Individual & Family: Health Status Outcomes Across the Lifespan  
NUR 910 – 3 credits  
Wednesdays, 9:10 am – 12:00 pm; 386 Bott Building  
Spring 2013

Catalog Course Description: Measurement and conceptual underpinnings of health status outcomes for individuals and families across the life span. Focus on well-being in health and illness within community based primary care.

Additional Course Description: This course focuses on the conceptual underpinnings of health status and well-being as patient outcomes in community-based primary care. Multiple domains of health status outcomes (social, psychological, cognitive, behavioral, family, and cultural and general health) will be examined across the lifespan. Frameworks for examining patient outcomes will be examined. Measures of components of health status outcome and well-being will be evaluated for relevance and appropriateness to the individual and family. Methodology and measurement issues such as timing, source of data, reliability, validity, sensitivity, and specificity to these outcomes will be explicitly discussed. Clinical relevance and policy will be addressed. The purpose is to understand how these concepts can be used to document outcomes in relation to of nursing interventions and nursing care.

Course Objectives:  
1. Examine and distinguish the concepts of health status and well-being for individuals and families across the lifespan.  
2. Explore the relevance of health status for outcomes research in community based primary care.  
3. Evaluate outcomes measures that reflect the concepts of health status and well being for their relevance and appropriateness in research.

Additional Course Objectives:  
• To examine the concept of health status and well-being for individuals and families across the lifespan.  
• To explore the distinction between health status outcomes for wellness and illness related to community-based primary care as relevant to nursing.  
• To analyze the methods and measures for health status outcome – including sensitivity, specificity, reliability, validity, and appropriateness for populations under consideration.  
• To analyze a selected health status outcome in detail to understand it’s relevance to clinical nursing research.  
• To describe the longitudinal assessment of health status- research approaches.

Prerequisites: None

Co-Requisites: None
**Course Faculty**

Barbara Given, PhD, RN, FAAN  
University Distinguished Professor  
C383 Life Sciences (Bott Bldg)  
Tel: (517) 355-6526  
Fax: (517) 355-8536  
Email: barb.given@hc.msu.edu

Bill Given, PhD  
Professor  
135 East Fee Hall  
Tel: 517-884-0420  
Cell: (517) 281-4696  
Fax: (517) 353-8612  
Email: Bill.Given@hc.msu.edu

**Professional Standards & Guidelines:** The curriculum and requirements of the doctoral program is guided by the following documents:


**Required Texts (Will also use in 911):**


*Please also regularly check the websites for the Nation Quality Forum, journals such as NEJM, Annals of Behavioral Medicine, JAMA, Medical Care and Health Affairs, and updates from Institute of Medicine. Other websites for current outcome related activities will be presented during the course.

Evaluation and Grading:

**LATE OUTLINES AND PAPERS WILL NOT BE ACCEPTED**

OUTLINES AND DRAFTS ARE REQUIRED for the major paper - Drafts need to be submitted with final paper.

Drafts are not graded/are used to provide formative feedback, but must be turned in and must be turned in with subsequent drafts and with final paper.

**APA Manual (6th edition) format is to be used for all written work.**

Students are expected to be fully prepared for and actively participate in the seminars.

Each student will present in two classes as assigned and complete two mini papers for submission and grading related to these in class presentations. For each of these two papers, a 4-6 page summary is to be handed in to Bill Given and to all students at the time of presentation. References are to be included in the 4-6 page summary.

In addition each student will complete a major scholarly paper (see guidelines).

For each written assignment, consider the primary and community contexts of health care-not acute care. Outcomes for individuals in the acute care setting is not the area of focus in this doctoral program. Outcomes must be clinical and relevant to the health status of individuals and/or families.

**Mini Paper I**

Presentation to focus on one individual or family outcome of concern to the health care system. (Try to focus on one of your interests but from the list of NUR 910 topic areas).

(See page 3 - 7 of syllabus).

**Health Status Outcome**

Mini Paper I/15-20 minute Powerpoint Presentation to focus on one individual or family outcome. Materials for class presentation are to be handed in.

