MICHIGAN STATE UNIVERSITY COLLEGE OF NURSING
Graduate Program

NUR 801
ROLE OF THE MASTER’S PREPARED NURSE IN CONTEMPORARY HEALTH CARE

COURSE SYLLABUS

Patricia Peek, MS, A.P.R.N., B.C, P.N.P , course chair

Course available online at http://nur801.vu.msu.edu
Only students registered in the course have access.

Patty Peek
Office hours: By appointment
Phone: (231) 347-4897 (this is my home office. Please use only 8-5, M-F or if you have an emergency at other times)
email: ppeek@msu.edu

Required Texts:


Required readings: included online
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COURSE DESCRIPTION
This online graduate seminar explores roles of the master’s prepared nurse (MSN) in contemporary health care organizations. Examines cost/value of the MSN, role in collaborative care, managed care and evaluation of individual impact on quality of health care.

The seminar will provide the opportunity to explore the concepts and theories for role, role definitions, for the master’s prepared nurse as well as role characteristics. Roles will be analyzed according to the student’s study area (either NP tracks or Nurse Educator track).

Seminars on the primary health care system will be used to analyze concepts, characteristics and the goal of primary care. With the advent of changing social demands, cost containment will be the managed care approach to primary care that is discussed. There has been an increased focus on use of interdisciplinary collaborative function as a process of health care delivery. To provide primary care such that is accessible "comprehensive, continuous, and coordinated", a collaborative professional team effort is needed. Accountability for patient outcomes based on evidence will be discussed. Focus on practice guidelines, quality of care, outcomes of care and regulatory limitations of the current, changing system will be discussed.

Throughout the course, students are expected to develop and analyze strategies that could be used to implement the roles of either the Advanced Practice Nurse (NP tracks) or the Master’s Prepared Nurse Educator within health care systems.

INSTRUCTIONAL METHODS
Online course work will include both didactic content as well as required participation in discussion using Webtalk and small group assignments.

In addition, the written assignments and exams allow the student to integrate and synthesize content from required readings, web activities and class discussions.

COURSE REQUIREMENTS
• Comfort with use of computer and Internet.
• Access to a computer:
  • 16M RAM, 14.4K modem, Microsoft Explore or Netscape 4.0 (or higher), Windows 4.1 (or NT, 95) Java Script 4.0
  • Macintosh compatible System 7, 14.4K modem
• Pilot Account Set Up
• Word processing skills
• Class participation on the Web--searching, discussions, group work, sign on, respond to questions.
• Knowledge of APA format*

EVALUATION
Evaluation is based on scholarly papers and web activity and a final exam. A passing grade on all components is necessary to pass the course. A passing grade is 80%.
• Cost of practice/education group project-- 20%
• Role of the MSN in contemporary health care-- 30%
• Participation in web discussion—10%
• Final Exam -- 40%
• Total -- 100%

WEB-BASED ACTIVITIES
NUR 801 uses an online format which serves as a web-based classroom. The classroom includes many important areas including a discussion area, a place for class notes and readings, handouts and exercises/activities. Activities for each class will be posted at least 2 weeks prior to the class date. It is wise to check in on the class frequently since it is also a place where the instructor will be able to post announcements and other news.

You can access the class by going to http://nur801.vu.msu.edu. Once you are enrolled in the course and have activated your pilot account, you will be able to log on and find the 801 course. Click on the class and you will be taken to the course spot! Make sure to spend some time to orient yourself to the site. Again, check in frequently (at least twice per week)

In order for the discussion room to work effectively, a few “rules” have been developed (these will be discussed in more depth online).

--try to keep your discussion in the “right room”. In other words, it helps everyone if the discussion fits the conversation. For example, it is best to keep discussion of paper requirements or exams in the course requirement conversation rather than in the discussion of the APN role.

--if you find you want a new conversation added, please let your instructor know. This is best done via a message in the discussion room

--check in frequently since we will use it to make announcements about readings, new web sites, changes in schedule etc.

--remember that the discussion is OPEN to everyone in the course so your more private conversations with either faculty or other students may be best done via email.

--If you find some new websites or articles that you think others would like to see, please post them.

