Auburn University at Montgomery

School of Nursing

Family Nurse Practitioner Clinical Handbook

Academic Year 2019-2020
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Dear Graduate Nursing Student,

Welcome to the College of Nursing and Health Sciences (CONHS) at Auburn University at Montgomery (AUM). We are delighted that you have chosen to pursue your degree at AUM in the School of Nursing. Our nursing program has a rich history of excellence in nursing education. Over the years we have developed new program options to increase access to education; and we are committed to helping you achieve your educational goals. The university core values serve as a foundation to the education of our students and are embraced by the faculty and staff: a student centered experience, citizenship and community, standard of excellence, commitment to constant improvement, diversity of people and perspective with a culture of inclusiveness, promotion of lifelong learning and an environment of collaboration.

This handbook will serve as a useful guide and resource during your nursing education at AUM. It is important that you review the policies and procedures included as they relate to many aspects of your educational experiences at AUM. Policies and procedures that are altered during the year will be communicated to you electronically. A copy of the Student Handbook with up-to-date information is always available on the School of Nursing website.

On behalf of the college, its faculty and staff, please accept our best wishes for a personally fulfilling and successful year.

Sincerely,

Jean D’Meza Leuner PhD., RN, CNE, FAAN
Barbara S. Witt Professor and Dean
AUM College of Nursing and Health Sciences
Program Outcomes

The Auburn University at Montgomery (AUM), School of Nursing (SON) Master of Science in Nursing and Post-Graduate FNP Certificate programs prepares students to:

1. Initiate communication and collaboration with patient, patients’ support networks and healthcare (Essential II and VII)

2. Utilize informatics and communication technologies to enhance patient education, expand accessibility of care, analyze performance measures and improve outcomes. (Essential III, V, and VIII)

3. Apply advanced concepts in the care of diverse populations through systemic assessment of actual and potential risks in multiple care environments. (Essential I, II, and VIII)

4. Influence health care policies to improve access, equity, efficiency, and social justice by utilizing clinical judgment, evidence-based findings and theory in delivery of healthcare. (Essential I, IV, VIII, and IX)

5. Develop strategies for lifelong learning and interprofessional collaboration that integrate professional standards, guidelines, statues, regulations, and accountability in coordination of care. (Essential V, VI, VII, and IX).

6. Recognize global factors to intervene and advocate for health promotion, clinical prevention, and disease management (Essential I, VI, VIII, and IX)

7. Provide ethical, culturally sensitive, patient centered care based on epidemiological, social and environment data to improve health status. (Essential VI, VIII, and IX)

8. Apply healthcare economics and leadership skills, managing micro-, meso-, and macro-systems for continuous quality improvement processes. (Essential II, III, VI)

9. Apply scientific and ethical principles of emerging and current technology in delivery of direct and indirect care to promote safe practice environments. (Essential I, IV, V, and IX)
Nurse Practitioner Core Competencies Content

A delineation of suggested content specific to the NP core competencies

2017

NP Core Competencies Content Work Group

Anne Thomas (Chair), PhD, ANP-BC, GNP, FAANP
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Acknowledgments: NONPF also wishes to recognize members of the Curricular Leadership Committee who provided review and comment on the draft document. The comments from the following people shaped the final document: Susan Buchholz, Holly Dileo, Kathy Dontje, Judith Haber, Ann Marie Hart, Kathleen Reeve, Susan Ruppert, Susan Schaffer, and Courtney Young.

* The 2017 Nurse Practitioner Core Competencies Content publication aligns the competencies with the 2016 Adult-Gerontology Acute Care And Primary Care NP Competencies.
In the development of the nurse practitioner (NP) population-focused competencies, a task force had extensive discussions of competencies vs. content. The task force concluded that it would be beneficial to programs if some content could be included as exemplars of how to support curriculum development for addressing a competency. Within the 2013 edition of the NP population-focused competencies, the final column in each population’s competency table presents the respective competency work group’s ideas of relevant content.

NONPF convened a work group to identify the suggested curriculum content for the NP Core Competencies. This work group consisted of members of the task force that prepared the 2014 edition of the NP Core Competencies, as well as additional representation from the NONPF Board and Curricular Leadership Committee. A sub-group of the NONPF Curricular Leadership Committee completed a review of the draft content, and the work group incorporated the review feedback into the final document presented herein. Please see the cover page for a list of work group members and an acknowledgment of the reviewers.

The table that follows includes the NP Core Competencies and a list of suggested curriculum content. NONPF does not intend for the requirement of all of this content, nor is the content list comprehensive for all that a program would cover with population-focused competencies. The content column reflects only suggestions for content relative to the core competencies. This document should be used in combination with the population-focused competencies.
<table>
<thead>
<tr>
<th>Competency Area</th>
<th>NP Core Competencies</th>
<th>Curriculum Content to Support Competencies</th>
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<tbody>
<tr>
<td><strong>Scientific Foundation Competencies</strong></td>
<td>1. Critically analyzes data and evidence for improving advanced nursing practice.</td>
<td>Comparison of patient data sets with evidence-based standards to improve care</td>
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<td></td>
<td>2. Integrates knowledge from the humanities and sciences within the context of nursing science.</td>
<td>Scientific foundations to practice, including, but not limited to, knowledge of advanced pathophysiology, pharmacology, physiology, genetics, and communication skills</td>
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<td>3. Translates research and other forms of knowledge to improve practice processes and outcomes.</td>
<td>Science from other disciplines relevant to health care</td>
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<td>4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.</td>
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<td>Competency Area</td>
<td>NP Core Competencies</td>
<td>Curriculum Content to Support Competencies</td>
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<td>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</td>
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<td>Theories/conceptual frameworks/principles for practice:</td>
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<td>• Translational research that guides practice</td>
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<td>• Critical evaluation of research findings</td>
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<td>• Mid-range nursing theories and concepts to guide nursing practice</td>
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<td>• Evidence-based care</td>
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<td>• Physiologic</td>
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<td>• Communication</td>
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<td>• Behavior change</td>
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<td>• Population health</td>
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<td>Critical thinking development:</td>
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<td>• Evidence appraisal</td>
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<td>• Formulating a practice problem</td>
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<td>• Use of science-based theories and concepts to assess, enhance, and ameliorate health care delivery phenomena</td>
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<td>• Use of PICO questions to initiate research and quality improvement projects</td>
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<td>Leadership Competencies</td>
<td>1. Assumes complex and advanced leadership roles to initiate and guide change.</td>
<td>Content related to:</td>
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<td>2. Provides leadership to foster collaboration with multiple</td>
<td>• Crisis management and leadership</td>
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<td></td>
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<td>• Stress management (for staff and patient/family)</td>
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<td>• Teams and teamwork, including team leadership, building</td>
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<td>Qualitative and quantitative research and quality improvement methods</td>
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<td>Ethical and legal protection of human subjects</td>
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<td>Inquiry processes and practices related to health literacy, vulnerable populations, and culture</td>
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<td>Monitoring of health outcomes</td>
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<td>Competency Area</td>
<td>NP Core Competencies</td>
<td>Curriculum Content to Support Competencies</td>
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<td>stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</td>
<td>effective teams, and nurturing team</td>
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<td>3. Demonstrates leadership that uses critical and reflective thinking.</td>
<td>Leadership, change, and management theories with application to practice</td>
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<td>4. Advocates for improved access, quality and cost effective health care.</td>
<td>Political processes, political decision making processes, and health care advocacy</td>
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<td>5. Advances practice through the development and implementation of innovations incorporating principles of change.</td>
<td>Problem solving:</td>
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<td>6. Communicates practice knowledge effectively, both orally and in writing.</td>
<td>• Influencing and negotiation</td>
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<td>7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.</td>
<td>• Conflict management</td>
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<td>• Strategic thinking</td>
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<td>• Managing change</td>
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<td>Business development:</td>
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<td>• High reliability organization principles</td>
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<td>• Building and maintaining effective teams</td>
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<td>• Project management concepts</td>
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<td>• Principles of effective decision making</td>
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<td>• Principles of change management</td>
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<td>• Civility</td>
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<td>• Principles of innovation</td>
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<td>Communications:</td>
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<td>• Scholarly writing, manuscript, and abstract preparation</td>
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<td>• Structuring and presenting persuasive arguments</td>
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<td>Peer review:</td>
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<td>• Publications</td>
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<td>• Presentations</td>
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<td>• Research</td>
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<td>• Practice.</td>
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<td>Leadership development:</td>
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<th>Competency Area</th>
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<td>• Skills to influence decision-making bodies at the system, state, or national level</td>
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<td>• Interprofessional leadership</td>
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<td>• Assuming leadership positions in professional, political, or regulatory organizations</td>
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<td>• Structure and functions of editorial/board roles</td>
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<td>• Ethical and critical decision making, effective working relationships, and a systems-perspective</td>
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<td>Quality Competencies</td>
<td>1. Uses best available evidence to continuously improve quality of clinical practice.</td>
<td>Quality Safety Education in Nursing (QSEN) principles and content</td>
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<td>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</td>
<td>Evaluation of outcomes of care such as quality improvement projects with an evaluation component</td>
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<td>3. Evaluates how organizational structure, care processes, financing, marketing, and policy decisions impact the quality of health care.</td>
<td>Reflective practice</td>
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<td>4. Applies skills in peer review to promote a culture of</td>
<td>Culture of safety</td>
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<td>Quality Competencies</td>
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<td>Quality improvement processes and practices</td>
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<td>Knowledge of quality improvement methods such as:</td>
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<td>• Plan-Do-Study Act</td>
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<td>• Six Sigma</td>
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<td>Cost benefit analysis</td>
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<td>Peer review process</td>
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<td>• Reviewer</td>
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<td>• Reviewee</td>
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<td>Collaborative team processes and practices</td>
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<td>Leadership skills for leading change for quality clinical practice</td>
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<td>Methods and measures of quality assurance during transitions of care</td>
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<td>Laws and rules to enhance quality such as</td>
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<td>• Meaningful use</td>
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<td>• Federal, state, and local quality data sources and indicators</td>
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<td>Practice Inquiry Competencies</td>
<td>1. Provides leadership in the translation of new knowledge into practice.</td>
<td>Leadership for role in practice improvement</td>
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<td>2. Generates knowledge from clinical practice to improve practice and patient outcomes.</td>
<td>Clinical investigation strategies:</td>
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<td>3. Applies clinical investigative skills to improve health outcomes.</td>
<td>• Identifying clinical practice problems</td>
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<td>4. Leads practice inquiry, individually or in partnership with others.</td>
<td>• Appraising evidence for application to practice (e.g., design, methods, tools, analysis)</td>
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<td>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.</td>
<td>• Literature search methods, including, but not limited to, the PICO Model to define a clinical questions and search for the best clinical evidence</td>
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<td>6. Analyzes clinical guidelines for individualized application into practice</td>
<td>Use of electronic databases, such as electronic health records:</td>
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<td>• Assessing clinical practice</td>
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<td>• Reviewing patient technology</td>
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<td>• Exploring behaviors and risk factors</td>
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<td>• Using data to support evidence based changes in clinical management</td>
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<td>• Template development</td>
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<td>Competency Area</td>
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<td>Patient management, including, but not limited to, discerning gaps in care and barriers to care needing resolution during patient encounters</td>
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<td>Project development and management:</td>
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<td>• Synthesis and translation/extrapolation of research to selected populations</td>
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<td>• Frameworks to guide projects</td>
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<td>• Quality improvement methods</td>
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<td>• Assessment of resources needed and available for projects</td>
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<td>• Competing priorities of patients, payers, providers, and suppliers</td>
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<td>• Data-based, needs assessment for project</td>
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<td>• Processes used in conducting projects based on current and best evidence, including evaluation of the application of evidence or inquiry to the population of concern</td>
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<td>• Evaluation of outcomes (for health status of patient and population as well as system outcomes)</td>
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<td>• Evaluation of why expected results were or were not attained and lessons learned</td>
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<td>• Making recommendations for further work</td>
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<td>• Addressing issues of sustainability of project findings</td>
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<td>Dissemination of work and findings:</td>
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<td>• Abstract and manuscript writing to support the dissemination of project/research outcomes</td>
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<td>• Discussion of clinically meaningful results that may or may not be statistically significant</td>
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<td>• Presentation skill development with modification for different audiences</td>
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<td>Integration of findings:</td>
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<td>• Results, methods, and tools, as appropriate, into care delivery</td>
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<td>• Identification of best practices</td>
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<td>• Opportunities for multidisciplinary team/inter-professional collaboration for patient care</td>
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<td>• Development and use of clinical guidelines</td>
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<td>• Use of clinical judgment to improve practice</td>
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<td>• Application of evidence to validate or change policy</td>
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<td>Evaluation of alternative care delivery models and treatments, including costs, cost benefits, and return on investment</td>
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<td>Institutional review board policies and processes</td>
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<td>Interprofessional research and scholarship exemplars and opportunities</td>
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<td>Technology and Information Literacy Competencies</td>
<td>Technology available in clinical practice:</td>
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| 1. Integrates appropriate technologies for knowledge management to improve health care. | • Electronic resources that identify current evidenced-based care  
• Electronic resources that enhance patient safety  
• Technological care delivery systems  
• Telehealth  
• Information databases used by health care systems  
• Electronic communication with other professionals and patients  
• Encrypted and unencrypted technology  
• Electronic resources to support differential diagnosis, algorithmic thinking, and medical record review  
• Templates for documentation in nursing care  
• Use of electronic datasets to evaluate practice and improve quality, cost, and efficiency of care |
| 2. Translates technical and scientific health information appropriate for various users’ needs. | Technology available to support education: |
| 2.a Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. | • Standardized patient encounters  
• Electronic/computer based learning modules based on characteristics such as cultural literacy, educational level, |
<p>| 2.b Coaches the patient and caregiver for positive behavioral change. |   |
| 3. Demonstrates information literacy skills in complex decision making. |   |
| 4. Contributes to the design of clinical information systems |   |</p>
<table>
<thead>
<tr>
<th>Competency Area</th>
<th>NP Core Competencies</th>
<th>Curriculum Content to Support Competencies</th>
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<tr>
<td></td>
<td>that promote safe, quality and cost effective care.</td>
<td>Neither required nor comprehensive, this list reflects only suggested content specific to the core competencies</td>
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<td></td>
<td>Uses technology systems that capture data on variables for the evaluation of nursing care.</td>
<td>and home assessment</td>
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<td></td>
<td><strong>5. Uses technology systems that capture data on variables for the evaluation of nursing care.</strong></td>
<td>- Coaching/teaching resources adapted to population, health literacy, and age of patient learning styles,</td>
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<tr>
<td></td>
<td></td>
<td>- Age-appropriate concepts and development of educational tools</td>
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<td></td>
<td></td>
<td>- Use of applications for references at point of care</td>
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<td></td>
<td></td>
<td>Using telehealth to provide care for the adult population, considering benefits, methods, differences, and regulatory issues.</td>
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<td></td>
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<td>IT resources such as:</td>
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<td></td>
<td></td>
<td>- Informatics competencies from Technology Informatics Guiding Education Reform (TIGER) initiative</td>
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<tr>
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<td>- American Medical Informatics Association (AMIA)</td>
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<td></td>
<td>Use of electronic communication methods, including social media, with healthcare professionals, patients, families, and caregivers</td>
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<td></td>
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<td>Compliance issues related to patient privacy with use of technology</td>
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<td></td>
<td></td>
<td>Population-appropriate clinical indicators for incorporation into information systems, such as electronic health records</td>
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<td></td>
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<td>Use of technologies to monitor and evaluate clinical problems, e.g.</td>
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<td>- Blood pressure</td>
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<td>- Vital signs</td>
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<td>- Glucose</td>
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<td>- Weight</td>
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<tr>
<th>Policy Competencies</th>
<th>1. Demonstrates an understanding of the interdependence of policy and practice.</th>
<th>Policy analysis process:</th>
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<tbody>
<tr>
<td></td>
<td>2. Advocates for ethical policies that promote access, equity, quality, and cost.</td>
<td>- Political environment</td>
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<td></td>
<td>3. Analyzes ethical, legal, and social factors influencing policy</td>
<td>- Political feasibility</td>
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<td>- Economic feasibility</td>
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<td></td>
<td></td>
<td>- Implementation strategy and planning</td>
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<td>- Outcomes evaluation at local, state, national, and international levels</td>
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<td>Competency Area</td>
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</table>
4. Contributes in the development of health policy.