A. Presentation 1 will be a review and discussion of the conceptual and operational definition of concepts of an outcome health status measure. Research based references are required (the highest level of evidence).
B. For the general concepts of health status, the student is to provide a discussion of the concept. Each student is to also provide to all students and faculty 3-4 supplemental research based references not in the course bibliography. (Levels of evidence are to be described). Part of the presentation should be a synthesis of the literature that describe the outcome measure as used across the lifespan and in diverse populations.
C. The paper and presentation is 25% of course grade.
Grading Criteria (see next page)

1. Discussion of and definition of an outcomes as a concept (at least 3 cited definitions) that reflects integration and synthesis of literature.
2. Operational definition of the outcomes as a concept (documentation of literature required).
3. Differentiate from other outcomes (e.g. function from disability.)
4. Relate to life span, diversity of population, culture
5. Change in outcome (e.g., variations in time, disease stage) should be described so we know what would be clinically significant
6. Relevance to Nursing Practice to achieve outcome.
7. Clarity and Succinctness of presentation, proper 6th edition APA format.

Possible Topics (to be modified in the first few weeks of class) include:

1. Blood Gases, Cholesterol, Blood Sugar, Cardiac Rate, Fever or Neutropenia, Weight, Cortisol,
2. Disability, Physical Function or Physical Activity
3. Depression, Burden, Anxiety, Anger, Worry
4. Pain, Fatigue, Insomnia, Peripheral Neuropathy, Sexual Dysfunction
5. Dyspnea, Anorexia, Constipation, or Diarrhea
6. Cognitive Decline, Delirium, Attentional Fatigue
7. Social Support, Family Coping

Selection will occur in early class weeks.
### Presentation Rubric

<table>
<thead>
<tr>
<th>Criteria</th>
<th>High Proficiency</th>
<th>Proficiency</th>
<th>No/Limited Proficiency</th>
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<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td>Visually appealing presentation; presentation readily available at time of presentation; handouts information provided to audience; references included in presentation</td>
<td>Presentation acceptable, presentation available but time spent during class locating or accessing it, handouts available to audience, reference included in presentation</td>
<td>Presentation not easily accessed; no handout materials for audience, no reference included in presentation</td>
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<tr>
<td><strong>Organization</strong></td>
<td>Presentation well organized, with all components included (see guidelines for presentation)</td>
<td>Presentation with most of components; minor disorganization of content</td>
<td>Presentation with multiple missing components, major disorganization of content</td>
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</tbody>
</table>

- **PowerPoint created**
- **Handouts prepared**
- **References in presentation**

- **Problem identified**
- **Significance**
- **Review, breadth, and synthesis of literature**
- **Concept related to the problem**
- **Strategy for concept construction**
- **Concept developed within a theoretical framework**
- **Diagram of concept with theoretical framework**
- **Conclusion and future directions**
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<thead>
<tr>
<th>Criteria</th>
<th>High Proficiency</th>
<th>Proficiency</th>
<th>No/Limited Proficiency</th>
<th>Points</th>
<th>Comments</th>
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<tr>
<td><strong>Thinking</strong></td>
<td>Speaker helps the audience understand the sequence and relationships of ideas,</td>
<td>Speaker presents content in sequence but may miss connecting some of the</td>
<td>Speaker does not connect ideas; arguments are vague or illogical; evident that speaker</td>
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<td>• Logical flow of</td>
<td>arguments clear, evident that speaker has extensive knowledge of the material,</td>
<td>arguments clear, evident that speaker has an adequate knowledge of the</td>
<td>lacks an adequate knowledge of the material; unable to answer most questions from the</td>
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<td>ideas</td>
<td>able to answer questions from the audience</td>
<td>material, able to answer most questions from the audience</td>
<td>audience</td>
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<td>• Innovation</td>
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<td>• Knowledge of the</td>
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<td>material</td>
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<td>• Argument clarity</td>
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<td><strong>Delivery</strong></td>
<td>Speaker stay within time limit without rushing; speaks clearly and varies</td>
<td>Speaker runs over time limit by several minutes or rushes the presentation</td>
<td>Speaker runs over time so as to be stopped by faculty or rushes through presentation</td>
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<td>• Time management</td>
<td>vocal tone; makes eye contact with the audience; neat professional appearance;</td>
<td>to conclusion; speaks clearly but may have monotone; makes eye contact but</td>
<td>so as to impact the comprehension of the subject; speech is unclear or volume too low</td>
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<td>• Elocution</td>
<td>audience is engaged in the presentation</td>
<td>may lose eye contact for some time to read from notes, neat professional</td>
<td>to be heard, does not make noticeable eye contact with the audience, audience not</td>
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<td>• Eye contact</td>
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<td>appearance, audience engaged in the presentation</td>
<td>engaged in presentation or embarrassed by speaker’s poor delivery</td>
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<td>• Appearance</td>
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<td>• Audience engagement</td>
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<td>Criteria</td>
<td>High Proficiency (90-100%)</td>
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<td>No/ Limited Proficiency (79-0%)</td>
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<td>Critical Thinking</td>
<td>• Clear and logical statements</td>
<td>• Substantial information</td>
<td>• Generally competent but superficial information</td>
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<td>• Shows insight and engages in analysis</td>
<td>• Thought, insight and analysis has taken place</td>
<td>• No analysis or insight</td>
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<td>• Reasoning is justified</td>
<td>• Reasoning mostly explained</td>
<td>• Lacks explanation for reasoning</td>
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<td>• Relevant to all questions for the readings</td>
<td>• Relevant to most questions for the readings</td>
<td>• Irrelevant to most questions for the readings</td>
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<td>Evidence/ Argument</td>
<td>• Cites evidence when constructing arguments</td>
<td>• Cites evidence but may be out of context or unrelated</td>
<td>• Uses some or no evidence or evidence is unreliable or insufficient to support the argument</td>
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<td>Construction</td>
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<td>Uniqueness</td>
<td>• Provides new ideas or examples in discussion</td>
<td>• New ideas or connections</td>
<td>• Few, if any new ideas or connections</td>
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<td>• Connections made with readings</td>
<td>• Initial ideas or responses may lack depth and/or detail</td>
<td>• Repeat or restatement of previous ideas; does not add to the dialogue on the questions for the readings</td>
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<td>Active Engagement</td>
<td>• Participates in discussion throughout the class period</td>
<td>• Responds to some but not all questions</td>
<td>• Most comments may not respond to follow up questions</td>
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<td>• Responds to peer/instructor follow up questions or comments</td>
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<td>Application to nursing</td>
<td>• Evidence of critical analysis of study questions with clear connections draw to nursing</td>
<td>• Some evidence of critical analysis of study questions with some connections draw to nursing</td>
<td>• Little evidence of critical analysis of study questions with unclear connections to nursing</td>
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Grade Sheet 910
Health Status Outcome
Mini Paper 1
(25% of grade)