**FINAL EXAM (40%)**
The final exam will be worth 40% of the grade, and will include both multiple choice and short answer/essay question examining the extent to which the student understands course objectives. This will be given during finals week. Application of major concepts of the course will be the focus of the exam. The exam will be online and will be given on Thursday December 4, 2003. You MUST be available to take the exam for two hours between the hours of 8a-12noon. Once you log onto the exam, you must complete it. Unless there is an unexpected emergency EVERYONE is expected to take the exam during that time. (a family vacation, etc., does not constitute an unexpected emergency)

**COST OF PRACTICE/EDUCATION GROUP PROJECT (20%)**
This assignment will be due September 22th. The paper is designed to provide the student with the opportunity to investigate the factors which influence the cost of an APN’s practice or the cost of education. Details of the paper requirements will be provided online

**ROLE OF THE APN/NURSE EDUCATOR IN THE HEALTH CARE SYSTEM(30%)**
The final draft of the paper will be due on November 24th”. Late papers will only be accepted if prior arrangements have been made with the instructor (this is a rarity by the way). You will be provided with an opportunity to submit a draft of the paper if you desire feedback prior to writing the final product. The draft of the paper will be due October 21. It is HIGHLY recommended that you submit a draft. Further description of the paper requirements and a sample grade sheet will be posted online

**COURSE CALENDAR**

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Orientation: The Master’s Prepared Nurse in contemporary health care  
August 25

Role Characteristics and Domains  
September 1

Role Discussion Continued  
September 8

Primary Care as part of the health care system  
September 15

Primary Care  
September 22

First project due by September 22

Issues of the MSN in the HCS  
September 29

Managed Care  
October 6

Demand Management/Disease Management/Care Management  
October 13

Draft of 2nd paper due by October 20
Organization/Collaborative team/leadership October 20

Collaborative Team Continued October 27
(Instructor in East Lansing)

Accountability in Practice: Outcomes and Evaluation November 3

Outcomes and Evaluation Continued November 10

Practice Guidelines/Standards of Care November 17

Second paper due by November 24
HAPPY THANKSGIVING November 23
NO CLASS

Impact of the MSN on Health Care December 1
Course Evaluations

Final Exam: YOU MUST BE ONLINE FOR NO MORE THAN 2 HOURS between 8a-noon December 4
in order to complete the online exam
COURSE OBJECTIVES

At The End Of NUR 801, The Student Will Be Able To:

1. Compare and contrast the role characteristics of the master’s prepared nurse with other health care providers.
2. Examine the impact of health care organizations/systems on the role of the MSN
3. Assess the cost/value of the MSN in health care organizations
4. Develop strategies for productive collaboration in the health care team/system
5. Analyze the impact of the organizational and financial system resources on resource allocation in the delivery of health care using managed care as an example
6. Analyze parameters of function of the MSN including scope of practice, accountability and responsibility
7. Analyze quality and performance indicators appropriate to evaluation of the MSN

OBJECTIVES FOR CLASSES

Class I (August 25): - Scope of Practice Roles
- Compare and contrast MSN and baccalaureate practice.
- Discuss similarities and differences between the NP and CNS role.
- Discuss the MSN role relevant to current health care delivery.
- Define the scope of practice of the MSN (APN and MSN) in Michigan

Class II, III (September 1 and 8): Role Characteristics and Domains
- Define the dimensions and major role domains of APN/MSN role.
- Discuss the competencies required for these roles.
- Analyze role characteristics and domains needed to carry out the role.
- Define the role of the MSN in relationships to other health care professionals in the primary care system.
- Analyze in detail selected roles and behavior to be realigned and expanded to implement an MSN role in the delivery of primary health care.

Class IV, V (September 15 and 22): Primary Care
- Define characteristics and goals of primary health care (from wellness and screening and early detection through treatment and LTC).
- Identify role and breadth of primary care services in an integrated health care delivery system.
- Identify outcomes that need to be achieved in the delivery of primary care.
- Discuss the content of primary care. (The most common problem, diagnostic and treatment approaches).
- Analyze the effect of policies and regulations on implementing the primary care goals.

Class VI (September 29): Role - Role Conflict–
- 1) Examine theoretical perspectives of role implementation to understand own behavior that will evolve as one adapts to the MSN role.
- Examine the role for the APN in primary care. What role characteristics are relevant?
- Analyze potential areas for role stress (ambiguity, strain, and conflict) in between primary care providers, students, teachers, etc.
• Analyze the process resolution of role conflict
• Discuss the factors included in cost of practice for the APN and the cost of education for the MSN in education.

