, which comprise the reasons or evidence that support your conclusion.

### Selecting Evidence

To support your position, you may rely on many different types of evidence including measurements, statistics, authority, reasoning, observation, and experience. It is helpful to consider the strengths and limits of the different types of evidence when choosing what to include.
Consider
Which pieces of evidence are available?
What type of evidence is most appropriate for the assignment?
How do the different pieces of evidence support each other?
Which piece(s) of evidence best support(s) the conclusion?
What is the strongest evidence? The weakest?

In general, arguments rely on premises or evidence about what is known (or less controversial) in order to draw conclusions about the unknown (or more controversial). If your premises are debatable, you may need to support them with additional evidence.

Organizing Evidence
The way that you organize your evidence determines the type of argument. For example, developing the logical connections between premises will produce a deductive argument, while relying on particular observations or measurement to infer conclusions will lead to an inductive argument. Arguments from analogy are constructed by determining the similarities between two comparable issues and showing that what is known about one is likely to be true for the other. Abductive arguments are, generally speaking, the most complex because they are created by bringing together diverse pieces of evidence in different ways to determine the most likely explanation for an issue or state of affairs.

Note:
• A few strong and well-developed arguments are stronger and more persuasive than many weaker and undeveloped ones.
• Evidence does not speak for itself. It is crucial to explain how each piece of evidence supports your conclusion and what makes it credible.
• The strongest points are most effective at the beginning and end of your argument.

Addressing Counterarguments
An argument that is entirely one-sided will not be persuasive. In order to successfully convince someone that your claim is correct, you need to be able to anticipate objections and develop responses to them. This requires awareness of the evidence and reasons that contradict your conclusion, and the ability to find the flaws in them.

Ask:
• Who might disagree with my position? Why?
• What gaps or omissions are there in my evidence (or reasoning)?
• What evidence would support an opposing position?

An example of framing an argument
With the advent of the ACA and Medicaid Expansion
Racial disparities in access to care and treatment will or will not disappear. SES differences will continue to explain/not explain access to health care.

Important: Always treat opposing positions respectfully and fairly. This will make your own argument much stronger because it (a) forces you to attend to the very precise reasons why someone might hold another point of view, and (b) leads you to think more carefully about why you disagree.
Thus I am looking for the problem/premise—Racial disparities explain access to care, treatments, and morbidity and mortality. SES explains access to care, treatment and morbidity and mortality. What is the evidence to support each statement, what are the contexts which favor one vs. the other statement. What is the strength (of the association) of the evidence, what is the quality of evidence case study vs. national longitudinal random sample or controlled trial for each, does the strength vary by context screening and prevention vs. chronic diseases. What are your conclusions and how do those conclusions vary by context setting or question.

Instructor Communications: Messages and assignments are to be emailed to my MSU address. Keep a copy of all papers and drafts submitted. All papers must be submitted electronically.

Required Texts:


- Institute of Medicine *Unequal Treatment*


Optional:


c. Optional Texts: Other doctoral program texts from prior courses.
d. Required Resources, References, Supplies:

   ANGEL Help Line
   1.800.500.1554 (24 hrs, 7 days/week)
   517.355.2345 (24 hrs, 7 days/week)
   www.angel.msu.edu (ANGEL Help link in upper right corner)

   Always check with the ANGEL Help Line first!
   Articles available through PubMed, journal websites, the MSU library (both electronic and
   print collections, or from instructors).

Preparation for Class

For Each Class: See Development of the argument above

Evaluation:

Evaluation Course Activities

1. Seminar Discussions and Presentations

Students will be expected to read and be responsible for the literature and for their weekly
argument summaries.
I expect full participation in a vigorous and rigorously argued and defended interchange at each
session. I expect you to challenge the seminar leaders. THIS INTERCHANGE is ESSENTIAL
for your development as a scientist and a scholar. Respectful argument and disagreement is an
acquired skill. You will make a 5 to 20 minute presentation on numerous occasions. You will make
sure to explore how the topics might fit within your NSRA and dissertation.

Much of this portion of your grade will be related to your weekly arguments that you present to the
instructor, as well as your class discussion will be based on the following.

Assignments I & II

I. 50 % of grade will be based on seminar participation/presentation/review and critique. This
means carefully argued and defended critiques/presentations, i.e., presentations that are clear,
succinct and defended all requests for articles and written critique must be turned in at beginning
of class via email to my address.