5. Analyzes the implications of health policy across disciplines.

6. Evaluates the impact of globalization on health care policy development.

7. Advocates for policies for safe and healthy practice environments.

- Specific NP role for influencing health care agenda and patient advocacy

**Health policy and health care reform:**
- Federal budget
- National health priorities
- Methods for appropriation of funding
- Vulnerable populations and needs
- The relationship between the USPSTF guidelines and Affordable Care Act implementation

**Legislative and regulatory processes:**
- Origin of laws
- Regulatory process
- How to influence/impact passage of laws and their translation into regulation
- Health care financing and third party reimbursement

**Population health model and its impact on policy planning**

**Introduction of global issues:**
- Infections
- Travel
- Immigration
- Disasters/terrorism
- Access to health care

**Ethical issues in health care planning:**
- Fairness
- Equity and health disparities
- Access and resource allocation
- Health behavior
- Social determinants of health
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<td></td>
<td>Comparative health systems</td>
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<td></td>
<td>Proactive and responsive use of media</td>
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<td></td>
<td>Barriers to NP practice</td>
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<td></td>
<td>Legislative process and resources, e.g., Congress.gov</td>
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<td></td>
<td>Policy theories</td>
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<tr>
<td></td>
<td>Examples of policy making at multiple levels and individual and collective contributions to shape policy</td>
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<tr>
<td>Health Delivery System Competencies</td>
<td>Organizational practices:</td>
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<tr>
<td>1. Applies knowledge of organizational practices and complex systems to improve health care delivery.</td>
<td>• Organizational structure, tables of organization</td>
<td></td>
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<tr>
<td>2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.</td>
<td>• Organizational decision making</td>
<td></td>
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<tr>
<td>3. Minimizes risk to patients and providers at the individual and systems level.</td>
<td>• Organizational theory</td>
<td></td>
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<tr>
<td>4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.</td>
<td>• Principles of management</td>
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<tr>
<td>5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</td>
<td>Interprofessional collaborative partnerships</td>
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<tr>
<td>6. Analyzes organizational structure, functions and resources to improve the delivery of care.</td>
<td>Informatics/information systems:</td>
<td></td>
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<tr>
<td>7. Collaborates in planning for transitions across the continuum of care.</td>
<td>• Interpreting variations in outcomes</td>
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<td></td>
<td>• Use of data to improve practice</td>
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<td></td>
<td>• Use of collateral information</td>
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<tr>
<td></td>
<td>• Organizational delivery subsystems, (e.g. electronic prescription writing-pharmacy software)</td>
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<tr>
<td></td>
<td>Needs assessment of populations served:</td>
<td></td>
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<tr>
<td></td>
<td>• Socioeconomic and cultural factors</td>
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<tr>
<td></td>
<td>• Unique population needs</td>
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<td></td>
<td>• System resources to meet population needs (e.g. use interpreters to facilitate communication)</td>
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<td></td>
<td>• Community resources/system outreach to community</td>
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<tr>
<td></td>
<td>• Diversity among providers</td>
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<td>Competency Area</td>
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<td>Financial issues:</td>
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<tr>
<td>• Financial business principles</td>
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<td>• Health care system financing</td>
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<td>• Reimbursement systems</td>
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<td>• Resource management</td>
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<td>• Billing and coding principles</td>
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<tr>
<th>Interprofessional/team competencies:</th>
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<tbody>
<tr>
<td>• Communication (theory)</td>
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<tr>
<td>• Collaboration</td>
</tr>
<tr>
<td>• Conflict resolution</td>
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<tr>
<td>• Consultations/referrals</td>
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<tr>
<td>• Team building</td>
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<tr>
<td>• Values and ethics</td>
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<tr>
<td>• Roles and responsibilities</td>
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<tr>
<th>Safety and quality:</th>
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<tbody>
<tr>
<td>• Cost-effective care</td>
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<tr>
<td>• Legal/ethical issues</td>
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<tr>
<td>• Research and quality improvement</td>
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<tr>
<td>• Continuous quality improvement</td>
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<tr>
<td>• Quality and Safety Education in Nursing</td>
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<tr>
<th>Transitional care:</th>
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<tbody>
<tr>
<td>• Navigating transitions across health care settings</td>
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<tr>
<td>• Coordination of services</td>
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<tr>
<th>Planning, delivering and/or evaluating models of care:</th>
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<tbody>
<tr>
<td>• Models of planned change</td>
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<tr>
<td>• Process and evaluation design implementation</td>
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<td>• Evaluation models</td>
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<tr>
<td>• Process of proposing changes in practice</td>
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<td>Competency Area</td>
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<tr>
<td>Legislative and regulatory issues:</td>
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<tr>
<td>• Relevant and current issues (e.g., Accountable Care Act implementation)</td>
</tr>
<tr>
<td>• Process of health care legislation</td>
</tr>
<tr>
<td>• Scope and standards of practice</td>
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<tr>
<td>• Cultural competence</td>
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<tr>
<td>• Theories of vulnerability</td>
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<tr>
<td>• Social determinants of health</td>
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<td>Policy and advocacy:</td>
</tr>
<tr>
<td>• Reducing environmental health risks</td>
</tr>
<tr>
<td>• Implications of health policy</td>
</tr>
<tr>
<td>• Variations in policy</td>
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<tr>
<td>Ethics Competencies</td>
</tr>
<tr>
<td>1. Integrates ethical principles in decision making.</td>
</tr>
<tr>
<td>2. Evaluates the ethical consequences of decisions.</td>
</tr>
<tr>
<td>3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</td>
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<tr>
<td>Ethics in decision making:</td>
</tr>
<tr>
<td>• Ethical considerations in decision making in clinical practice</td>
</tr>
<tr>
<td>• Applications of ethical principles in policy making and in care delivery</td>
</tr>
<tr>
<td>• Sources of information to facilitate ethical decision making</td>
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<tr>
<td>- theories of ethical decision making</td>
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<tr>
<td>- ethics committee</td>
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<tr>
<td>- genetic counseling</td>
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<td>- clinical research</td>
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<td>- legal statutes</td>
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<tr>
<td>- cultural sensitivity</td>
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<td>- scope of practice</td>
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<tr>
<td>Evaluation of ethical decisions:</td>
</tr>
<tr>
<td>• Methods of evaluating outcomes (long-term and short-term)</td>
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<tr>
<td>• Debriefing and assessment of outcomes</td>
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<tr>
<td>• Ethical frameworks.</td>
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<tr>
<td>Population-specific complex ethical issues occurring in clinical practice</td>
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<td>Competency Area</td>
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<tr>
<td>Independent Practice Competencies</td>
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Clinical decision making based on evidence and patient/provider partnership

Current and emerging professional standards

Novice to expert continuum of clinical practice

Political, policy and regulatory issues regarding licensure, national certification, and scope of practice.

Leadership approaches for employment contract negotiation, networking, and advancing professional standards and roles

Application of select sciences to practice:
- Pharmacology
- Physiology
- Pathophysiology

Specific areas of assessment, including but not limited to:
- Physical
- Psychosocial
- Developmental
- Family
- Psychiatric mental health
- Oral health

Screenings

Diagnostics (tests, labs)

Specific procedures
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confidentiality, privacy, comfort, emotional support, mutual trust, and respect.

4.c Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care. 

duplicate.

4.d Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.

4e. Develops strategies to prevent one’s own personal biases from interfering with delivery of quality care.

4f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.

Educatess professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care

Collaborates with both professional and other caregivers to achieve optimal care outcomes.

Coordinates transitional care services in and across care settings.

Participates in the development, use, and evaluation of professional standards and evidence-based care.

Health promotion, prevention, and disease management

Pharmacology and complementary alternative therapies

Provider-patient relationship:

- Role of culture in patient-centered care
- Contracting a management plan with patient and/or family
- Culture of trust in interpersonal relationship w/patient and/or families

Business of practice:

- Legal, business, and ethical issues
- How to set up, finance and evaluate a practice
- Writing a business plan

Cultural issues

Concepts of life-long learning
Family Nurse Practitioner Competencies

These are entry level competencies for the family nurse practitioner that supplements the core competencies for all nurse practitioners. The population in primary care family practice includes newborns, infants, children, adolescents, adults, pregnant and postpartum women, and older adults. Primary/Family nurse practitioners practice primarily in ambulatory care settings. Currently, students and graduating from primary care nurse practitioner program will sit for the Family Nurse Practitioner certification exam.

I. Health Promotion, Health Protection, Disease Prevention, and Treatment

A. Assessment of Health Status
These competencies describe the role of the family nurse practitioner in assessing all aspects of the patient's health status, including for purposes of health promotion, health protection, and disease prevention. The family nurse practitioner employs evidence-based clinical practice guidelines to guide screening activities, identifies health promotion needs, and provides anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.