Class VII (October 6): Managed Care
• Describe key philosophy, the definitions, and concepts used in managed care, and the distinct characteristics that separate managed care from fee-for-service (FFS) within primary care.
• Describe the continuum of managed health care models (staff, group, network) and the key differences for each, including elements of control, primary strengths, and advantages/disadvantages of each type of plan for the consumer and the provider.
• Examine the social and economic factors influencing primary care in a managed care health care delivery system, and describe the social forces that led to the formation of managed care.
• Examine the relevance (how the APN roles help to reach the goals/objectives of managed care organization, how education of students is impacted by MCO) of the MSN in the managed care environment.
• Analyze which roles of the MSN will conflict with primary care in Managed Care environment and strategies the nurse can use to realign the roles.
• Examine selected ethical dilemmas in managed care

Class VIII (October 13): Disease and Demand Management and Care Management
• Define disease management, demand management and care management
• Analyze when each are appropriate for primary care
• Discuss why they were developed and when appropriate

Class X (October 20 and 27): Collaborative Team/Organizations and Leadership
• Define collaborative interdisciplinary practice.
• Analyze individual provider/patient benefits and barriers to interdisciplinary team practice for primary care.
• Analyze concepts such as conflict, trust, power, and competition needed to function collaboratively. (Where will the major conflicts and competitions exist?)
• Describe the leadership role of the MSN within interdisciplinary health care system.
• Discuss the factors in organizations which facilitate or deter team functioning

Class XI, XII (November 3 and 10) Analyze quality outcomes and performance indicators appropriate to AP Role in Primary Care
• Explore how quality of care is related to cost and reimbursement and what other outcomes should be examined.
• Analyze some of the barriers to the MSN which impact evaluation and for nursing practice accountability - especially nurse sensitive patient outcomes. What is the importance of outcome management? What role does education play?
• Describe nurse sensitive outcomes and nursing classification for intervention (NIC and NOC)
• Analyze how nurse sensitive outcomes are related to performance indicators such as HEDIS.
• Delineate the sources of data to be used to evaluate the effectiveness of the MSN in contemporary health care systems

Class XIV (November 17): Practice Guidelines/Standards of Care
• Discuss the differences between practice guidelines and protocols (benefits and limitations).
• Define evidence based guidelines and the role of the MSN in development of guidelines.
• Discuss ways to use and access guidelines for PC that exist and how to use in daily practice and relevance to quality of care and nursing education.
• Examine specific guidelines and discuss how they were developed and when appropriate.
• Discuss how nationally established guidelines are used and modified at the local level and how they are used for reimbursement (HEDIS etc.)
• Discuss evaluation of guidelines and how to determine usefulness to APN practice.
Class XV (December 1) Impact of the MSN on health care
- Discuss current literature on the impact of the MSN in the health care system
- Discuss ways to increase the public’s knowledge of the impact of the MSN

APPENDIX A: THE ADVANCED PRACTICE ROLE IN PRIMARY CARE
APPENDIX A: THE ADVANCED PRACTICE ROLE IN PRIMARY CARE (NP track students should read all of this appendix. Education track students will only need to read the part on primary care)

Overview of Primary Care
Primary care is distinguishable from secondary and tertiary care, which are based on referral rather than initial contact.

Primary care is that care the patient receives when he first approaches the health care system or formally participates in the "process of medical care." The second dimension of this primary care definition is the responsibility for the continuum of care--that is, the promotion and maintenance of health, evaluation, management of symptoms and appropriate referrals. Implied in this definition is that services by the health care professional include decision-making and accountability for promoting wellness, preventing illness, and maintaining and restoring health.

There are four major tasks to be accomplished by primary care. Primary care must:
1. Serve as the point of entry, screening and referral point for the rest of the personal health care system.
2. Provide a full range of basic services necessary to preserve health, prevent disease and care for common illnesses and disabilities of client populations and provide services necessary to ensure utilization of these services.
3. Provide the stabilizing human support needed by patients and their families in times of health-related crises.
4. Assume responsibility for the continuing management and coordination of personal health care services throughout the entire health care process (whether patient is ambulatory or bedridden, home or in community setting, whether receiving care at secondary or tertiary level).

Although these tasks may be accomplished at secondary and tertiary levels, it is at the primary level needs ultimate responsibility and accountability must.

Longitudinal responsibility for the client, now deemed continually regardless of the presence or absence of disease, is as an essential element in primary care. They point out that primary care is oriented to outreach and follow-up as well as toward helping the client define those conditions by which involvement with professional services and continuation of care are appropriate. At the primary level, care may be relinquished in part at times, but not terminated. Care at this level is not limited to the course of a single episode of illness but implies an ongoing, longitudinal responsibility and accountability. When other health resources are involved, the primary care health care providers the coordinating and integrating role.

