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Section I
General Policies
LICENSURE

Graduate students must have a current license to practice nursing. Copy of current license must be kept on file in the School of Nursing. This is the student’s responsibility.

Graduate students in Arizona during their enrollment at Northern Arizona University must have a license and current registration to practice nursing in Arizona. Graduate students in a state other than Arizona must have a license in that state.

You can contact the Arizona State Board of Nursing by writing to:

Arizona State Board of Nursing
1740 W. Adams St., Suite 2000
Phoenix, AZ 85007

Or visiting: [http://www.azbn.gov](http://www.azbn.gov)

TRANSPORTATION AND EXPENSES

Clinical experiences in Flagstaff and outlying rural areas are assigned according to the learning needs of the student, individual course requirements and availability of clinical sites.

- Most clinical experiences require motor vehicle transportation, and some require overnight accommodations.
- Students are responsible for their own housing, transportation and expenses associated with clinical experience.

POLICY REGARDING PATIENT RECORDS

Confidentiality
The following policy on use of patient records has been developed to comply with federal guidelines outlined in the HIPPA regulations. The information below identifies what information is protected under federal law.

Federal HIPPA requirements:
Protected health information includes individually identifiable health information (with limited exceptions) in any form, including information transmitted orally, or in written or electronic form.

“individually identifiable health information” included health information created or received by a healthcare provider, health plan, employer or healthcare clearinghouse, that could be used directly or indirectly to identify the individual who is the subject of the information.
Health information must have the following removed or concealed prior to use outside of a healthcare setting.

- Name; address, including street address, city, county, zip code, or equivalent geocodes; names of relatives and employers; birth date; telephone and fax numbers; e-mail addresses; social security number; medical record number; health plan beneficiary number; account number; certificate/license number; any vehicle or other device serial number; web URL; Internet Protocol (IP) address; finger or voice prints; photographic images; and any other unique identifying number, characteristic, or code (whether generally available in the public realm or not) that the covered entity has reason to believe may be available to an anticipated recipient of the information, and the covered entity has no reason to believe that any reasonably anticipated recipient of such information could use the information alone, or in combination with other information, to identify an individual.

- Thus, to create de-identified information, entities that had removed the listed identifiers would still have to remove additional data elements if they had reason to believe that a recipient could use the remaining information, alone or in combination with other information, to identify an individual. For example, if the “occupation” field is left intact and the entity knows that a person’s occupation is sufficiently unique to allow identification, that field would have to be removed from the relevant record.

**Patient Record Handling**

Graduate students may not make copies (photo copies, computer printouts, etc.) of any material from a patient record.

A faculty member may make a copy of material from a patient record for teaching purposes provided no patient identifiers are present on the copy.

Graduate nursing students may make a copy of a clinical note required for submission to a faculty member as part of the grading schema for a clinical course. Again, no identifying information as defined in the HIPAA regulations about the patient can be contained within the copy. Also the student must follow any special regulations for the use of patient records per agency protocol.

*Approved Jan 2005*
Section II

Health
HEALTH REQUIREMENTS/DOCUMENTATION

Once admitted to the Graduate Nursing Program, documentation of the following is required:

- **Current RN License**: Documentation of a current RN license, in good standing, to practice as a registered nurse in Arizona or eligibility to obtain an Arizona license, or meet the Arizona Board of Nursing regulations regarding multistate licensure. Graduate students in Arizona during their enrollment at Northern Arizona University must have a license and current registration to practice nursing in Arizona.

- **Proof of Health Insurance**: It is the responsibility of each student to provide his/her own health insurance. Students, for their own protection, are required by the clinical agencies to carry health insurance throughout the program. Students will not be allowed into the clinical unless they show evidence of health insurance. University students may obtain health insurance through the Campus Health Services on the NAU campus if they do not have a private policy. No waivers are accepted.

- **CPR—American Heart BLS Healthcare Provider (HCP)**: Students must maintain a current American Heart Association CPR card (level C). American Safety & Health Institute (ASHI) CPR cards will not be accepted.

- **Physical Exam**: Prior to entering the program, a health history and physical exam are required (current within six months) and documentation of current immunization is required. The completed form must be in the School of Nursing prior to the semester of enrollment. This data is used to confirm that a student is in good physical and mental health for participation in the program.

- **Tuberculin Skin Test**: Required annually. If positive, proof of follow-up medical care is required. (If diagnosis of active tuberculosis is made, clearance from the Public Health Department is required before admission or for continuation in the nursing program). In cases where a positive tuberculin test result is present due to previous exposure or vaccination, a chest x-ray, quantiferon gold (blood test) or TB Spot will be required to determine disease status. Then annually a sign/symptom questionnaire must be completed by the student’s private health care provider. The questionnaire will then be submitted to the SON to fulfill the annual requirement. [http://www.cdc.gov/tb/topic/testing/default.htm](http://www.cdc.gov/tb/topic/testing/default.htm)

- **Hepatitis B Vaccine**: The Hepatitis B vaccine or titers are required for all students. It may be obtained through your private physician or Campus Health Services on the NAU campus.

- **Tetanus/Tdap**: Tetanus, diphtheria, and acellular pertussis (Td/Tdap) vaccination require one time dose of Tdap to adults younger than age 65 years who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td boosters.

- **Varicella**: Evidence of immunity to varicella in adults includes any of the following:
  1. Documentation of 2 doses of varicella vaccine at least 4 weeks apart.
  2. Laboratory confirmation of immunity through IgG antibody detection.

- **Current Immunizations Records**: Documentation is required. Some agencies will also require documentation of PPD, MMR, Varicella, and Hepatitis B immunizations or titers.
- Other diagnostic tests may be required to meet contractual obligations with the clinical agency. These tests are at the expense of the student.
- **Fingerprint Clearance Card**: All students are required to have a current fingerprint clearance card on file in Student Services. Some agencies will require documentation of fingerprint clearance or background check of students prior to the clinical experience. Students will assume the costs and responsibility of getting the fingerprints completed as necessary prior to the clinical experience. A valid fingerprint clearance card issued from the Department of Public Safety in Arizona is required.
- **Photo ID** (e.g., NAU ID, driver’s license, passport)
- **Recommendations for Malpractice (Liability) Insurance**: Professional liability insurance is provided by the State of Arizona in accordance with Arizona Revised Statutes §46-621.A.3. FNP students (MS-FNP and MS-FNP Certificate) are required to purchase their own personal FNP Student Professional Liability Insurance (MS-FNP graduate students) policy. The policy will remain current throughout their clinical courses. MS-Generalist students are encouraged to purchase MS Student Professional RN Liability Insurance but it is not recommended.
- Student personal, health, and immunization records are maintained in the School of Nursing Student Services. **Students are required to keep the above information current and updated annually in their student files in the School of Nursing Student Services.**
- **Access to your list of current health requirements**: Each graduate student can view his/her current list of health requirements at [https://www5.nau.edu/chhs/credentials/adminstudents.aspx](https://www5.nau.edu/chhs/credentials/adminstudents.aspx). Log in with your LOUIE username and password and view your documents.

