Preceptor and Faculty Guidelines for Graduate Nursing Practicum for FNP and DNP Students

Reviewed August 27, 2015
Revised May 11, 2014
Revised: 7/15/13; 2/1/2013
P.O. Box 15035 Flagstaff, AZ 86011-5035
(928) 523-2671
Thank you from the Northern Arizona University  
School of Nursing

Thank you for agreeing to be a preceptor! In serving as a preceptor to a family nurse practitioner student from the Northern Arizona School of Nursing Graduate Program you have a unique opportunity to make a profound professional impact. Your advanced knowledge and skills provide a vital component to the development of competency in the professional nurse under your guidance.

As a preceptor you will mentor a student as he/she transitions into the role of an advanced practice nurse. An important responsibility of a preceptor is to facilitate application of the knowledge students learn in their course work with actual clinical experiences. In the clinical setting the student will work directly with you, and under your supervision, to plan, provide, and evaluate patient care. Along with the student you will decide what learning experiences are needed to meet the student’s goals and the outcomes of the particular course. While NAU nursing faculty is not present on-site, scheduled visits will be made with you and the student and you may call upon a nursing faculty member at any time with questions or concerns.

As you read through these documents, please do not hesitate to call the School of Nursing during regular business hours with any questions. In addition, clinical site preceptors and students will be provided with contact information for the NAU supervising clinical faculty prior to the student’s placement at the clinical site. This faculty member will be available to you at any time.

Although NAU provides no financial compensation for your service, the University acknowledges your participation in this program and graciously appreciates your endeavors in furthering the development of advanced practice nursing. If you are interested in pursuing adjunct faculty status at NAU we would be happy to discuss this with you. Again, we appreciate your willingness to promote the education of future family nurse practitioners. It is a valuable contribution that we hope will also be personally and professionally satisfying for you.

Thank you!

Debera Thomas, DNS, RN, ANP/FNP  
Dean and Professor  
School of Nursing  
Northern Arizona University  
PO Box 15035  
Flagstaff, AZ 86011  
928-523-2656 (main office)  
(928) 523-7171 (fax)

Mary Anne Reynolds, Ph.D, RN, ACNS-BC  
Associate Professor  
Coordinator, Doctor of Nursing Practice  
School of Nursing  
Mary-anne.reynolds@nau.edu

Kim Gould, DNP, RN, FNP-BC  
Assistant Clinical Professor  
Coordinator, Family Nurse Practitioner Programs  
School of Nursing  
Kimberly.gould@nau.edu
# Table of Contents

Introduction .................................................................................................................4
Mission, Organizing Framework, and Curricular Model ............................................ 5
Authority and Accreditation .......................................................................................7
NAU Master’s of Nursing Program Outcomes ......................................................... 8
Definitions ....................................................................................................................9
FNP Clinical Practicum Policies and Procedures .....................................................10
Student Health Requirements for Clinical Practicum .............................................12

## Responsibilities

- Program Coordinator .............................................................................................15
- Supervising Course Faculty ...............................................................................16
- Preceptor .............................................................................................................18
- Student ...............................................................................................................22

References ..................................................................................................................24

## Appendices

- Appendix A: TYPHON Reference Information ....................................................25
- Appendix B: FNP Student Evaluation of Preceptor and Clinical Site..............26
- Appendix C: Student Injury/Incident Report .....................................................28
- Appendix D: Student Responsibility Statement .................................................29
- Appendix E: Faculty Evaluation of FNP Student Site Visit ............................30
- Appendix F: FNP Introductory Portfolio ............................................................34
- Appendix G: FNP Preceptor Evaluation of Student ..........................................38
- Appendix H: FNP Course Descriptions and Outcomes ....................................40
- Appendix I: FNP Course Progression Algorithm .............................................44
- Appendix J: FNP Minimum Clinical Requirements .........................................47
- Appendix K: DNP Specific Clinical/Practicum ...................................................48
- Appendix L: Preceptor Acknowledgement Receipt ............................................54
Introduction

This document has been prepared as a resource for clinical site preceptors and Northern Arizona University (NAU) School of Nursing (SON) family nurse practitioner (FNP) students and faculty. The information contained herein describes the roles and responsibilities of preceptors, faculty, and students, as well as guidelines, policies, and procedures pertaining to the clinical practicum for FNP students. The policy elements of this document are adapted from recommendations established by the National Organization of Nurse Practitioner Faculties (NONPF) and published in *Partners in NP Education: A Preceptor Manual for NP Programs, Faculty, Preceptors, & Students* (2000). Preceptors, students, and faculty are encouraged to review these documents thoroughly, as it is important to be familiar with the contents.

The NAU SON operates under the legal authority of the Arizona State Board of Nursing (AZBON) and is fully accredited by the Commission on Collegiate Nursing Education (CCNE). The SON is an academic unit in the College of Health and Human Services (CHHS) at NAU.

In addition to the information provided in this document, NAU and SON policies regarding specific clinical issues can be found in the Graduate Student Handbook:

http://nau.edu/uploadedFiles/Academic/CHHS/Nursing/Graduate_Handbook.pdf

The School of Nursing adheres to all University mandates and guidelines developed to provide a safe and progressive learning environment. Detailed information is provided on the NAU website:

http://home.nau.edu/
Overview

Description
Northern Arizona University is a doctoral-research intensive university with its main campus in Flagstaff. NAU-Yuma shares a campus with Arizona Western College in Yuma, Arizona, and NAU Distance Learning serves more than 6,000 students at 30 other sites throughout Arizona.

Mission of Northern Arizona University
Provide an outstanding undergraduate residential education strengthened by important research, graduate, and professional programs and a responsive distance learning network delivering programs throughout Arizona.

Mission of School of Nursing
The mission of Northern Arizona University’s School of Nursing is to provide outstanding education to students at the undergraduate, master’s and doctoral level who can provide high quality health care services to individuals and diverse communities in an environment of constant change and emerging health care trends.

Philosophy
The philosophy of the SON at NAU is based on an ethic of caring that embraces students, faculty, staff, and the university and global communities where we live and work. We also believe that caring is a conscious intentional discipline that is part of nursing’s unique body of knowledge and is practiced in interdisciplinary contexts. Caring includes the creation and nurturing of an environment that recognizes that students, staff, and faculty have unique ways of viewing the world. This philosophy promotes excellence for nursing education and practice in an environment of constant change and emerging healthcare trends.

The faculty believes the transition to the role of competent professional nurse is a major developmental achievement. We believe that nursing is an art and science that is an integral component of healthcare. Applying the discipline of nursing to practice depends on a foundation of natural and human sciences, humanities and arts, application of research, and the diverse backgrounds of learners. Societal influences in the evolving healthcare system challenge all involved in nursing education.

Education is a dynamic, life-long collaborative process by which an individual pursues life goals, broadens human potential, develops thinking, and clarifies values. The faculty believes that learning is the intentional acquisition, application, and integration of knowledge, skills, and attitudes. Learning is shaped by the environment and developmental level of the learner, and is ultimately the responsibility of the learner. Faculty plan, guide, and facilitate learning while supporting the learning needs of a diverse community of students. We believe that learning-centered experiences with rigorous expectations and actively engaged students result in higher-level thinkers and graduates prepared for real world practice. We value incorporating rural and global healthcare into a variety of educational experiences. Thus, education not only expands the thinking of the learner, but also increases opportunities for application.

Graduate Education
The faculty believes that education is a life-long active process. Education provides a mechanism by which an individual pursues life goals, broadens human potentials and opportunities, develops creative thinking, and clarifies values.

Learning and teaching is a collaborative process between faculty and students. The process involves developing and achieving the behavioral changes that are specified in the program and course outcomes. Nursing at the graduate level at NAU is based on undergraduate preparation as a generalist. Master’s level nursing involves analysis, synthesis, evaluation, and application of knowledge and skills relevant to rural health nursing.
The dynamic interaction between the educational program and the learner facilitates progressive levels of master of the nursing process. Graduate education has as its ultimate purpose the scholarly pursuit of knowledge about people in their quest for health and recovery from illness and the consequences of nursing care provided to them.