Criteria

*1. Outcome Concept Definition and Discussion (at least 5 citations) ______10pts
   (Literature should be a synthesis and argument is to be framed and built upon the literature)

*2. Operational Definition of the Outcome with Research Documentation (what Tool used to measure) ______10pts

3. Differentiate Outcome Selected from Other Similar Outcomes ______5pts

4. Relate to
   a) Life Span ______5pts
   b) Diverse Population ______5pts
   c) Cultural Variation ______5pts

5. Relevance of outcomes to Nursing Interventions ______10pts

Point deduction: ______ pts

Clarity of Presentation\ APA Format
Grammar, format, etc
Breadth of Research Literature Used Overall Points ______
50 pts Total

* Should reflect a synthesis of the literature
**Mini Paper II**
Selected Health Status and Clinical Outcome

For this paper a major clinical outcome from the list of topics for the class is selected and developed in depth (25% of grade). Notice the emphasis is on measurement.

A. Each clinical outcome will be presented and discussed in class and graded from the following perspective:
   1. Conceptual definition of outcome (including synthesis of relevant research literature with research based citations)
   2. Define outcome operationally: How are you going to measure the concept? Try to select one measure or contrast no more than two.
   3. Discuss the measurement characteristics:
      a. Psychometrics (Reliability and validity - discuss each, report specifics)
      b. Sensitivity and specificity (Review Stewart and Archbold articles).
         Likelihood of a floor or ceiling effect?
      c. Likelihood of an analyzable distribution of scores on the measure? How would variation in outcome results differ if 1.) an acute vs. chronic problem? 2.) Care trajectory adults (young vs. old) vs. children (young vs. old) across the lifespan, 3.) diverse populations (including minorities).
   4. Use of measure in clinical
      a. How you would use the measure? When you would use the measure versus when wouldn’t you use it? Why?
      b. When would you expect to see change in measure? E.g., 2-days, 6-weeks, 3-months? How frequently should measurement occur? Might there be a time-lagged effect and why?
      c. Define and explain mediating and moderating effects among variables.
   5. How is the outcome amenable to change by nursing intervention – what is the nurse intervention dosage that is needed and under what set of circumstances in order to bring about a change?
   6. Clinical vs. research significance. What would be a clinically meaningful change? How much?

This is meant to be an in-depth analysis and presentation. Again, this relates to community and primary care, not acute care.