FAMILY AND/OR GERONTOLOGICAL APN ROLE IN PRIMARY CARE
The nature and scope of nursing practice as it relates to primary care needs is based upon a holistic approach to Man. As such, it is devoted to understanding human beings and the way in which individuals respond to health care problems. The delivery of primary nursing care has a foundation in the psychosocial and spiritual services as well as the medical, physical, and biological sciences. Nursing practice needs to develop as much excitement about the study of the normal conditions and situations as that which exists for the abnormal and illness health status. Primary care includes helping people at all
points along the health-illness continuum. Inherent in the normal health status is health maintenance, health promotion, education, anticipatory guidance, and preventive care. Nursing requires sufficient evidence to justify what actually promotes or contributes to improve health status. A creative approach to maximize the health status of clients should serve as a challenge to the Advanced Practice Nurse. Nurses prepared for primary health care roles are able to function as family health care generalists. The Advanced Practice Nurse delivering primary care places emphasis on wellness, or promoting the client's and families' abilities to cope with illness, to adjust and adapt to disability and incapacitating illness, and support and enhance the client's own strengths and assets.

The Advanced Practice Nurse prepared for primary health care roles is able to provide prenatal, postnatal, and well-child care; family planning; guidance regarding nutrition and preventing infectious disease; assistance in coping with illness, and adapting to disability and the normal effects on aging; and supervision of therapy and physical and psychosocial comfort throughout the entire developmental cycle. The Advanced Practice Nurse can provide support to assist and guide clients and families to manage their own care to cope with crisis. The Advanced Practice Nurse is also concerned with educational services, how information is transmitted, how the client internalized this information to promote health maintenance at an optimal level to promote client capabilities to assume responsibilities for self-care. In the final analysis, the Advanced Practice Nurse should reach out to clients from a variety of social, economic, ethnic, racial and environmental backgrounds. These clients may have different expectations of health care; they may not recognize the existence of health problems; they may fail to participate actively in the health care system, and may consequently not seek care. Primary care is practiced whenever patients are assisted in preventing physical and emotional illness, in acquiring those behaviors which lead to productive parenting, in coping with illness and disability in ways that promote growth, in problem-solving, in identifying and considering alternatives and actions related to health, and finally, in mobilizing their resources in order to live and die in harmony with self and others.

The scope of the Advanced Practice Nurse practice is differentiated by the area of expertise (family health Gerontologist or gerontology) by the complexity of the development and situational crises of the clients for whom the service is provided. These crises might involve health maintenance for families or individual clients with several chronic diseases or might include therapeutic regime of individuals for whom physical illness is complicated by major psychological involvement or the normal effects of aging. Research is used to improve care and to develop the body of knowledge related to primary care by investigating problems and questions.

The Advanced Practice Nurse role includes the ability to recognize problems and ascertain who is the best resource to meet patient needs when the client needs to be referred. The Advanced Practice Nurse assists the client to determine his own health care goals, and to achieve continuity of care.

The nature of nursing in primary care includes direct care and management as well as the coordination of care. The coordination of care for client's with health problems of multiple and complex causation strongly suggests functioning interdependently with others. This role includes the ability to work
collaboratively and in a consultative capacity with professionals of many disciplines and with agencies of many types.

As an end result, the Advanced Practice Nurse assists clients in understanding the need for the process of seeking health care and the services that are available. The Advanced Practice Nurse should assist individuals who are not in the health care delivery system to enter and to help them define the situations under which entry would be acceptable and appropriate.

The Advanced Practice Nurse prepared to function in primary care should participate in assessing community needs and in surveillance of health problems. Advanced Practice Nurses should be involved in planning, organizing, administering and monitoring pertinent health services for the community. These must seek out individuals and groups in need, work with them to improve health status, and work with the community at large to bring about change in the delivery of health care. Ultimately, they are concerned with improving the quality of care of a population.

The uniqueness of the Advanced Practice Nurse lies in the eclecticism and the comprehensiveness with which she/he must synthesize and utilize theory and practice. This is nursing's greatest strength and greatest vulnerability since nursing practice is often seen to overlap with that of every other health care professional, especially in this expanded role. However, it is just this broad nature that is most needed in primary care.

The caring relationship established with the client is the central core of nursing and cannot be practiced without continuity. The basic pattern of caring in nursing is that of helping another to grow toward more complete health and self-care abilities and development. In providing primary care, nursing offers an aspect largely absent from care provided by other professionals--that is, client-centered or family-focused care. If one accepts the notion that a client's environment is an extremely important aspect of maintenance of health and recovery of adjustment to illness, primary care must be client-focused.