Research is an integral part of education at the Master’s level. An attitude of scientific inquiry is fostered as an essential component of practice. Research at this level emphasizes evidence-based practice and the utilization of research.

**Organizing Framework**
The SON faculty developed an organizing framework that serves as a guide and provides direction for faculty to organize its programs of education and to focus research, scholarship, clinical practice, and community service. The aim of this framework is to prepare nursing professionals for effective professional and civic engagement. The framework represents a systematic organization of concepts that are the essential components of baccalaureate and graduate education.

**Curricular Model**
Curriculum includes the planned and unplanned learning that occurs in the process of advancing education in the discipline of nursing. Building on prior life, educational, and professional experiences, the structure of the nursing curriculum moves the learner along a continuum from novice to more expert levels of nursing practice. Embracing the essential need for lifelong learning in the discipline, the faculty develops curriculum to provide educational advancement from the baccalaureate through doctoral levels of nursing practice.

The graduate curriculum is based on baccalaureate achievement. The goal of this curricular approach is to integrate and evaluate the concepts depicted in the organizing framework to promote advanced professional nursing. The graduate nursing curriculum integrates professional standards set forth by the National Organization of Nurse Practitioner Faculties (NONPF), the American Association of Colleges of Nursing (AACN), and the American Nurses Association (ANA) Social Policy Statement and Code of Ethics.
Authority and Accreditation

The NAU SON operates under the legal authority of the Arizona State Board of Nursing (AZBON) and is fully accredited by the Commission on Collegiate Nursing Education (CCNE). According to the *Rules of the Arizona State Board of Nursing: R4-19-502: Requirements for Advanced Practice Registered Nursing Program* (AZBON, 2009, p. 33-58), the parent institution of an advanced practice nursing program shall ensure that a preceptor supervising a student in clinical practice:

1. Holds an unencumbered active license or multistate privilege to practice as a registered nurse or physician in the state in which the preceptor practices or, if employed by the federal government, holds an unencumbered active RN or physician license in the United States;
2. Has at least one year clinical experience as a physician or an advanced practice nurse, and
3. For nurse preceptors, has at least one of the following:
   a. National certification in the advanced practice category in which the student is enrolled;
   b. Current Board certification in the advanced practice category in which the student is enrolled; or
   c. If an advanced practice preceptor cannot be found who meets the requirements of (3)(a) or (b), has educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and verified by the Board.

In addition to the Rules of the AZBON, the NAU SON FNP plan of study conforms to the following:

*The Essentials of Master’s Education in Nursing*
American Association of Colleges of Nursing (2011)⁵.

*Criteria for Evaluation of Nurse Practitioner Programs*
Clinical Practice and Prevention
- Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions and/or services to individuals, families, communities, and aggregates/clinical populations.

Communication
- Develop and collaborate within interprofessional teams and partnerships by using effective communication strategies.
- Advance patient education, enhance accessibility of care, analyze practice patterns, and improve health care and nurse sensitive outcomes by using information and communication technologies.

Critical reasoning
- Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates.

Leadership
- Analyze how policies influence the structure and financing of health care, practice, and health outcomes.
- Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery, and outcomes.

Professionalism and Professional Values
- Advocate for patients, families, caregivers, communities, and members of the healthcare team.
- Incorporate core scientific and ethical principles in identifying potential and actual ethical issues arising from practice, and assist patients and other healthcare providers to address such issues.

Global Health and Global Engagement
- Transform health care systems to address health equity and social justice thus reducing health disparities in vulnerable populations.

Diversity Education
- Assume leadership and/or research roles in developing, implementing, and evaluating culturally reinforcing nursing and other health care services from local to global perspectives.
- Prioritize social and cultural factors that affect health in designing and delivering care across multiple contexts.

Environmental Sustainability
- Create partnerships that promote sustainable environmental health policies and conditions.
- Analyze and promotes social, political, and economic policies that influence sustainable environments and reduce human health exposures in a global society.
Definitions

Program Coordinator
The Program Coordinator is an NAU faculty member designated by the Dean of the SON to be responsible for the FNP and DNP programs. The Coordinator supervises didactic and clinical faculty and FNP and DNP students.

Supervising Clinical Faculty
Supervising Clinical Faculty may be NAU Assistant, Associate, Professor, Clinical, or Adjunct faculty who are responsible for teaching and overseeing the clinical component(s) of the FNP courses.

Clinical Site
NAU’s FNP track is a rural-focused program. Our students are prepared to provide primary health care across the lifespan in rural and underserved communities. The clinical sites utilized for clinical experiences are generally rural primary care practices. Depending on student needs for clinical experiences, certain specialty rotations may be utilized in other types of communities.

Affiliation Agreements
The SON must have a completed Affiliation Agreement with all agencies/clinical sites in which students will be placed for clinical experiences. This applies to all clinical experiences for any schedule during the academic year. Students may not be permitted to begin any clinical experience with an agency/clinical site with which the SON does not have an Affiliation Agreement.

Preceptor
A preceptor is a qualified advanced practice nurse or physician who works one-on-one with an FNP student at a clinical site to facilitate attainment of the family primary care learning outcomes. The preceptor guides the student’s learning experience while acting as a clinical supervisor, role model, and mentor. The clinical practitioner-preceptor-educator promotes NP role socialization, facilitates student autonomy and promotes self-confidence that leads to clinical competency.
FNP Clinical Practicum Policies and Procedures

Academic Standards and Student Evaluation Criteria
Preceptors and all clinical supervising faculty should review the course syllabus and progression expectations prior to contacting or meeting with the student to ensure academic and professional standards are understood before engaging in clinical supervision and practice. The Program Coordinator will provide the preceptor with evaluation criteria that describes student performance standards required to pass a clinical course, and those that indicate when a student is at risk for failing. Additional academic policies are described in the SON Graduate Student Handbook that can be found online at http://nau.edu/uploadedFiles/Academic/CHHS/Nursing/Graduate_Handbook.pdf

Identifying Clinical Objectives
This handbook provides course and clinical practicum objectives, which are located in the appendices.

Interview with the Preceptor
When/if a student identifies a potential clinical site or preceptor, the Program Coordinator will contact the clinician and clinical site and initiate the process for a clinical site agreement. Student-preceptor interviews are not required for clinical placement, but in some instances may be arranged.

Scheduling Clinical Hours
The student should schedule clinical practicum hours that are in keeping with the preceptor’s schedule and availability - not the student's schedule or convenience. Prior to beginning the clinical practicum students and preceptors need to agree on the days and times that the student will be in the clinical agency. The student's personal and work schedules are expected to accommodate participation in the required number of clinical hours specified by the clinical course. Students may not begin clinical practicum hours before the first official day of the semester that the course begins. All required supervised practice hours must be complete by the end of the semester unless the program coordinator authorizes an extension.

Number of Clinical Hours Required
This information is specifically discussed in the course syllabus, which is sent to preceptors by the Program Coordinator prior to the start of the academic semester. The student will notify the clinical supervising faculty regarding how clinical time will be scheduled, e.g. twelve-hour shifts, one day per week, or blocks of time, following discussion with the preceptor. Students are not permitted to be in the clinical site during weekends, holidays, or other times when the university is not in session, without written approval of the program coordinator at least 2 weeks in advance of the scheduled time.

Student Attendance on Scheduled Clinical Days
The student must attend the number of clinical practicum hours consistent with the program requirements regardless of when they reach the minimum required hours for the semester(begin the first week of classes and complete no later than reading week), the NAU policies on academic standards, and the clinical schedule the preceptor and student agreed upon.

Students should not assume that should they fail to complete the required number of clinical hours for the term that they will be permitted to make up clinical hours with their preceptor. Approval for extending clinical hours beyond the semester in which the course is taken must be approved by the Program Coordinator. If a student cannot complete the required hours due to an unforeseen event, the student must notify the clinical supervising faculty immediately to determine if the situation warrants an extension of the clinical practicum and under what conditions this will occur.