The Mini Paper II and 15-20 minute presentation is to focus on a second individual or family outcome. The second paper and presentation are worth 25% of course grade.

**Possible Topics**

1. Depression, Anxiety
2. Cognitive Status (Different Levels)
3. Caregiver Burden, Family Coping, and Family Stress
4. Resilience, Hope
5. Social Support, Self Efficacy
6. Healthy Behaviors, Adherence, Problem Solving, Health Seeking Behaviors
7. Self Care Management, Patient Activation
Grade Sheet 910
Selected Health Status Outcome
Mini Paper 2
(25% of grade)

Criteria

*1. Conceptual Definition of Outcome  ____________10 pts.

*2. Operational Definition of Outcome  ____________10 pts.

   (Reliability, validity, sensitivity, specificity, floor, ceiling)


5. Clinical Significance/ Sensitivity to Change as an Outcome  ____________ 5 pts.

6. Policy Implications  ____________ 5 pts

Point deduction:  ____________ pts
   Clarity \ APA Format
   Grammar, format, etc
   Breadth of Literature Used

Total Points  _________
50 pts Total

*Should reflect the synthesis of the literature
**Major Paper**

In depth analysis of a Health Status Outcome

A. The major paper will be an in-depth analysis of one clinically relevant health status outcome (outcome of interest to you). The analysis must be supported with evidence based at the highest level from the published literature.

B. Expectation- up to 25 pages (double spaced) of text without figures or references (50% of course grade).

C. The analysis should include the following:
   1. Conceptual definition of individual outcome (in-depth *synthesis* of research literature, several citations to support your definition)
      A. mediating
      B. moderating
   2. Operational definition that reflects the selection of one (1) measure to assess the outcome. Rationale for use –Supported with *empirical* (data-based) high level of evidence research literature
   3. Measurement of the selected outcome
      • When, where, how would you use the measure
      • Detailed discussion of measurement qualities, especially sensitivity and specificity, reliability and validity
      • Timing of measurement, relevance as longitudinal outcome measure (24 hrs, 1 wk, 6 mo.)
      • Clinical use of measure.
      • Discussion of use with selected population, lifespan, stage of disease, cultural, ethnic or diversity variations.
   4. Relevance to (nursing/nurse sensitive) implications
   5. Relevance to health care systems
   6. Policy relevance and implications of using this outcome

D. **Criteria for Point Credit for Major Paper**  
   (See Grade Sheet next page)

<table>
<thead>
<tr>
<th>Points</th>
<th>Criteria</th>
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<tbody>
<tr>
<td>20</td>
<td>a) Conceptualization of the Outcome-Synthesis of the literature</td>
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<td>20</td>
<td>b) Operational definition (supported with research literature)</td>
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<td>20</td>
<td>c) Measurement properties presented and analyzed (Item 3 above)</td>
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<td>15</td>
<td>d) Relevance for nursing interventions, nurse sensitive (or other profession)</td>
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<td>5</td>
<td>e) Clinical significance (5)</td>
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<td>10</td>
<td>f) Relevance to Health System</td>
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<td>10</td>
<td>g) Policy relevance</td>
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Other reasons for loss of points:
- Strength of research-based references/support and synthesis
- Use of APA format and proper citations (Endnote or comparable program— is strongly recommended).
- Grammar and spell check
- Clarity of writing

No late papers will be accepted.
Grade Sheet 910
In Depth Analysis of Outcome
Major Paper
(50% of grade)

Criteria

1. Conceptualization of Outcome (synthesis of literature)  
   Cite literature to support conceptual definition  20 pts

2. Operational Outcome Definition with Research Literature to Support the measure. Select one 
   Measure can compare two and select one - give rationale for selection  20 pts

3. Measurement Properties 
   - Discuss use of measure with age span, stage of disease
   - Psychometric properties
   - Use Research Literature  25 pts

4. Relevance to Nursing, Nurse Sensitive, Nursing Intervention (or other profession)  15 pts

5. Clinical Significance (patient/family perspective)  5 pts

6. Relevance to Health Care System across the Care Continuum.  10 pts

7. Policy Relevance of outcome  10 pts

Point deduction:
Clarity of Presentation\ APA Format
Grammar, format, etc
Strength of Research References

Total Points  100 points
Outline of major paper due March 2nd – REQUIRED

Draft of major paper due March 30th (Outline submitted with paper) – REQUIRED

Final major paper due April 27th with all returned drafts and outline!