### STUDENT HEALTH/PREGNANCY

1. It is the intention of the School of Nursing not to unfairly prejudice the interest of students who are pregnant. A student may choose to continue with her program during pregnancy with the understanding that she is expected to satisfactorily meet the same standards of clinical and classroom performance as other students enrolled in the program.
2. If at any time during pregnancy, the student’s ability to meet the SON performance standards is in question, the student may be required to submit a statement from her private health care provider. This statement shall indicate that the student is able to satisfactorily perform in the clinical and classroom area without undue detriment to herself and/or the unborn fetus or baby.
3. Without such medical assurances, the student may be required to discontinue her program until such medical assurances have been received and accepted.
4. The above policies do not mitigate the student’s responsibility for maintaining her own health, as well as that of responsible behavior with respect to the fetus or baby. If at any time the student believes she is medically unable to continue with didactic or clinical responsibilities, the student must notify her clinical preceptor and the Program Coordinator.
5. Other resources for questions or concerns about this policy include NAU Affirmative Action, student services, and the student’s graduate faculty advisor.
STUDENT HEALTH/ILLNESS/INJURY DURING CLINICAL

1. In a medical emergency, sharps injury, or other clinical injury as defined by the clinical preceptor, the student should be seen in the agency's emergency room, or if none, sent to the nearest emergency room. The student will be responsible for any bills incurred for these events. The preceptor and student will immediately notify the clinical supervising faculty of any such events.

2. In non-emergency situations, the student may verbally tell the course instructor and clinical supervising faculty that they elect to seek care from a private health care provider/clinic. Any costs incurred will be the responsibility of the student. The student and/or preceptor will notify the course instructor and program coordinator of these events as soon as possible.

3. Documentation of an injury requires the completion of the appropriate form (Appendix C for Student Injury/Incident Report). The student is responsible for completing the form and obtaining comments from the preceptor or agency representative. The student is responsible for forwarding the completed form to the clinical supervising faculty as soon as possible following the incident. The clinical supervising faculty will review the information and make appropriate recommendations. The document will be filed in the student's personal file in Student Services.

IMPAIRED STUDENT POLICY

Philosophy
The School of Nursing at Northern Arizona University recognizes the inherent dignity and worth of every student, and that to demonstrate a respect for each individual it is necessary to maintain a safe learning environment. We respect the human rights of every individual and understand that each student has certain rights and freedoms in accordance with state and federal law.

As healthcare professionals it is, likewise, our responsibility to ensure the safety of the patients and organizations with whom we work. One of the standards we hold is that students who care for patients in vulnerable situations must demonstrate mental acuity and clarity of decision making at all times, as well as physical ability appropriate to the circumstances. Student mental or physical impairment resulting from the influence of alcohol, drugs, or any other cause may pose an unacceptable safety risk that might endanger patients, fellow students, faculty, the clinical agency, or the University.

We recognize that:
1. Chronic substance abuse is an illness that can be successfully treated. Therefore, if a student acknowledges a problem with substance abuse and requests rehabilitation the School will provide the student with appropriate treatment referrals.
2. There can be successful intervention in situations involving mental or physical impairment resulting from other causes.
   a. It is emphasized, however, that if a student’s conduct otherwise violates the Arizona Board of Regents’ Code of Conduct (for example, if a student is found responsible for distribution or use of illegal substances on the University campus, etc.), the student may be subject to University-imposed discipline apart from the terms of this policy.
3. Members of the Native American Church may use controlled substances as part of religious ceremonies and these substances may appear in a test result without the student being impaired. If the student’s performance is not impaired, then such use shall not constitute cause for action.

This policy shall be interpreted in light of and implemented consistent with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, together with the regulations and court decisions arising thereunder.

Therefore, we recommend a “for cause” policy that addresses impairment.

Policy

I. Perception of Impairment
   a. Definition of Substance Abuse
      i. The use of any drug, alcohol or other substance that results in the mental or physical impairment of a student.

II. Procedure for removing a student who is suspected of being impaired from an educational setting:
   a. Whenever a student is perceived to be mentally or physically impaired, the preceptor or faculty member must take immediate action to relieve the student of his/her duties and remove the student from the clinical or classroom area. The immediate goal is to provide for the safety of patients, the public, other students and the student who is suspected of being impaired.
   b. In a teaching situation, when a preceptor or faculty member perceives the odor of alcohol or marijuana, or observes behaviors such as, but not limited to, slurred speech, unsteady gait, confusion, sharp mood swings/behavior especially after an absence from class, lack of manual dexterity, excessive health problems, increased absenteeism, tardiness or irritability, severe weight loss, needle track marks especially in the inner elbow, carelessness in appearance and hygiene, or euphoria, which causes the preceptor or faculty member to suspect the student could be impaired by a substance, the preceptor or faculty member must:
      i. Immediately inform the student as to why actions are being taken to relieve the student of his/her duties.
      ii. Ask the student if he/she will consent to undergo drug/alcohol screening testing, which will be conducted at the expense of the NAU School of Nursing.
      iii. Make arrangements to transport the student to a “for cause” drug/alcohol screening testing facility or to the student’s home at the expense of the School of Nursing.
      iv. Remove the student from the immediate educational setting and have either the preceptor, faculty member, or a designee remain with the student until transport is available.
      v. Inform the Dean of the incident and accompanying circumstances. The Dean shall refer the case to the Graduate Committee with details of the incident and accompanying circumstances on the next business day in the School of Nursing offices.
vi. Arrange for a meeting within two working days with the Graduate Committee, the student, the student’s graduate faculty advisor, and the preceptor or faculty member who reported the incident to discuss the incident and determine actions to be taken.

c. If the student agrees to drug/alcohol testing, the preceptor or faculty member will ask the student to sign the “Consent for Screening” form and the “Consent for Transportation” form. After obtaining the signatures the preceptor or faculty member or designee will contact a local transportation service to transport the student to a designated testing site, will wait for the student to complete testing, and then drive the student home.

d. If the student refuses to submit to “for cause” drug/alcohol screening, or if the student admits to using alcohol or other substances prior to the suspect conduct, or if the perceived impairment does not appear to be related to or arise from substance abuse, the following actions will be taken.

   i. The student will be immediately removed from the clinical or educational setting, but will remain in visual contact of the preceptor or faculty member.

   ii. The student exhibiting behaviors indicative of possible impairment will be offered safe transportation home at the expense of the School of Nursing. The preceptor or faculty member will ask the student to sign the “Consent for Transportation” form. Once signed, the preceptor or faculty member will contact a local transportation service to take the student home.

   iii. If the student refuses to sign the “Consent for Transportation” form the preceptor or faculty member shall notify the local police.

   iv. The preceptor or faculty member will arrange for a meeting within two working days with the Graduate Committee, the student, the student’s graduate faculty advisor and the preceptor or faculty member who reported the incident, to discuss the incident and determine the actions to be taken.

   e. In a teaching situation, when a preceptor or faculty member perceives that a student is mentally or physically impaired, but such impairment does not appear to be related to or arising from substance abuse, the preceptor or faculty member must:

      i. Immediately inform the student as to why actions are being taken to relieve the student of his/her duties.

      ii. Remove the student from the immediate educational setting and have the preceptor, faculty member, or a designee remain with the student until transportation is available to the student’s home at the expense of the School of Nursing.

      iii. Inform the Dean of the incident and accompanying circumstances.

      iv. The Dean shall refer the case to the Student Affairs Committee with details of the incident and accompanying circumstances on the next University business day.

      v. Any deadlines provided for the above circumstances may be extended by the Dean of the School of Nursing or the Dean’s designee for good cause.
which shall be documented or when the day on which an event is to occur falls on non-University workdays.