If a student is to be absent for a scheduled clinical day (due to illness or an emergency), the student should notify the preceptor prior to the beginning of the clinical day. On the first clinical day, students should identify the procedure for contacting the preceptor in case of absence. Additionally, it is the student’s responsibility to notify the clinical supervising faculty and course instructor of the absence and
negotiate make-up clinical time with the preceptor. If the student is not attending clinical days/hours as scheduled, the preceptor should notify the clinical supervising faculty and the course instructor promptly. In the event of a planned absence of the preceptor, he/she will make arrangements for a qualified back-up preceptor. The clinical placement coordinator and course instructor will determine credentialing needs for back-up preceptor.

Professional dress and behavior
Students are expected to dress appropriately and behave in a professional manner at all times consistent with Occupational Safety and Health Administration (OSHA) standards. The clinical site may specify the dress code in accordance with OSHA and state law considerations. **FNP students are required to wear a NAU SON nametag identifying them as a FNP student. Lab coats, if required by the clinical site, are purchased at the student’s own expense.**

Preparation
The student should prepare for the clinical practicum as recommended by the preceptor, course instructor, clinical supervising faculty, and the Program Coordinator. This preparation includes understanding and meeting course learning objectives, conferring with faculty on areas of weakness that need to be refined, and seeking independent learning experiences that will promote self-confidence and competence. It is further recommended that prior to starting the practicum the preceptor will discuss with the student and supervising clinical faculty the patient population and most common health problems the student can expect to encounter at the clinical site. The student is expected to prepare for the clinical practicum by reviewing reference materials that are relevant to the patient population and anticipated health problems.

On the first day of the clinical practicum, the preceptor will orient the student to the clinical practice setting, facility policies and procedures, and required safety and learning modules.

Patient Care Responsibility and Medical Record Documentation
The student is expected to document in the patient medical records (paper or electronic) and sign all entries with their first and last name followed by **FNP student.** Since the preceptor maintains the legal responsibility to examine the patient, establish the diagnosis, and determine the treatment and evaluation plan, he/she must also sign the medical record and all billing documentation.

Clinical Logs
Students are required to keep a log of all patient encounters and clinical hours throughout their FNP practicum. A handwritten log will be completed along with the Typhon record. Students will also maintain a clinical log in an electronic format. For this purpose, the SON utilizes **TYPHON Clinical Tracking Systems.** The use of TYPHON enables students to track the number of patient encounters, procedures, diagnoses and ICD codes, diagnostic testing ordered, and medications prescribed. Students enter their clinical data into TYPHON following each patient encounter or at the end of their clinical day. **It is the responsibility of the clinical supervising faculty to routinely evaluate the clinical case and time logs.** When determining learning needs, or to evaluate a student’s previous experience, it may be helpful for preceptors to review the student’s clinical log. Students should encourage preceptors to periodically examine the contents of their log. Patient confidentiality, consistent with the Health Insurance Portability and Accountability Act (HIPAA) must be observed. Specifically, the information in TYPHON will disclose no patient identifiers. Students will receive information and instructions on the use of TYPHON during orientation to the program (see Appendix A).

Evaluation of the Preceptor and Clinical Site
Following the clinical practicum, the student will give feedback to the preceptor regarding their satisfaction with the quality of their learning experience. Students will complete an evaluation of the preceptor and clinical site (see Appendix B). This evaluation will be available and completed in TYPHON. Preceptors receive a log in and password from TYPHON, reminders are sent out via the preceptor email address on record when evaluations are due to be completed.
Student Health Requirements for Clinical Practicum

1. Student personal, health, and immunization records are maintained in the School of Nursing Student Services. It is the responsibility of the student to assure the documents are current. Certain diagnostic tests may be required to meet contractual obligations with the clinical agency.

- **Current RN License:** All graduate students are required to have a RN license in good standing. All graduate students are required to have 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 living in Arizona during their enrollment at Northern Arizona University must have an RN license 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 HCP:** Students must maintain a current American Heart Association CPR card (level C).

- **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 or guantiferon gold and sign/symptom checklist will be required. [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:
  - Documentation of 2 doses of varicella vaccine at least 4 weeks apart.
  - 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.

- **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.

- Professional liability insurance is provided by the State of Arizona in accordance with Arizona Revised Statutes §46-621 and §46-622. However, **FNP Student Professional Liability Insurance is strongly recommended.**

- **Photo ID** (e.g., NAU ID, driver’s license, passport)

All required health documentation must be on file in the SON Student Services department prior to the beginning of clinical practicum courses. Failure to comply may result in the student being withdrawn from the course. Students not in compliance will be refused entry to the clinical site and absences during this time will be considered unexcused.

These requirements are subject to change based on Centers for Disease Control (CDC) and regulatory agency requirements for healthcare provider immunizations.

**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 clinical and classroom activities 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 classroom 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 the event of a medical emergency, hazardous materials exposure, needle stick or sharp object injury, or other clinical-related injury as defined by the clinical preceptor, the student should be seen in the agency's emergency room, or if that is not available, 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 course instructor and 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 clinical supervising faculty of these events as soon as possible.
3. Documentation of an injury requires the completion of the Student Injury and Incident Report (see Appendix C). 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 course instructor and program coordinator 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: Perception of Impairment
Should the preceptor, nursing faculty, or other individuals perceive that a student is mentally or physically impaired, immediate action must be taken to relieve the student of his/her duties and place the student in a safe area away from the clinical setting. The immediate goal is to provide for the safety of patients, the public, other students, and the student who is suspected of being impaired.

If the student is perceived to have the odor of alcohol, or marijuana, or observed behaviors such as, but not limited to, slurred speech, unsteady gait, confusion, sharp mood swings/behavior especially after an absence from clinical experience, 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 cause the preceptor to suspect the student may be impaired by a substance, the preceptor will immediately inform the student as to why actions are being taken to relieve the student of his/her duties and then notify the NAU Faculty for further action. The preceptor will not send the student home or permit him/her to leave the building. The SON course instructor and program coordinator must be contacted immediately for instructions. The incident will be documented on the Student Injury and Incident report, which will be completed by the preceptor and supervising faculty (see Appendix C).
Program Coordinator Responsibilities

1. Ensures that the clinical affiliation agreement between the NAU SON and the clinical agency is in place.
2. Assumes responsibility for the over-all coordination of the student's clinical experience to meet the family primary care clinical course learning outcomes.
3. Assures that preceptors meet the SON and AZBON qualifications for the preceptor role.
4. Assures that the student has demonstrated competencies for the level of progression in the FNP program.
5. Provides assistance in the orientation of preceptors. Orientation will include review of the following:
   a. Mission, goals, and curricular outline of the program.
   b. Clinical and didactic course syllabi including objectives, outline, and outcomes.
   c. Roles and responsibilities of the program coordinator, clinical supervising faculty, preceptor, and student.
   d. Performance expectations of the student.
   e. Evaluation responsibilities.
   f. Avenues of communication.
   g. Student assignments.
   h. Expected initial level of knowledge, skills and abilities of the student.
6. Ensures that students have all the required health documentation for the assigned healthcare agency.
7. Ensures (in cooperation with the clinical site) that students have knowledge of the safety requirements for the assigned healthcare agency.
8. Establishes communication and maintains availability with the clinical preceptor and the student.
9. Meets with the student, supervising clinical faculty, and preceptor as needed to discuss the student’s progress and exchange ideas and/or counseling/suggestions to better achieve outcomes. These meetings may occur in person, by phone, or by e-mail.
10. Assists the supervising clinical faculty to incorporate data from discussions with the student, preceptor, and clinical supervising faculty, and written evaluations from the preceptor, to provide the final student evaluation and assignment grade.
11. Provides the student with the opportunity to evaluate the preceptor, clinical experience, and the clinical agency and discusses with the preceptor any information from the student concerning ways to improve the clinical experience for future students.
12. Provides FNP students with the NAU SON Clinical/Internship Education Student Responsibility Statement form prior to the beginning of their first clinical practicum course (see Appendix D).
Clinical Supervising Faculty Responsibilities

Overall Responsibility
The clinical supervising 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 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 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 clinical supervising 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. Clinical supervising faculty will make one to two site 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 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 faculty and forwarded to the Program Coordinator (see Appendix E).