1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle.
2. Assesses (a) the influence of the family or psychosocial factors on patient illness, (b) conditions related to developmental delays and learning disabilities in all ages, (c) women's and men's reproductive health, including, but not limited to, sexual health, pregnancy, and postpartum care, and (d) problems of substance abuse and violence.
3. Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of all ages (including developmental and behavioral screening and physical system evaluations).
4. Performs screening evaluations for mental status and mental health.
5. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.
6. Demonstrates proficiency in family assessment.
7. Demonstrates proficiency in functional assessment of family members (e.g., elderly, disabled).
8. Assesses specific family health needs within the context of community assessment.
9. Identifies and plans interventions to promote health with families at risk.
10. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.
11. Distinguishes between normal and abnormal change with aging.
B. Diagnosis of Health Status
The family nurse practitioner is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data. These competencies describe this role of the family nurse practitioner.

1. Identifies signs and symptoms of acute physical and mental illnesses across the life span.
2. Identifies signs and symptoms of chronic physical and mental illness across the life span.
3. Orders, performs, and interprets age-, gender-, and condition-specific diagnostic tests and screening procedures.
4. Analyzes and synthesizes collected data for patients of all ages.
5. Formulates comprehensive differential diagnoses, considering epidemiology, environmental and community characteristics, and life stage development, including the presentation seen with increasing age, family, and behavioral risk factors.

C. Plan of Care and Implementation of Treatment
The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient's health. These competencies describe the family nurse practitioner's role in stabilizing the patient, minimizing physical and psychological complications, and maximizing the patient's health potential.

1. Provides health protection, health promotion, and disease prevention interventions/treatment strategies to improve or maintain optimum health for all family members.
2. Treats common acute and chronic physical and mental illnesses and common injuries in people of all ages to minimize the development of complications, and promote function and quality of living.
3. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations such as infants and children, pregnant and lactating women, and older adults.
4. Adapts care to meet the complex needs of older adults arising from age changes and multiple system disease.
5. Identifies acute exacerbations of chronic illness and intervenes appropriately.
6. Evaluates the effectiveness of the plan of care for the family, as well as the individual, and implements changes.
7. Evaluates patient's and/or other caregiver's support systems and resources and collaborates with and supports the patient and caregivers.
8. Assists families and individuals in the development of coping systems and lifestyle adaptations.
9. Makes appropriate referrals to other health care professionals and community resources for individuals and families.
10. Provides care related to women's reproductive health, including sexual health, prenatal, and postpartum care.
12. Performs primary care procedures, including, but not limited to, suturing, minor lesion removal, splinting, microscopy, and pap tests.
13. Recognizes the impact of individual and family life transitions, such as parenthood and retirement, on the health of family members.
14. Uses knowledge of family theories and development to individualize care provided to individuals and families.
15. Facilitates transitions between health care settings to provide continuity of care for individuals and family members.
16. Intervenes with multigenerational families who have members with differing health concerns.
17. Assists patient and family members to cope with end of life issues.
18. Applies research that is family-centered and contributes to positive change in the health of and health care delivery to families.

II. Nurse Practitioner-Patient Relationship
Competencies in this area demonstrate the personal, collegial, and collaborative approach which enhances the family nurse practitioner's effectiveness of patient care. The competencies speak to the critical importance of interpersonal transactions as they relate to therapeutic patient outcomes.

1. Maintains a sustaining partnership with individuals and families.
2. Assists individuals and families with ethical issues in balancing differing needs, age-related transitions, illness, or health among family members.
3. Facilitates family decision-making about health.

III. Teaching-Coaching Function
These competencies describe the family nurse practitioner's ability to impart knowledge and associated psycho-motor skills to patients. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.

1. Demonstrates knowledge and skill in addressing sensitive topics with family members such as sexuality, finances, mental health, terminal illness, and substance abuse.
2. Elicits information about the family's and patient's goals, perceptions, and resources when considering health care choices.
3. Assesses educational needs and teaches individuals and families accordingly.
4. Provides anticipatory guidance, teaching, counseling, and education for self-care for the identified patient and family.
IV. Professional Role
These competencies describe the varied role of the family nurse practitioner, specifically related to advancing the profession and enhancing direct care and management. The family nurse practitioner demonstrates a commitment to the implementation, preservation, and evolution of the family nurse practitioner role. As well, the family nurse practitioner implements critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to the patient.

1. Demonstrates in practice a commitment to care of the whole family.
2. Recognize the importance of participating in community and professional organizations that influence the health of families and supports the role of the family nurse practitioner.
3. Interprets the family nurse practitioner role in primary and specialty health care to other health care providers and the public.
4. Serves as a resource in the design and development of family community-based health services.

V. Managing and Negotiating Health Care Delivery Systems
These competencies describe the family nurse practitioner's role in handling situations successfully to achieve improved health outcomes for patient, communities, and systems through overseeing and directing the delivery of clinical services within an integrated system of health care.

1. Maintains current knowledge regarding state and federal regulations and programs for family health care.

VI. Monitoring and Ensuring the Quality of Health Care
These competencies describe the family nurse practitioner's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to monitoring one's own practice as well as engaging in interdisciplinary peer and systems review. Covered in the core competencies.

VII. Cultural Competence
These competencies describe the family nurse practitioner's role in providing culturally competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures. Covered in the core competencies.
Track Curriculum: Post-Graduate FNP Certificate

The online post-graduate Family Nurse Practitioner (FNP) certificate program is designed for post-graduate registered nurses who have already earned an MSN from an accredited program, and who wish to add a specialization to become an FNP.

All post-graduate FNP certificate applicants must have successfully completed the advanced practice registered nurse (APRN) core courses: advanced pathophysiology, advanced pharmacology, and advanced physical assessment. The core APRN courses must have been completed within the past five years with a grade of B (3.0) or higher. If the previous degree did not include the APRN core courses the student will complete these courses prior to entering the FNP track. An individual plan of study will be designed for the student requiring these courses.

Upon graduation, post-graduate FNP certificate graduates are prepared to take the Family Nurse Practitioner certification exam offered by either the American Nurses Credentialing Center or American Association of Nurse Practitioners in order to receive licensure as an Advanced Practice Registered Nurse. After passing the certification exam, the graduate must meet additional requirements as defined by individual state Boards of Nursing to gain licensure and employment.

Family Nurse Practitioner—20 Credit Hours; 660 Clinical Hours

- NURS 7110 Adolescent/Adult Primary Care (2 credit hours)
- NURS 7111 Adolescent/Adult Primary Care (3 credit hours; 180 clinical hours)
- NURS 7210 Women’s Health Primary Care (2 credit hours)
- NURS 7211 Women’s Health Primary Care (1 credit hour; 60 clinical hours)
- NURS 7310 Pediatric Primary Care (2 credit hours)
- NURS 7311 Pediatric Primary Care (2 credit hours; 120 clinical hours)
- NURS 7410 Adult/Gerontologic Care (3 credit hours)
- NURS 7411 Adult/Gerontologic Care (2 credit hours; 120 clinical hours)
- NURS 7911 Advanced Practice Nurse Practicum (3 credit hours; 180 clinical hours)

CANDIDATE PREPARATION TO OBTAIN LICENSURE AND CERTIFICATION FOR FAMILY NURSE PRACTITIONER (FNP) NURSE EDUCATOR FOR INTERPROFESSIONAL PRACTICE (NE)

Upon graduation, MSN FNP graduates are prepared to sit for the Family Nurse Practitioner certification exam offered by either the American Nurses Credentialing Center or American Association of Nurse Practitioners in order to receive licensure an Advanced Practice Registered
Nurse. After passing the certification exam, the graduate must meet additional requirements as defined by individual state Boards of Nursing to gain licensure and employment.
Clinical Course Expectations

Auburn University at Montgomery Student Identification for Clinical Experiences

Any time the MSN student is attending a clinical experience or representing the School of Nursing, the student should be wearing their official AUM SON lab coat and name badge. The instructions for ordering the name badge is below. Please read carefully and follow the directions exactly.

Getting your student ID remotely

1. Email a picture of yourself to echavez@aum.edu with the subject line of ID Photo
   a. The picture should include your head, neck and top of shoulders
   b. Please ensure you are dressed and groomed appropriately for a professional setting
   c. The picture should be only of yourself (no others in the picture)
   d. You should be looking directly at the camera
   e. The camera should be at eye level
   f. Hats and glasses should be removed
   g. The picture must be in .jpg format (phone selfies are already in this format, please do not upload a .pdf or word document)
   h. The image should be no bigger than 30KB
   i. Choose a neutral (white or off white) backdrop such as a wall inside your home. Make sure there is nothing on the wall or backdrop; it should be blank
   j. Do not use a window as a backdrop

Example photos:

Safe practice guidelines

1. Students who are participating in any capacity other than observation in a clinical setting must be supervised by a clinical faculty member or preceptor.
2. Students will maintain their own health insurance as well as current immunizations, tuberculin skin test, and BCLS for Healthcare Providers status throughout the entire graduate nursing program to expedite clinical placement.
3. Students will not perform any invasive procedure on a patient without being directly supervised by a preceptor.
4. Students will maintain patient confidentiality consistently by avoiding posting any patient information on any social media site. Students will also avoid posting
information on social media that could be used to identify the location of any clinical site or personnel.

Failure to follow these safe practice guidelines may result in failure of the clinical portion of a course or dis-enrollment from the nursing program.

Unsatisfactory/unsafe practices
An Incidence report will be completed for the following:
1. Any unprofessional/inappropriate behaviors as deemed by the preceptor or clinical faculty.
2. Any unsafe/negligent behavior that could have resulted in physical/emotional harm to the client without faculty/staff intervention.
3. An accumulation of 3 incidence reports will result in a full review of the student’s clinical performance record by the Clinical Review Panel of the School of Nursing.

Critical unsatisfactory/unsafe practices
The following behaviors are considered **critical unsatisfactory/unsafe** and potentially may place the client, self or others in immediate danger. An incident involving any of these behaviors will result in immediate dismissal from the clinical setting and an immediate full panel review from the Clinical Review Panel and may result in disenrollment from the School of Nursing.
1. Behavior that results in real or potential physical or emotional harm to another.
2. Behavior that is in violation of the course, school, university, or agency policy.
3. Violation of the Drug free campus and/or Suspicion of Chemically Impaired in the Nursing Student Policy.

Incident reports and clinical review panel process
1. Clinical preceptor will notify the student of the behavior
2. Clinical preceptor will remove the student from the site as appropriate
3. Clinical preceptor will notify the Course Coordinator at the time the incident is identified and the Graduate Program Coordinator as indicated
4. Clinical preceptor will complete an incident report and send to Clinical Course Faculty by the end of the clinical day
   - Clinical Course Faculty will meet with the student to provide an opportunity for the student document a statement of the incident
   - The Clinical Review Panel consists of the Graduate Program Coordinator, and two (2) other faculty not assigned to the course designated by the Graduate Program Coordinator. Panel members may recuse themselves if there is a perception of
conflict of interest. In this situation, it may become necessary to supplement the membership of the panel. The student will not be able to participate in further clinical activities until the panel has made a recommendation and course faculty has made a final decision.

- The Clinical Review Panel will make one of the following recommendations to the course faculty:
  - Student and faculty develop a plan of remediation
  - Assign course failure(s)
  - Submit recommendation to the dean to disenroll the student
  - The panel will communicate the recommendation in writing to the course faculty. Course faculty will consider the recommendation, make the final decision, and communicate decision to the student.

All unsatisfactory/unsafe incidents will be recorded and kept on file. Records must be maintained throughout the graduate program for clinical experiences for each student. Incidences are not confined to one course but are considered cumulative in evaluating the student’s overall clinical performance.

**NOTE:** Accrued incidence reports will remain in effect for all students.

**Clinical Accountability**

Auburn University at Montgomery and the School of Nursing is morally and legally obligated to protect the safety, privacy, and security of patients. Students must therefore demonstrate evidence of mastery of certain skills and competencies to provide care in the clinical setting and meet course objectives. It is expected that students will follow policies and procedures of the clinical agency and maintain confidentiality of patient and agency information.

AUM SON students are expected to demonstrate appropriate professional behavior to the nursing profession. They must assume personal responsibility for being in a physical and mental condition to give safe nursing care and for the knowledge and skills necessary to give this care.

- Students who are pregnant or become pregnant during the nursing program must notify the clinical faculty and Department Chair for Graduate Affairs in writing.
- Students who develop any other illness or medical or psychological condition that may affect their own safety or their ability to provide care to patients must report that condition in writing from a qualified and appropriate medical provider to the clinical faculty and the Department Chair for Graduate Affairs.
- A written medical clearance may be required from a physician or health care provider.
Students who are deemed unsafe or unable to perform patient care at clinical will be removed from the clinical area and must meet with the course faculty. This may result in clinical failure and/or dismissal from the School of Nursing program. In some cases, a medical withdrawal may be indicated.

Clinical Courses

When required, all NP students enrolling in a clinical course must:

1. Submit (Upload) the required preceptor planning form to the Typhon® Tracking System, no later than midterm of the semester prior to each semester enrolled in a clinical course. The exact deadline date will be announced in the first weeks of the semester (See Appendix)
   a. Students who fail to meet this deadline will not be allowed to register for clinical in the following semester and will need to contact the Graduate Academic Advisor and the Graduate Program Coordinator’s office to revise their plan of study.