Late papers are not accepted.

<table>
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<tr>
<th>%</th>
<th>GRADING SCHEME</th>
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<tbody>
<tr>
<td>90-100%</td>
<td>4.0</td>
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<tr>
<td>85-89%</td>
<td>3.5</td>
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<td>80-84%</td>
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<td>(Minimum passing grade)</td>
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<td>≤ 79%</td>
<td>Not passing</td>
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<td>Class</td>
<td>Topic</td>
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<td>(1) Jan. 9&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Overview and examination of models &amp; frameworks for examining health status outcomes (Review on levels of evidence). Define nurse sensitive outcome. Examine and conceptually differentiate health status, well-being and quality of life. (Health Status Assessment, HRQOL, Well Being)</td>
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<td>(2) Jan. 16&lt;sup&gt;th&lt;/sup&gt; Dr. Bill Given</td>
<td>Evaluate the relevance of lifespan, socio-economic cultural, ethnic, and health disparities factors as they influence health status outcomes.</td>
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<tr>
<td>(3) Jan. 23&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>Review definitions of structure, process, and outcome. (Review outcome models) (Patrick Chronic Disease, Wagner, Wilson, Mitchell, Donabedian) Explore the relationship between process and outcome (focus on outcomes) in health care delivery models. Relevance of nursing-sensitive vs. interdisciplinary outcome. See New US DHHS Document on Chronic Disease</td>
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<tr>
<td>(4) Jan. 30&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Analyze issues that affect outcome measures • Challenges to outcomes of measurement (measures, stability, source of data) • Reliability and validity, sensitivity, specificity, and other psychometric properties, ceiling, floor effect • Clinical disease or problem status, comorbidity, chronicity vs. acuity</td>
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<td>(5) Feb. 6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Issues that affect Outcome Measures (cont.): • Research vs. clinical significance for the outcomes, clinical importance • Data sources (Self Report, Biological Measures, EMR, Chart Audit, etc.)</td>
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<tr>
<td>(6) Feb. 13&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Outcome Measures (continued) • Appropriateness for various populations (ethnic, cultural; disparities) • Relevance to individual and family • Population, Lifespan, (children, mid-age, vs. elderly) • Structure/ Providers • Health System Factors, Health Status trajectory or Disease Trajectory</td>
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<td>(7 &amp; 8) Feb. 20&lt;sup&gt;th&lt;/sup&gt; &amp; 27&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Health Behaviors (Consider various intervention models to bring about change or to affect patient outcomes) • Adherence/Compliance • Patient Activation • Healthy Life-Style (Eating, Obesity, Screening Behaviors, Exercise) • Decision-Making, Problem Solving, Goal Setting • Help Seeking Behaviors • Self Care Behaviors (Self-Care Management), Decision Making Value and Use of Health Status Outcomes and Nurse Sensitive Outcomes in Health Care Systems Policy Implications</td>
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<tr>
<td>March 4-8&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Spring Break</td>
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<td>Date</td>
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<td>March 13th</td>
<td>Physiological and clinical measures as outcomes:</td>
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<td>• Vital signs, glucose, birth weight, cholesterol, immune markers, absolute neutrophils, oxygen, weight, cortisol, interleukin</td>
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<td>March 20th</td>
<td>Psychological Health Status, Selected examples:</td>
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<tr>
<td></td>
<td>• Resilience/ Psychological Well-being</td>
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<td>• Depression / Depressive Symptoms – CESD, PHQ-9 and variations,</td>
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<td>Geriatric depression (GDS)</td>
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<td>• Anxiety (State-Trait Anxiety Inventory), Worry</td>
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<td>March 27th</td>
<td>Mental and Cognitive Status</td>
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<td>• Delirium</td>
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<td>• Short Portable Mini Mental Status Exam/Executive Function Measures</td>
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<td>• Bayley Scales for Infant Development/Denver Development Test</td>
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<td>April 3rd</td>
<td>Physical functioning – SF36, Activities of Daily Living, IADL</td>
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<td>Role functioning, Disability, Functional Status, Physical Activity</td>
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<td>April 10th</td>
<td>Symptoms, Selected examples:</td>
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<td>• Pain</td>
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<td>• Anorexia</td>
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<td>• Dyspnea</td>
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<td>• Insomnia</td>
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<td>• Nausea</td>
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<td>• Sexual Dysfunction</td>
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<td>April 17th</td>
<td>Family Measures &amp; Social Support</td>
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<td>• Family Hardiness, Family Coping</td>
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<td>• Family Function</td>
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<td>• Caregiver Burden</td>
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<td>• Dyadic adjustment</td>
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<td>• Social Interaction &amp; Functioning</td>
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<tr>
<td></td>
<td>• Social Support, (Duke, Norbeck) Social Isolation, Social Resources,</td>
</tr>
<tr>
<td></td>
<td>Cohesion &amp; Social Coherence</td>
</tr>
<tr>
<td>April 24th</td>
<td>Classes end</td>
</tr>
<tr>
<td>April 26th</td>
<td>SUMMARY &amp; FINAL PAPER DUE (turn in all drafts with final paper)</td>
</tr>
<tr>
<td>April 29th - May 3rd</td>
<td>Final Exam Week</td>
</tr>
</tbody>
</table>
NUR 910 Outcomes Bibliography