Availability
The clinical supervising 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 Master Capstone 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. Facilitate faculty/student/preceptor problem solving as necessary, coordinating conferences as appropriate, developing plans for remediation when necessary, and communicating with the Program Coordinator.
10. Notify the Program Coordinator of student difficulties in meeting clinical objectives.
11. Inform the Program Coordinator of clinical agency issues that may affect student practice or clinical placement.
12. Attend FNP faculty meetings, workshops, and other on campus functions as applicable.
NAU Clinical Preceptor Responsibilities

Preceptor Qualifications
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.

The AZ Board of Nursing Nurse Practice Act can be found at: http://www.azbn.gov/NursePracticeAct.aspx

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. Physician preceptors must be currently licensed in the state where they practice.
   - Nurse Practitioners 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 advanced 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.

4. Preceptors are encouraged to work with one FNP student at a time. If the preceptor is working with two NP students concurrently, the NAU SON requirement is that the preceptor will not be responsible for seeing patients independent of the students.

5. Preceptors will provide a current curriculum vitae or resume to the NAU SON.

6. Preceptors will provide contact information for current practice site to the NAU SON, including a valid email address, as all evaluations will be conducted via email.

7. Preceptors will sign the Preceptor Acknowledgement Receipt and return to program coordinator (Appendix M).

8. Attend orientation (virtual) and annual updates as required by the SON and its accrediting body.

Communication with Faculty
The SON will provide to the preceptor contact information for the supervising clinical faculty and for the program coordinator. Preceptors may also contact the SON any time during the period of student supervision at (928) 523-2671. The preceptor will provide contact information to the student and supervising clinical faculty.

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 discussed in the 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 (see Learning Contract located in Introductory Portfolio, Appendix F).

Each semester:
1) Preceptors will review and discuss with the student the *FNP Course Descriptions and Outcomes* (see Appendix I).
2) Preceptors will review and discuss with the student the *Course Progression Algorithm* (see Appendix J).
3) Preceptors will review and discuss with the student the *Minimum Clinical Requirements* (see Appendix M).

Collaboration with Faculty on Problem/Conflict Management
When a conflict or problem related to the student is identified, the preceptor should collaborate with the clinical supervising 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 clinical supervising 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 clinical supervising faculty will adhere to the SON policies regarding clinical supervising 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.

Procedure for Evaluation of Students
Preceptors should meet with the student formally at the beginning of the clinical practicum to review the evaluation criteria to ensure expectations and responsibilities of the preceptor and student are understood. During the clinical experience, the preceptor should provide both formative and summative evaluation. Formative assessment can be provided during weekly or bi-weekly discussions between the preceptor and student related to clinical performance. Summative evaluation is required at mid-term and at the conclusion of the semester (see appendix G). The evaluations will be available through TYPHON. Both summative and formative evaluation provides the preceptor with the tools to identify and discuss deficiencies that may warrant clinical failure.

Formative evaluation is an assessment by the preceptor in the form of feedback to the student regarding their performance during the clinical practicum. Feedback should be given to the student that is professionally appropriate and specific to the situation. Timely feedback is valuable to students and can facilitate precipitous learning. Evaluating the FNP student’s performance with positive and constructive feedback should occur frequently. Ongoing feedback provides the student with the opportunity to enhance their performance during the course of the clinical practicum. Role performance areas in which the student has achieved competence should be discussed with the student, as well as those areas that have been identified as weak and needing improvement. Specific recommendations from the preceptor on strategies for improving clinical performance will be helpful to the student and should be documented in anecdotal notes and midterm evaluation.

Summative evaluation is the assessment of the student’s performance at the mid-point and end of the clinical practicum. The summative evaluation describes the student’s performance, development, and improvement at the midpoint and conclusion of the clinical practicum. The summative evaluation of
performance is based on the criteria indicated on the clinical evaluation tool provided by the FNP Program Coordinator. Although students are often not able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. Comments are valuable in assessing the student’s knowledge, skill level, and immersion in the course. Clarity of comments and specific examples of situations that illustrate the comments written on the evaluation form are important to student learning. Written comments are particularly valuable if the student needs remediation in a specific competency area or if faculty is asked for a recommendation of the student’s clinical ability. The preceptor should review the mid-term and final evaluations with the student.

**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 clinical supervising faculty.

**Substandard Care, Unsafe Clinical Performance, and Professional Misconduct**

The preceptor should notify any student in jeopardy of failure no later than at the mid-point of the clinical practicum. The preceptor must also immediately notify the clinical supervising faculty and program coordinator whenever student performance is substandard, or failing.

In the event of unsafe clinical performance by a student, the preceptor must remove the student immediately from the practice setting and notify the clinical supervising faculty and program coordinator.

The preceptor will document and report immediately to the clinical supervising faculty or program coordinator any unprofessional behavior or breach of contract by the student. In the event of professional misconduct, including suspected chemical impairment, NAU SON policies exist and outline appropriate actions to be taken. Such a situation will be immediately addressed once the preceptor or clinical agency contacts the SON nursing faculty. Personal safety for all members involved is paramount.

Any event involving unsafe clinical performance or professional misconduct requires the preceptor to complete the *Student Injury and Incident Report* (see Appendix C) and to contact the program coordinator immediately.

**Burden of Responsibility**

**Preceptors are ultimately responsible for the actions of the student.** Therefore, we encourage development and discussion of clear and specific learning plans addressing the aspects of care for which the preceptor will be responsible, and those for which the student will be held responsible. To ensure patient care is never compromised, it is imperative that preceptors communicate frequently with students regarding the delineation of responsibilities. In the preceptor role, the clinician must be able to direct and oversee the FNP student and manage his/her usual responsibilities to patients and other colleagues.

**Legal Liability while Precepting Students**

The preceptor must ensure that all care provided to patients, either care provided directly by the preceptor with the student observing, or care provided by the student under the supervision of the preceptor, must be the same standard of care to which the preceptor is obligated to provide under his/her status as a licensed professional. Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor remains the primary care provider, is responsible for final decisions related to patient care, and will continue to provide follow-up care. Preceptors have ultimate decision-making authority and responsibility for the details of patient care, including training activities and direct supervision of student learning experiences.
Students do not have authority or independent health care responsibilities for patients and are not to be considered agents, independent health care providers, patient advocates, a preceptor’s employee or agent, or individuals practicing in an extended role while being precepted.

Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm final diagnosis and management plans with students prior to the discharge of the patient. Review by the preceptor must be documented in the record indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for all care provided to the patient. It is customary that the preceptor co-signs all records in which the student has provided documentation. Third party payers, government, and insurance companies cannot reimburse for care provided by the student.

Liability Insurance
Accreditation requires preceptors to carry professional liability insurance.

The Preceptor Role: A Health Professional’s Responsibility
A major assumption of this policy is to describe the role and responsibility that health professions share for educating future providers of quality healthcare in our society. A preceptor is one who guides the student’s clinical learning experience while acting as a role model. The clinical practitioner-preceptor-educator promotes NP role socialization, facilitates student autonomy and promotes self-confidence that leads to clinical competency². Preceptors are encouraged to read the following articles, which may augment their teaching and mentoring knowledge and skills:
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 have 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 clinical supervising 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 classes and attend all the way through reading week, unless otherwise notified by the faculty clinical 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. Complete the Introductory Portfolio and provide to preceptor (Requirements for each course are provided in course documentation).

8. Provide his/her own health care insurance. FNP students are strongly encouraged to purchase student professional liability insurance.

9. 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.

10. Comply with all health documentation and other professional requirements of the clinical agency prior to the start of the clinical experience.

11. 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.
12. 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.

13. 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.

14. Collaborate with the clinical preceptor and clinical supervising faculty to develop specific learning goals for this clinical experience.

15. Demonstrate to the preceptor competence of specific skill(s) prior to performing them alone.

16. 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.