2. Nurse Practitioner students in the Family Nurse Practitioner program cannot make rounds, attend surgery, procedures, or care for a hospitalized client during clinical hours.
   a. If a student wishes to attend rounds or surgery, such arrangements must be made on an individual basis with the physician or NP with whom the student is working.
   b. Such activities are considered personal arrangements and are not associated with AUM CONHS.

3. Thus, NP students cannot do physicals, histories, document, prescribe medications or engage any other activities they would usually be able to do if seeing the patient as part of an AUM CONHS clinical course.
   a. Students doing such observations are not covered under AUM CONHS liability insurance and the hours will not count towards required faculty supervised clinical hour requirements for any course.

4. NP students must do one half of total clinical hours up to and including Practicum (NURS 7911) with a NP preceptor. For FNP track students this is 360 hours.
   a. Preceptors for the remaining 360 hours may be a NP, CNM, MD, or DO.
      i. A physician assistant (PA) cannot be the preceptor of record.
      ii. FNP students can complete up to 25% of their required clinical hours in the practicum course, NURS 7911, in the Emergency Department, urgent care, retail health care, or in a specialty area (e.g. nephrology, gastroenterology, pulmonology, cardiology, and orthopedics) in an office setting.
All clinical courses, with the exception of the final clinical practicum, are to occur at no more than two clinical sites with two preceptors in each semester. Limited exceptions are allowed for work with preceptors who work at multiple locations for the same practice or to work with two preceptors at the same practice site. The final clinical preceptors and sites must be approved by the Family Nurse Practitioner Track Coordinator.

Throughout each clinical course, NP students are required to complete the following:

1. **Clinical Activities Log** – This will be completed using the Typhon Clinical Tracking System. This system allows the student to document all hours completed at each clinical practice with each preceptor. Documentation of data from all client interactions during each NP student’s clinical practice learning experience are also recorded.

2. **Student Preceptor/Site Evaluation** – Each student will submit an evaluation of the preceptor and the site in which the student completed their clinical learning experience.

3. **Midterm Preceptor Evaluation of Student** - Each student will submit an evaluation by their preceptor of record after completing ½ of the required clinical hours for a clinical course. If the student has more than one preceptor, a midterm evaluation must be obtained and submitted from each preceptor.

4. **Final Preceptor Evaluation of Student** - Each student will submit a final evaluation by their preceptor of record after completing the required clinical hours for a clinical course. If the student has more than one preceptor, a final evaluation must be obtained and submitted from each preceptor.

All paper work must be submitted by the last day of each course or when assigned to earn a grade for the course. The above will be submitted to the appropriate location on the Typhon Clinical Tracking System site.

Typhon

*Typhon® Group's AHST Student Tracking System* functions as a complete and secure electronic student tracking system. This system provides secure document management for clinical sites and preceptor contracts for the FNP Track. Students utilize Typhon® to document clinical encounters (clinical logs) with patients during each clinical experience. This system allows both students and preceptors to determine clinical schedules, access forms and individual data/profiles, and submit/view completed course/preceptor/site evaluations. Additionally, preceptors can view individual coursework for assigned students throughout each semester. The FNP Coordinator utilizes this system to oversee clinical site schedules/booking, and has the ability to access individual, cohort and program based reports. [http://typhongroup.net/](http://typhongroup.net/).
Clinical Documentation System – Typhon

Students are required to use the Typhon electronic system for documenting clinical time and patient encounters. The system is web-based and may be accessed without downloading software. Data entered into the Typhon system are stored in a secure and HIPAA compliant server.

Students are required to maintain a patient encounter and clinical time log as well as completion of SOAP notes, and possibly task based proficiencies/competencies. **Data must be entered within 7 days of each clinical experience and include the following information:**

- Students will complete all online assignments. Students must have access to a computer with recommended specifications and have the ability to check email daily. Directions for participation in course assignments and activities can be found in the Home Page of the courses in the Blackboard Learning Management System. Students are responsible for asking questions to faculty or in class if the information is not clear. Failure to complete and submit all required assignments will result in a grade of zero for this course.

1. All clinical hours are to be logged using the Typhon Group Tracking System.
2. All clinical clients and encounters logged into Typhon for NURS 7111 must include:
   
   A. Semester, course, preceptor, clinical site, age, gender identity, and time with client.
   B. Race/Ethnicity
   C. Insurance
   D. Type of decision-making
   E. Student participation
   F. Reason for visit
   G. Chief complaint
   H. Type of history and physical
   I. Medications:
      i. Number of over-the-counter drugs taken regularly
      ii. Number prescriptions currently prescribed
      iii. New/Refilled prescription with this visit
      iv. Adherence issues with medications
      v. ICD codes
      vi. CPT codes
   J. Clinical Notes
      i. Must include:
         1. Chief complaint
      ii. Procedures:
Clinical Preceptors

The clinical preceptor is an expert health care provider or nurse educator who has an interest in teaching and mentoring. The preceptor facilitates student learning of the role and function of the advanced practice nurse or nurse educator.

- Preceptors may include doctoral or masters-prepared registered nurses, Certified Registered Nurse Practitioners (CRNP), Doctors of Medicine (MD).
- Doctors of Osteopathy (DO) and who are appropriately credentialed in a particular field. CRNPs must have national board certification and a minimum of 2 years of clinical experience.
- Anything less must be approved by FNP coordinator.

Preceptor placement is completed in accordance with national certification bodies and accreditation standards. Program coordinators/directors reserve the right to accept or reject assigned or potential preceptors. Preceptors may NOT be a current supervisor, spouse, relatives, or close personal friends. Students may not complete any clinical rotations in the unit/department in which they are employed.

AUM School of Nursing embraces diversity and inclusion. Teaching learning practices expose students to individuals with diverse life experiences, perspectives, and backgrounds. These learning practices broaden student perspective and foster intracollaborative practice.

Preceptor Orientation

Each preceptor is provided information the course needs. The preceptors are provided secure access to Typhon® Tracking System where each provide a copy of an updated resume and proof of current licensure in the state where preceptor experience will occur. Each preceptor is provided course specific materials along with access to forms found in this handbook. Preceptors are provided access to forms provided by FNP Coordinator, individual student clinical schedules, evaluations completed on individual students, event scheduling, and personal profiles entered into Typhon®. Personal Profiles are updated each semester.

Preceptors are provided a subscription to NurseTim©, https://nursetim.com/ which provides contact hours in webinar formats which provide teaching strategies and other educational information used in in both didactic/clinical settings.

Arranging Clinical Preceptor for Practicum Experience

1. Students are encouraged to contact the Southeast Alabama Area Health Education
Centers (AHEC) representative prior to the first clinical experience. The purpose of this is to assist students in finding appropriate clinical placement throughout the program https://www.seaahec.org/.

2. Identifying clinical/practicum preceptors is a shared responsibility between faculty and students. When the student identifies a potential preceptor, the student must submit the following information in on the Preceptor Request form (Appendix)

3. A one-time fee for use is assessed with the first login to the Typhon® Tracking system.

4. Multiple preceptors may be required to complete clinical hours. A separate request should be submitted for each preceptor.

5. The FNP Coordinator will notify students when all documents are confirmed and a facility/provider contract is in place.

6. Upon receipt of placement, the student should send a professional introductory email to the preceptor including the following information:
   a. Introduction with contact number and school email
   b. Individual clinical background (a resume is acceptable as well)
   c. 3 personal goals for the clinical

If students have any questions or concerns regarding the clinical experience, please refer to the following points of contact:

**Department Chair for Graduate Affairs**

Julie C. Freeman, DNP, ACNP-BC, MSN
Department Chair for Graduate Affairs
Associate Professor
School of Nursing
College of Nursing and Health Sciences
Auburn University at Montgomery
308 Moore Hall
334-244-3142 (Office)
Email: Jfreema3@aum.edu

**Family Nurse Practitioner Coordinator**

Shea McCarty, BFA, MSN, FNP-C
Family Nurse Practitioner Coordinator
Assistant Clinical Professor
School of Nursing
College of Nursing and Health Sciences
Auburn University at Montgomery
315 Moore Hall
334-244-3187 (office)
Email: bmccarty@aum.edu

Clinical/Site Visit Protocol

Graduate nursing faculty will conduct site visits a minimum of once during each clinical rotation. Site visits are arranged in advance with consideration to preceptor, student, and nursing faculty schedules. The student is responsible for clearly communicating to the preceptor the site visit date, time, and objectives of the visit.

The graduate nursing faculty member will discuss general student progress with the preceptor in
the presence of the student. The graduate nursing faculty member will discuss student progress toward completion of clinical/practicum assignments and attainment of course outcomes. Additional clinical site visits may be scheduled for the following reasons:

1. The graduate nursing faculty judgment is that an insufficient number/mix of patients was available in order to adequately assess the student.
2. The graduate nursing faculty judgment is that the student has not met benchmarks for the minimum criteria for successful completion of the clinical rotation.
   a. Graduate nursing faculty who identify clinical/theoretical deficiencies shall implement a remediation/performance improvement plan with the student (See Appendix).
3. The preceptor requests additional site visits.
4. The student requests additional site visits.

Program-Specific Clinical Site Visit Objectives
Family Nurse Practitioner:

1. Graduate nursing faculty will review and discuss clinical experiences, logs, and goals with the student.
2. Graduate nursing faculty may review and discuss the medical records of patients in which the student performed and documented the history, physical exam, differential diagnoses, and management plan. The student will present the patients to the graduate nursing faculty, including the chief complaint (CC), history of present illness (HPI), pertinent medical history, physical exam findings, primary differential diagnoses, and management plan.
3. Graduate nursing faculty may observe the student while performing the history, exam, diagnosis, and management plan on at least one patient.
4. If the site visit needs to be re-scheduled for any reason, all parties are to be notified immediately through appropriate course email and/or phone. General Clinical Information

Clinical Hour Expectations

Auburn University at Montgomery requires Family Nurse practitioner students to complete 720 clinical hours in their program of study. These hours are divided into specialties as described in each clinical course syllabus. Clinical hours must be spent with an Auburn University at Montgomery approved preceptor, at an Auburn University at Montgomery approved site. Students are responsible for finding an acceptable site and preceptor for their clinical experiences.

Clinical hours are defined by the National Task Force (NTF) Criteria (2016) as "hours in which direct clinical care is provided to individuals, and families, in one of the six population-focused
areas of NP practice; these hours do not include skill lab hours, physical assessment practice sessions, or a community project if it does not include provision of direct patient care. Clinical experiences and time spent in each experience are varied and distributed in a way that prepares the student to provide care to the populations served, which may include telehealth, and international direct care experiences. For example, an FNP student receives experiences with individuals/families across the lifespan, and the adult-gerontology NP student receives experiences with adults across the adult age spectrum from adolescent to older adult, including the frail older adult. In addition whereas 500 direct patient care clinical hours is regarded as a minimum, it is expected that programs preparing NPs to provide direct care to multiple age groups, e.g. FNP (or lifespan), will exceed this minimum requirement. The distribution of hours is based on the program’s population-focused area of practice.” (p. 12).

**Prerequisites**

**Unencumbered RN license** - The student must maintain an active unencumbered RN license in all states in which clinical rotations will be performed. An Auburn University at Montgomery Nurse Practitioner faculty member must be notified immediately if the RN licensure status changes in any way. Maintenance of Basic Life Support (BLS) certification is required throughout the program. Advanced life support is also highly recommended. A copy of the BLS/ALS certification card must be provided. All RN licenses will be verified by the School of Nursing.

**HIPAA OSHA** - Student compliance with HIPAA (health insurance portability and accountability act) and OSHA (Occupational Safety and Health Administration) guidelines is required.

**Clinical approval** - Every clinical site and preceptor must have a current, signed agreement in place with AUM BEFORE the student begins any clinical experience. If the student has not received approval from NP coordinator for a site and/or preceptor, the student may not begin the clinical rotation. The approval process for preceptors and clinical sites is described in detail in this manual.

A **drug screen** and **background check** is required for all students prior to beginning any clinical rotation in the FNP program and action will be taken for non-negative findings. A repeat drug screen or background check may be required depending upon facility requirements or just cause. The Substance Abuse Policy and Procedure, as defined in the Auburn University at Montgomery graduate student handbook, will be followed for all drug testing.