The Advanced Practice Nurse can deliver primary care, regardless of which setting or specific health status. It is the assumption of primary responsibility and continuing management of longitudinal care that defines primary health care services. The Advanced Practice Nurse can determine the scope to her/his own practice, accept the responsibility for primary health care and is accountable for decisions and actions to both the client and to society for her/his practice. The care nursing described includes accountability, first, to the patient. Accountability and responsibility are shared with physician colleagues as well as other health care professionals.

Depending upon the state in which the Advanced Practice Nurse practices, the nature and scope of nursing in primary care may or may not include making a differential diagnosis, prescribing therapeutic regimens based on the diagnosis or solving of complex patient problems. The process used by the Clinical Nurse Specialist does include recognizing deviations from the normal, labeling the deviation, and differentiating the clinical findings that require referral or the expertise of other disciplines.
The scope of the Advanced Practice Nurse in primary care should be viewed as fluid and evolutionary, and it is defined by the knowledge and skills needed to meet primary care needs. The scope of practice for the master's level clinician includes more sophistication and comprehensive approach in the management of client care. The Advanced Practice Nurse are capable of investigating and evaluating nursing interventions of others as well as providing direct care for patients and their families.

This clinician prepared at the master's level must also be role model in primary care: maintaining and refining knowledge and skills, integrating the various components of primary care into specialty practice, and manipulating the organization of health care providers, utilizing the skills and expertise of each member.

The role of the Advanced Practice Nurse is entirely compatible with the specialists’ role in family-focused primary care as well as care of the elderly. The latter enriches the former, as it is more fully integrating nursing knowledge and behaviors that emanate from the knowledge. The Advanced Practice Nurse must always consider the client, however, without losing sight of her/his role in leadership, teaching and research. The master's prepared Advanced Practice Nurse must be involved in developing and testing models of primary health practice along with the continuing evaluation of the quality of primary care practice.
APPENDIX B: ROLE
CHARACTERISTICS OF THE APN
APPENDIX B: ROLE CHARACTERISTICS OF THE APN (though originally developed to reflect the nature of the APN, the faculty agree that these characteristics are appropriate for ALL master’s prepared nurses. The “client” may differ but the basic role components remain the same.)

**Advocate** -- One who works to promote a transfer of responsibility to the client by creating a climate of mutuality in which the nurse assists the client in exercising his/her rights and in improving self-care abilities.

**Case manager (Care Coordinator)** -- One who facilitates the identification of health needs and development and implementation of a therapeutic plan of care for patient within the context of an interdisciplinary team. One who assures continuity and advocacy for the patient.

**Clinician/Practitioner** -- One who systematically collects subjective and objective data, interprets the data using advanced clinical judgment and formulates diagnosis based on sound theory. One who continuously updates, validates and revises plan of care based on patient needs. Provides direct primary care in a variety of health care settings.

**Collaborator** -- One who exchanges information and participates in client care or problem management with other members of the health care team to achieve joint responsibility and accountability for planning for decisions made regarding client, community and or system needs and outcomes.

**Consultant** -- One who utilizes the problem-solving process and provides advice or information related to his/her area of expertise to broaden the scope of health care planning for other health professionals and provides information regarding health care to lay groups.

**Counselor** -- One who provides stabilizing human support based on objective analysis of the situation and knowledge of problem-solving skills, facilitates individual to accept coping behaviors, improve self-care abilities based on clients capacity to accept counsel and express concerns.

**Educator** -- One who applies learning theories and selected learning methods to teach and assist clients or other appropriate groups in identifying and meeting primary health care needs. One who serves as an example/role model for others in the nursing profession.

**Evaluator** -- One who uses standards/guidelines/clinical pathways to appraise the quantity and quality of effectiveness of own care and others and one who develops and implements standards to guide practice and foster accountability for the quality of performance. Outcomes measures and used for assessing achievement.
**Leader** -- One who directs, facilitates, negotiates and supervises individuals or groups to meet common goals, one who systematically works to bring about positive changes in an individual or system. One who assumes responsibility for helping to direct the profession and impact policy. One who markets and facilitates the role of the APN.

**Researcher** -- One who pursues the systematic and scientific investigation of clinical problems and tests nursing theories. One who fosters a spirit of inquiry within the profession to advance nursing knowledge.

**Change Agent** -- One who utilizes a systematic and deliberative approach to collaborate and coordinate activities to bring about positive alterations in individual's health behaviors and/or in the health care system itself.