III. Drug/alcohol testing policy
   a. Positive “For Cause” drug/alcohol test results while enrolled in the School of Nursing
      i. If the result of a drug/alcohol test is positive, and until a decision is made concerning the student incident by the Graduate Committee, the student is suspended from all clinical settings and any other settings in which the student interacts with patients, students, or other members of the public through programs sponsored by the School of Nursing.
      ii. Any student enrolled in the School of Nursing who is found to have a positive drug/alcohol test result while enrolled in the program, which is not the result of prescribed medications taken in compliance with the prescribing practitioner’s instructions, will be removed from the program for at least one year following review of the drug/alcohol test results by Graduate Committee. Students who are found to be impaired as a result of prescribed medications taken in compliance with prescribing practitioner’s instructions shall be evaluated for safety in clinical settings and may be removed during the duration of impairment.
      iii. Petition to the Graduate Committee for continuation in the Nursing Program may occur after the conditions listed in the Reapplication Policy are met.
   b. Positive drug/alcohol test results secondary to prescription medication use
      i. If a student claims that the positive drug/alcohol test result is a result of prescription use, the student will be requested to arrange for the prescriber to provide the following information to the Graduate Committee: the prescriber’s statement detailing the drug, dose, frequency, effect, expected duration of treatment, any indications of abuse or the prescription drug(s), and any contraindications to being in the clinical setting while on this drug.
      ii. If the student is unable to have the prescriber forward such information to the Graduate Committee regarding the drug, the test will be treated as positive and unexcused.

IV. Role of Admissions and Standards Committee in actions based on drug/alcohol test results or actions based on perception of mental or physical impairment relating to or arising from other causes
   a. A meeting of the Graduate Committee will be held within five (5) business days to determine continued student participation in a School of Nursing program following an incident in which a student is removed from the education setting for suspected substance abuse.
   b. The meeting will be attended by members of the Committee, the faculty member who reported the incident, the student, and the student’s faculty. The student shall notify his/her graduate faculty advisor not less than five hours before the meeting if the student plans to bring anyone else to the meeting.
c. The faculty member will provide documentation about the student’s behavior that was evidence of possible substance abuse, the actions taken, the student’s response and all other pertinent information, within one working day of the incident, to the Graduate Committee.
d. At the meeting, the student will be asked to provide an explanation for the behaviors identified.
e. The Committee, the student and the student’s graduate faculty advisor will have access to the documentation of the incident and the results of any drug/alcohol tests administered.
f. If the “for cause” drug/alcohol test is positive, a decision will be made within five working days after the meeting about the student’s continued participation in the program.
g. If the “for cause” drug/alcohol test result is inconclusive, the drug/alcohol test will be repeated at the expense of the School of Nursing. If the drug/alcohol test result is again inconclusive, a decision regarding the student’s participation in the program will be made based on available data. This decision will be made within five working days after the last repeat drug/alcohol test result is reported to the School of Nursing.
h. If the result of the drug/alcohol test is negative, consideration must be given to a possible medical condition or other cause being responsible for the evidence of impairment. Based upon the specific evidence involved, a medical or mental health referral for evaluation and School of Nursing review of the evaluation results may be necessary before the student may continue to participate in the program.
i. Documentation of the incident, the meeting, any drug/alcohol test results, and the results of any medical evaluation will be forwarded to the Graduate Committee. The Committee shall review the data and, based on the information provided, will make a recommendation to the Dean of the School regarding the student’s participation in the program.

V. Role of the Graduate Committee

a. A meeting of the Graduate Committee will be held within two working days to determine continued student participation in a School of Nursing Program following an incident in which a student is removed from the educational setting for perceived mental or physical impairment that does not appear to relate to or arise from substance abuse.
b. The meeting will be attended by members of the Committee, the faculty member who reported the incident, the student and the student’s graduate faculty advisor.
c. The faculty member will provide documentation about the student’s behavior that was evidence of possible mental or physical impairment, the actions taken, the student’s response and all other pertinent information within one working day of the incident, to the Graduate Committee.
d. At the meeting the student will be asked to provide an explanation for the behaviors identified.
e. The Committee, the student and the student’s graduate faculty advisor will have access to the documentation of the incident.
f. Based on the specific evidence involved, a medical or mental health referral for evaluation and School of Nursing review of the evaluation results may be necessary before the student may continue to participate in the program.

g. Documentation of the incident, the meeting, and the results of any evaluation will be forwarded to the Graduate Committee. The Committee shall review the data and, based on the information provided, will make a recommendation to the Dean of the School regarding the student’s participation in the program.

VI. Hearing Process
   a. The student is entitled to a hearing prior to the imposition of any final condition of continued participation, or penalty, including removal from the program.
   b. The student shall follow the grievance procedure as outlined in the NAU Student Handbook.

VII. Confidentiality
   a. All incidents involving actual or suspected mental or physical impairment in the clinical/educational setting, whether or not related to or arising from substance abuse, will be handled as confidentially as reasonably possible.
   b. Faculty members may consult with members of the Student Affairs Committee for appropriate action/follow up. All records relating to the incident and resulting meetings and actions will be kept in the student’s file in Student Services in the School of Nursing.

VIII. Application for re-admission to the School of Nursing after a positive ‘for cause’ drug/alcohol test result
   a. Any individual who requests readmission to the School of Nursing after treatment for a drug/alcohol problem following a positive drug/alcohol test result, must meet the conditions set forth in the policy for Reapplication for Admission before readmission is considered.
   b. A memorandum of agreement shall be drawn up between the student and the Graduate Committee delineating the conditions upon which the student may continue in the program.
   c. The student’s graduate faculty advisor will be designated to monitor the student’s compliance with the memorandum of agreement, to serve as liaison between the student and the Graduate Committee and other faculty members, and to ensure that other faculty members who are determined to have a need to know this information are notified that the student is functioning under the memorandum of agreement.