Of this 50%, 25% will be based on an average score on your arguments over the course of the
semester. Each argument for each class will be graded according to the outline detailed above. This
will include the articles that you identify beyond those in the syllabus that may or may not be
related to your particular dissertation topic. You will need to grade the quality of evidence in each
article as part of your argument (e.g., evidence from trials is more equivocal than longitudinal
descriptive studies). This grading should include the following: relevance to your topic, the design;
experimental with information on the presentation of effect size, number of cases, comparative,
longitudinal or descriptive. As you summarize the quality of the evidence overall, are variations
related to different populations settings? Please indicate what you think might account for
variations. Finally, given the problem and based on your argument, the quality of the evidence what
do you conclude is known, what remains under debate and what are the next steps in the science.

Clear statement of the problem, the issue or questions
II. 50% will be achieved by a paper which will be submitted and critiqued by the seminar leader. These portions of this paper will be turned in at weeks 6, 8, 10, 12. At Week 14, a 20-30-minute presentation will be made of the paper to be handed in Week 15.

Components of the written exercise are as follows:

Conceptual
1) Define the concept (outcome for aggregate measurement of interest), as it will be used in this paper.
2) What model can be used to describe relationships of the outcome to determinants and process of care?
3) What is the relevance to the model of community-based primary care (include a review of research-based literature)?
4) What are the implications of the outcome for community-based primary care nursing practice?

B. Operational/Methodological
1) What is the operational definition used for this outcome? Please be specific and use research-based literature (research based articles).
2) How does this outcome relate to clinical decisions?
3) How does this outcome fit into the overall health care system? (To whom, for what? Be specific.) Is the outcome appropriate to use across the continuum of care; why or why not?
4) When and what are the methodological issues using this measure as a systems measure?
5) Describe the use of the measure to determine the outcome in relation to:
   a. Approach
   b. Source and type of data
   c. Timing
   d. Measurement including psychometric properties
   e. Consideration of use with vulnerable population
6) Methods used to collect data in the system of care vs. community population focus.
7) Given the results of the above, what are the implications for policy?

Criteria for Grading:
i. Conceptualization of the outcome (15 points)
ii. Model discussion (15 points)
iii. Relevance of Outcome to Nursing (10 points)
iv. Relevance of outcome to community-based primary care (10 points)
v. Methodology
   (1) Operational definition supported with research literature (10 points)
   (2) Measurement properties and challenges presented in research-based literature (15 points)
vi. Relevance for system/policy—research based literature (15 points)
vii. Strength of research based references and synthesis from the literature (10 points)
viii. Minus points for APA format/clarity of writing/grammar

b. Course Grade Requirements
1) As one of the required doctoral courses, a 3.0 grade must be attained in this course.

2) A student who fails or does not receive at least a 3.0 grade in this course must repeat this course before taking comprehensives and completing the doctoral program. After meeting with their
course chair the student is to meet with his/her Major Professor and guidance committee to determine a remediation plan to repeat the course. Repeating the course and obtaining an acceptable grade is required. This course may be repeated only once. There will be no opportunities for “extra credit” in this course.

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<tr>
<th>%</th>
<th>GRADE</th>
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<tr>
<td>90 – 100%</td>
<td>4.0</td>
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<td>85 – 89%</td>
<td>3.5</td>
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<tr>
<td>80 – 84%</td>
<td>3.0</td>
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<tr>
<td>≤ 79%</td>
<td>Not passing</td>
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**SEE SYLLABUS FOR GRADING SHEET.**
Late papers will not be accepted! All assigned papers will be turned in on the assigned day of class. Students must present their paper in class, and each student will present two sessions. It is imperative that these are presentations are made as scheduled in a timely fashion with the class schedule.

**Due by December 3, 2013** – Late papers will not be accepted. All papers must be turned in electronically or in a carefully marked colored folder.

- The final paper is due by December 3rd. Earlier outline and drafts must also be turned in with the final paper to get a grade for the course.
- APA 6th format must be followed or the paper will be returned without scoring

**University & College Policies:**

The College of Nursing expects that students will demonstrate professional behavior in all situations. Specific expectations for clinical and other professional venues can be found in the appropriate handbook. You are responsible for reviewing and acting in accordance with the policies and procedures found in the following sources, including the following topics: Professionalism, Academic Integrity, Accommodations for Students with Disabilities, Disruptive Behavior, Attendance, Compliance, and Progression.