17. Arrange appointments, either in person or electronically, with the supervising clinical faculty to discuss progress toward goal achievement.
References


Appendix A

TYPHON Reference Information

Northern Arizona University
School of Nursing
Family Nurse Practitioner Program

Clinical Practicum/client Contact Record Collaboration Scale

1) Observation
2) Collaborator reviews entire encounter (History, PE, Assessment and Plan)
3) Collaborator reviews and directs 50% of encounter (Portion of History and Physical, major portion of Assessment and Plan)
4) Collaborator reviews 25% of encounter (minimal portion of History and Physical, some input into Assessment and Plan)
5) Collaboration only, student takes major responsibility for care

**NOTE: This information is to be entered electronically in TYPHON.**
# Appendix B

## Student/Faculty Evaluation of Clinical Practicum & Preceptor

<table>
<thead>
<tr>
<th>Student Name/Faculty Name: Click here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Name: Click here to enter text.</td>
</tr>
<tr>
<td>Clinical Site/Agency: Click here to enter text.</td>
</tr>
<tr>
<td>Course Name/Number: Click here to enter text.</td>
</tr>
</tbody>
</table>

## I. Clinical Practicum

Please respond to the following by checking the appropriate box.

4 = Excellent 3 = Above Average 2 = Average 1 = Below Average N/A = Not Applicable

1. Practicum provided a balance of learning experiences
   1 ☐  2 ☐  3 ☐  4 ☐  N/A ☐

2. Practicum allowed for an opportunity to demonstrate advanced practice care
   1 ☐  2 ☐  3 ☐  4 ☐  N/A ☐

3. Clinical learning objectives were accomplished
   1 ☐  2 ☐  3 ☐  4 ☐  N/A ☐

4. Practicum provided the opportunity to apply course content, theory, and research to clinical practice
   1 ☐  2 ☐  3 ☐  4 ☐  N/A ☐

5. Overall organization of clinical practicum
   1 ☐  2 ☐  3 ☐  4 ☐  N/A ☐

## II. Clinical Site

Please respond to the following by checking the appropriate box.

4 = Excellent 3 = Above Average 2 = Average 1 = Below Average N/A = Not Applicable

1. Orientation of the site included a tour of the unit/facility and an introduction to key people
   1 ☐  2 ☐  3 ☐  4 ☐  N/A ☐

2. Physical facilities were adequate and student was given adequate space to sit, chart, and access information
   1 ☐  2 ☐  3 ☐  4 ☐  N/A ☐

3. The acuity, variety, and volume of patients at this site were sufficient to attain learning objectives
   1 ☐  2 ☐  3 ☐  4 ☐  N/A ☐

4. Collaborative efforts between the physicians, nurse practitioners, staff, and students facilitated the achievement of learning objectives
   1 ☐  2 ☐  3 ☐  4 ☐  N/A ☐

5. The practicum site is receptive to student participation in patient care
   1 ☐  2 ☐  3 ☐  4 ☐  N/A ☐

6. Do you recommend this site for future use?
   Yes ☐
   No ☐
III. Preceptor

Please respond to the following by checking the appropriate box.
4= Excellent 3= Above Average 2= Average 1=Below Average N/A= Not Applicable

1. Demonstrated clinical expertise and knowledge of field/specialty
   1☐ 2☐ 3☐ 4☐ N/A☐

2. Overall teaching effectiveness
   1☐ 2☐ 3☐ 4☐ N/A☐

3. Allowed opportunities to assume increasing responsibility, see, assess and manage patients while considering limits according to student’s level of training
   1☐ 2☐ 3☐ 4☐ N/A☐

4. Provided direct observation of student’s assessment of patient history and exam
   1☐ 2☐ 3☐ 4☐ N/A☐

5. Encouraged student to ask questions
   1☐ 2☐ 3☐ 4☐ N/A☐

6. Challenged student to explain findings and treatment plans
   1☐ 2☐ 3☐ 4☐ N/A☐

7. Provided individual feedback on student skill level
   1☐ 2☐ 3☐ 4☐ N/A☐

8. Preceptor was sensitive to student’s learning needs
   1☐ 2☐ 3☐ 4☐ N/A☐

9. Preceptor was available for consultation
   1☐ 2☐ 3☐ 4☐ N/A☐

10. Implemented evidence-based practice and applied continuous quality improvement in delivery of care
    1☐ 2☐ 3☐ 4☐ N/A☐

11. Collaborated and consulted other members of the health care team when needed
    1☐ 2☐ 3☐ 4☐ N/A☐

12. Do you recommend this preceptor for future use?

IV. Comments

1. What was the most challenging part of the clinical practicum?
   Click here to enter text.

2. Are there any issues, concerns, or positive components of this clinical experience faculty needs to be aware of?
   Click here to enter text.

3. Additional comments about the clinical experience, site, and/or preceptor. Anything else you would like faculty to know?
   Click here to enter text.
## Appendix C

### Student Injury and Incident Report

<table>
<thead>
<tr>
<th>Date of Incident:</th>
<th>Time of Incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester:</td>
<td>Course:</td>
</tr>
</tbody>
</table>

**Student’s account of Incident. Please use a separate sheet of paper if needed.**

<table>
<thead>
<tr>
<th>Signature of Student:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Report:</th>
</tr>
</thead>
</table>

**Comments by Clinical Instructor or Preceptor:**

<table>
<thead>
<tr>
<th>Signature and Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name</td>
</tr>
<tr>
<td>Agency Address</td>
</tr>
<tr>
<td>Agency Phone</td>
</tr>
<tr>
<td>Date of Report</td>
</tr>
</tbody>
</table>
Appendix D
Student Responsibility Statement

NORTHERN ARIZONA UNIVERSITY
School of Health Professional / School of Nursing

CLINICAL/INTERNSHIP EDUCATION
STUDENT RESPONSIBILITY STATEMENT

In order to meet the requirements of Section II. H. of the Agreement for Clinical Practicum and/or Internship/Externship Education, STUDENTS shall read the following and indicate their understanding by signing below. This Student Responsibility Statement is in addition to the course syllabus, and the student is responsible for being familiar with the content of both documents. In consideration of the opportunity to enter into a clinical education/internship educational program, I agree to:

A. Complete and be responsible for the cost of providing all health forms and certificates requested by the FACILITY.

B. Provide the PROGRAM and FACILITY with written confirmation of professional liability coverage for the term of the clinical/internship education assignment if required by the degree program.

C. Secure my own housing, but welcome FACILITY housing and/or assistance in obtaining private housing, during my clinical/internship education assignment.

D. Follow the policies, rules and regulations of FACILITY, including those regarding confidentiality of protected health information or other confidential information pertaining to client and patient records.

E. At all times conduct myself, both at the FACILITY and outside normal business hours, in a personally and professionally ethical manner.

F. Conform in my attire and appearance to the accepted standard of the FACILITY, and procure the appropriate and necessary attire required, if any, but not provided by the FACILITY.

G. Provide my own transportation to and from the FACILITY and any reasonable special assignment by the faculty or FACILITY. I will never transport patients.

H. Conform to the work schedule of the FACILITY, and make up time and work missed during unavoidable illnesses, in consultation with my academic coordinator and clinical instructor.

I. Notify the FACILITY and PROGRAM Clinical Education Coordinators if I learn I am pregnant before or during the clinical practicum and/or internship/externship education assignment so that appropriate personal safety precautions can be implemented.

J. Obtain prior written approval from PROGRAM and FACILITY before publishing or presenting any material relating to the clinical experience outside normal educational settings of the PROGRAM.

Student Name [Please type or print]
Appendix E
Faculty Evaluation of Student Site Visit

Grading Rubric for Clinical Site Visits

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>Below Standards</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>(Requires no assistance)</td>
<td>(Requires minimal assistance)</td>
<td>(Requires moderate assistance)</td>
<td>(Requires detailed assistance)</td>
<td></td>
</tr>
<tr>
<td>Faculty:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Practice and Prevention**

- Reviews chart prior to encounter
- Obtains subjective assessment data (CC, HPI, ROS, PMH, medications, FH, and SH for patients presenting for complete physical examinations and episodic visits.
- Demonstrates logical systematic methodology in obtaining subjective data.
- Student will see 4-6 adult patients in an 8-hour clinical day.
- Performs appropriate and accurate physical examination on the adult patient (specific components) for the presenting problem using correct techniques and equipment.
- Identifies appropriate diagnostic testing as indicated.
- Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care.
- Determines health care maintenance and screening needs utilizing USPSTF recommendations.
<table>
<thead>
<tr>
<th>Student:</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>Below Standards</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Requires no assistance)</td>
<td>(Requires minimal assistance)</td>
<td>(Requires moderate assistance)</td>
<td>(Requires detailed assistance)</td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Practice & Prevention Continued**

- Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.
- Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.
- Documents ICD and Evaluation and Management codes.
- Completes the patient encounter in a timely manner.
  - New patient or complete PE – 90 minutes
  - Chronic or complex visit – 60 minutes
  - Acute episodic visit – 45 minutes

**Communication**

- Completes facility orientation and reviews relevant policies and procedures.
- Communicates effectively with office staff, nurses, and other professionals.
- Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive emotional issues.
- Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.
<table>
<thead>
<tr>
<th>Student:</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Improvement</th>
<th>Below Standards</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Requires no assistance)</td>
<td>(Requires minimal assistance)</td>
<td>(Requires moderate assistance)</td>
<td>(Requires detailed assistance)</td>
<td></td>
</tr>
</tbody>
</table>

**Communication Continued**

Presents patients to preceptor in a thorough, concise, and organized manner.