IX. Application for Re-Admission to the School of Nursing Following a positive or inconclusive drug/alcohol test result
   a. An individual who has been removed from the Nursing Program due to a positive or inconclusive drug/alcohol test result, may reapply after at least one full year has passed, if the individual provides evidence of the following prior to reapplication.
      i. A negative drug/alcohol screen, no more than 30 days before reapplication.
      ii. Official documentation of a referral to a treatment program recommended by an approved certified addiction specialist and/or addictionologist approved by the Arizona State Board of Nursing.
iii. Official documentation of participation in such a recognized drug/alcohol treatment program.

iv. Evidence of continued successful attendance and/or successful completion of an approved drug/alcohol aftercare/follow up treatment program.

X. Self-Reporting to the Arizona State Board of Nursing Chemically Addicted Nurses Diversion Option (CAN-DO) Program, a Voluntary Diversion Program

a. All students enrolled in the School of Nursing Program who have had a positive drug/alcohol screen must comply with the following conditions:

b. Registered Nurses who had a positive pre-admission or ‘for cause’ drug/alcohol test result must register with the Arizona State Board of Nursing within 30 days after admission to the School of Nursing program as agreed upon by signing the Agreement to self-report.

c. Unlicensed applicants who had a positive pre-admission or ‘for cause’ drug/alcohol test result must register with the Arizona State Board of Nursing within 30 days prior to graduation from the program as agreed upon by signing the Agreement to self-report.

d. The purpose for signing the Agreement to self-report is so further monitoring can be implemented if determined to be necessary in accordance with the voluntary nature of the CAN-DO program.

e. Signature of the Agreement to self-report gives permission to the School of Nursing to release records pertaining to the student to the CAN-DO program to facilitate a decision about further monitoring.

f. Signature on the Agreement to self-report gives permission to the CAN-DO program to inform the School of Nursing about whether the self-report to CAN-DO has occurred.
Section III

Roles and Responsibilities
PRECEPTORS/MENTORS

For MS-FNP, MS-FNP Certificate, MS-Generalist, DNP Students

For certain clinical courses in the graduate program, preceptors/mentors, who are not faculty of the School of Nursing at NAU, participate in the education of graduate students. Preceptors/mentors are experts in their fields and are used to facilitate student learning in the clinical setting. These preceptors/mentors are highly qualified individuals who work in collaboration with faculty and students to meet course and program outcomes. During the application process or following admission to the graduate nursing program, students may recommend to faculty the names of one or more potential preceptors/mentors who must meet specific criteria to function in that role. Final decisions regarding potential preceptor/mentor qualifications reside with the specialty track graduate program coordinators.

General criteria for qualified preceptors for MS-FNP students may include but are not limited to the following:

1. Current National Certification in specialty area as required.
2. Ability to offer the student appropriate clinical/practicum experience.
3. Willingness and ability to consult regularly with clinical faculty regarding required student outcomes.

General criteria for qualified mentors for MS-Generalist students or DNP students may include but are not limited to the following:

1. Educational attainment and/or demonstrated expertise in specialty area (e.g., MS/MSN, PA, MD, Director, Administrator, policy maker, community leader, informatics)
2. Ability to offer and provide the MS-Generalist or DNP student with appropriate practicum/leadership experiences.
3. Willingness and ability to consult regularly with the graduate faculty, to direct and support student learning, and to provide appropriate leadership opportunities within the clinical setting/site.
MS-GENERALIST SPECIFIC

The focus of the MS-Generalist’s practicum is one of clinical quality or systems improvement, utilizing a project management framework. The purpose of this capstone practicum is to evaluate the MS-Generalist student’s ability to assess, design, plan, implement, and evaluate a Clinical Quality Improvement Project (CQIP) within a healthcare organization. Students will be expected to synthesize knowledge from prior graduate coursework as a means to improve clinical or organizational outcomes for their identified stakeholders. The CQIP will reflect an evidence-based leadership approach to a clinical or organizational need, and is consistent with the MS-Generalist’s advancement goals. This practicum experience differs from the more traditional one in that the student’s experience is in a self-selected healthcare setting and does not include the provision of direct hands-on care for the patient or family. Instead, the MS-Generalist student is supervised by a mentor, who takes an active role in directing and supporting the student’s clinical leadership experience and professional development. The student is expected to be actively engaged throughout this experiential project and to respond to ongoing feedback from identified project stakeholders. Students will be expected to participate in a continuous communication loop of mindful reflection that will serve as evidence of achieving project, personal and professional objectives throughout the MS-Generalist’s Capstone CQIP experience.

MS-Generalist students will be expected to self-select their practicum setting as well as their organizational mentor, who does not necessarily have to be a nurse, for their CQIP experience. Students, along with their faculty advisor, should initiate this identification process early in their graduate program. The purpose for doing so is to identify the student’s self-selected practicum site, ensure that there is an active legal contract in place with NAU between, and to begin developing plans for the student’s CQIP experience.

The Mentor
The SON Graduate Program defines mentors as experts who are directly or indirectly involved in the provision of healthcare services. They are experts in their discipline and have the expertise and experience to help direct and provide opportunities for an MS-Generalist student to develop knowledge, skills, and abilities relevant to the student’s advancement goals.

The mentor may be a decision-maker who manages and allocates resources within a health care facility or organization, or the administrator who develops and improves communication and information technology services. The mentor may also be a researcher who develops and implements new evidence-based protocols, a member of the educational team who is responsible for evaluating and implementing hospital policies to improve patient care, patient outcomes and safety, or a healthcare provider who evaluates, improves and provides direct patient care to a specific patient population.

Specific Learning Outcomes
Based on the course learning outcomes, specific practicum objectives will be developed by each student in conjunction with the course faculty member and the mentor. These outcomes, as well as specific practicum activities, will be described in the course syllabus, and are finalized with both the course faculty member and the mentor at the beginning of the practicum experience.
**Collaboration and Communication with Faculty**
The role and expectations of the mentor are clearly explained in the course syllabus. The faculty member teaching the course will initiate a formalized conference with the mentor and will discuss course and CQIP objectives, clarifies role expectations, and answers questions. The mentor is encouraged to contact the faculty member at any time to discuss the practicum experience, the student’s progress and ability to complete activities and achieve learning outcomes, and to address any concerns or potential problems identified by the mentor.

**Evaluation of the Practicum Experience**
Evaluation of student performance is ongoing, and includes information from the student, the faculty member, and the mentor. Student journals/logs, student self-evaluations, written assignments, direct observation, clinical conferences, faculty and mentor evaluations, as well as staff/mentor observations are used in developing both mid-term (formative) and final (summative) evaluations. These evaluations are shared between the student and the faculty member at mid-term and upon conclusion of the practicum experience. In addition, students will be expected to evaluate the faculty member, the mentor, and the practicum experience. The mentor will also be asked to evaluate the practicum experience.
The SON of NAU’s Graduate Nursing Program defines preceptors as qualified advanced practice nurses or physicians who work one-on-one with FNP students at clinical sites to promote attainment of the family primary care learning outcomes. Specific preceptor guidelines are defined in the Rules of the Arizona State Board of Nursing (AZBON, 2009).