**Personal liability insurance** for clinical practice is required for all graduate students. Students will be charged a small fee each year they are enrolled and will be covered while working for Auburn University at Montgomery within the scope of their duties as currently enrolled students.
Health Data and Immunization Requirements- Upon acceptance to the AUMSON, the student should submit one completed copy of the Auburn University at Montgomery Health Form to Castlebranch. The Health form should provide evidence of having met the health requirements which include, but are not limited to:

- Annual Mantoux Tuberculin skin test or annual TB chest x-ray, completed within the last year
- Completed Hepatitis B Vaccination series
- Chicken Pox immunization (either year of disease or evidence of Vaccination series)
- MMR
- Current (yearly) flu immunization

Castlebranch

Immunization Record Management- All MSN students will utilize a web-based Medical Record clearance process. The service is provided by Castlebranch, a secure, confidential web-based company that is HIPPA/FERPA compliant. They will provide an Immunization Tracker and Drug Screening. This includes the immunization tracker which is life time access to records and your drug screen. This is mandatory.

Students will receive additional information on how to create their account and upload their information as a part of their notification of acceptance into the AUM MSN program. Students will need to log into their accounts multiple times to determine if their account is complete or if they need to submit additional information. Students will periodically receive automatic notices of required impending clearance updates (annual TB renewal, etc.) from Castlebranch. Students can access and view their records at any time by logging into their account.

Students of the Auburn University at Montgomery School of Nursing are responsible for keeping current all immunizations as stated in the contract with clinical agencies. The student shall turn in a copy of each immunization/vaccine. The student shall keep original documentation for his/her personal records for future use. Some facilities require additional immunizations and/or testing. Students must comply with facility contract requirements.

Clinical Area Illness or Injury

Students who are injured or become ill while providing patient care MUST:

1. Notify assigned Preceptor and Graduate Program Coordinator immediately.
2. Follow the agency's policy and procedure for injury or illness, if appropriate.
3. Report to either personal physician or AUM Student Health Center.  
4. **DO NOT** report to the clinical area when ill, experiencing an elevated temperature, nausea, vomiting, diarrhea or any other symptoms of illness. Students are responsible for notifying the clinical instructor and clinical unit of illness.  
5. Clinical agencies will not provide medical care free of charge for students who are injured or become ill during the clinical experience. Students are responsible for any expense incurred. Each student is required to carry personal health care coverage. 

**Completion of Hours**

All clinical hours are to be completed during the semester in which students are enrolled. No clinical hours may be completed after the last day of the semester. 

**Clinical Site Selection**

Throughout the course of the Family Nurse Practitioner program, students are expected to spend time in clinical sites treating patients across the lifespan, from newborn to geriatrics. Clinical site selection is critical to the student's success in this program. The diagnoses, task-based proficiencies, and population focus of each clinical course should direct site selection. For example, in NURS 7211/7210 – Women’s Health Primary Care OB/GYN office would offer more opportunity to focus on task-based proficiencies and diagnoses specific to female clients than would a family practice site. Details regarding diagnoses, task-based proficiencies and population focus for each course are listed in the clinical manual, as well as suggestions for appropriate clinical sites.

For NURS 7410/7411 - Adult Gerontologic Primary Care, students should choose a clinical site which will allow sufficient time to learn about the care of patients with a variety of acute and chronic conditions. Throughout the clinical experience, appropriate site choice based on the targeted population of the course will be important to facilitate student learning. It is the student's responsibility to choose an appropriate site that offers the experiences that will best prepare them for their role as a Family Nurse Practitioner. Questions regarding site selections should be directed to the FNP coordinator, Ms. Shea McCarty at bmccarty@aum.edu or the course coordinator for the specific course.

**Important:** Students should begin working on clinical placement as soon as possible. All students must have a clinical site in place and approved prior to the first day of clinical.
Preceptor Selection

The student should have a majority of clinical experiences with preceptors in the population-focused area of practice pertinent to the student's chosen education track. In the case of the Family Nurse Practitioner, students should focus their experience across the lifespan. Preceptors must have at least two years of clinical experience and a current unencumbered license in their area of practice. It is in the best interest of the student to have an experienced preceptor to guide the learning process in the clinical setting.

Suggestions for securing a Clinical Site and Preceptor

• Start early!! Paperwork for the next semester is due mid-term of the current semester.
• Determine if a facility with which Auburn University at Montgomery already has a contract would be a suitable site for the student's needs and the course requirements
• Other avenues of identifying potential clinical sites and preceptors:
  o Network through a local nurse practitioner association which accepts students as members
  o Ask friends or colleagues for suggestions
  o Search the Yellow Pages or internet for local practice sites
• When contacting the preceptor or clinical site manager, students should present themselves in a professional manner both in dress and speech. Sometimes, a personal visit is more effective than an email or phone contact.

Preceptorship Planning for Auburn University at Montgomery School of Nursing

Note: All planning forms must be processed the semester preceding the clinical experience.

This page contains information for the student. Please read carefully.

Failure to complete the form accurately and entirely can slow the contract process and may prevent the student form beginning the clinical experience.

This is not a contract. It is a planning form so that the contract can be processed between the agencies involved. The legal contract will go to the preceptor's agency directly from Auburn University in the event that a current contract is not already in place.

Time Frame for Planning Forms: Meet with your faculty as early as possible following admission to the School of Nursing and no later than eight weeks prior to your clinical course to begin preceptor planning.

New contracts are extremely time consuming. Start well in advance of your clinical course or
you may not be able to complete your clinical requirements.

The preceptorship/planning form is required prior to beginning clinical rotations and a clinical course. It must be submitted by the end of the semester before the student's clinical course is scheduled to begin. Students must have an approved clinical affiliation agreement in place for every site the student has requested to perform clinical rotations. If a student is working with a preceptor at one site and the preceptor request that the student accompany them to another site (i.e. office or hospital) the student will need a different clinical affiliation agreement in place for all locations where the preceptor will be working, if the location is a different entity from that which the requested affiliation agreement covers. If the student does not have an approved clinical site and preceptor in place by the first day of his or her clinical course the student may not be allowed to take the clinical course that semester.

1. The Preceptorship Planning Form is an agreement between the student and the preceptor. All students must submit a separate planning form (A, B, C, D - hospital affiliation only) for EVERY preceptor they plan to rotate with EACH semester. If an agreement is already in place, only the top portion of the planning form should be filled out. If an agreement is needed, the entire form must be completed. Information other than original signatures MUST be typed and all blanks must be filled in. Failure to complete the form properly could delay approval of the student's preceptor site. All inquiries regarding the Preceptorship Planning Form should be sent to Dr. Julie Freeman (jfreema3@aum.edu)

2. The Clinical Affiliation Agreement is a legal binding agreement between Auburn University at Montgomery and the Facility. An agreement MUST be in place before the student can begin their clinical rotations. Before a student requests to initiate a new affiliation agreement the student may check the Comprehensive List of Contracts with Clinical Agencies to verify that an agreement is not already in place with the facility with whom the student plants to perform their clinical rotation. If the site is NOT on the list (meaning there is no active agreement in place), the student will need to request that an agreement be initiated on their Preceptorship Planning Form.

*Blank copies of these forms can be located in appendices of this document.

Procedure for Students:

1. Discuss with Clinical Faculty any potential preceptor. There are specific requirements for preceptors. You must have faculty approval before proceeding.
2. Schedule appointment with potential preceptor. Confirm appointment with a letter and include copies of Expected Nurse Practitioner Student Behaviors and Preceptor Guidelines.
3. Meet the preceptor and complete the Planning Form. Inquire as to whether there are any special expectations of the clinical experience.
4. The student must visualize the current credentials for practice for the preceptor and
make sure the planning forms have this information.
5. Submit completed Planning Form to Clinical Faculty Member along with a copy of your RN license for the state in which the preceptorship experience is planned.
6. Students will be responsible for initiating a contract with selected preceptors at clinical sites.
7. Secure professional liability insurance (independent or through AUMSON)
8. Obtain photo ID from AUM SON during the second half of the spring semester.
9. Complete personal data check forms if not completed in prior semester(s).

**ALL Planning Forms are due each semester even if you remain with the same preceptor even if you are continuing with a previous semester preceptor.**

**Instructions:**

1. If the agency is a primary care setting, complete parts A, B, & C. Part D must be completed if you are practicing in the hospital with your preceptor.
2. There must be a preceptor planning packet filled out for every clinical practice site.
3. If your preceptor has partners with whom you will be working, they need to sign also. Duplicate part B and attach multiples (one for each preceptor).
4. Subsequent experiences with the same preceptor: you must complete the packet every semester for each clinical site. If you are adding hospital experiences, you must add part D.

Each student is responsible for obtaining and maintaining registered nurse licensure in the state in which clinical practice hours are done. Failure to do so will result in loss of credit for those clinical hours and administrative withdrawal from the course involved.

*Send a copy of your current RN license or official verification, along with these forms. Write "copy" across the Xeroxed image of the license.*

**Information for the Preceptor of the AUM School of Nursing**

**Nurse Practitioner Student**

The purpose of the experience is to provide the nurse practitioner student with an opportunity to participate in: 1) health assessment of patients, 2) counseling and guidance in accordance with identified needs, and 3) management of the care of patients in consultation with the preceptor.
The student is expected to consult with the preceptor regarding each patient and to record the visits in the **format appropriate to the clinic's standards.** At all times, the student will function under the supervision of the preceptor.

Additional considerations to guide you in your decision to precept:

A. You agree to accept responsibility for a nurse practitioner student for a specified time.

B. Generally, the development of a learning environment for the student would include:

1. Sufficient exam rooms so the student may function at a novice pace.
2. Opportunities to do histories and physical examinations make a tentative assessment, present orally to you, propose appropriate diagnoses and therapeutic plans, and write up the encounter as part of the permanent chart/record.
3. Preceptor follow-up with the patient in order to critique the proposed assessment and plan of care.
4. Opportunity for the student to observe or participate in the management of any patient who presents with a problem of general education interest.
5. Guidance in the performance of clinical procedures that are consistent with the student's learning objectives while under supervision of the preceptor.
6. A telephone conversation and a brief meeting at your clinic with the academic faculty overseeing the student's work sometime during the semester for the purposes of determining student progress.

C. The clinic staff should understand that the nurse practitioner student will function as a health care provider.

D. The AUM School of Nursing faculty member for this student will make specified contact with the preceptor and student as follows:

1. A faculty member will visit your clinic during the time the student is with you. At this visit, the faculty member would like your permission to enter the patient's examination room with the student to observe the student's progress. The faculty member would like to hear the student present the care to you. Faculty will need a few minutes to confidentially discuss the student's progress.
2. In so far as possible, faculty will coordinate the visit with you and your staff to be limited for your convenience. Sometimes travel to an area distance from Alabama will require grouping of visits in that area and may not be as flexible in timing as we would like.
3. Should any problems arise concerning the student's conduct in the clinic, please notify the faculty member so that prompt action can be taken.

E. At the conclusion of the rotation, the preceptor will complete a form providing feedback on the student’s progress.
IF AT ANY TIME YOU HAVE QUESTIONS OR DETERMINE THAT THE STUDENT IS NOT A SAFE HEALTH CARE PROVIDER, PLEASE CONTACT Ms. Shea McCarty FNP Track Coordinator, 334-244-3817. You may ask the student to leave the clinical site if at any time you determine there is inappropriate or unsafe behavior.

Your participation as a preceptor for the nurse practitioner program is an essential component of the curriculum. Clinical practice rotations offer a unique opportunity for the graduate nursing student to observe and practice the management of patient care. Students develop their ability to safely perform clinical problem-solving through their participation in the clinical decision making process and learn the value of collaboration among health care providers.
Example of Letter Sent to Your Preceptor(s) From FNP Faculty

Add date

It is with great appreciation that we welcome you to our prestigious cadre of Preceptors this semester. Thank you for agreeing to precept __________________________. The nurse practitioners and physicians who work with our Family Nurse Practitioner students are among the best in the nation. Our Preceptors care about the quality of health care education. Without your help, programs such as ours could not exist.

This graduate student is CPR certified, has been vaccinated against Hepatitis B, influenza, and has been instructed regarding the prevention of transmission of blood borne and other pathogens. The student is a registered nurse licensed to practice nursing and is covered by professional liability insurance program.

During the semester, the student's clinical faculty member will contact you either by telephone or email. Nurse Practitioner faculty will also make a visit to one of the student's clinical sites to observe the student and to talk with the preceptor about the student's progress in meeting the course objectives. Efforts will be made to keep any visit as brief as possible.

You will find the following enclosed:
- **A list of Expected Nurse Practitioner Student Behaviors.**
- **Nurse Practitioner Preceptor guidelines.**
- **IF AT ANY TIME YOU HAVE QUESTIONS OR DETERMINE THAT THE STUDENT IS NOT A SAFE HEALTH CARE PROVIDER, PLEASE CONTACT Ms. Shea McCarty, FNP Track Coordinator, 334-244-3817. You may ask the student to leave the clinical site if at any time you determine there is inappropriate or unsafe behavior.**

Your participation as a preceptor for the nurse practitioner program is an essential component of the curriculum. Clinical practice rotations offer a unique opportunity for the graduate nursing student to observe and practice the management of patient care. Students develop their ability to safely perform clinical problem-solving through their participation in the clinical decision-making process and learn the value of collaboration among health care providers.