Introduction to References-
I do not expect you to read every reference. I provide a wide mix of things that deal with health status outcomes as used today in health care. I expect you to pick and choose and we will discuss in class. We often set priorities for the week for the readings. You are to become well read in outcomes.

General References

Class 1 - January 09, 2013
Frameworks for Classifying Health Status Outcomes - *ed items are important references

Review texts for each class for relevant topics

Ader, D. (2007). Developing the patient-reported outcomes measurement information system (PROMIS). Medical Care, 45(5), S1-S2.


*Mitchell, P. & Lang, N. (2004). Framing the problem of measuring and improving healthcare quality: Has the quality health outcomes model been useful? Medical Care, 42(2), ll-4 – ll-11. (Classic)

**Patrick, D. (1997). Finding health related quality of life outcomes sensitive to health care organization and delivery. Medical Care, 35(11), NS49-NS57. (classic)


Class 2 - January 16, 2013
Health Status, QOL, Well-being

Review PROMIS – go to NIH website and follow
Go to Patient-Centered Outcomes Research Institute website, read their review of patient-centered care and outcomes.

Review texts for relevant topics

DHHS document on framework for Chronic Illness


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**Donahedrin**

(See Quality of Life Outcomes Articles in general)

**Class 3 – January 23, 2013**

**Definition of Process and Outcome**

**Review texts for relevant topics** - Revisit Brodenheimer & Wagner Chronic Care Model. Review IOM Living with Chronic Illness – Chapter 2


*Mitchell, P. & Lang, N. (2004). Framing the problem of measuring and improving healthcare quality: has the quality health outcomes model been useful? *Medical Care, 42*(2) supplement, 2-4 to 2-11.


Class 4 – January 30, 2013
Outcomes Measurement

Review texts for relevant topics


Class 5 – February 6, 2013


Factors that May Affect the Outcome Measure


Cunningham, P.J. & Hadley, J. (2007). Differences between symptom specific and general survey questions of unmet need in measuring insurance and racial/ethnic disparities in access to care. Medical Care, 45(9), 842-850.


Please Review Required Texts
By now you should have read:
To Err is Human Chapters 1, 2, 7
Unequal Treatment Chapters 1, 2, 3, 4
Quality Chasm Chapters 1, 2, 3

Class 7 & 8 – February 20 & 27, 2013
Health Behaviors


**Class 9 – March 13, 2012**

**Physiological Measures**

**Review University of Pittsburg Mind-Body Center** [http://pmbcii.psy.cmu.edu/](http://pmbcii.psy.cmu.edu/)


Class 10 – March 20, 2013
Psychological Health Status

Read relevant material in texts


**Class 11 – March 27, 2013**

**Mental and Cognitive Status**


**Class 12 – April 3, 2013**
**Physical Functioning**


Kosinski, M., Keller, S., Hatoum, H., Kong, S., & Ware, J. (1999), The SF-36 Health Survey as a generic outcome measure in clinical trials of patients with osteoarthritis and rheumatoid arthritis. *Medical Care, 37*(5): MS10-MS22.


**Verbrugge, Louis & Purvi, Sevak, (2002). Use, type, and efficacy of assistance for disability.**


**Class 13 – April 10, 2013**

**Symptoms**


Class 14 – April 17, 2012
Family and Social Support


Class 15 – April 24, 2013
General Health, Well-being, QOL

(Also see readings for class 1, 2, & 3)


RWJ Ten Meaningful Performance Measures

Appendix
Figure 1 Diagram of a New Symptom Management Model. Note: QOL, quality of life.