**Critical Reasoning**

Has references and uses them effectively and efficiently in the clinical setting.

Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).

Arrives at correct diagnosis based on clinical data.

Chooses appropriate medication and therapeutic dosage.

Identify patients whose health needs require urgent or emergent care.

**Leadership**

Demonstrates interest and takes initiative in learning.

Professionalism and Professional Values

Maintains professional standards including dress, timeliness, and language.

Incorporates cost in decision-making.
**Criteria for evaluation**

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>politeness, clarity, appropriate terminology</td>
</tr>
<tr>
<td>Cultural</td>
<td>awareness and sensitivity</td>
</tr>
<tr>
<td>Review of chart</td>
<td>completeness</td>
</tr>
<tr>
<td>History</td>
<td>thorough, accurate, relevant</td>
</tr>
<tr>
<td>Physical exam</td>
<td>complete, correct techniques, no errors or omissions</td>
</tr>
<tr>
<td>Diagnostic labs and tests</td>
<td>appropriate, no errors or omissions</td>
</tr>
<tr>
<td>Medication and therapeutic dosage</td>
<td>appropriate and accurate</td>
</tr>
<tr>
<td>Differential diagnosis</td>
<td>at least three complete and correct</td>
</tr>
<tr>
<td>Correct diagnosis</td>
<td>accurate, based on clinical data</td>
</tr>
<tr>
<td>Evidence-based treatment plan</td>
<td>incorporates all factors</td>
</tr>
<tr>
<td>Education</td>
<td>anticipatory guidance, teaching, counseling, and specific information</td>
</tr>
<tr>
<td>Follow up plan</td>
<td>relevant and cardinal symptoms for which they should seek treatment</td>
</tr>
<tr>
<td>Documentation</td>
<td>reflects history, physical exam, treatment plan, and in congruent, organized, and complete</td>
</tr>
<tr>
<td>References</td>
<td>has resources and uses them effectively and efficiently in clinical setting</td>
</tr>
<tr>
<td>Preceptor</td>
<td>presents patient in thorough, concise, and organized manner</td>
</tr>
<tr>
<td>Patient statue</td>
<td>able to recognize, identify, and initiate treatment when urgent or critical</td>
</tr>
<tr>
<td>Encounter</td>
<td>completes in a timely manner</td>
</tr>
<tr>
<td>Professional standards</td>
<td>dress, timeliness, and language</td>
</tr>
<tr>
<td>Learning</td>
<td>demonstrates interest and takes initiative</td>
</tr>
</tbody>
</table>
Appendix F

Introductory Portfolio: Part I

Student Profile

1. Clinical Background, including past nursing experience prior to FNP program
   a. List major clinical experiences completed:
   b. List other clinical experiences completed:

2. Clinical Interests
   a. What aspects of health care do you find most interesting?
   b. What aspects of health care do you find least interesting?
   c. What are your major career interests? (Primary care? Specialty? Undecided?)

3. Learning Style
   Based upon your experience and knowledge, please answer the following:
   a. Describe the qualities of an effective teacher.
   b. How do you learn best?
   c. What are your responsibilities as a student?
Appendix F continued

Introductory Portfolio: Part II

Clinical Skills Inventory

Please rate your competency with the following skills and procedures. Please circle your response.
0 = No previous experience, skill or competence
1 = Some experience, but still require supervision
2 = Much experience, require little or no supervision

<table>
<thead>
<tr>
<th>Interview</th>
<th>Examination (Lifecycle stage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic interview</td>
<td>Prenatal</td>
</tr>
<tr>
<td>Cross-cultural communication</td>
<td>Newborn</td>
</tr>
<tr>
<td>Developmental assessment</td>
<td>Postpartum</td>
</tr>
<tr>
<td>Family assessment</td>
<td>Infant</td>
</tr>
<tr>
<td>Occupational history</td>
<td>Child</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>Adolescent</td>
</tr>
<tr>
<td>Sexual history</td>
<td>Adult</td>
</tr>
<tr>
<td>STD/HIV screening</td>
<td>Geriatric</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Examination (Components)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess incision/drain</td>
<td>Developmental</td>
</tr>
<tr>
<td>CPR</td>
<td>Pediatric</td>
</tr>
<tr>
<td>Foreign body removal</td>
<td>Functional</td>
</tr>
<tr>
<td>Gram stain, interpretation</td>
<td>Adult</td>
</tr>
<tr>
<td>Growth chart</td>
<td>Mental Status</td>
</tr>
<tr>
<td>Hematocrit</td>
<td></td>
</tr>
<tr>
<td>Injection</td>
<td></td>
</tr>
<tr>
<td>KOH, skin/vaginal</td>
<td></td>
</tr>
<tr>
<td>Laryngoscopy</td>
<td></td>
</tr>
<tr>
<td>Pap smear</td>
<td></td>
</tr>
<tr>
<td>Rapid strep</td>
<td></td>
</tr>
<tr>
<td>Stool test, blood</td>
<td></td>
</tr>
<tr>
<td>Suturing</td>
<td></td>
</tr>
<tr>
<td>Suture/staples removal</td>
<td></td>
</tr>
<tr>
<td>Telephone referral</td>
<td></td>
</tr>
<tr>
<td>Throat culture</td>
<td></td>
</tr>
<tr>
<td>Urinalysis</td>
<td></td>
</tr>
<tr>
<td>Venipuncture</td>
<td></td>
</tr>
<tr>
<td>X-ray interpretation, chest</td>
<td></td>
</tr>
<tr>
<td>X-ray interpretation, extremities</td>
<td></td>
</tr>
<tr>
<td>Wet mount, vaginal</td>
<td></td>
</tr>
<tr>
<td>Write referral</td>
<td></td>
</tr>
<tr>
<td>Write prescription</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Are there areas that you would like specific instruction? Please describe.
Appendix F continued

Introductory Portfolio: Part IV

Learning Contract

Student:_________________________ Preceptor:______________________________

Introduction
Combining the interests and skills of students and preceptors working together in a community-based clinical experience can result in a rich learning experience. To make the best use of this opportunity, and to accommodate individual student needs and interests, the student and preceptor negotiate a learning contract.

Plan for Establishing a Learning Contract
Week 1
1. Student completes student section of contract and preceptor completes preceptor section of contract.
2. Student sets up meeting with preceptor for learning contract negotiation at end of second clinical day.
3. At the negotiation meeting, student writes summary statement of student and preceptor goals.
4. Student and preceptor sign learning contract.

Mid-term:
1. Student and preceptor meet for a mid-term review to assess the clinical experience and learning contract goals.
2. Student and preceptor make any necessary administrative and educational adjustments.

Final week:
Student and preceptor meet to review the clinical experience and evaluate progress on the learning contract.

Student Goals: In column A list your most important goals for your clinical experience. In column B list specific strategies to meet those goals.

<table>
<thead>
<tr>
<th>A. Goals</th>
<th>G. Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F continued

Preceptor Goals: In column A list the three most important areas you think the student should focus on during this clinical experience. In column B list your strategies for addressing these areas.