Please email/mail your resume or CV to us if we do not have a recent copy (within the last 2 years). You may mail it or attach it electronically to Ms. Shea McCarty (bmccarty@aum.edu). Thank you so much. If we can ever be of assistance to you or your staff, do not hesitate to contact us.

Sincerely,
Ms. Shea McCarty
BFA, MSN, RN, FNP-C
Assistant Clinical Professor
FNP Track Coordinator
Auburn University at Montgomery
School of Nursing
Graduate Studies

Expected Family Nurse Practitioner Student Behaviors

In collaboration with the supervising preceptor, the student should be able to:

1. Differentiate normal and abnormal findings based on the physical examination, history, laboratory findings, and other tests and procedures.
2. Develop a working diagnosis, differential diagnosis, or a problem list and a preliminary plan of care.
3. Identify and explain significant pathophysiology related to the patient's clinical problem.
4. Problem solve through evaluation of history and physical examination, usage of established criteria for management, and collaboration with preceptor on a plan of care.
5. Present and record findings in a concise, accurate, and organized manner.
6. Institute and provide continuity of care. Interact with the patient to assure understanding of and compliance with the therapeutic regimen.
7. Provide instruction and counseling regarding health promotion, patient teaching, discharge planning, family care, as appropriate, to the patient and/or family.
8. Consider the cost implications of care provided.
9. Recognize when to refer to a physician or other health care provider.
10. Coordinate care with other health professionals and agencies.
11. Demonstrate appropriate interpersonal relationships with staff, patients, families, and other health professionals in a behavior that is both ethical and professional at all times.
12. Arrive on-time to all clinical rotation experiences; be well-rested, prepared, and free from substance abuse.
13. Properly identify yourself to all patients and other health care providers as a Family Nurse Practitioner student.
14. Follow the dress code and wear a clean pressed lab coat with school insignia and school identification badge in clear view.
15. Participate in clinical practice as a family nurse practitioner student only under the supervision and direction of an approved preceptor and AUM faculty members.
16. Seek active learning experiences guided by the approved preceptor.
17. Perform only approved procedures that fall within the scope of practice of a FNP as described in the clinical manual, and only under the direct supervision of an approved preceptor.
18. Elicit an appropriate health history and perform a comprehensive physical exam in an
appropriate and professional manner.

19. Identify and respond appropriately to abnormal findings from the history and physical and other diagnostic data.

20. Verify and discuss all findings, suspected diagnoses, recommended treatment, and plans of care with the preceptor prior to implementation.


22. Always maintain patient confidentiality.

23. Provide health promotion and disease prevention education to patients across the lifespan in an appropriate manner.

24. Recognize that some problems are outside the FNP scope of practice; identify when a client should be referred to a physician, specialist, or other health care facility for management.

25. Identify emergency situations and initiate effective emergency care when needed.

26. Communicate effectively with preceptor, faculty and other members of the health care team.

27. Notify your clinical instructor and/or the course coordinator immediately for any problems, issues, or concerns which arise in the clinical area.

28. Demonstrate safety at all times in clinical practice.

Attention and involvement in the clinical experience is expected. Examples of unacceptable inattentive behaviors include, but are not limited to:

- sleeping,
- reading the newspaper,
- checking email,
- exploring the internet
- distracting behaviors not appropriate during the clinical experience.

**Clinical Uniform Policy**

Students should maintain a professional appearance consistent with the nursing profession at all times. When in AUM uniform the student is representing the School of Nursing and the nursing profession and all guidelines must be followed. The required dress for ALL clinical experiences includes, but is not limited to the following:

1. White lab coat with AUM SON insignia
2. ID badge on and visible to others
3. No other outer garments are allowed in the clinical settings (jackets or sweatshirts)
4. Professional business attire should allow for proper movement without being offensive (i.e., heels no higher than 1.5 inches, closed toe shoes, no display of cleavage, midriff, or
5. For infection control, pants must not touch or drag the floor
6. AUM College of Nursing and Health Sciences nametag at all times
7. All tattoos must be covered
8. A single pair of stud earrings in the lower earlobe is the only body piercing jewelry allowed
9. A plain band ring may be worn if desired
10. Short, clean fingernails – no nail polish of any type or acrylic nails allowed
11. Naturally occurring hair color, no hair jewelry
12. Trimmed beards or clean shaved look
13. False eyelashes and lash extensions are prohibited
14. Hair must be above shoulders or restrained – bangs should be secured if fall over face with head looking down
15. Due to sensitivities, body fragrances are not allowed
16. See course syllabi for any additional requirement

Clinical Role and FNP Scope of Practice

- A FNP student is learning the role and scope of practice of the FNP. All students must learn and abide by the applicable state nurse practice act and the national certifying body's regulations. Students are to adhere to the nurse practice act in each state in which they have an approved clinical site. It is the student's responsibility to read the applicable nurse practice act(s), understand the content, and abide by the act(s). If a student fails to adhere to a state nurse practice act, then the student will not be covered by Auburn University at Montgomery’s malpractice insurance carrier, and the student accepts sole responsibility for his/her actions, outcomes, and medical-legal ramifications. Students are also required to maintain an active unencumbered RN license in all states in which they have an approved clinical site.

Maintain Satisfactory Clinical Standing

- Preceptors participate in the ongoing clinical evaluation of students through contact with Auburn University at Montgomery FNP faculty members and written evaluations. However, Auburn University at Montgomery faculty members determine the student's clinical standing throughout the semester and the final clinical and course grade. Expectations outlined in the FNP clinical manual as well as course and clinical objectives provided in each course syllabus will serve as the standards for student evaluation. Auburn University at Montgomery FNP faculty members evaluate student performance
in a variety of ways, such as clinically related assignments, site visits, evaluation of students by preceptors, consultation with preceptors, and clinical documentation in Typhon.

- **If students do not maintain satisfactory clinical standing at any time during the semester, the FNP Clinical Standing/Probation/Progression policy will be followed to determine the needed action.** Students must receive a satisfactory evaluation from Auburn University at Montgomery FNP faculty to successfully pass any clinical course, independent of the students' overall didactic grades. Students are required to achieve a B or higher in didactic work in order to progress; however, failure of the clinical portion of the course will result in the student being required to repeat both the academic and clinical portions of the course.

**Chart Documentation**

- Appropriate preceptor validation of patient findings is essential to assure successful billing for services and compliance. Students need to discuss with their preceptors the documentation policy used by the agency where they precept, and comply with the policy. Students are expected to document patient encounters in the patient record whenever they are actively involved in the patient's care.

- For agencies that do not have policies regarding student documentation, documentation provided must demonstrate to any knowledgeable reviewer that the billing provider performed the service and the student participated in the delivery of care.

- Having validated student findings, the preceptor should indicate this validation on the patient record (written or electronic). A standard template may be used and the student may enter the statement for the preceptor's signature. The following language options are suggested:

  o Option 1: I was present and participated in the exam, assessment of the patient, and the plan of care.
  o Option 2: Dr. was present and participated in the exam, assessment of the patient, and the plan of care.

- All students, regardless of the agency where they are precepting, are to sign their names legibly as follows: First Name (no initials) and Last Name, RN, FNP student, Auburn University at Montgomery.
Billing for Services

Students need to learn about the billing process from the first day they enter clinical rotations. All patient procedures and services are coded using CPT (Current Procedural Terminology) codes by the provider at the end of the visit. Patients and their insurance companies are billed according to these codes; therefore, accurate CPT selection and documentation that supports their selection are important skills to be gained by FNP students. In addition, ICD-10 (International Classification of Diseases, 10th Revision) codes are used to (1) identify health problems (i.e., diagnosis, symptoms) and (2) establish medical necessity by indicating the severity and emergent nature of the problem. Establishing a diagnosis is also an important skill to be gained by FNP students. Students need to participate in the identification and designation of ICD-10 and CPT codes; however, students do not receive personal compensation for any patient services rendered.
Clinical Standing/Clinical Performance Evaluations

Preceptors participate in student clinical evaluations and provide ongoing clinical evaluation throughout each clinical course during the semester, as well as a summative evaluation at the completion of the clinical rotation. However, Family Nurse Practitioner (FNP) faculty members determine the student's clinical standing throughout the semester as well as the final clinical and course grade. Students are evaluated on a regular basis throughout their clinical rotations by their clinical instructors and must receive a satisfactory evaluation from the Auburn University at Montgomery FNP faculty to successfully pass all clinical courses, independent of the students' overall didactic grades. Students are required to achieve a grade of B or higher in didactic work in order to progress; however, failure of the clinical portion of the course will result in the student being required to repeat the clinical portions of the course. Auburn University at Montgomery FNP faculty members evaluate student performance in a variety of ways, such as clinically related assignments, site visits, consultation with preceptors, and clinical documentation in Typhon. Expectations outlined in the FNP clinical manual as well as course and clinical objectives provided in each course syllabus will serve as the standards for student evaluation.

Students may receive a failing course grade or be administratively and permanently removed from the FNP program without first being placed on probation for offenses including, but not limited to:

- Practicing in an unethical or unprofessional manner
- Compromising patient safety
- Committing a felony
- Testing non-negative on a drug screen
- Performing clinical rotations without written permission from the FNP Contract or Clinical Coordinator
- Providing false or inaccurate information related to a clinical preceptor or site
- Misrepresenting his/her clinical hours or providing any false documentation or other written or verbal inaccuracy related to clinical rotations and/or clinical hours
- Misrepresenting the role in which the student is functioning
- Performing or participating in any other action FNP faculty deem as an infraction or breach of program policy
If an Auburn University at Montgomery FNP faculty member determines that a student is not meeting course or clinical objectives or standards as outlined in the syllabus and FNP clinical manual, or if a clinical issue arises related to patient safety or professional practice, a conference will be held with the student to further explore the issue. Preceptors and Auburn University at Montgomery FNP faculty maintain the right to ask the student to leave the clinical site until any issue of concern is resolved. After the conference, in consultation with the course coordinator, Coordinator of the FNP Track Coordinator and if needed, the Graduate Program Coordinator and the Dean, the student may incur any of the following:

- Received a written warning to be placed in the student’s file;
- Be placed on clinical probation;
- Be required to repeat completed clinical course hours in part or whole;
- Be administratively removed from the clinical site/preceptor and require to complete clinical hours at an alternate site with an alternate preceptor;
- Receive and overall failing clinical course grade;
- Be permanently dismissed from the Auburn University at Montgomery FNP program

If the student receives a written warning, a second offense will automatically result in a minimum of clinical probation. If the student is placed on clinical probation, a remedial action plan will be developed and a time line for follow-up will be included in the action plan. If performance or conduct does not improve as outlined in the remedial action plan, the responsible course faculty will consult with the FNP Track Coordinator and if needed, the Graduate Program Coordinator and the Dean, and will make the judgment to assign a failing clinical course grade, or permanently dismiss the student from the Auburn University at Montgomery FNP Program.

Each student is entitled to, and will be given due process. Students should follow the complaint process as outlined in the current Auburn University at Montgomery Student Handbook.

Clinical Probation

Clinical Probation is a period designed to remediate and evaluate the clinical performance of a student who has not satisfactorily met the semester's clinical objectives or who has had a significant issue arise related to their clinical performance or conduct.

When the student is placed on clinical probation, a Probation Action Form-Part A will be completed, outlining the reasons for probation and the necessary actions to correct the stated problem(s). More specific criteria will be outlined in the remedial action plan that will measure the improvement in student clinical performance over a specified period of time. A probationary clinical site may be assigned or arranged by the course faculty member and the FNP Track Coordinator. Specific preceptors may be identified to work with and evaluate the student’s
performance. The student’s clinical progress will also continually be monitored by the clinical and/or course instructor.