- CON Student handbook [http://nursing.msu.edu/handbooks.asp](http://nursing.msu.edu/handbooks.asp)
- Information for Current Students—including Rights, Responsibilities and Regulations for Students [http://www.msu.edu/current/index.html](http://www.msu.edu/current/index.html)
- Academic Programs [http://www.reg.msu.edu/UCC/AcademicPrograms.asp](http://www.reg.msu.edu/UCC/AcademicPrograms.asp)
Additional Course Description: This course focuses on the measurement of health status and health outcomes for diverse populations across the life span within community based primary care systems provider (CBPCS). The continuum of care as it relates to CBPCS will be the organizing perspective. Factors such as practice patterns, social determination, and organization structure that impact outcomes will be discussed, from a systems, processes of provider care and system structure population perspective (poverty, age) will be considered. Measurement and evaluation issues related to health status and health outcomes from a health care system perspective will be explored.

Additional Course Objectives: To examine how determinants outside the healthcare system relate to aggregate health outcomes of care.

Course Calendar:

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
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| 1    | 09/03/13 | Population Health What is it? How does it differ from Social Psychological approaches? Is population health subject to interventions? What are the approaches to Population health; is it descriptive, comparative, interventional?
T. Kue Young Population Health see Angel

No Argument Due


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<th>Week</th>
<th>Date</th>
<th>Topic</th>
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<td><strong>Prevailing questions in Population Health Age Cohort and Period effects</strong> Why are they so important to an understanding of Population health</td>
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<td>Population Health in the US Compared to other Nations Wolfe National Academy Press Chapters 1 Read, Chapter 2 skim, Chapter 3 read closely What is life Course analysis?</td>
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<td>No Argument Due</td>
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<tr>
<td>II</td>
<td>09/10/13</td>
<td>HEALTH STATUS Outcomes and Continuum of Care</td>
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<td>III 09/17/13 HEALTH DISPARITIES week 3 Aggregate Health determinants outside the healthcare system: A Focus on Health Disparities Antecedents of Aggregate Health Outcomes (Culture, Genetics, Personal, Family, Risks, Ecological, and Social Environment, Policies/ Regulations ) Argument paper due 24 hours prior to class</td>
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<td>IV</td>
<td>09/24/13</td>
<td>Finish Health Disparities begin discussion of FUNCTION, COMORBIDITY, MULTI-MORBIDITY AND FRAILTY System level factors: Provider Patterns of Care Nursing Care Outcomes Studies Argument paper due 24 hours prior to class</td>
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<td>V</td>
<td>10/01/13</td>
<td>FUNCTION, COMORBIDITY, MULTI-MORBIDITY AND FRAILTY (contd) Availability, Accessibility, Affordability, and Acceptability of Health Care Services MEASUREMENT CHALLENGES</td>
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<td>Week</td>
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<td>VI</td>
<td>10/08/13</td>
<td>SAFETY, ACCESS, AFFORDABILITY, ETC.</td>
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<td>Safety and Content of Care</td>
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<td>Patterns of care and variations in practice</td>
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<td><strong>MEASUREMENT CHALLENGES</strong></td>
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<td><em>(Student Presentation)</em></td>
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<td>VII</td>
<td>10/15/13</td>
<td>SAFETY AND CONTEXT OF CARE – ACCESS, AFFORDABILITY, AND AVAILABILITY (PERFORMANCE INDICATORS)</td>
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<td>Causes of Health Disparities</td>
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<td>Health Disparities: Effect on Health Outcomes</td>
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<td><em>(Student Discussion)</em></td>
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<td>VIII</td>
<td>10/22/13</td>
<td>COMPARATIVE EFFECTIVENESS AND COST EFFECTIVENESS</td>
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<td>Health Care Quality and Effectiveness</td>
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<td>Health Care Performance Indicators</td>
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<td>➢ Comparative Effectiveness Research</td>
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<td><strong>MEASUREMENT CHALLENGES</strong></td>
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<td><em>(Student discussion)</em></td>
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<td>IX</td>
<td>10/29/13</td>
<td>COMPARATIVE EFFECTIVENESS AND COST EFFECTIVENESS (contd)</td>
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<td>Cost of Health Care, Healthcare Service Coverage</td>
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<td><strong>MEASUREMENT CHALLENGES</strong></td>
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<td>X</td>
<td>11/5/13</td>
<td>COST AND UTILIZATION OF SERVICES</td>
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<td>Utilization of Different Types of Healthcare Services</td>
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<td>Cost Effectiveness of Health Care</td>
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<td><strong>MEASUREMENT CHALLENGES</strong></td>
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<td><em><strong>DRAFT OF FINAL PAPER DUE IN CLASS</strong></em></td>
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<td>XI</td>
<td>11/12/13</td>
<td>COST AND UTILIZATION OF SERVICES (contd)</td>
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<td>Individual health-related outcomes at aggregate level across community-based care continuum</td>
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<td>➢ Function/QOL/satisfaction</td>
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<td>➢ Wellness: Self-care/prevention behaviors</td>
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<td>➢ Social health</td>
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<td>➢ Function/disability</td>
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<td>➢ Equality of access</td>
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<td>➢ Survival/mortality</td>
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<td><em>(Student Presentation)</em></td>
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<tr>
<td>XII</td>
<td>11/19/13</td>
<td>HEALTH RELATED OUTCOMES AND QUALITY CARE INDICATORS</td>
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<td>Integrating the health-related quality-of-life outcome components into care.</td>
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<td>Exploring Large Data Sets</td>
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<td>XIII</td>
<td>11/26/13</td>
<td>USING LARGE DATABASES/ QUALITY/ CLINICAL/QUALITY OF LIFE</td>
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<td>Care Continuum Outcomes influencing Quality of Clinical Decisions – evidence based practice</td>
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<td>Care Continuum Outcomes influencing policy (performance measures, guidelines and regulations</td>
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<td>XIV</td>
<td>12/03/13</td>
<td>CARE CONTINUUM INFLUENCING CLINICAL DECISIONS AND POLICIES</td>
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<td>Using Large Databases/Quality/Clinical/Quality of Life</td>
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<td>Care Continuum Influencing Clinical Decisions and Policies</td>
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<td><em><strong>MAJOR PAPER DUE IN CLASS</strong></em></td>
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<tr>
<td>XV</td>
<td>12/10/13</td>
<td>Finals Week</td>
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<td>Week</td>
<td>Articles or Chapters</td>
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| II 09/10/13 | **HEALTH STATUS & OUTCOMES FROM COMMUNITY-BASED CONTINUUM PERSPECTIVE:** OVERVIEW Chapters 1 and 2 of T. Kue Young Population Health Concepts and Methods 2nd Edition Oxford University Press 2005 (these two chapters are online)  
## CONTINUUM OF CARE