1. Preceptors for NAU FNP students (including Advanced Practice Nurses (APNs) utilized for selected specialty rotations) must be:
   - Currently licensed registered nurses. Will provide verification of licensure to the NAU SON each renewal term, and, Certified as an advanced practice nurse (APN) by the state in which they practice.
   - NAU FNP students may also be precepted by physicians, generally family practice physicians, but also physicians from other specialties for selected rotations. Physician preceptors must be currently licensed in the state where they practice.
   - Nurse Practitioners and physicians must be nationally certified to practice in their specialty. Will provide verification of certification to the NAU SON each renewal term.

2. Preceptors will have at least one year of experience in their advance practice role.

3. In general FNP preceptors will have completed a master’s degree. However, highly experienced NP preceptors that have not completed a master’s degree may also serve as preceptors for NAU FNP students.

**The Preceptor Role in Directly Supervising the FNP Student**

Clinical experiences are an essential component of the education of FNP students, and preceptors and clinical faculty play an indispensable role in the success of these experiences. Clinical instruction necessitates both supervisory and evaluative activities. Preceptors provide direct clinical supervision, while the clinical supervising faculty provides direct and/or indirect clinical supervision. FNP students are expected to participate in hands on care, shadowing is not permitted except in certain circumstances that are illustrated in course syllabi. Direct (faculty) supervision occurs when a faculty member is present at the clinical site and is supervising the student in that setting. Indirect (faculty) supervision occurs when a clinical preceptor is supervising the student while the faculty member retains responsibility for the overall clinical components of the course. As an indirect clinical supervisor the faculty provides oversight of the clinical learning experience and acts, on behalf of the SON, as a liaison to the clinical site.

**Developing Clinically Specific Learning Goals**

Preceptors will collaborate with FNP students and the clinical supervising faculty to develop specific learning goals for the clinical experience.
Collaboration with Faculty on Problem/Conflict Management
When a conflict or problem related to the student is identified, the preceptor should collaborate with the supervising clinical faculty so that the proper procedure for management and resolution of the conflict or problem is followed. Any problems related to the faculty role in the preceptorship experience should also be discussed between the supervising clinical faculty and the preceptor. If the faculty and preceptor are unable to achieve resolution, a clear mechanism for further mediation, including referral to the Program Coordinator, should be made in the preceptorship agreement or other appropriate document.

Student Evaluation
Preceptors serve as role models, mentors, and directly supervise students in clinical sites and work closely with nursing faculty in facilitating student success. An important element of ensuring student success is evaluation of student progress. Preceptors and supervising clinical faculty will adhere to the SON policies regarding supervising clinical faculty and preceptor roles in the student evaluation process. Although NAU faculty retains responsibility for the final evaluation of the student, the preceptor provides information that is vital to the evaluation process.

Electronic Submission of Evaluations
Electronic links to the appropriate evaluation tools will be sent to the preceptors via e-mail. The student will notify the preceptor when the electronic link is sent and the preceptor should ensure it has been received. In addition to completing the mid-term and final evaluation of the student, the preceptor will be asked to complete the Preceptor Evaluation of the NAU Program at the conclusion of the semester. If needed, the preceptor should seek clarification about the evaluation process with the supervising clinical faculty.

Supervising Clinical Faculty Responsibilities

Overall Responsibility
The supervising clinical faculty maintains the ultimate responsibility for the student’s clinical experience in a specific course. Responsibilities for faculty who are providing either direct or indirect supervision of students in the clinical setting will vary by course. The course syllabus details specific requirements and evaluation criteria for successful student performance. In addition, courses may have specific guidelines describing supervising clinical faculty responsibilities for a particular course and faculty is expected to comply with those guidelines.

Student and Preceptor Contact
Frequent contact with the student and preceptor in the clinical setting is necessary for the supervising clinical faculty to understand how the student is performing. Frequent contact also facilitates early intervention when a student’s performance is not at the level expected for that course. In the end, supervising clinical faculty evaluate the student using their own assessment data and input from the preceptors.

Site Visits
The purposes of a site visit include observation and evaluation of the student in an actual patient care situation and observation of the student's interaction with preceptors and staff. In
addition, it provides the supervising clinical faculty, the preceptor, and the student with an opportunity to discuss the student’s progress. Generally, the SON recommends that site visits be completed between weeks 5 and 8 of the semester. This will permit sufficient time for remediation and additional site visits if needed. Supervising clinical faculty will make one to two visits per term, and not more than three, unless circumstances warrant additional visits. The date and time of the visits are confirmed in advance with the student, and it is the student's responsibility to inform the preceptor of the impending visit.

During the site visit, the supervising clinical faculty will evaluate the student’s progress, provide feedback to the student, evaluate the clinical site and the preceptor, and communicate the student’s status to the Program Coordinator. Monitoring TYPHON® entries to assess student progress in meeting the course requirements and competencies will be done during the site visit and routinely throughout the semester to ensure that hours and documentation are being properly recorded and in a timely manner. Students are required to enter their data during clinical time or within 72 hours of completing the clinical day. Written documentation of the site visit is required, and at the conclusion of the visit the evaluation form will be signed by the student and supervising clinical faculty and forwarded to the Program Coordinator.

**Availability**
The supervising clinical faculty will maintain contact with the student and preceptor at times other than the site visit and will be available by phone on the days students are in the clinical site. Should a scheduling conflict or emergency arise, it is the responsibility of the supervising clinical faculty to make arrangements with another member for coverage and to notify the Program Coordinator of the change.

**Supervising Clinical Faculty will also:**
1. Attend and participate in skills workshops, intensives, and the final clinical competency assessment.
2. Evaluate, score, and offer feedback on SOAP notes.
3. Collaborate with the Program Coordinator regarding student assignments for required specialty clinical experiences, including FNP Capstone: Clinical Improvement Project.
4. Collaborate with preceptors about specific student learning needs.
5. Collaborate with the FNP student and preceptor to develop specific learning goals for the clinical experience.
6. Ensure student clinical experiences commence as soon as feasible at the beginning of a course so that students will be able to complete the required clinical hours within the timeframe of the course.
7. Evaluate student competencies in the clinical setting to ensure students are providing optimal client care and are adhering to agency expectations, guidelines, and standards.
8. Meet with students outside the clinical setting, as necessary.
9. Assess the process of student clinical evaluation within a course and recommend improvements when necessary.
10. Facilitate faculty/student/preceptor problem solving as necessary, coordinating conferences as appropriate, developing plans for remediation when necessary, and communicating with the Program Coordinator.
11. Notify the Program Coordinator of student difficulties in meeting clinical objectives.
12. Inform the Program Coordinator of clinical agency issues that may affect student practice or clinical placement.
13. Attend FNP faculty meetings, workshops, and other on campus functions as applicable.