<table>
<thead>
<tr>
<th>A. Area of Focus</th>
<th>B. Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary (to be completed by the student):

Performance goals and strategies:

Student signature:  Preceptor signature:  Date:

Appendix G

Preceptor Evaluation of FNP Student

This evaluation is completed through TYPHON

Student Name: ________________________________  Preceptor Name: ________________
Practicum dates: _____________ to ____________  Course Number: ________________

The midterm and final evaluations are based on accepted nurse practitioner competencies and provide individualized feedback to students regarding strengths and areas for growth. The faculty has established expected competency levels for each domain that students should meet by the END of each clinical course:

Please evaluate the student’s performance by scoring each element using the following criteria:
NA = Not applicable or not observed
1 = Omit  element or achieves minimal competence even with assistance
2 = Needs a lot of direct supervision
3 = Needs some direct supervision
4 = Needs minimal direct supervision
5 = Mostly independent practice

<table>
<thead>
<tr>
<th>Competencies</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DOMAIN IA:</strong> ASSESSMENT OF HEALTH STATUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Obtains and documents a health history and assesses the influence of family or psychosocial factors (e.g., developmental delays, reproductive health, substance abuse, and violence) on illness for patients of all ages.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Performs and documents complete or symptom-focused physical examinations on patients of all ages, including developmental, behavioral and mental health screening and physical system evaluations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Demonstrates proficiency in family assessment, including identification of health and psychosocial risk factors of patients across the lifespan and families in all stages of the family life cycle.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assesses specific family health needs and identifies and plans health promotion interventions for families at risk, within the context of community.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Assesses the impact of acute and/or chronic illness or common injuries on the family.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DOMAIN IB:</strong> DIAGNOSIS OF HEALTH STATUS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identifies signs and symptoms of acute or chronic physical and mental illnesses across the lifespan.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Manages diagnostic testing through the ordering and interpretation of age-, gender-, and condition-specific tests and screening procedures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix G Continued

3. Applies theoretical knowledge and current research findings in **analyzing and synthesizing data to make clinical judgments and decisions**, individualizing care for individuals and families.

4. **Formulates differential diagnoses** and prioritizes health problems, considering epidemiology, life stage development and environmental and community characteristics.

Comments:

**DOMAIN I.C:**
**PLAN OF CARE AND IMPLEMENTATION OF TREATMENT**

1. Using family theory **provides health protection, health promotion and disease prevention** to improve or maintain optimum health for all family members.

2. **Treats common physical and/or mental illnesses** across the lifespan, to minimize complications and promote function and quality of living, including women’s reproductive health, perinatal care and end of life issues.

3. **Prescribes medications** understanding altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women and older adults.

4. **Manages individual and family responses to the plan of care** through evaluation, modification and documentation that includes response to therapies and changes in condition.

5. **Evaluates coping and support systems, lifestyle adaptations and resources** for patients and families, **facilitates transition and coordination of care** between and within health care settings and the community and **initiates appropriate referrals** to other healthcare professionals.

Comments:

**DOMAIN II:**
**NURSE PRACTITIONER-PATIENT RELATIONSHIP & DOMIAN III:**
**TEACHING COACHING FUNCTION**

1. Maintains a sustainable partnership with individuals and families and communicates effectively with the individual and the family, provides anticipatory guidance and facilitates decision-making.

2. Functions as a **patient advocate**, while teaching individuals to advocate for self-regarding illness or health among family members, age-related transitions and ethical issues.

3. Develops **educational interventions** appropriate to individual and/or family needs, values, and cognitive level; reinforces positive health behaviors and incorporates self-care activities.

4. Demonstrates knowledge and skill in addressing sensitive issues, such as sexuality, finances, mental health, terminal illness and substance abuse and **provides anticipatory guidance, teaching, counseling and education for self-care**.

Comments:

**DOMAIN V:**
**MANAGING / NEGOTIATING HEALTHCARE DELIVERY SYSTEMS & DOMIAN VII:**
**CULTURAL COMPETENCE**

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

2. Utilizes research findings and knowledge of cultural diversity in caring for all individuals.

Comments:
Appendix H

FNP Course Descriptions and Outcomes

NUR 660 FAMILY PRIMARY HEALTH CARE I (3 credits)
This course provides the family nurse practitioner student with advanced theoretical knowledge in the assessment and management of health promotion, health maintenance and disease prevention activities throughout the lifespan.

Clinical Practice and Prevention
- Identify knowledge and theory related to the prevention, diagnosis, and management of selected uncomplicated common acute and chronic health problems for individuals across the lifespan.
- Select diagnostic plans based on holistic health assessment data for selected uncomplicated common acute and chronic illnesses.

Communication
- Discuss collaborative processes of the interdisciplinary health care team in facilitating the individual and family progress toward maximum functional health.

Clinical Reasoning
- Describe management plans for the prevention and treatment of selected uncomplicated common acute and chronic health problems.
- Identify expected clinical outcomes necessary to evaluate the effectiveness of prevention, health promotion, and management plans incorporating rural and family theory.

Professionalism and Professional Values
- Review ethical and legal issues related to advanced nursing practice across the lifespan.

NUR 661 FAMILY PRIMARY HEALTH CARE PRACTICUM I (3 credits, 180 hours)
This is the first primary care practicum in a series of three in the FNP program. The student will be expected to demonstrate beginning proficiency in assessment and management of common health/illness conditions throughout the lifespan.

Clinical Practice and Prevention
- Develop differential diagnoses and accurate plans of care for individuals and families with uncomplicated common acute and chronic health problems across the lifespan.
- Practice health promotion/disease prevention services for individuals and families in rural and medically underserved communities.
- Apply knowledge of family theory, cultural diversity, spirituality, and primary care assessment data and plans of care for individuals and families.

Communication
- Collaborate with physicians and other primary care providers in facilitating the individual and family progress toward maximum functional health.

Critical Reasoning
- Identify appropriate research and evidence-based findings to support clinical decisions for uncomplicated common acute and chronic illnesses.

Leadership
- Identify legal issues related to all nurse-patient relationships.
Professionalism and Professional Values
- Explore professional issues and role development in the primary care setting.
- Demonstrate caring behaviors in the clinical setting.

NUR 662  FAMILY PRIMARY HEALTH CARE II (3 credits)
The course provides the graduate student with advanced theoretical knowledge in the continued assessment and management of selected common acute and chronic health conditions across the lifespan.

Clinical Practice and Prevention
- Apply knowledge and theory related to the prevention, diagnosis, and management of selected uncomplicated common acute and chronic health problems for individuals across the lifespan.
- Analyze diagnostic plans based on holistic health assessment data for selected uncomplicated common acute and chronic illnesses.

Critical Reasoning
- Differentiate management plans for the prevention and treatment of selected common acute and chronic health problems.
- Identify expected clinical outcomes necessary to evaluate the effectiveness of prevention, health promotion, and management plans incorporating rural and family theory.

Communication
- Examine collaborative processes of the interdisciplinary health care team in facilitating the individual and family progress toward maximum functional health.

Professionalism and Professional Values
- Apply ethical and legal issues related to advanced nursing practice across the lifespan.

NUR 663  FAMILY PRIMARY HEALTH CARE PRACTICUM II (5 credits, 300 hours)
This is the second primary care practicum in a series of three in the FNP program. The student applies knowledge for comprehensive assessment and management of health promotion/disease prevention activities and selected acute and chronic health conditions throughout the life-span.

Clinical Practice and Prevention
- Demonstrate accurate assessment of patients presenting with acute and chronic health conditions across the lifespan.
- Develop differential diagnoses and plans of care based on a holistic health assessment including medical and social history presenting symptoms, physical findings, and diagnostic information.

Critical Reasoning
- Develop appropriate diagnostic and therapeutic interventions for patients with emphasis on safety, cost, and efficacy.
- Use treatment plans for disease prevention, health promotion, and health problem management based on current research, evidence-based standards of care and practice guidelines with the assistance of a preceptor.
- Evaluate the effectiveness of health promotion and disease treatment plans based on patient expected outcomes.

Professionalism and Professional Values
- Use cultural reinforcement in advanced practice nursing care in rural acute and/or outpatient settings.
• Collaborate with preceptor and interdisciplinary health care team in facilitating patient progress toward maximum functional health.

Communication
• Demonstrate effective professional oral and written communication skills.

NUR 664  FAMILY PRIMARY HEALTH CARE III  (3 credits)
This course provides the graduate student with advanced theoretical knowledge in the assessment and management of selected acute, chronic and complex health conditions across the life span. Letter grade only.