HEALTH DISPARITIES


8. Chin, M.H., Walters, A.E., Cook, S.C., Huang, E.S. (2007). Interventions to reduce racial and ethnic disparities in health care. Medical Care Research and Review, 64(5 suppl), 7S-28S.*


| 26. | Olshansky, J., Antonucci, T., Berkman, L., et al., Differences in life expectancy due to race and educational differences are widening and many may not catch up. Health Affairs 31:8 1803-1813. |

**FUNCTION, COMORBIDITY, MULTI-MORBIDITY AND FRAILTY**

QUALITY AND SAFETY OF HEALTH CARE


**COMPARATIVE EFFECTIVENESS AND COST EFFECTIVENESS**


17. Ito K, Shrank WH, Avorn J, Patrick AR, Brennan TA, Antman EM, Choudhry NK. (2012). Comparative Cost-effectiveness of interventions to improve medication adherence after myocardial...
infarction. *Health Services Research, 47*(6), 2097-2117.


COST AND UTILIZATION OF SERVICES


HEALTH RELATED OUTCOMES AND QUALITY CARE INDICATORS


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**CARE CONTINUUM INFLUENCING CLINICAL DECISIONS AND POLICIES**


Grade Sheet 911 Health Status Outcome  
Mini Papers I and II (25% of grade)

Criteria

*1. Discussion of Aggregate Outcome/Concept (at least 5 citations)  __________15pts

*2. Differentiate between relevance of Patient versus System Outcome  __________15pts

*3. Measurement Properties/Qualities of Outcome for Aggregate (Population)  __________20pts

*4. Support from the Research Literature 5-6 research-based articles  __________20pts

*5. Discussion of relevance to nursing intervention/Clinical Significance  __________15 pts

6. Policy Significance  __________15 pts

7. Clarity and Succinctness of Presentation and Paper/APA format/Grammar

TOTAL __________

* Should reflect a synthesis of the literature
Student Name __________________________

Paper __________________________

911 Final Paper Evaluation Form
50% of the grade

Conceptualization of the outcome with literature to support _________ 15 points

Model discussion showing relationship among concepts _________ 10 Points

Relevance of outcome to nursing _________ 15 Points

Relevance of outcome to community-based primary care _________ 10 Points

Methodology
  Operational Definition of Outcome
    (Research-based literature, relevance to clinical) _________ 15 Points

  Measurement Properties & Issues
    (Psychometrics approach, source of data, timing, use with vulnerable populations, data collection) _________ 15 Points

Relevance to System (over care continuum)/Policy _________ 10 Points

Strength of Research Base Literature _________ 10 Points

Minus points for format, clarity of writing, grammar, etc.) _________

TOTAL _________ /100 Points

All drafts must be turned in with final copy.