**FNP Student Clinical Responsibilities**

1. Sign the NAU SON Clinical/Internship Education Student Responsibility Statement form prior to the beginning of their first clinical practicum course (NUR 661).
2. Students are assigned to clinical sites by NAU SON FNP faculty after appropriateness of site and preceptor has been determined. NAU requires an affiliation agreement to be in place prior to student attendance at the clinical site. Preceptors are required to complete credentialing and preceptor statement of agreement with the SON for each student. Students are not permitted to attend clinical experiences in sites not approved by the FNP clinical coordinator faculty or program coordinator.
3. Clinical experiences are Monday through Friday during regular business hours. Evenings, weekends and holidays are not permitted unless prior arrangements have been made with the supervising clinical faculty, clinical coordinator faculty member, and program coordinator at least two weeks in advance.
4. Students are expected to begin clinical experiences in the first week of instruction and attend through reading week, unless otherwise notified by the program coordinator. This may lead to more hours than required for the course and also provides some flexibility in case of student or preceptor illness, vacation, or unexpected days off.
5. Maintain patient confidentiality. Comply with HIPAA standards per clinical agency and course syllabi policy. Under no circumstance may records be removed from the agency.
6. Adhere to all clinical agency policies and procedures.
7. Provide his/her own health care insurance. FNP students will purchase student professional liability insurance.
8. Adhere to all NAU SON policies and procedures and AZBON rules. Failure to exhibit integrity, ethical conduct, professional standards, or any violation of the responsibilities listed herein may result in a failing grade and/or dismissal from the nursing program and the University. Student conduct in the clinical setting must be in a manner that demonstrates safety, adherence to professional standards, and reflects positively upon the SON. Furthermore, the student will notify the supervising clinical faculty immediately of any unprofessional behavior or breach of contract by the preceptor.
9. Comply with all health documentation and other professional requirements of the clinical agency prior to the start of the clinical experience.
10. Be prepared to work the day(s) and hours of the preceptor, and as agreed upon between the student, the preceptor, and the nursing faculty. Students may have an occasional opportunity to work with an additional practitioner on site. The primary preceptor must be on site during this experience. All preceptors must be approved and credentialed by the SON prior to extended periods of supervision.
11. Maintain a clinical log per course syllabi. NAU SON uses TYPHON®, an online system, for students to maintain their clinical logs. Entries are required within 24 hours of a clinical day.
12. Attend all scheduled clinical days, or notify the supervising clinical faculty and the clinical preceptor if an absence is necessary. Arrange for make-up time.
13. Collaborate with the clinical preceptor and supervising clinical faculty to develop specific learning goals for this clinical experience.
14. Demonstrate to the preceptor competence of specific skill(s) prior to performing them alone.
15. Maintain the student FNP role. At no time is the student to assume a fully independent role in seeing patients without appropriate collaboration and reporting to the preceptor per the course syllabi.
16. Arrange appointments, either in person or electronically, with the supervising clinical faculty to discuss progress toward goal achievement.
17. Completes a mid-term and final self-evaluation of clinical competency (see course documents for more information).

**TYPHON® Clinical Data Management System**

FNP students are required to log their clinical hours in the TYPHON® Clinical Data Management System located at [https://www3.typhongroup.net/np/data/login.asp?facility=7454](https://www3.typhongroup.net/np/data/login.asp?facility=7454). Students are assigned a user name and password by the administrator and received this information via their NAU email during the first week of classes. TYPHON® provides detailed instructional videos, Frequently Asked Questions (FAQs), and 24 hour customer support. The NAU administrator will provide additional preceptors, change in site information, or other items requiring updates only. Answers to all user questions or technical issues should be addressed through the videos, FAQs or customer support.

Students will maintain clinical logs that will be kept through the three semesters of clinical internship (NUR 661, 663, 665) using TYPHON® software (provided to students) accessed through a PDA/smart phone and/or personal computer. It is the student's responsibility to keep the clinical logs up-to-date within 72 hours of the clinical site visit. The supervising clinical faculty will review logs a minimum of three times during the semester. Clinical logs consist of information including but not limited to:

1) Patient contacts.
2) Minimum clinical requirements.
3) Level of independence.
4) Diagnoses.
5) Clinical hours.
DNP SPECIFIC

NUR 703 Doctor of Nursing Practice Immersion
The students build on concepts and skills derived from prerequisite courses and will focus on developing advanced skills in integration and synthesis of practice and knowledge.

Clinical Practice and Prevention
Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.

Communication
Analyze and communicate change processes in clinical practice

Critical Reasoning
Implement the intervention for scholarly clinical inquiry to address the clinical practice question.

Leadership
Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting. Collect data relevant to scholarly inquiry.

Professionalism and Professional Values
Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the healthcare organization, and research.

Global Health
Evaluate interdependent, diverse and culturally rich environments.

The DNP program provides rich and varied opportunities for clinical/practicum experiences aimed at helping students achieve integration of The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and to design and implement the DNP Project. Throughout the DNP program students are expected to use their immersion experiences and involvement with Clinical Mentors or Organizational Partners to develop and hone their DNP Project. The purposes of the clinical/practicum experiences are to:
- Synthesize what is learned in didactic courses
- Foster intraprofessional and interprofessional collaboration
- Broaden the clinical set at the doctoral level regardless of role or experience
- Develop and implement the inquiry project
- Demonstrate leadership and collaboration skills
- Provide policy-making experiences
- Provide evidence of achievement of end-of-program outcomes and competencies via the portfolio and scholarly inquiry project

25
Practice Experiences in the Curriculum (DNP Essentials)
In order to achieve the DNP competencies, programs should provide a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program. Practice experiences should be designed to help students achieve specific learning objectives related to the *DNP Essentials* and specialty competencies. These experiences should be designed to provide systematic opportunities for feedback and reflection. Experiences include in-depth work with experts from nursing as well as other disciplines and provide opportunities for meaningful student engagement within practice environments. Given the intense practice focus of DNP programs, practice experiences are designed to help students build and assimilate knowledge for advanced specialty practice at a high level of complexity. Therefore, end-of-program practice immersion experiences should be required to provide an opportunity for further synthesis and expansion of the learning developed to that point. These experiences also provide the context within which the final DNP scholarly product is completed.