Clinical Practice and Prevention
• Synthesize knowledge necessary to assess, manage and evaluate selected acute, chronic and complex health conditions across the life span.
• Evaluate common health and illness problems or crises related to individuals and families with selected primary care conditions across the lifespan, with special attention to chronic and complex health conditions.
• Use knowledge of family theory, cultural diversity and health assessment in specifying the data to be collected, as well as the assessment and management of acute, chronic and complex health conditions for individuals and families.
• Integrate expert knowledge and expert caring to collaboratively develop positive outcomes in complex health situations.

Communication
• Discuss methods and demonstrate the ability to establish mutual goals with the individual and family which meets their issues and concerns around acute, chronic and complex health conditions.

Critical Reasoning
• Integrate appropriate research and evidence-based findings for acute, chronic and complex health conditions in primary care practice.
• Evaluate knowledge from natural and behavioral sciences along with nursing science and clinical knowledge as a foundation for the diagnosis and management of acute and episodic health care conditions.

Leadership
• Utilize leadership, legal, and ethical skills necessary for the nurse practitioner in rural primary health care settings.

NUR 665  FAMILY PRIMARY HEALTH CARE PRACTICUM III  (5 credits, 300 hours)
This as the final primary care course emphasizes crisis intervention, chronic illness, and complex health conditions for the family unit across the life span.

Clinical Practice and Prevention
• Use knowledge of crisis intervention with families as appropriate.
• Demonstrate accurate assessment, diagnosis, treatment and evaluation for individuals with acute self-limiting, emergency, chronic illness and complex health conditions.
• Use knowledge of family theory and primary care assessment in collecting data and developing plans of care for the family and/or family member with selected acute, chronic and emergency conditions.
Communication

- Collaborate interdisciplinary health care team in facilitating patient progress toward maximum functional health, with minimal assistance from preceptor.

Critical Reasoning

- Formulate treatment plans based on the pathophysiology underlying identified disease process, based on appropriate research and evidence-based findings.
- With minimal assistance from the preceptor, evaluate the effectiveness of the care provided to individuals and families.
- Determine methods of providing disease prevention, detection, and management of common illness conditions throughout the life cycle.

Professionalism and Professional Values

- Analyze professional issues and role development in the primary care setting.
## Appendix I

### Course Progression Algorithm

#### Progressive Expectations of FNP Students in Clinical Practicum

<table>
<thead>
<tr>
<th>Nursing 661 (180 hours)</th>
<th>Weeks 1-3</th>
<th>Weeks 4-6</th>
<th>Weeks 7-9</th>
<th>Weeks 10-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>11.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>12.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>13.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>14.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>15.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>16.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>17.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>23.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

*Note: The table above outlines the progressive expectations for FNP students in clinical practicum. Columns represent different weeks, with a scale from 1 to 4 indicating the level of expectation or proficiency.*
<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Demonstrates interest and takes initiative in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Has references and uses them effectively and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Reviews chart prior to encounter.</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates effective communication with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Obtains subjective assessment date: history of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Performs appropriate and accurate physical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Identifies appropriate diagnostic testing as</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11.</td>
<td>Formulates a list of differential diagnoses</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>Arrives at correct diagnosis based on clinical</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13.</td>
<td>Creates an evidence-based treatment plan that</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Communicates detailed and clinically sound</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Provides anticipatory guidance, teaching,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Chooses appropriate medication and</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17.</td>
<td>Determines health care maintenance and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Documents patient visits using a SOAP format</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Presents patients to preceptor in a thorough,</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>21.</td>
<td>Completes patient encounter in a timely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Incorporates cost in decision-making.</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>23.</td>
<td>Correctly uses ICD coding for diagnosis</td>
<td>3</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Completes facility orientation and reviews</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Communicates effectively with office staff,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Maintains professional standards including</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates interest and takes initiative in</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Has references and uses them effectively and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Reviews chart prior to encounter.</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates effective communication with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Obtains subjective assessment date: history of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Performs appropriate and accurate physical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Identifies appropriate diagnostic testing as</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>11.</td>
<td>Formulates a list of differential diagnoses</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>12.</td>
<td>Arrives at correct diagnosis based on clinical</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>13.</td>
<td>Creates an evidence-based treatment plan that</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Communicates detailed and clinically sound</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Provides anticipatory guidance, teaching,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Chooses appropriate medication and</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>17.</td>
<td>Determines health care maintenance and</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>18.</td>
<td>Documents patient visits using a SOAP format</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Presents patients to preceptor in a thorough,</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>20.</td>
<td>Identify patients whose health needs require</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>21.</td>
<td>Completes patient encounter in a timely</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Incorporates cost in decision-making.</td>
<td>4</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>23.</td>
<td>Correctly uses ICD coding for diagnosis</td>
<td>4</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
Levels of independence
(1) Observation only.
(2) Performance and decision-making done with preceptor present.
  *Requires detailed assistance
(3) Performance and decision-making done in collaboration with preceptor.
  *Requires moderate assistance
(4) Performance and decision-making is done with minimal assistance from preceptor.
  *Requires minimal assistance
(5) Performance and decision-making is done independent of preceptor.
  *Requires no assistance

Adapted from:
APPENDIX J

Family Nurse Practitioner Required Clinical Experiences

The following items represent the minimum requirements for the 780 clinical hours needed for completion of the NAU FNP program of study.

<table>
<thead>
<tr>
<th>Population</th>
<th>Total Hours Recommended</th>
<th>Minimum Number of Visits (Recommended)</th>
<th>Recommended Procedures/Visits</th>
<th>Percent of Time</th>
<th>Course Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boot Camp (Intensive)</strong></td>
<td>45 hours</td>
<td></td>
<td></td>
<td>5%</td>
<td>NUR 661</td>
</tr>
<tr>
<td><strong>Pediatric</strong></td>
<td>100 hours</td>
<td>50 total</td>
<td></td>
<td>15%</td>
<td>NUR 663 &amp; 665</td>
</tr>
<tr>
<td>Newborn (0-4 weeks) exams</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well child (5 weeks – 5 years)</td>
<td></td>
<td>15</td>
<td>15 well child exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School age (5-12 years)</td>
<td></td>
<td>15</td>
<td>5 well child exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adolescents (13-17)</td>
<td></td>
<td>15</td>
<td>5 wellness exams or sports PE</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Adult</strong></td>
<td>450 hours</td>
<td>300 total</td>
<td></td>
<td>55%</td>
<td>NUR 661; 663; 665</td>
</tr>
<tr>
<td>Ages 18-65 and Geriatric 66+</td>
<td></td>
<td>150 episodic, acute, and wellness exams 150 chronic care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men’s Health</td>
<td></td>
<td>5 prostate exams</td>
<td></td>
<td></td>
<td>NUR 663</td>
</tr>
<tr>
<td><strong>Women's Health</strong></td>
<td>100 hours</td>
<td>50 visits</td>
<td></td>
<td>15%</td>
<td>NUR 663; 665</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 pelvic examinations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Specialty</strong> **</td>
<td>85 hours</td>
<td>See below for options.</td>
<td></td>
<td>10%</td>
<td>NUR 665</td>
</tr>
</tbody>
</table>
Appendix K

DNP Specific Clinical/Practicum Experience

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.

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

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.

Communication
Analyze and communicate change processes in clinical practice

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
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 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 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 Inquiry 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 committee chair is responsible for:

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

The student is responsible for:

- Sharing learning objectives with the clinical mentor/organizational partner
- Sharing progress with course faculty
- Planning, preparing and implementing the DNP Project and meeting course objectives
- Scheduling meetings with faculty and clinical mentor/organizational partner
- 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:

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 personal 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
Appendix L

Preceptor Acknowledgement Receipt

Preceptor name:

Clinical site name and address:

I acknowledge that I have read and understand the preceptor handbook and will abide by the laws of the state of Arizona regarding precepting nurse practitioner students, and the policies and procedures of the Northern Arizona University School of Nursing.

Print name:

Signature:

Date:

Please fax this form within 7 business days to 928-523-7171 or scan and email to graduatenursing@nau.edu

Thank-you