At the end of the probation period, the student’s performance will be re-evaluated by the faculty and the FNP Coordinator to determine if the objectives of the remedial action plan have been successfully achieved. A *Probationary Action Form - Part B* will be completed by the responsible faculty member(s) utilizing feedback received from the student’s clinical preceptor(s). If a deficiency still exists, the student will receive a failing clinical grade and be required to repeat the course in order to progress. If a student receives two failing clinical/course grades, the student will not be allowed to repeat the course, and will be dismissed from the Auburn University of Montgomery FNP program.
Auburn University at Montgomery
Family Nurse Practitioner Program

Probationary Action Form
Part A

Student Name:______________________________ Date:________________________

Probationary Period:___________________________ to _________________________

Clinical Sites involved during probation:____________________________________

REASON(S) FOR PROBATION:

REMEDIAL ACTION OBJECTIVES:

REMEDIAL ACTION PLAN:

__________________________________________

Student

__________________________________________

Course Coordinator

__________________________________________

FNP Track Coordinator
Auburn University at Montgomery
Family Nurse Practitioner Program
Probationary Action Form
Part B

Student Name: ___________________________ Date: ______________________

Probationary Period: _________________________ to _________________________

Clinical Sites involved during probation: _________________________________

1. Remedial action objectives achieved:

2. Remedial action objectives not achieved:

3. Recommendations following probation period:

4. Student comments:

________________________________________
Student

________________________________________
Course Coordinator

________________________________________
FNP Program
Progression Policies

In order to progress in the graduate program in the School of Nursing, the student must:

- Have a completed Health Data Record (with all required immunizations) updated annually and on file with Castlebranch.
- Document and keep current the following requirements:
  - Personal health insurance
  - BLS certification
- Adhere to the Code of Ethical/Professional Conduct as specified in the Auburn University at Montgomery Graduate Catalog and in this manual.
- Possess a current unencumbered registered nursing license.
- Submit to drug testing and background check.
- Students in the M.S.N. program must maintain a cumulative GPA of 3.00 or higher throughout the program. If a student is unsuccessful in any graduate course (a grade less than "B"), they may repeat the course once and achieve a grade of "B" or higher to continue in the School of Nursing. If they don't receive a grade of "B" or higher, they will be dismissed from the program.

* Students in the FNP track must make a grade of "B" (3.0) or above in each specialty course to progress in the graduate program in the School of Nursing.

- Nursing is a practice discipline. Regardless of a student's numerical grades on examinations and other written course work, it is possible for a student to fail the course as a result of Unsafe/Unsatisfactory clinical practice and/or Unsafe/Unsatisfactory therapeutic intervention (interactions). The Student who fails clinically will receive a grade of F regardless of the grades received in the didactic portion of the course. Once the clinical failure of the course has occurred and been identified, the student must immediately leave the clinical area. He/she will not be allowed to return to a clinical practice setting for the remainder of the semester. The decision to withdraw and the process of withdrawal from any course is the responsibility of the student. See the current Auburn University at Montgomery Catalog for more information on course withdrawal.

If a student has already failed a course clinically prior to the date to withdraw without academic penalty and the student chooses to withdraw, the grade received will be WF.

- FNP students refer to the Clinical Standing/Probation/Progression Policy located FNP Clinical Manual for further details regarding clinical grading information. All FNP students must read and adhere to the policies located in the FNP Clinical Manual.

- A student who withdraws, changes to audit status, or fails a nursing course can only reenroll in the course dropped, audited, or failed the following semester if the course is
being offered and if space is available. Permission to re-enroll will be based on progression and dismissal policies. Students repeating a course must repeat all didactic and clinical requirements within the semester they are re-enrolled.

- A grade of Incomplete makes the student ineligible to progress to the next nursing course.
New Agency _____ Continuing Agency _______

Family Nurse Practitioner or Clinical Placement Planning Form
AUM School of Nursing

Part A- Student Information (please type or print)

Student Name ________________________________________________

Complete Permanent Address ____________________________________

Street or P.O. Box

City ____________________________ County ____________________________ State ______ Zip ______

Complete Current Address ______________________________________

Street or P.O. Box

City ____________________________ County ____________________________ State ______ Zip ______

Contact Information (with area codes)

Cell Phone ____________________________ Home Phone ____________________________

Work Phone ____________________________ AUM Email ____________________________

Other contact Information ____________________________

Current Licensure Yes ______ No ______ State (s) ____________________________

CPR certification expiration date _____________ Date of last TB Skin test _____________

Course Information

Course Number (circle one)  7111  7211  7311  7411  7911

Term & Year  Fall 20  Spring 20  Summer 20  Fall 20

FNP Student Signature ____________________________ Date _____________

AUM SON Faculty’s Signature ____________________________ Date _____________
Part B- Preceptor Information (must be completed in full)

Preceptor Name (printed)____________________________________________________

(First)  (Middle)  (Last)

Credentials (circle one) DO  MD  CRNP/NP-C**  CRNM**

License Number(s)_________________ State(s)_________ Expiration Date________

Certification Agency______________________ Expiration Date________

Years in current role_______ Best phone #______________ Best E-mail_____________

Provide a brief description of type of patients seen at this site________________________

________________________________________

I agree to serve as preceptor for: Student Name________________________________________

________________________________________

Preceptor’s Signature  Date

**Nurse practitioner, provide the name of your Collaborating Physician

________________________________________ His/her State License #______________

Expiration Date____________ If applicable-Physician Certification Agency___________

__________ Expiration Date____________

Specialty of Physician Preceptor (Circle the most accurate)

Cardiology  Emergency Medicine  Gynecology  Obstetrics

Women’s Health  Family Practice  Internal Medicine  Neurology

Pediatrics  Orthopedic  Surgery  Oncology

Other (provide specialty)________________________________________________________

Specialty of Nurse Practitioner

Peds Primary  Adult Primary  Gerontology  Family Practice

Midwifery  Women’s Health
**Attach Current Resume/Vita to this form**

**All information is confidential and only available to school administrator**

NOTE: At the end of each semester you will receive a letter from AUMSON with the number of hours you served as a preceptor. If you would like this letter sent to an alternate (home) address instead of the address of form C please provide that address here.

Street Address:______________________________________________________________

_____________________________________

City, State and Zip:_________________________________________________________

____________

Revised and adopted Fall 2019
Part C- Preceptor’s Practice Information
Clinic/Agency Preceptor’s Information

Clinic/Agency Name

Clinic/Agency Physical Street Address

Clinic/Agency Physical City State

Clinical/Agency Mailing Address (if different from street/city/state address)

Telephone with area code Fax Number

Office Manager: Email Address

The Legal Name of the clinic, group or physician who owns the practice:

(Note: Legal Name and clinic name may or may not be the same)

Projected Effective Date of Contract (if new)

Date student can start at this side if existing contract

Circle Correct Descriptor of Agency:
Rural Clinic Academic Medical Center Clinic Inner City Clinic
Public Health Department Clinic Specialty Clinic Private Practice
Other

Person Legally Authorized to Sign Contracts

Name with title

Complete Mailing Address

Street or P.O. Box

City State Zip Code County

Telephone Number with area code Fax number with area code

Email

Revised and adopted Fall 2019
Part D- Affiliated Hospital Information

(Complete if the site is within the hospital or is owned and/or operated by a hospital)

**Hospital Information**

Legal Name of Hospital __________________________

(This must be the hospital affiliated with your preceptor for this specific term)

Projected Effective date of contract __________________________

(First date that you will be in the clinical setting)

Chief Nursing Administrator or Education Coordinator with title __________________________

Completed Mailing Address __________________________

Street or P.O. Box

City __________________________ State __________________________ Zip Code __________________________ County __________________________

Telephone Number with area code __________________________ Fax number with area code __________________________

**Person Legally Authorized to Sign Contracts**

Name with title __________________________

Complete Mailing Address __________________________

Street or P.O. Box

City __________________________ State __________________________ Zip Code __________________________ County __________________________

Telephone Number with area code __________________________ Fax number with area code __________________________ Email __________________________

Revised and adopted Fall 2019
Appendix B
Information for the Preceptor of the AUM School of Nursing Nurse Practitioner Student

The purpose of the experience is to provide the nurse practitioner student with an opportunity to participate in: 1) health assessment of patients, 2) counseling and guidance in accordance with identified needs, and 3) management of the care of patients in consultation with the preceptor.

The student is expected to consult with the preceptor regarding each patient and to record the visits in the format appropriate to the clinic's standards. At all times, the student will function under the supervision of the preceptor.

Additional considerations to guide you in your decision to precept:

A. You agree to accept responsibility for a nurse practitioner student for a specified time.

B. Generally, the development of a learning environment for the student would include:

1. Sufficient exam rooms so the student may function at a novice pace.
2. Opportunities to do histories and physical examinations, make a tentative assessment, present orally to you, propose appropriate diagnoses and therapeutic plans, and write up the encounter as part of the permanent chart/record.
3. Preceptor follow-up with the patient in order to critique the proposed assessment and plan of care.
4. Opportunity for the student to observe or participate in the management of any patient who presents with a problem of general education interest.
5. Guidance in the performance of clinical procedures that are consistent with the student's learning objectives while under supervision of the preceptor.
6. A telephone conversation and a brief meeting at your clinic with the academic faculty overseeing the student's work sometime during the semester for the purposes of determining student progress.

C. The clinic staff should understand that the nurse practitioner student will function as a health care provider.

D. The AUM School of Nursing faculty member for this student will make specified contact with the preceptor and student as follows:

1. A faculty member will visit your clinic during the time the student is with you. At this visit, the faculty member would like your permission to enter the patient's examination room with the student to observe the student's progress. The faculty member would like to hear the student present the care to you. Faculty will need a few minutes to confidentially discuss the student's progress.
2. In so far as possible, faculty will coordinate the visit with you and your staff to be limited for your convenience. Sometimes travel to an area distance from Alabama will
require grouping of visits in that area and may not be as flexible in timing as we would like.

3. Should any problems arise concerning the student's conduct in the clinic, please notify the faculty member so that prompt action can be taken.

E. At the conclusion of the rotation, the preceptor will complete a form providing feedback on the student's progress.

IF AT ANY TIME YOU HAVE QUESTIONS OR DETERMINE THAT THE STUDENT IS NOT A SAFE HEALTH CARE PROVIDER, PLEASE CONTACT Ms. Shea McCarty FNP Track Coordinator 334-244-3817. You may ask the student to leave the clinical site if at any time you determine there is inappropriate or unsafe behavior.

Your participation as a preceptor for the nurse practitioner program is an essential component of the curriculum. Clinical practice rotations offer a unique opportunity for the graduate nursing student to observe and practice the management of patient care. Students develop their ability to safely perform clinical problem-solving through their participation in the clinical decision-making process and learn the value of collaboration among health care providers.
It is with great appreciation that we welcome you to our prestigious cadre of Preceptors this semester. Thank you for agreeing to precept____________________________. The nurse practitioners and physicians who work with our Family Nurse Practitioner students are among the best in the nation. Our Preceptors care deeply about the quality of health care education. Without your help, programs such as ours could not exist.

This graduate student is CPR certified, has been vaccinated against Hepatitis B, influenza, and has been instructed regarding the prevention of transmission of blood borne and other pathogens. The student is a registered nurse licensed to practice nursing and is covered by professional liability insurance program.

During the semester, the student's clinical faculty member will contact you either by telephone or email. Nurse Practitioner faculty will also make a visit to one of the student's clinical sites to observe the student and to talk with the preceptor about the student's progress in meeting the course objectives. Efforts will be made to keep any visit as brief as possible.

You will find the following enclosed:

- A list of Expected Nurse Practitioner Student Behaviors.
- Nurse Practitioner Preceptor guidelines.
- IF AT ANY TIME YOU HAVE QUESTIONS OR DETERMINE THAT THE STUDENT IS NOT A SAFE HEALTH CARE PROVIDER, PLEASE CONTACT Dr. Julie Freeman, Program Director at 334-244-3142 or Ms. Shea McCarty, FNP Track Coordinator at 334-244-3817. You may ask the student to leave the clinical site if at any time you determine there is inappropriate or unsafe behavior.

Your participation as a preceptor for the nurse practitioner program is an essential component of the curriculum. Clinical practice rotations offer a unique opportunity for the graduate nursing student to observe and practice the management of patient care. Students develop their ability to safely perform clinical problem-solving through their participation in the clinical decision-making process and learn the value of collaboration among health care providers.

Please email/mail your resume or CV to us if we do not have a recent copy (within the last 2 years). You may mail it or attach it electronically to Ms. Shea McCarty (bmcarty@aum.edu). Thank you so much. If we can ever be of assistance to you or your staff, do not hesitate to contact us.

Sincerely,
Ms. Shea McCarty
BFA, MSN, RN, FNP-C
Assistant Clinical Professor
FNP Track Coordinator
Appendix C
Expected Family Nurse Practitioner Student Behaviors

In collaboration with the supervising preceptor, the student should be able to:

1. Perform complete histories and physical examinations in a manner appropriate for this patient.

2. Differentiate normal and abnormal findings based on the physical examination, history, laboratory findings, and other tests and procedures.

3. Develop a working diagnosis, differential diagnosis, or a problem list and a preliminary plan of care.

4. Identify and explain significant pathophysiology related to the patient's clinical problem.

5. Problem solve through evaluation of history and physical examination, usage of established criteria for management, and collaboration with preceptor on a plan of care.

6. Present and record findings in a concise, accurate, and organized manner.

7. Institute and provide continuity of care. Interact with the patient to assure understanding of and compliance with the therapeutic regimen.