Practice immersion experiences afford the opportunity to integrate and synthesize the essentials and specialty requirements necessary to demonstrate competency in an area of specialized nursing practice. Proficiency may be acquired through a variety of methods, such as, attaining case requirements, patient or practice contact hours, completing specified procedures, demonstrating experiential competencies, or a combination of these elements. Many specialty groups already extensively define various minimal experiences and requirements. [http://www.aacn.nche.edu/dnp/Essentials.pdf](http://www.aacn.nche.edu/dnp/Essentials.pdf)

Activities Considered as Clinical/Practicum Hours
Clinical experience hours will be spent primarily designing, implementing and writing the DNP Scholarly Project. Work that can count for clinical practice is:

- Time spent with a clinical mentor/preceptor/agency
- Time spent researching the area of the DNP Project and/or specialization
- Special projects related to the DNP Project and/or specialization
- Conferences, classes, and workshops related to the Scholarly Project and/or specialization
- Time spent in areas such as informatics, policy, or leadership

Clinical Mentor/Organizational Partner
Post-Master’s DNP students who are already specialty certified do not need the same type of clinical Preceptorship as master’s degree nurses. The DNP builds upon the experience and education of Advanced Practice master’s prepared nurses and focuses on leadership knowledge and skills. It is presumed students have met masters’ competencies in their specialty areas. The DNP immersion directly relates to academic goals, clinical interests and achieving DNP competencies but not learning a role. In general, post-master’s students do not work with preceptors. They do, however, work with a clinical mentor or organizational partner, as approved by the student’s faculty advisor or chair who is familiar with the student’s area of interest. A clinical mentor/organizational partner serves as an advocate/facilitator for the DNP student and for the DNP Project in the organization and to serve as a liaison for the organization to the SON. Clinical experiences may be done at the student’s place of employment. Affiliation Agreements and Preceptor Statement of Agreements are also required.
Selecting a Clinical Mentor/Organizational Partner

A clinical mentor/organizational partner can possess a variety of skills, educational credentials and expertise and may be selected from a variety of disciplines. The decision on what constitutes an appropriate clinical mentor/organizational partner will depend on the route and area of academic and clinical interest of the student. The clinical mentor/organizational partner must hold a position in the organization where she/he can facilitate the DNP student’s access to clinical services, organizational information, decision makers, and other personnel in order to meet the DNP student’s clinical experience objectives and implement the DNP Project during the practicum with the organization. Clinical mentor/organizational partners are recruited by the student and approved by the faculty.

Individuals who serve as mentors for graduate students in the Post-Master’s DNP program should meet the following qualifications:

1. Formal education and professional experience as required for the professional role and practice; preferably an earned graduate degree or its equivalent in a specialty area of practice.
2. State licensure as required for the professional role and practice area, if applicable.
3. Administrative or management expertise derived from practical and theoretical preparation for individuals in administrative or public health positions.
4. Commitment to assist students to meet defined learning objectives as established by the program of study.

When possible and practical, the DNP student is encouraged to select a clinical mentor/organizational partner outside of their current work setting. In large organizations, the DNP student should conduct their practicum hours outside the department or unit where they are employed if possible. The line between current employment and clinical application hours and project(s) must be clear to the organization, the clinical mentor, the faculty, the Graduate Committee, and the DNP student.

Roles and Responsibilities

The DNP educational process is a collaborative endeavor that involves the clinical mentor/organizational partner, the student and faculty members. Each has a very specific role to advance the DNP student’s knowledge and skill in a specialty area of practice. The expectations of the clinical mentor/organizational partner are to:

- Serves as a role model
- Share knowledge and expertise in content areas
- Assist the student to meet learning objectives
- Meet with the student as necessary
- Provide feedback and informal evaluation of the student to faculty and student.
- May serve on the student’s DNP Project committee
- Attends proposal and final DNP Project presentations as applicable.

The faculty and/or DNP project mentor is responsible for:

- Formal evaluation of the student
- Communication throughout the practicum regarding clinical experience
o Acting as a resource person for the student and clinical mentor/organizational partner

The student is responsible for:

o Sharing learning objectives with the clinical mentor/organizational partner
o Sharing progress with course faculty
o Planning, preparing and implementing the DNP Project and meeting course objectives
o Scheduling meetings with faculty and clinical mentor/organizational partner
o Maintaining appropriate records of practicum experiences

Approval of Clinical Mentor/Organizational Partner
Course faculty or the DNP Project Chair must approve all clinical mentor/organizational partner, clinical sites and student learning objectives for the clinical/practicum experience. DNP faculty and program coordinator approves a clinical mentor/organizational partner based on the mentor’s qualifications as well as the student’s learning needs and course and program objectives. To facilitate the approval of a clinical mentor/organizational partner the student and mentor complete the Statement of Agreement form. Once a clinical mentor/organizational partner is approved, a letter and/or email with faculty or the Inquiry Project Chair contact information are sent to the clinical mentor/organizational partner. Additionally, an affiliation agreement (if not already on file) is sent to the authorizing individual at the organization for signature. The letter provides confirmation that the student has approval to work with the clinical mentor/organizational partner to achieve the learning objectives. A clinical mentor/organizational partner resume must also be sent to the DNP graduate coordinator for credentialing purposes (along with a license if applicable).

Evaluation of Clinical/Practicum
When students are enrolled in the practice immersion course (NUR 703), they are required to maintain a log of recorded hours completed and other documentation related to their personal and clinical DNP goals. Faculty will review these documents for meeting the clinical hours requirements and content. At the end of the semester, the clinical/practicum will be graded based on the requirements for the hours completed.

Practice Experiences and Hour Allocation
The faculty of the NAU SON has determined that DNP students will best meet the essentials of DNP education and competencies, and clinical excellence given the following practice experiences in the clinical practicum. Students will provide documentation of immersion hours as part of the Professional Portfolio to demonstrate program completion requirement and ability to apply DNP Essentials of Practice. A MINIMUM of 240 hours of clinical practice in NUR 703 is required in partial fulfillment of the DNP program. Students will work with their advisor in cases where more than 240 hours are needed. Students complete the DNP Practice Immersion Time Log as part of the final portfolio.

DNP Project
Essential I: Scientific underpinnings for practice
Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice.
May include: developing the intervention, implementing the intervention, data collection, strategic planning, translational or action research activities; towards the completion of the
DNP Project. This may occur during business as usual (a work day) understanding this is something new and specific to the DNP curriculum. All of the actual project hours would be eligible for clinical immersion criteria. Data analysis is not eligible to be used as clinical hours as this is part of your work in NUR 704. Hours as appropriate to the individuals’ DNP project may also be spent in the following areas:

**Leadership, Technology, and Policy**

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

Essential V: Health Care Policy for Advocacy in Health Care Spending time with leadership in your community (Chief Nursing Officer, Chief Executive Officer, Medical Director), public health and school-based advanced practice nurses, legislators, professional organization leadership, nursing and healthcare informatics professionals. Specific learning outcomes are required as well as incorporation into the professional portfolio for DNP students.

**Advanced Nursing Practice Immersion**

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Essential VII: Clinical Prevention and Population Health for Improving the Nation’s Health. A NP desires to become certified in pain management, end of life, or improve knowledge, skills, and ability in another specialty (such as radiology, women’s health, and so on). All of the actual hours (including didactic needed to meet the requirements of Arizona Board of Nursing) would be eligible for the clinical practice criteria. Not allowed: travel time, data analysis and write up, business as usual (counting your typical work day towards clinical time).

Documentation: Each student will develop an individual learning plan with objectives (approved by faculty), journal and clinical log, which are included in the DNP portfolio.

**NUR 700**

- Students will develop and submit practice objectives

**NUR 703**

- Students will review and revise their objectives and develop a clinical immersion plan prior to beginning immersion activities.
- Students will document all immersion activities and hours on a clinical log.
- All activities will be mapped to their personal objectives, the DNP Essentials, and the SON program objectives.
- At the beginning of each semester the objectives and immersion plan will be revised (as needed). At the conclusion of each semester students will write a 3-page summary (for each credit hour of 703 taken that semester) detailing how they are meeting their goals and how their activities support the DNP Essentials.
- The Immersion Plan, Objectives, Clinical Log of Activities and Hours, and Semester Summary will be included in the Portfolio.
- All supporting documentation of clinical activities will be added to the portfolio.

Approved Graduate Faculty Fall 2013
Section IV

Appendices
Appendix A
Code of Conduct

ANA Code of Ethics for Nurses

The American Nurses Association (ANA) Code of Ethics for Nurses was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession. To learn more about the creation of the Code of Ethics, purchase a copy of your own, or view the nursing Code of Ethics online (ANA, 2011) at: http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf

Practical Use of the Nursing Code of Ethics: Part I, by Vicki D. Lachman

Practical Use of the Nursing Code of Ethics: Part II, by Vicki D. Lachman

Northern Arizona University Student Code of Conduct

NAU Student Code of Conduct is located at:
http://nau.edu/uploadedFiles/Administrative/EMSA_Sites/Folder_Templates/_Forms/Student_Code_of_Conduct.pdf

Northern Arizona University Student Handbook

NAU Student Handbook is located at: http://nau.edu/Student-Life/Student-Handbook/
<table>
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<tr>
<th>Date of Incident:</th>
<th>Time of Incident:</th>
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<td>Semester:</td>
<td>Course:</td>
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Student’s Account of Incident:

Signature of Student:

Date of Report:
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<th>Comments of Clinical Instructor or Preceptor</th>
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Appendix C
Northern Arizona University School of Nursing
Consent for Drug/Alcohol Screening

Consent for Drug/Alcohol Screening

I ___________________________ understand and agree that the screening test I am about to receive may include either/or:

- Blood test for drug or alcohol use
- Urine test for drug, alcohol or chemical use
- Breathalyzer test for alcohol

I understand that if I decline to sign this consent, and thereby decline to take the test, the Graduate Committee will be notified and disciplinary action up to and including removal from the clinical area, nursing program or the University may result.

______ (initial)

If the test is positive and confirmed by a second test, on the same sample, as positive, the Graduate Committee will be so notified, making me subject to possible disciplinary action. If I am already a licensed professional, my licensing board will be notified possibly resulting in a suspension or loss of my license.

______ (initial)

NAU School of Nursing shall be responsible for the costs of testing.

An exception may be made for the use of legally prescribed medications taken under the direction of a physician or other healthcare practitioner. I have taken the following prescription(s) or non-prescription drug(s) or substance(s) within the last two weeks.

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<th>Medication/drug</th>
<th>Prescribing practitioner (name &amp; title)</th>
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______ (initial) - I have not taken prescription medications that would affect drug/alcohol testing.

I understand that the above tests are not 100% accurate and may produce false positive or false negative results. I release Northern Arizona University from all liability arising from or in any way related to the testing or the results thereof.

______ (initial)

I hereby consent to drug/alcohol screening ______ (initial)
I refuse consent for drug/alcohol screening ______ (initial)
Northern Arizona University School of Nursing  
Consent for Drug/Alcohol Screening

Page 2 of 2

I state that the urine or blood sample, if provided, is in fact a specimen from my own body eliminated on this date.
______ (initial)

I authorize the results of my test(s) to be released to NAU, School of Nursing and others with a need to know.
______ (initial)

Should any screening test(s) be positive, and if I am allowed to go through rehabilitation, I consent to periodic testing as deemed necessary by the School of Nursing upon my return to school.
______ (initial)

If I am allowed to go through a rehabilitation program, I hereby consent to the rehabilitation program informing the School of Nursing as to whether or not I am participating satisfactorily, and whether or not I have successfully completed any rehabilitation program, or failed any follow-up drug test/alcohol.
______ (initial)

I understand that when I complete the rehabilitation program, I may reapply to the Nursing Program and will be informed as to when I may expect to be reinstated. I also understand that reinstatement depends on course capacity.
______ (initial)

Signed__________________________________________________________________________ Date _________________
Witness__________________________________________________________________________ Date _________________
Appendix D
Northern Arizona University School of Nursing
Consent for Transportation

I __________________________________________ hereby authorize the School of Nursing to notify a local transportation service to transport me to a drug-screening site, and/or to my home at the expense of the NAU School of Nursing.

Signed _________________________________ Date _______________________________
Appendix E
Agreement to Self-Report to the Arizona State Board of Nursing Chemically Addicted Nurses Diversions Option (CAN-DO) Program

I ____________________________________________ having had a positive drug/alcohol screen agree to self-report to the Arizona State Board of Nursing Chemically Addicted Nurses Diversions Option (CAN-DO) Program

_______ Within 30 days of admission to the School of Nursing
_______ 30 days prior to graduation from the School of Nursing program

…..so that monitoring can be implemented if determined necessary in accordance with the voluntary nature of the CAN-DO program.

1. I give permission to the School of Nursing to release records pertaining to my case to the CAN-DO Program to facilitate a decision about monitoring.
2. I give permission for the CAN-DO Program to inform the School of Nursing about whether the self-report to CAN DO has occurred.
3. I understand that if I am a Registered Nurse and fail to voluntarily self-report to the CAN-DO Program within 30 days of admission to the School of Nursing, a complaint will be filed against me with the Arizona State Board of Nursing.
4. As a student, I understand that verification of meeting graduation requirements will be withheld until the School of Nursing has received confirmation from the State Board of Nursing that I have self-reported to the CAN-DO Program.
5. I agree to release, hold harmless and indemnify the State of Arizona, the Arizona Board of Regents, Northern Arizona University, and their employees and agents from all claims, costs and expenses arising from actions taken by personnel of Northern Arizona University, School of Nursing and others employed by the University pursuant to this agreement.

Signed_________________________________________ Date ______________

Witness_________________________________________ Date ______________
Appendix F
SON Graduate Student Handbook Part 2 - Clinical
Acknowledgement Form

I have read and understand the Northern Arizona University School of Nursing Graduate Student Handbook Part 2 - Clinical. I agree to abide by these regulations.

Print Name ____________________________________________
Signature _____________________________________________
Date __________________

This agreement will be a part of my permanent student record in the School of Nursing.