8. Provide instruction and counseling regarding health promotion, patient teaching, discharge planning, family care, as appropriate, to the patient and/or family.

9. Consider the cost implications of care provided.

10. Recognize when to refer to a physician or other health care provider.

11. Coordinate care with other health professionals and agencies.

12. Demonstrate appropriate interpersonal relationships with staff, patients, families, and other health professionals.
Appendix D
## Auburn University at Montgomery School of Nursing Clinical Skills Checklist

### Student Name:

<table>
<thead>
<tr>
<th>Nurse Practitioner Basic Skills Checklist</th>
<th>Initial Date Performed</th>
<th># of total opportunities</th>
<th>Preceptor’s evaluation of performance (date/numeric scale)</th>
<th>Signature of preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Anesthesia</td>
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<td></td>
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<tr>
<td>Foreign body eye – staining/woods lamp</td>
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<tr>
<td>Skin scraping/ punch biopsy/ excisional skin biopsy/shave biopsy</td>
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<tr>
<td>Basic Suturing</td>
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<tr>
<td>Speculum – vaginal exam/bimanual exam/wet mount/pap smear/STD testing</td>
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<td></td>
<td></td>
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<tr>
<td>Anoscopic exam</td>
<td></td>
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<tr>
<td>Removal of ingrown toenail</td>
<td></td>
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<tr>
<td>Skin tags – simple skin lesion removal</td>
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<tr>
<td>Wart treatment</td>
<td></td>
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</tbody>
</table>
# Auburn University Schools of Nursing Clinical Skills Checklist

**Student Name:** ________________________________

<table>
<thead>
<tr>
<th>Nurse Practitioner Basic Skills Checklist</th>
<th>Initial Date Performed</th>
<th># of total opportunities</th>
<th>Preceptor’s evaluation of performance (date/numeric scale)</th>
<th>Signature of preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic x-ray interpretation</td>
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<tr>
<td>Basic 12-lead ECG interpretation</td>
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<tr>
<td>Digital rectal exam/prostate exam</td>
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<tr>
<td>Needle Aspiration</td>
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<tr>
<td>Abscess I &amp; D</td>
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<tr>
<td>Emergency Problems</td>
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<tr>
<td>1. Poisoning</td>
<td></td>
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<tr>
<td>2. Heat related</td>
<td></td>
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<tr>
<td>3. Burns</td>
<td></td>
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<tr>
<td>4. Bites, Stings</td>
<td></td>
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<tr>
<td>5. Foreign body obstructions</td>
<td></td>
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</tbody>
</table>

Skills performance numeric scale

- **4 = Above expected** - Demonstrates above average knowledge and performs at a high level of skill with minimal guidance.
- **3 = Expected** - Demonstrates adequate knowledge and skill to perform in a competent manner; needs moderate guidance.
- **2 = Below expected** - Performs with minimal knowledge for safe practice. Requires close supervision.
- **1= Unacceptable** - Demonstrates inadequate knowledge and skill for safe practice.
Auburn University at Montgomery
MSN FNP Program Clinical Evaluation
of Student

Student_________________________Sem./Yr.___________Course_____________________

# Hours____Clinical Site___________________________Preceptor_____________________

For each item listed below, CHECK one block indicating your evaluation of the student. Scale: 5 = Consistently Demonstrated 0 = Not Demonstrated

<table>
<thead>
<tr>
<th>I.  Professional Characteristics</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpersonal relations with staff, patients, and other health professionals</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td>■</td>
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<tr>
<td>1. Uses effective communication</td>
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<tr>
<td>2. Performs in a cooperative manner</td>
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<tr>
<td>3. Demonstrates sensitivity and respect to staff</td>
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<tr>
<td>4. Uses time productively, is punctual</td>
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<tr>
<td>5. Identifies own learning needs and takes responsibility for own learning</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Clinical Skills</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Records a clear and concise H &amp; P</td>
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<td></td>
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<tr>
<td>7. Addresses health risks and health promotion in plan of care</td>
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<td>8. Demonstrates competency in making clinical decisions</td>
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<td>9. Correctly interprets common lab tests</td>
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<td>10. Consults appropriately with preceptor</td>
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<tr>
<th>III. Overall Clinical Performance</th>
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<tbody>
<tr>
<td>D Above expected (90-100%)</td>
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<tr>
<td>(Demonstrates above average knowledge and performs at a high level of skill with minimal guidance.)</td>
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<tr>
<td>D Expected (80-89%)</td>
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<tr>
<td>(Demonstrates adequate knowledge and skill to perform in a competent manner. Needs moderate guidance.)</td>
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<tr>
<td>D Below expected (70-79%)</td>
<td></td>
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<tr>
<td>(Performs with minimal knowledge for safe practice. Requires close supervision.)</td>
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<tr>
<td>D Unacceptable (69% &amp; below)</td>
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<tr>
<td>(Demonstrates inadequate knowledge and skill for safe practice.)</td>
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</table>

<table>
<thead>
<tr>
<th>IV. Comments</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Please make statements about your overall impression of the student’s strengths, weaknesses, and whether you consider the student’s clinical performance to be safe. (Use back of page if necessary.)</td>
<td></td>
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</tbody>
</table>

______________________________  ______________________
Preceptor’s Signature            Date

79
Nurse Practitioner Student Evaluation of Preceptor

AUM School of Nursing

Student Name: ___________________________ Date evaluation completed ___________________________

Course Number (circle): 7110/7111 7210/7211 7310/7311 7410/7411 7911
Preceptor and Title: ___________________________ Site: ___________________________

INSTRUCTIONS: Please complete the evaluation form by circling the appropriate numbers and by writing comments related to the preceptor’s strengths and areas of needed improvement.

<table>
<thead>
<tr>
<th>5 = Excellent</th>
<th>4 = Good</th>
<th>3 = Satisfactory</th>
<th>2 = Marginal</th>
<th>1 = Poor</th>
</tr>
</thead>
</table>

I. Professional Role
A. Demonstrates the roles of researcher, educator, health care provider, patient advocate, leader, consultant, collaborator, manager, and change agent. | 5 4 3 2 1 |
B. Provides culturally sensitive and respectful care taking into consideration the patient’s age, gender, religion, ethnicity, socioeconomic status, or cultural group. | 5 4 3 2 1 |
C. Utilized consultation and referral in practice | 5 4 3 2 1 |

II. Relationships
A. Establishes rapport with and maintains therapeutic partnership with patients. | 5 4 3 2 1 |
B. Identifies concerns of patient. | 5 4 3 2 1 |
C. Provides necessary information and partners with patients in decision making. | 5 4 3 2 1 |
D. Interested in students as professional colleagues. | 5 4 3 2 1 |
E. Provides adequate opportunities for students to determine diagnoses, make decisions, and develop plans of care. | 5 4 3 2 1 |
F. Provides timely and accurate feedback to students at scheduled intervals. | 5 4 3 2 1 |
G. Acts as a professional role model. | 5 4 3 2 1 |
H. Facilitates advanced practice socialization for the students. | 5 4 3 2 1 |
I. Consistently maintains objectively in assessing, critiquing, and evaluating students. | 5 4 3 2 1 |
J. Provides accurate, but leveled communication at all times. | 5 4 3 2 1 |

III. Management of Patient Health/Illness Status
A. Provides anticipatory guidance as a part of information giving. | 5 4 3 2 1 |
B. Engages in health promotion and disease prevention services based on culture, risk, age, and development. | 5 4 3 2 1 |
C. Identifies differential diagnoses and determines final diagnosis. | 5 4 3 2 1 |
D. Provides appropriate primary care services. | 5 4 3 2 1 |
E. Understands team approach to meeting needs of patients with acute/chronic conditions. | 5 4 3 2 1 |
F. Utilizes collaborative and consultative approaches to management of patient illness. | 5 4 3 2 1 |
G. Develops plan of care which includes ongoing assessment, appropriate diagnostic tests, treatments, pharmacological and alternative therapies and evaluation plan. | 5 4 3 2 1 |
H. Utilizes evaluation process for patient management. | 5 4 3 2 1 |

IV. Teaching-Coaching
A. Identifies need for information. | 5 4 3 2 1 |
<table>
<thead>
<tr>
<th>Strengths of Preceptor and/or site:</th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Determines patients’ level of comprehension, readiness for learning, and barriers to learning taking into consideration developmental, age, gender, and cultural differences.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C. Utilizes teachable moments.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>D. Provides supplemental written materials and diagrams as necessary.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>E. Partners with patients in setting goals, evaluating progress, and making changes.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>F. Modifies teaching strategies to complement patients’ abilities, culture, age, understanding, and development.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
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</tbody>
</table>

**V. Managing and Negotiating Health Care Delivery Systems**

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<thead>
<tr>
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<th>5</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>A. Follows current national and clinical preventive services guidelines.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>B. Participates in interdisciplinary and interdisciplin ary decision making and planning.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C. Involves ones self in community for improving health care delivery.</td>
<td>5</td>
<td>4</td>
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<td>1</td>
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</tbody>
</table>

**VI. Monitors and Ensures the Quality of Health Care Practice**

<table>
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<tr>
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<th>4</th>
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</thead>
<tbody>
<tr>
<td>A. Exercises ethical, accountable behaviors.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>B. Monitors personal skills and knowledge.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C. Reads and applies research findings.</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>1</td>
</tr>
<tr>
<td>D. Updates self through continuing education, self-evaluation.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>E. Maintains license and certification(s).</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>F. Monitors patients’ progression, learning, and participation in health care.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>G. Practices safety measures.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>H. Documents within legal, professional, and ethical boundaries.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>I. Assists patients from various cultures to access quality care.</td>
<td>5</td>
<td>4</td>
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</table>

**VII. Cultural Competence**

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<tr>
<th>-</th>
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</thead>
<tbody>
<tr>
<td>A. Assists patients of diverse culture to access quality care.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>B. Incorporates cultural/spiritual preferences, values, health beliefs, and behaviors into the treatment plan.</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C. Develops patient-appropriate educational materials that address their language and cultural beliefs.</td>
<td>5</td>
<td>4</td>
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</table>

**VIII. Preceptor Site – To what degree….**

<table>
<thead>
<tr>
<th>-</th>
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<tbody>
<tr>
<td>A. did you feel accepted by and a part of the clinic staff?</td>
<td>5</td>
<td>4</td>
<td>3</td>
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</tr>
<tr>
<td>B. did the preceptor site provide relevant learning experiences for this course?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C. was the staff at the preceptor site receptive to your learning needs?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>D. did the staff at the preceptor site serve as professional role models?</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Strengths of Preceptor and/or site:

Areas that preceptor and/or side could improve:

Additional Comments:

Reviewing Faculty/date: ____________________________

Revised 8/16/2019
Appendix E
Auburn University at Montgomery

Graduate Program Occurrence Report Form

OCCURRENCE TYPE: Unsafe/Unsatisfactory.
(Check all that apply).
☐ Any life-threatening error or action by the student to client, staff, faculty, or others.
☐ Implementing any action that is in direct violation of the course, school, or Agency Policies and HIPAA Policy.
☐ Violation of the Drug Free Campus and/or Chemically Impaired Nursing Student Policy.
☐ Excessive Absence
☐ Excessive Tardiness
☐ Failure to Complete Clinical Paperwork/Clinical Logs

Name: _______________________________ Date: _______________________________

Clinical Site: __________________________ Course Faculty: __________________________

Course Number: ________________________ Preceptor: __________________________

I. Description of incident (be specific)

II. Please describe immediate actions following the incident (e.g. emergency department examination, hospital protocols invoked, disposition):

III. Follow-up instructions and/or actions (e.g. follow-up with Student Health Center, Primary Care Provider, return for clinical clearance):

_________________________ __________________________
Student Signature Date and Time

_________________________ __________________________
Preceptor Signature Date and Time

Graduate Program Director Date and Time

Completed form must be emailed/delivered to Graduate Program Director within 24 hours:
Original form retained in Student File.
Remediation/Performance Improvement Plan

Student: _________________________ FNP program _______________ Date _______________

The purpose of this plan is to address concerns expressed by either the faculty or a preceptor relative to your clinical/didactic performance. Implementation of the plan will provide you the opportunity to demonstrate improvement and a commitment to competency in practice.

<table>
<thead>
<tr>
<th>CONCERN</th>
<th>OBJECTIVE OBSERVATIONS [include dates]</th>
<th>PREVIOUS DISCUSSION/COUNSELING [include dates]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

Goals for Improvement:

<table>
<thead>
<tr>
<th>GOAL</th>
<th>TIME FRAME</th>
<th>EVALUATOR</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<tr>
<td>4.</td>
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</tbody>
</table>

Explanation of how each goal was achieved

<table>
<thead>
<tr>
<th>GOAL</th>
<th>EVALUATOR/DATE</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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</table>

Student Signature______________________________ Faculty Signature _________________________